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THE ROLE OF PARENTAL MALADAPTIVE SCHEMAS AND FAMILY ALLIANCE ON CHILD WELL-BEING

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ABSTRACT

THE ROLE OF PARENTAL MALADAPTIVE SCHEMAS AND FAMILY ALLIANCE ON CHILD WELL-BEING

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The present thesis aimed to examine the link between parental early maladaptive schemas (EMS) and child's well-being via the mediator role of family alliance. One hundred and thirty-one families composed of mother-father-child triads were recruited as participants; each parent filled out the Young's Schema Questionnaire- Short Form, the Child Behavior Checklist (CBCL; 1½ - 5), and the demographic information form. They also participated in a four-stage play task through which family alliance was coded according to Lausanne Trilogue Play protocol. It was hypothesized that maternal and paternal Disconnection and Impaired Limits schema domains would predict child's internalizing and externalizing problems via the mediator role of family

alliance. A set of mediation analyses were run, and none showed significant complete mediations. Nevertheless, analyses revealed that all the direct effects of parental EMSs on child well-being were significant. In particular, both parents' Disconnection and Impaired Limits schema domains significantly predicted children's internalizing and externalizing problems. Exploratory regression analyses showed that other than these two EMSs, parental Impaired Autonomy was also a significant predictor of child well-being. Fathers' Impaired Autonomy significantly predicted externalizing and mothers' Impaired Autonomy significantly predicted internalizing problems. Findings were discussed within the scope of early maladaptive schemas and child well-being literature.

Keywords: Early maladaptive schemas, family alliance, triadic play, child's psychological well-being.

ÖZET

EBEVEYNLERİN UYUM BOZAN ŞEMALARININ VE AİLE İTTİFAKININ ÇOCUKLARIN PSİKOLOJİK İYİ OLUŞU ÜZERİNDEKİ ETKİLERİ

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Bu tez çalışmasında, ebeveynlerin erken dönem uyum bozucu şemaları (EMS) ile çocuğun psikolojik iyi oluşu arasındaki bağlantının, aile ittifakının aracı rolü aracılığıyla incelemesi amaçlamıştır. Anne-baba-çocuk üçlülerinden oluşan 131 ailenin katılımcı olduğu çalışmada; her ebeveyn Young Şema Anketi-Kısa Formu, Çocuk Davranışı Kontrol Listesini (CBCL; 1½ - 5) ve demografik bilgi formunu doldurdu. Bununla beraber aile ittifakının Lozan Üçlü Oyun protokolüne göre kodlandığı dört aşamalı bir oyun görevine de katıldılar. Anne ve babanın Kopukluk ve Bozulmuş Sınırlar şema alanlarının, aile birliğinin aracı rolü aracılığıyla çocuğun içselleştirme ve dışsallaştırma sorunlarını yordayacağı hipotez edildi. Yapılan aracı

değişken analizlerinin hiçbiri anlamlı bir tam aracılık sonucu göstermedi. Ancak analizler, ebeveyn erken uyumsuz şemalarının çocuğun psikolojik iyi oluş hali üzerindeki tüm doğrudan etkilerinin istatistiksel olarak anlamlı olduğunu gösterdi. Hem annelerin hem de babaların Kopukluk ve Bozulmuş Sınırlar şema alanlarının çocukların içselleştirme ve dışsallaştırma sorunlarını anlamlı düzeyde yordadığı bulundu. Keşifsel regresyon analizleri, bu iki erken uyumsuz şema dışında ebeveynin Bozulmuş Özerklik şemasının da çocuğun psikolojik iyi oluş halinin önemli bir yordayıcısı olduğunu gösterdi. Babaların Bozulmuş Özerklik şeması çocukların dışsallaştırma problemlerini ve annelerin Bozulmuş Özerklik şeması, çocukların içselleştirme sorunlarını anlamlı olarak yordadı. Bulgular erken dönem uyumsuz şemalar ve çocuğun psikolojik iyi oluş literatürü kapsamında tartışıldı.

Anahtar Kelimeler: Erken dönem uyum bozucu şemalar, aile ittifakı, üçlü oyun, çocuğun psikolojik iyi oluşu.

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To My Beloved Family,

And to my late grandmother Fatma Saadet Tamcı

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EMS	Early Maladaptive Schema
FAAS	Family Alliance Score
LTP	Lausanne Trilogue Play

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CHAPTER 1

INTRODUCTION

1.1. Overview

Parents play and talk with their children at varying degrees in daily context. Some do it as a part of their daily routine and have explicit agendas in terms of playing and conversing with their children, while others might not due to time restrictions and different priorities in terms of the child-rearing goals they have in life. Previous literature showed that especially in middle to upper-middle-class and well-educated families in the Turkish cultural context, parents usually consciously decide to have fewer children so that they can provide them with richer emotional and financial resources (Kagitcibasi, 2007), and both dyadic (mother-child or father-child dyads) and triadic/quadratic (mother-father-child triads or mother-father-children quadruplets) family plays and conversations during the plays take place frequently as a part of daily life practices (Alsancak-Akbulut et al., 2022; Bürümlü-Kısa & Sahin-Acar, 2020; Sahin-Acar & Leichtman, 2015). Nonetheless, these parents have deliberated agendas concerning playing with their children; they converse about the play and daily life with their children and shared past and anticipated plans. They use these conversations as an opportunity and teachable moment to convey what is worthwhile to talk about. In other words, they view their children as active agents in providing their perspectives and thoughts, aim to scaffold their children regarding their daily and emotional needs, and expect them to participate in these conversations as actively as possible.

Although previous literature showed such a trend, more contemporary research revealed the role of individual differences in how parents play and talk with their children and their agendas. For instance, different lines of research focusing on family conversations showed that the nature of these conversations changes as factors of parental self-construals (Fivush & Wang, 2005; Sahin-Acar & Leichtman, 2015), gender roles (Aznar & Tenenbaum, 2015; Bürümlü-Kısa & Sahin-Acar, 2020; Lindsey & Caldera, 2006), emotion regulation skills (Alsancak-Akbulut et al., 2022; Pasupathi,

2003). One study conducted with Turkish mother-child dyads showed that maternal maladaptive schemas, specifically the Disconnection and Impaired Limits schema domains, predicted mothers' and children's conversational characteristics (Çeviker, 2021). However, those findings are specific to emotionally charged past conversations, and there is a need for further exploration. These individual differences, especially parental factors, should be explored further to understand the true nature of the family in providing a scaffolding context for the children to develop and function as a unit. In that sense, there is a need in the related literature to explore the goodness of fit among the family members, namely family alliance and parental factors.

Developing children observe and filter their primary caregivers to decipher the master narrative and emotional tone in their family. These inferences about the family climate enable the child to adopt and develop the necessary coping skills to help them survive. Nevertheless, sometimes, just to fit in and exist in that family system, children also adopt maladaptive ways to deal with daily and prevalent problems. This phenomenon could be studied in a couple of ways, two of which are a) how these coping strategies in the face of difficulties evolve to be deeply seated cognitive schemas that are referred to as early maladaptive schemas (EMSs) and develop early in life yet carried out across lifespan, and b) how the same strategies lead the child to make internal (self-related) and external (others- or system-related) attributions that are likely to evolve as internalizing and externalizing problems in children. Once a child learns the maladaptive ways to cope with the demands of the family environment, early maladaptive schemas might be manifested in our parental styles as adults (Refaeli, Bernstein, & Young, 2011). No matter how this link is formed, the medium for this and the related development should be through daily interaction with family members, a common way of which is through play. Taken together, the current study aimed to examine the interplay of these variables, namely through the mediator role of family alliance observed during triadic play, between early maladaptive schemas of parents and internalizing and externalizing problems of children. In other words, the present study aimed to examine the predictive role of parental EMSs on children's internalizing and externalizing problems through the mediating role of family alliance (FAAS) during triadic play.

1.2. Family Alliance as a Measure to Assess the Functioning of the Family System

Early family environment has been shown as an essential predictor of child development, including child well-being and the factors that play a role in this development. Both child clinical and developmental psychology focus on the early family processes to study the development of child well-being (Achenbach, Ivanova, Rescorla, Turner, & Althoff, 2016; Holland, Malmberg, & Gimpel Peacock, 2017). One of the prevailing factors that affect this early family environment is the phenomenon of co-parenting, which is quite different from the co-existence of the spouses. According to Minuchin's theoretical framework on the family system (1974), co-parenting is a dialectical process through which spouses display coordination in parenting practices and parental roles. He argued that when a child is born and becomes a part of a family, this new member creates a radical change, a subsection, in the family system that redefines each family member's individual and familial roles.

Inevitably, this new subsystem in the family system creates new functions that spouses who become parents should adapt to. Because, parents are responsible for taking care of their child physically and socially, providing nurturance, and facing the constraints, including the time and energy they should invest in themselves as individuals, in the role of parents, and as romantically involved spouses. Consequently, these newly emerging roles for each member of the family system require redefining and calibrating boundaries within the family and with the outer social agents. Within this framework of redefined roles, parents develop new patterns for scaffolding, cooperation, fulfilling tasks, and even the nature of the conflict among family members. In short, becoming parents and extending the family system with the emergence of a new child requires renegotiation of the familial roles (Minuchin, 1974), and leads to a dynamic notion of *family alliance*, at varying degrees, in which parents co-parent and co-construct a new familial system.

Family alliance research focuses on normative development, examines how parents evolve to be coparents, and how this alliance -or lack thereof- affects child development. This line of research revolving around the conceptualization of family alliance focuses on up to what extent parents support each other in terms of caregiving

behaviors and attitudes, as well as undermine one another and each other's needs and wishes regarding parenting. As Minuchin argued before (1974), Family alliance-related theories also aim to examine the associations among marital, parental, and co-parental subsystems in families. Related research revealed that marital relationship quality, in particular spousal conflict and cooperation, influence the quality of parenting substantially (Belsky & Kelly, 1984; Carneiro, Corboz-Warnery, & Fivaz-Depeursinge, 2006; Fivaz-Depeursinge & Corboz-Warnery, 1996; Favez, Frascarolo, and Tissot, 2017). Yet, this is not a linear relationship but rather a multi-faceted one in nature; since some parents showing higher levels of conflict in their marital relationship might be quite good at parenting, and the ones who get along quite well might not be good at co-parenting practices and attitutes (Carneiro, Corboz-Warnery, & Fivaz-Depeursinge, 2006; Favez, Frascarolo, & Tissot, 2017). Furthermore, since mothers are culturally conceptualized as the primary caregivers around the globe, some differences regarding parents' gender are also shown in the literature. Mothers seem not to be as affected as fathers by the conflict within the marital subsystem in terms of the extent to which they reflect it on the co-parental family subsystem (Wang & Crane, 2001). Taken together, there is no linear correlation between spousal or marital relationship quality and the co-parental one, as there are other factors, such as parental gender, or potential personality traits.

One of the major dimensions of fundamental assets of co-parenting is revealed as *family warmth*, referring to affection and tenderness displayed and shared within the family context (Carneiro, Corboz-Warnery, & Fivaz-Depeursinge, 2006; McHale & Fivaz-Depeursinge, 1999; Kobak, 1994). Family warmth is a cardinal part of healthy human development, which is also enmeshed with attachment relationships, yet this particular type of affection directly perceived from the family as a whole, through family alliance, seems to have a deeper role on the child outcomes (Favez, Lopes, Bernard, Frascarolo, Lavanchy Scaiola, Corboz-Warnery, & Fivaz-Depeursinge, 2012; Kagitcibasi, 2007). Hence, co-parenting subsystem of the family system is conceptualized as a key and unique factor in defining the child outcomes and well-being. Favez and colleagues (2012) conducted a longitudinal study in which they followed the relation between family alliance and infants' socio-cognitive development from the prenatal stage to five years of age multiple times, controlling

for the temperamental characteristics of children. They found that five-year-old children of families who scored higher in family alliance, showed better Theory of Mind (ToM) skills and child's temperament interacted with the family alliance. Theory of Mind has been one of the most influential concepts in child development, referring to the extent of social skills shown by children in terms of being able to infer what other social agents might be thinking. This developing skill of perspective-taking, like many other socio-cognitive skills, is supported by the responsiveness and socialization patterns of parents in the role of main caregivers (Gopnik & Meltzoff, 1997; Grosse, Moll, & Tomasello, 2010; Ruffman, Slade, Devitt, & Crowe, 2006).

Assessing the family alliance has been traditionally allocated by clinical psychologists, and there are multiple ways to do so, most of which are based on observational methods. One prevalently used, as well as a reliable and valid, observational assessment tool, is through the use of the Lausanne Trilogue Play (LTP) procedure (Carneiro, Corboz-Warnery, & Fivaz-Depeursinge, 2006; Fivaz-Depeursinge & Corboz-Warnery, 1996; Favez, Frascarolo, and Tissot, 2017).

Reviewing the theoretical background of this type of research, there are two main influences for this procedure to be developed. One is that researchers allocating this method to measure family alliance adopt a systemic approach, particularly the structural perspective. The other is that researchers; studying co-parenting within the scope of developmental psychology and adopting the functionalist perspective of emotions to examine the emotional expressions of conveying messages to interaction partners; adopt this procedure. Family alliance research adopted both, these nonverbal codings were taken into account and used as the main parts of this developed procedure, and this type of coding is also used in nonclinical and only for research reasons, as in the current study.

In the LTP procedure, four tasks must be completed while the mother-father-child triad sits triangularly, facing one another. In the first task, the first parent and the child play and converse while the second parent is simply present; in the second task, the second parent plays and converses with the child, and the first parent is simply present there; in the third task, all three family members play and converse together; and in the fourth and final task, the parents discuss any topic they wish while the child

is present in the context. In terms of assessing how family members behave in different configurations, a set of slightly distressful tasks was designed, which has been deliberately created by the researchers in terms of creating a context that might happen at home environment spontaneously from time to time, thereby they can observe how parents and the child deal with those situations (Favez, Frascarolo, and Tissot, 2017). In other words, these limitations in the nature and timing of the sequenced tasks in the Lausanne Trilogue Play procedure are deliberately planned to shed light onto the shortcomings in functioning in alliance as a family.

After reviewing the existing literature on the factors that might affect the way parents act and behave in the Lausanne Trilogue Play (LTP) procedure, one potential factor that constitutes a solid theoretical background on how individuals view the world and interact with one another was theorized as the maladaptive schemas that parents had developed earlier in their lives, and carry on to their adulthood relationships, including their newly developed nuclear family, in particular. This cognitive lens that colors how individuals view the world and infer the meaning behind others' words and actions should explain some of the variance embedded in the family alliance.

With this aim, the current study aimed to examine how triadic family constellations (mother, father, child triads) play together in the particular context that the LTP procedure posed, reflect a degree of familial alliance that could shed light on family functioning, and in turn, influence child well-being, namely internalizing and externalizing problems. Yet, this formed family alliance might have been affected by variance parental individual differences, some of which might constitute parents' early maladaptive schemas (EMSs).

1.3. Early Maladaptive Schemas and Schema Domains

1.3.1. The Construction of Early Maladaptive Schemas

Early childhood is a developmental period within which most of the main conceptualizations about life are formed. Within the scope of cognitive developmental research, it was theorized that young children gradually construct and learn several sensorimotor and representational cognitive schemas to help them cope with everyday

hassles and problems (Gopnik & Meltzoff, 1997; Murray, 2000; Ruffman et al., 2006; Tomasello, 2009). For instance, infants learn to operate a toy by discovering its functions and forming a sensorimotor cognitive schema about making it work. Likewise, toddlers learn how to waive their hands when they depart from others for a certain amount of time and use this gesture, this representational cognitive schema, as a symbolic interaction. In both examples, young children construct cognitive schemas as a shortcut for operating their environment and socializing with other people (Tomasello, 2009). Similarly, young children model their parents' attitudes and behaviors in order to manage their social relationships. Nonetheless, they adopt the deeply embedded cognitive schemas of their primary caregivers as internal working models, to cope with interpersonal and intrapersonal situations (Belsky, 1984; Collins & Read, 1994; Fraley, 2007).

Through these early socialization observations and practices, children construct cognitive schemas on coping with the world and solving problems (Leahy, 2002). Therefore, if not directly adopted, the child adapts these schemas by observing how their parents cope with social and individual issues, which also refers to the way emotion regulation skills are learned (Alsancak-Akbulut, Elibol-Pekaslan, Bayram-Gülaçtı, & Sahin-Acar, 2022; Pasupathi, 2003). Previous research posits that these early learned cognitive schemas function as internal working models, and they serve as cognitive patterns to make sense of memories and related cognitive processes, emotions, and even bodily sensations (Bosmans, Braet, and Van Vlierberghe, 2010). Although most parents aim to provide the best possible environment for their children, with or without awareness of it, they demonstrate a specific pattern in dealing with life, sometimes by using some maladaptive ways. As social agents, youngsters observe, and mostly model, countermodel, or at least are affected by their parents' modes of dealing with problems, including these maladaptive ways as easy-to-access cognitive schemas. Regardless of whether they model or countermodel their parents' maladaptive schemas, they are affected by the amount of care and parental sensitivity they are provided with, which are theoretically the byproducts of these parental maladaptive schemas and should influence child well-being in the long run.

The early maladaptive schemas are theorized to develop due to a disruption in fulfilling a child's need in the early years of development (Young, 1990; Young et al., 2003). Predictability and stability are some of the fundamental qualities of caregivers that help children view the world as a secure place to feel emotionally and physically fulfilled and enable them to explore new endeavors in daily life context, as well as to excel in cultural learning, as stated by several social and cognitive developmental theories (Ainsworth, Blehar, Waters, & Wall, 1978; Tomasello, 2000).

When parents' scaffolding does not fulfill the needs in terms of a child's attachment, security, autonomy, and emotional expressions, children usually experience hardship, especially in social and emotional domains of development. In turn, they often develop ways to cope with these unmet expectations from the primary caregivers. This adaptation might not necessarily be serving the optimal human development, but it could be serving and promoting the likelihood of survival for the youngster (Sümer &Kagitcibasi, 2010). So, in a way, these schemas develop as an internal working model, a cognitive-emotional lens, to provide a frame for how to relate with others, and a way to cope with the imminent needs of the familial environment, even if they are not functional most of the time. Consequently, these cognitive schemas are formed early in the development, but carried to lifespan development as an overarching way of socializing and relating with significant others (Bosmans et al,, 2010; Mason, Platts, & Tyson, 2005; Simard, Moss, & Pascuzzo, 2011; Young, Klosko, & Weishaar, 2003).

1.3.2. Young's Early Maladaptive Schema (EMS) Domains

There are multiple ways of looking into maladaptive schemas; one is via schema domains, which refer to the broad categories that represent the clustered emotional needs that had not been met early in life. Rafaeli, Bernstein, and Young (2011) argued that there are some universal developmental needs when growing up that need to be met by the main caregivers, namely which are; nurturance, safety, acceptance, and stability; for supporting autonomy and identity development, for the initiative to express needs and feelings, for developing play and spontaneity, and for a conceptualization of a world with realistic limits to develop self-control.

Given these basic needs, one can argue that the Schema Theory is also conceptually bound to the Attachment Theory, which revolves around the concept of needs and the extent to which they are met and/or unmet. Furthermore, the overarching themes in both theoretical frameworks, Schema Theory and Attachment Theory, concern the main caregivers' sensitivity and consistency (Bosmans et al., 2010; Collins & Read, 1994; Simard et al., 2011; Sümer & Kagitcibasi, 2010). Young and his colleagues (1990; 1992; 2003) developed five overarching schema domains that emerge due to unmet needs in early life, presented above, and theoretically also bound to their interaction with children's temperamental traits. The higher individuals score on any schema domain, the more activated their early maladaptive schemas are.

The first schema domain is *Disconnection and Rejection*, referring to the hardship experienced in trusting others in interpersonal relationships. Young and his colleagues theorized that difficulty in trusting others should be caused by unstable, inconsistent, and abusive early relationships with primary caregivers, where the child usually feels abandoned and/or rejected by others, as well as isolated from others. This domain comprises five *early maladaptive schemas (EMSs)*: emotional deprivation, abandonment/instability, mistrust/abuse, social isolation/alienation, and defectiveness/shame. The EMS composing this particular schema domain usually develops in a family context in which there is a higher level of inconsistency and emotional rejection, as well as traumatic experiences and abusive relationships. As the natural extension of the main theme of emotional disconnection, the need for secure attachment to significant others was not constructed for these individuals when they were children (Young, 1990).

The second schema domain is *Autonomy and Performance*, which refers to a self-concept that is underdeveloped. These individuals' sense of self is mostly dependent on others; they feel incompetent and vulnerable to outside factors. These adults might have been overprotected by their families, especially main caregivers, when they were young, and they experienced difficulty in developing individuation because of the enmeshed family environment that exceeded the limits of the normative scope. This schema domain comprises four EMSs: dependence/incompetence, vulnerability to harm or illness, enmeshment/ underdeveloped self, and failure. The EMSs composing this schema domain usually develop in a family context where the

child has perceived higher parental overprotection and control levels from primary caregivers. They perceive themselves as vulnerable to the outside world and illnesses, as well as failures on a more global scale, and they cannot separate themselves from their primary caregivers emotionally, so there is an underdeveloped sense of self, which is enmeshed with one or more family members. Their needs for autonomy support from their primary caregivers were not met as children, so they tend to feel incompetent, and their sense of identity is underdeveloped. As proposed by Young in the EMSs Theory, other researchers who contemplated human development within the scope of social cognition also emphasized the salience of autonomy development as a major building block of optimal human development and well-being (İmamoğlu, 1998; 2003; Kagitcibasi, 2007; Sümer & Kagitcibasi, 2010; Tomasello, 2009).

The third schema domain is *Impaired Limits*, which refers to the major issues and problems regarding the rights of others and their space. These individuals are usually from very permissive family contexts in which they did not have much practice for self-discipline or co-regulation with their primary caregivers. Self-development emerges as a consequence of the co-construction of reality, as well as the co-regulation of emotions, in a familial environment; therefore, it is not solely about the self but about the self-in-family (Kagitcibasi, 2007; Sümer & Kagitcibasi, 2010). However, when parents cannot meet the needs of setting healthy boundaries and limits with their children, youngsters cannot be effectively scaffolded regarding how to act and what to expect from a socialization context. When these children become adults, they struggle to self-regulate and might see themselves as superior to others as an extension of self-entitlement. This schema domain comprises two EMSs: entitlement/grandiosity and insufficient self-control/self-discipline. These EMSs forming this schema domain often develop in a family context where there is a certain level of lack of respect for others' boundaries and personal space, in addition to inadequate support for developing self-control. Thereupon, these individuals experience hardship in internalizing the rules and developing self-discipline, as their needs were not met as children, especially in terms of setting limits and self-control.

The fourth domain of EMSs is *Other-Directedness*, which refers to a family context in which primary caregivers apply conditional love and acceptance. These individuals experience family environments in which their parents focus on others'

needs rather than their children's, resulting from seeking social status. As a result, they learn self-sacrifice and approval seeking to be able to function in that family environment. This schema domain comprises three EMSs: subjugation, self-sacrifice, and approval seeking/recognition-seeking. These EMSs develop in family contexts in which parents are selfish, and the affection is conditional, so the developmental needs for freedom to express emotions and needs are unmet for the most part.

The last and fifth domain of Young's EMSs (2003), *Over-Vigilance and Inhibition*, refers to inhibiting emotions and urges, especially suppressing spontaneous ones. So, these individuals are quite rigid, usually fearful, and occasionally hyper-vigilant in daily life; they experience great difficulty being spontaneous. The EMSs composing this schema domain are negativity/pessimism, emotional inhibition, unrelenting standards/hyper-criticalness, and punitiveness. These individuals scoring high in this schema domain usually come from family contexts in which parents were authoritarian, showed adverse reactions toward' the child's emotions, and were quite pessimistic.

Of course, cultural context is a salient factor that displays predominant patterns of developed EMSs, depending on the deeply seated values that are socially acceptable in that particular cultural context. Thus, some subscales might fit the Turkish cultural context, whereas others might not. Therefore, a cultural adaptation of this scale was needed, which was met by Soygüt and her colleagues (2009), as presented in the next section.

1.3.3. The Turkish Adaptation of the Young's Schema Questionnaire- Short Form-3

The Young Schema Questionnaire- Short Form-3 was adapted into Turkish by Soygüt, Karaosmanoğlu, and Çakır (2009). According to the Turkish adaptation of the Young Schema Questionnaire- Short Form-3, there are five schema domains, namely as: 1) Impaired Autonomy Schema Domain, including the subscales of a) Enmeshment/Dependence, b) Abandonment, c) Failure, d) Pessimism, and e) Vulnerability to harm; 2) Disconnection Schema Domain, including the subscales of a) Emotional deprivation, b) Emotional inhibition, c) Social isolation/Mistrust, and d)

Defectiveness; 3) Unrelenting Standards Schema Domain, including the subscales of a) Unrelenting standards, and b) Approval-seeking/Recognition-seeking; 4) Impaired Limits Schema Domain including the subscale of only Entitlement/Insufficient Self-Control; and 5) Other-Directedness Schema Domain including the subscales of a) Self-sacrifice, and b) Punitiveness. The Turkish version of the Young Schema Questionnaire – Short Form-3 has acceptable levels of reliability and validity.

In the Turkish adaptation, the *Disconnection Schema Domain* includes the subscales of *Emotional Deprivation*, which refers to an expectation that one's emotional needs regarding nurturance, empathy, and protection would not be met. Another subscale is *Emotional Inhibition*, referring to inhibiting emotional responses and expressions, especially for negatively-charged emotions such as anger, but also for positively-charged emotions such as joy; yet, basically inhibiting these spontaneous emotions of communication for the sake of avoiding shame and/or social disapproval. The next subscale is *Social Isolation/Mistrust*, which refers to a sense of isolation from the rest of the society, community, or even ingroups other than family, usually as a result of social exclusion, whereas mistrust refers to a deep belief that others would abuse or cheat one intentionally, or because of neglect. The *Defectiveness* Subscale refers to the belief that one is flawed, bad, inferior, and not worth affection or attention, which might include a hypersensitive state, especially in the face of rejection or criticism. These four schema subscales construct the Disconnection Schema Domain.

The *Impaired Autonomy Schema Domain* includes the subscales of *Enmeshment/Dependence*, which refers to an unhealthy extent of dependence on significant others, usually the primary caregivers, at the expense of losing the sense of individuation, which generally leaves the individual lost and without any direction in life. Another subscale in this domain is *Abandonment*, which refers to a primal fear of abandonment that usually develops due to lack of support and connection with significant others. For instance, growing up without a parent or parents, or in a family climate in which parents often display erratic reactions, might lead to the development of Abandonment subscale. *Failure* subscale refers to the belief that one is almost destined to fail, in which the issue might be the lack of achievement in school, sports, or a similar field, especially compared to others. *Pessimism* subscale refers to a major

focus on the negative characteristics of life and existence, mostly emotionally charged negative aspects, and the lack of ability to focus on the positive sides, consequently experiencing a constant state of worrying, complaining, and vigilance. *Vulnerability to Harm* is a schema subscale that refers to the extreme or nonproportional fear of a potential catastrophe regarding one's physical or mental health or natural disasters. These five schema subscales form the Impaired Autonomy Schema Domain.

The *Unrelenting Standards Schema Domain* includes the subscales of the *Unrelenting Standards*, which refers to internalized standards on behavior and performance that are very high and sometimes unrealistic in managing every aspect with grace and success, which usually exists to avoid criticism. Of course, this state of being eventually leads to a lack of joy, pleasure, health, and satisfying social encounters. Another schema subscale is *Approval-seeking/Recognition-seeking*, which refers to the excessive need to gain the approval of others at the expense of authentic self-development. Individuals with this schema overemphasize the salience of social status and financial symbols as gains and other kinds of status-related achievements so that other individuals may attend, admire, and approve of them.

The *Impaired Limits Schema Domain* includes the subscales of the *Entitlement/Insufficient Self-Control*, which refers to two things, one of which is the perception that one is superior compared to other people and for that reason they deserve privileges and special treatment, and the second of which refers a substantial difficulty in controlling one's wishes and desires, so lacking self-control.

The fifth and final schema domain is *the Other-Directedness Schema Domain*, the first subscale of which refers to *Self-sacrifice*, which refers to one's voluntary actions towards meeting and/or prioritizing other people's wishes and desires to a greater extent, that it is usually at the expense of sacrificing oneself, thereby feeling resentment for the ones who receive their attention, as they presume others steal their time and energy in the form of care. Finally, the *Punitiveness* schema subscale refers to a rigid personality that thinks people, including oneself, should be punished severely because making a mistake is perceived as intolerable. In other words, in the original version of the Young Schema Questionnaire – Short Form-3, the schema domains are prioritized and named 1) Disconnection and Rejection, 2) Impaired Autonomy and

Performance, 3) Impaired Limits, 4) Other-Directedness, and 5) Overvigilance and Inhibition; whereas in the Turkish adaptation study, it is prioritized and named as 1) Impaired Autonomy, 2) Disconnection, 3) Unrelenting Standards, 4) Impaired Limits, and 5) Other-Directedness. Henceforth, all schema domains are used as they are clustered in the Turkish adaptation study of Soygüt and her colleagues (2009).

The early maladaptive schemas (EMSs) are formed and usually carried on to lifespan, which are rooted in children's early experiences, which they have often adapted to the most available coping strategy, even if they were maladaptive. These schemas have gradually become internal working models that shape how one perceives and reacts to the world. Early family environment and how primary caregivers dealt with child-rearing-related discipline, affection, and providing our basic needs are the main factors shaping the formation of EMSs. The following subsection focuses on the early family environments likely to enable the development of EMSs.

1.3.4. Early Family Environment Related to Young's Early Maladaptive Schema Domains

Researchers who study early maladaptive schemas also focus on the type of familial environment that leads to the development of these schemas. Previous research examined four different types of early life experiences that may lead to the development of the EMSs: toxic frustration of needs, traumatization, "too much of a good thing", and selective internalization or identification with significant others, as indicated by EMS researchers (Rafaeli, Bernstein, and Young, 2011).

Toxic frustration of needs emerges in a familial environment in which the child is deprived of the basic needs necessary to develop and grow up within the framework of optimal human development, which includes attachment, predictability, stability, sensitivity, etc. So, it is a severe type of neglect in the family environment. Children growing up in this type of family atmosphere detect these patterns and the related deficits very early in life, and this deprivation gradually becomes an active cognitive schema in their minds.

Traumatization as an early life experience means the child is exposed to harm and/or victimized by the significant others within the family context. Not only do they

lack a social environment that provides them with safety, but these children are also challenged in terms of feeling safe, serene, and calm, which makes them feel constantly anxious or hypervigilant as a way to cope with the dangers and threats they perceive. This prevalent state of tiptoeing in the family context, in the meantime, feels like a constant and repeated traumatization.

"*Too much of a good thing*" as an early life experience for a child means that one of the child's basic needs, which is theoretically necessary for healthy human development, is so excessively and overly exhibited and offered that there is a nonproportional supply than what the child needs in reality. It might be the case that parents adopt a particular attitude or exhibit a behavior that is out of proportion, such as being overprotective or being a bulldozer parent who overcomes all potential difficulties that the child may face, or they set no limits and are overly permissive in terms of setting any rules, which constitutes the conceptualization of the "too much of a good thing."

The last type of early life experience that may lead to the development of maladaptive schemas is *selective internalization of identification with significant others*, which refers to a type of modeling through which the child internalizes some standards and personality traits of a caregiver, who is more influential for the child. Although it may not lead to a direct adoption of these traits, the child might adopt certain resultant behaviors and thus might be indirectly affected by the lack of sensitive and consistent care and the maladaptive ways that developed. For instance, if a mother is overly anxious, while she might not directly harm or abuse the child, the child indirectly infers the cognitive lens that the world is an insecure place, and it is almost impossible to manage all the problems it presents. That way, a secure base to explore the globe becomes inaccessible, which works as a form of emotional deprivation from the sense of security, leading to the indirect ways this maladaptive schema might emerge.

Nonetheless, it is essential to consider other factors, such as a child's temperament or cultural context, which usually interact with these early life experiences and lead to different developmental trajectories for each unique individual. Thus, it is essential to notice that there is no direct prescription of an early

family environment that would lead to the development of a particular type of maladaptive schema. However, instead, some trends might lead to the development of a specific type of schema stemming from the interplay among individual, social, and familial factors (Bosmans et al., 2010).

Early maladaptive schemas (EMSs) should affect how each parent copes with daily hassles, including how they behave within the family system and demonstrate affection and control to their children. Thus, EMSs, including all these schema domains of both mothers and fathers, would be expected to interact and affect the family alliance, especially regarding their most significant relationships, the one with their children. In particular, parents' EMSs should affect how families function and children's well-being. In other words, one of the main goals of the current study is to examine in what ways parents' early maladaptive schemas, through the mediator role of family alliance, would predict children's well-being. The following section reviews how children's externalizing and internalizing problems arise from child and parental characteristics.

1.4. Child's Well-being: Development of Internalizing and Externalizing Problems

Parents rear their children in light of their values and beliefs, and these deeply-seated beliefs are usually rooted in their early-developed cognitive schemas, which work as internal working models on how intrapersonal and interpersonal relationships should be. This cognitive repertoire of parents is conceptualized as the Early Maladaptive Schemas (EMSs), especially if they involve maladaptive ways of viewing self, others, and their interaction as social encounters. Consequently, children of the parents with strong EMSs should develop strategies in order to cope with the family climate that forms as an extension and interaction of parents' EMSs.

Research on children's behavioral repertoire in terms of coping with this particular family environment has been examined within the scope of child well-being, particularly children's internalizing and externalizing behaviors and/or problems. Internalizing problems in childhood are usually referred to as experiencing intense sadness, anxiety, and withdrawal. Children with internalizing problems often attribute

the source of every wrong event or inappropriate situation to themselves, making self-attributions such as unworthy, faulty, and vincible. Whereas, externalizing problems usually involve aggression and defiance, as well as reactance. These children often act out and engage in delinquent social-relationship behaviors (Holland et al., 2017; Querido, Eyberg, & Boggs, 2001). Yet, not all children respond to the same family and parental characteristics the same way; how children react to the particular dynamics of the family environment develops in interaction with children's temperament and other contextual characteristics, indeed. In brief, children's internalizing and externalizing behaviors and problems are conceptualized within the scope of child's well-being, and the development of these problems is theoretically bound to the related parenting practices and styles (Belsky, 1984; Ruffman, Slade, Devitt, & Crowe, 2006; Ünal, 2012).

A line of research focused on the developmental trajectories associated with child temperament and parenting styles, which might lead to internalizing and externalizing problems (Edwards & Hans, 2015; Gilliom & Shaw, 2004; Ruffman et al., 2006). Previous studies showed that Infant Negative Emotionality (INE), referring to being hard to soothe and displaying intense negative affect when facing novelty or adaptation needs, is strongly associated with internalizing and externalizing problems in early childhood (Lahey, Hulle, Keenan, Rathouz, D'Onofrio, Rodgers, and Waldman, 2008). Nonetheless, the early interaction of infant temperament and parenting styles leads the way to the quality of child well-being (Edwards & Hans, 2015). For instance, internalizing problems are found to occur more frequently as a response to the hostile parenting style, in which parents do not provide an environment for the child to learn how to regulate negatively charged and particularly fearful emotions. So, children never have the opportunity to develop self-efficacy or cope with anxiety in an adaptive way (Wood, McLeod, Sigman, Hwang, & Chu, 2003). Yet, hostile parenting might also lead to externalizing problems, depending on the temperamental characteristics of the child; especially, highly distressed children who are exposed to hostile parenting styles display higher levels of externalizing problems. Taken together, different temperamental characteristics of children in interaction with parenting styles influence the extent and kind of child outcomes and well-being.

Several parental characteristics affect the development of parent-child relationships and the interplay of child and parent well-being (Belsky, 1984; Fanti & Henrich, 2010; Wood et al., 2003). For instance, marital conflict, lower levels of social support for parenting practices, parental personality traits, and their early experiences in life are some of the major factors. Some particular parenting-related risk factors also include highly controlling parenting, maternal psychopathology and specifically anxiety and depression, level of conflict among family members, socioeconomic status (SES), and Infant Negative Emotionality (Edwards & Hans, 2015; Wood et al., 2003).

The combination of respective risk factors that have existed since early development constitutes a unique environment leading to co-occurring problems, meaning both internalizing and externalizing problems develop simultaneously. Research showed that co-occurring issues lead to the most adverse developmental outcomes for children. Longitudinal research extending from toddlerhood to early adolescence also revealed similar results, showing that children with co-occurring and only externalizing problems demonstrated higher levels of adverse outcomes, such as higher levels of engagement in risky behaviors and other social problems they encounter in relationships with peers (Fanti & Henrich, 2010).

Parental characteristics constitute strong predictors of child outcomes in terms of well-being. These parental predictors are mostly parental psychopathology, including maternal depression and low socioeconomic status, which have a strong predictor role in the development of adverse child outcomes. Whereas parental marital status as being a single mother leads to externalizing problems, and negative familial context leads to internalizing problems, in particular (Ackerman, D'Eramo, Umylny, Schultz, & Izard, 2001; McLeod & Shanahan, 1996; Querido, Eyberg, & Boggs, 2001). Maternal depression usually predicts insecure attachment in children, in addition to behavioral and psychological problems affecting the child's well-being (Goodman & Gotlib, 1999). Furthermore, maternal anxiety also seems to play a role in predicting adverse or negative child outcomes, especially in terms of higher levels of child's anxiety (Jones, Cassidy, & Shaver, 2015; Whaley, Pinto, & Sigman, 1999).

Some research conducted in the Turkish cultural context revealed similar findings, indicating maternal anxiety, but not maternal depression, has a predictive role

in children's internalizing and externalizing problems (Yurduşen, Erol, and Gençöz, 2013). Internalizing problems are found to occur less frequently compared to externalizing problems, yet internalizing problems seem to have an extended range across lifespan, starting from early life and extending to adulthood psychopathology, whereas externalizing problems are more observable and initiated by the early problems in the quality of parent-child dialectical relationship (Bernstein & Borchardt, 1991; Querido, Eyberg, & Boggs, 2001).

Lastly, major predictors of internalizing problems in young children are presented as ineffective parenting behaviors, parental stress and psychopathology, low social support (that parents receive from others), as well as difficult and inhibited temperament, negative affect, insecure attachment, and delays in cognitive development, low SES and parental education. The ones for externalizing problems in young children are presented as negative and harsh disciplining methods of parents, parental stress and psychopathology, dysfunctional family system, as well as child's insecure attachment, difficult temperament and difficulties in emotion regulation, low SES, and exposure to violence on media (Holland et al., 2017). In a sense, contextual and individual factors interact in terms of leading to child well-being, and parental factors constitute a huge portion of the variance that should explain the ontogeny of adverse child outcomes.

It is also noteworthy to argue that the assessment method of child well-being is a substantial issue in reviewing how these problems develop per se. In an extensive review of research, Achenbach and colleagues (2016) focused on the clinical and research applications of child outcomes of internalizing and externalizing problems. They concluded that using standardized assessment instruments with a strong framework and high reliability and validity in measurement is essential and critical both for clinical and research applications on adverse child outcomes of well-being.

To sum up, internalizing and externalizing problems and the parental, individual, and contextual factors that support the development of these problems are considered fundamental issues for healthy human development. In other words, examining the formation and the predicting factors that might affect the development

of these problems is essential for explaining the development of child well-being and its potential role across the lifespan.

1.5. The Current Study

Previous studies examined child well-being concerning the predictive role of parental characteristics. To the best of our knowledge, no research focused on the combined roles of parental and familial factors, particularly parental EMSs and family alliance respectively. Literature explored the role of early maladaptive schemas (EMSs) on well-being, but examined the role of individuals' EMSs on their own psychopathology or problem behaviors. Another line of research looked at the perceived parental EMSs of adults on the development of psychopathology (Ünal, 2012).

Previous research also focused on the role of parental cognitive schemas on child well-being, but these mostly focused on attachment as the main child outcome. One study examined the predictive role of parental EMSs on memory talk of mother-child dyads and found that Disconnection, Impaired Limits, and Impaired Autonomy significantly predicted the emotional content of mother-child memory conversations (Çeviker, 2002). Yet, to our knowledge, no research has examined the link between parental early maladaptive schemas assessed by parents, indeed, and their children's well-being; let alone the potential role of family alliance mediating this relationship. In order to fill this gap in the literature, the current study aimed to examine the predictor role of parents' early maladaptive schemas on children's internalizing and externalizing problems through the role of family alliance.

The hypotheses of the current study are as follows:

1) Family alliance score would mediate the relationship between mothers' early maladaptive schemas (EMSs) and child well-being. Higher scores on EMSs would lead to lower scores on family alliance, leading to higher scores on child's internalizing and externalizing problems. Specifically: a) Family alliance would mediate the relationship between mothers' Disconnection schema domain and children's internalizing problems; b) Family alliance would mediate the relationship between

mothers' Impaired Limits schema domain and children's internalizing problems; c) Family alliance would mediate the relationship between mothers' Disconnection schema domain and children's externalizing problems; and d) Family alliance would mediate the relationship between mothers' impaired Limits schema domain and children's externalizing problems reported by mothers.

2) Family alliance score would mediate the relationship between fathers' early maladaptive schemas (EMSs) and child well-being. Specifically: a) Family alliance would mediate the relationship between fathers' Disconnection schema domain and children's internalizing problems; b) Family alliance would mediate the relationship between fathers' Impaired Limits schema domain and children's internalizing problems; c) Family alliance would mediate the relationship between fathers' Disconnection schema domain and children's externalizing problems; and d) Family alliance would mediate the relationship between fathers' impaired Limits schema domain and children's externalizing problems reported by fathers.

3) Parental EMSs would positively predict child's internalizing and externalizing problems. Mothers' Disconnection and Impaired Limits schema domains would significantly predict children's internalizing and externalizing problems reported by mothers. Particularly; a) Mothers' Disconnection schema domain would significantly predict children's internalizing problems; b) Mothers' Impaired Limits schema domain would significantly predict children's internalizing problems; c) Mothers' Disconnection schema domain would significantly predict children's externalizing problems, and d) Mothers' Impaired Limits schema domain would significantly predict children's externalizing problems reported by mothers.

4) Fathers' Disconnection and Impaired Limits schema domains would significantly predict children's internalizing and externalizing problems reported by fathers. Specifically, a) Fathers' Disconnection schema domain would significantly predict children's internalizing problems; b) Fathers' Impaired Limits schema domain would significantly predict children's internalizing problems; c) Fathers' Disconnection schema domain would significantly predict children's externalizing problems; and d) Fathers' Impaired Limits schema domain would significantly predict children's externalizing problems reported by fathers.

5) The predictor roles of parental *Impaired Autonomy*, *Other-Directedness*, and *Unrelenting Standards* schema domains would be analyzed for exploratory reasons, but no specific hypothesis exists on those schema domains.

CHAPTER 2

METHOD

2.1. Participants

One hundred and thirty-one sets of parents and children from the same families (N = 393) participated via a one-time Zoom meeting in the current study. All 131 families took place in the structured play task and completed a questionnaire on Qualtrics, but only 128 fathers and 124 mothers filled out the research questionnaire. All necessary ethical permissions were gathered from Institutional Review Board (See Procedure), and both parents were given the Informed Consent form by a separate Qualtrics link for agreeing to participate in the current study for themselves and their children.

According to the information in the questionnaires, mothers' ages varied between 24 and 47 (M = 34.35, SD = 4.45, *N* = 124), and fathers' ages ranged between 26 and 50 (*M* = 36.66, *SD* = 5.04, *N* = 127). All children were three-year-olds with a mean of 41.33 months (SD = 4.47 months, *N* = 123), and the children's gender was counter-balanced (54.6% daughters). 90.3% of mothers are working, and the rest are housewives. Of the working mothers, some of the significant occupational categories were as follows: 40.3% were teachers, 19.2% were in the health sector (doctors, nurses, technicians), 9.7% were accountants and/or economists, 7.3% were engineers, and 4.8% were civil servants.

All fathers were working; 28.1% were engineers, 14.1% were teachers, 8.6% were in Management and/or Sales, 7% were accountants and/or economists, 7% were in the private sector, and another 7% were civil servants. Only 4% of the mothers had a high school or lower educational degree (0.8% were primary school, and 3.2% were high school graduates); the majority of the mothers had a college or an upper educational degree (66.9% had college degree, 18.5% Master's degree, and 0.8% doctoral degree). For fathers, 1.6% of them had a secondary school degree, 12.5% had a high school degree, 9.4% had an associate degree, and 76.6% had a college or a

higher educational degree (60.9% had a college degree, 14.1% had a Master's degree, 1.6% had a doctoral degree).

99.2% of the parents were married and living together during recruitment. Only one of the families did not fill out that particular question; however, all parents stated to be legally married and living together during the recruitment process. 89.3% of the families live in a big city in Turkey, and 45.8% of all participants live in one of Turkey's three biggest cities, namely İstanbul, Ankara, or İzmir (See Table 2.1). 49.2% of the families reported having only one child, 43.5% having two children, 5.6% having three children, and only one family constituting 0.8% having four children, and finally, one family (0.8%) missed reporting this number.

Finally, all participants were recruited via the undergraduate students who attended the summer internship and the developmental psychology workshop at Middle East Technical University in Ankara (See procedure section for more detail).

Table 1. *Frequencies and Percentages of the Cities*

City	Frequency	Percentages
	131	100%
Ankara	39	29,77
Bursa	16	12,21
İstanbul	15	11,45
Kocaeli	10	7,63
Adana	7	5,34
Antalya	7	5,34
İzmir	6	4,58
Balıkesir	4	3,05
Edirne	3	2,29
Bilecik	3	2,29
Eskişehir	2	1,53
Rize	2	1,53

Samsun	2	1,53
Afyonkarahisar	1	0,76
Aydın	1	0,76
Burdur	1	0,76
Çanakkale	1	0,76
Diyarbakır	1	0,76
Gaziantep	1	0,76
Kayseri	1	0,76
Konya	1	0,76
Manisa	1	0,76
Mersin	1	0,76
Muğla	1	0,76
Niğde	1	0,76
Tekirdağ	1	0,76
Tunceli	1	0,76
Zonguldak	1	0,76

2.2. Measures

Both parents filled out the Demographic Information Form, Young Schema Questionnaire Short Form, Schema Compensation Inventory, and Child Behavior Check List 1.5-5. In addition, all videos recorded via Zoom were coded for 15 distinct coding schemes, and the first 11 of these were pooled to assess each family's alliance score (FAAS). All measures are explained below in detail.

2.2.1. Demographic Information Form

Both parents were asked to report some of their demographic information, such as their education levels, marital status, the city they are currently living in, the total number of children they have, including information on their genders and ages, whether any member of the family members who participates in the current study has been diagnosed with any developmental disorder and/or has received a

psychological/psychiatric diagnosis, the date of birth and gender of the participating child (See Appendix A).

2.2.2. Young Schema Questionnaire Short Form (YSQ-S3)

The short version of Young's Schema Questionnaire (YSQ-S3; Young, 2005) assesses parents' schema domains (See Appendix B). This short version comprises 90 items, which each parent filled out separately. These 90 items in the questionnaire are clustered into 18 separate early maladaptive schemas (EMS), grouped into 5 higher-order schema domains. This original version of the Young Schema Questionnaire includes five schema domains and 18 subscales. As aforementioned, these are categorized namely as: 1) Disconnection and Rejection Schema Domain, including the subscales of a) Abandonment/Instability, b) Mistrust/Abuse, c) Emotional Deprivation, d) Defectiveness/Shame, and e) Social Isolation/Alienation; 2) Impaired Autonomy and Performance Schema Domain, including the subscales of a) Dependence/Incompetence, b) Vulnerability to Harm or Illness, c) Enmeshment/Undeveloped Self, and d) Failure; 3) Impaired Limits Schema Domain, including the subscales of a) Entitlement/Grandiosity, and b) Insufficient Self-control and Self-discipline; 4) Other-Directedness Schema Domain, including the subscales of a) Subjugation, b) Self-sacrifice, and c) Approval-seeking/Recognition-seeking; and 5) Overvigilance and Inhibition Schema Domain, including the subscales of a) Negativity/Pessimism, b) Emotional Inhibition, c) Unrelenting Standards/Hypercriticalness, and d) Punitiveness.

The Turkish adaptation of this scale is made by Soygüt, Karaosmanoğlu, and Çakır (2009), and the internal consistency (ranging from .53 to .81) and test-retest reliability (ranging from .66 to .83) were assessed. There are also five schema domains in Soygüt and her colleagues' adapted version. However, there are 14 definable factor structures in this version; enmeshment/dependence, abandonment, failure, pessimism, and vulnerability to harm in the first factor named *Impaired Autonomy*; emotional deprivation, emotional inhibition, social isolation/mistrust, defectiveness in the second factor named *Disconnection*; unrelenting standards and approval-seeking in the third factor named *Unrelented Standards*; entitlement/insufficient self-control in the fourth

factor named *Impaired Limits*; self-sacrifice and punitiveness in the fifth and final factor named *Other-Directedness*. The current study adopted the factors in that particular version (Soygüt et al., 2013) since the psychometric properties are appropriate. But some of the loadings of the subscales differed slightly.

Consequently, some domains' names and subscale composition also changed as the factor loadings differed. These 14 interpretable factors in the Turkish adaptation were in tune with the original version of the questionnaire for the most part, and these were used to explore the higher-order factors, namely schema domains, per se. Like the original questionnaires, five schema domains were formed as factor structures.

2.2.3. Young Compensation Inventory

This scale consists of 48 items that aim to measure the schema compensation strategies. All items are 6-point Likert scale, 1 being "*very untrue of me"*, and 6 being "*perfectly describes me"*. Schema compensation was defined as thinking or behaving oppositely to avoid the dysfunctional schema from becoming activated. Young developed the Young Compensation Inventory (YCI; 1995) to measure the compensation dimension. The Turkish adaptation of the YCI was conducted by Karaosmanoğlu, Soygüt, and Kabul (2013), with seven definable factors, namely status seeking, control, rebellion, counterdependency, manipulation, intolerance to criticism, and egocentrism.

The Cronbach alpha values ranged between .60 and .81, within the acceptable range of reliability coefficients. These seven factors were pooled together to create a composite variable and used as a control variable in the current study to control for parents' potential compensatory schemas that might have been activated while filling out the Young's Schema Questionnaire.

2.2.4. Child Behavior Checklist (CBCL) 1½ - 5

Child Behavior Checklist (CBCL) was developed to measure children's emotional and behavioral problems and was filled out by parents to assess these child outcomes. There are different versions of CBCL for different age groups, all of which have been extensively used in clinical and developmental research (Achenbach and Rescorla, 2000).

The version used in the current study was derived from the original version (CBCL/ 2-3) developed to assess the child outcomes of two- to three-year-old children (Achenbach, 1992). 99 items ask about the particular behavioral and emotional attitudes of the child. A three-point Likert scale is used to evaluate child outcomes: 0-not true, 1-somewhat or sometimes true, and 2-very true or often true. Some examples might be “cries very frequently” and “does not want to leave home”. There are also three open-ended follow-up questions for additional symptoms that parents might want to add. However, none of the answers to those open-ended questions were of concern to the current study.

There are seven narrow-band syndromes: emotionally reactive, anxious/depressed, somatic complaints, withdrawn, sleep problems, attention problems, and aggressive behaviors. In addition, there are two broadband sets of symptoms, namely internalizing syndromes, or externalizing syndromes (also referred to as internalizing/externalizing behaviors or internalizing/externalizing problems in multifold literature). The four narrow-band symptoms of emotionally reactive, anxious/depressed, somatic complaints, and withdrawn, together constitute the broadband syndrome of internalizing problems.

The two narrow-band symptoms of attention problems and aggressive behaviors constitute the other broadband syndrome of externalizing problems. Sleep problems as a narrow-band symptom do not load into any broadband symptoms. In the current study, only these two broadband symptoms of internalizing and externalizing problems were calculated and used as dependent variables in tune with the particular hypotheses. The other seven narrow-band symptoms were also examined for exploratory reasons.

A set of researchers conducted the Turkish adaptation of the CBCL 1½-5. Erol, Şimşek, Öner, and Munir (2005) made the first Turkish adaptation in a study to assess Turkish children's behavioral and emotional problems at ages 2-3. The Turkish adaptation and translation of the items in the CBCL 1½-5 were conducted by Erol (2002), primarily using the translations in the previous research (Erol et al., 2005). However, the psychometric properties of the adaptation have been assessed by Yurdușen (2004), showing satisfactory levels of reliability, .72 and .84.

2.2.5. Family Alliance Assessment Scales (FAAS)

Family Alliance (FA) Model was developed to measure the quality of the relationships among family members in the early phases of becoming a family with a child. It was initially developed to assess the relationship quality of families with infants and later adapted to families with children (and even adolescents). Family triads follow a protocol called *Laussane Trilogue Play* (LTP), which is an observational assessment tool to assess the quality of the triadic interactions (Carneiro, Corboz-Warnery, & Fivaz-Depeursinge, 2006).

All three family members, two parents and their child, sit on the table chairs triangularly. At the same time, one camera records the bodies and faces of the parents, and another camera captures the child’s face and torso. The first parent and the child play by using those materials while the other parent is just present in the first task, the parents reverse the roles in the second task, all members play together in the third task, and parents talk about a subject of choice while the child is just being present there in the fourth and final task. The current study used the standard LTP, including three spoons, three small animal figures, and three single socks, to build the games (Favez, Frascarolo, and Tissot, 2017). The game was designed for families with children to play together in a limited amount of time (15 minutes) and with different constellations of family members, making these tasks slightly frustrating due to timing and varying constellations.

Fifteen scales in the FAAS are coded using visual data to assess the level of the family alliance. These scales are 1) postures, 2) gazes, 3) role implication, 4) task

fulfillment, 5) co-construction, 6) parental scaffolding, 7) family warmth, 8) validation, 9) authenticity, 10) communication mistakes, 11) transitions, 12) support and cooperation, 13) conflict/disruptive interferences, 14) child engagement, and 15) child's goal-directed partnership. These scales are embedded in seven *functions* at the family level, namely *participation* (postures and gazes), *organization* (role implication and task fulfillment), *focalization* (co-construction and parental scaffolding), *affect sharing* (family warmth, validation, and authenticity), *interactive sequence* (communication mistakes and transition), *co-parenting* (support/cooperation and conflict/disruptive interferences), and *child behaviors* (child engagement and child's partnership). By adding up the first five functions, a *Family Alliance Score* is obtained, one of the leading variables, the mediator, in the current study. *Co-parenting* (support/cooperation and conflict/disruptive interferences) and *child behaviors* (child engagement and partnership) were also tested for exploratory reasons.

In the current study, a 4-point Likert scale was used. A family gets zero if they do not show any of the expected set of behaviors/attitudes (very low functioning), 1 (moderately low functioning), 2 (moderately high functioning), or 3 (very high functioning). All these scales composing family-level functions yield a family alliance score that ranges between 0 and 33, and higher points indicate better performance in these functions as a family system. In other words, a single score was assigned to each family (not to individuals, though) for each dimension (e.g. postures).

Participation function includes body postures and gazes, and both focus on the signals showing participants' availability to engage in the task; *body posture* aims to assess the extent to which the family member is directed towards the other members with the head and the torso, or there is an outside orientation from the triangle; *gazes* are assessed by examining the extent to which family members look at each other or demonstrate gaze aversion.

Organization function includes role implication and task fulfillment scales, and both focus on the signals showing participants' clarity on each family member's role in the task and the structure and timing; *role implication* refers to the clarity of each member's role in that particular task in terms of who interacts with whom, whether there are disturbances and interferences such as remarks or criticism, intrusion or

competition, and their distance to the task as an active partner or the observer; whereas *task fulfillment* refers to the extent to which family members stick to the task's structure, whether any parts are skipped, and the duration and timing of each and overall tasks.

Focalization function includes co-construction and parental scaffolding scales; *co-construction* refers to family members' willingness to contribute to the joint activity; and *parental scaffolding* refers to the extent to which parents stimulate the child (over-stimulation by intrusiveness and control, under-stimulation by withdrawal or stimulations that are not age-appropriate, or chaotic stimulation by mixing the two).

Affect Sharing function includes family warmth, validation, and authenticity; *family warmth* refers to overall family climate and emotional connectedness with one another; *validation* refers to the implicit and explicit signals of validation for the child's emotional experience, as well as the child's interests and thoughts; and *authenticity* refers to the extent to which each family member is sincere in the interest or reaction they demonstrate rather than showing pseudo affect.

Interactive sequence function includes communication mistakes and transitions; *communication mistakes* refer to the communicative mistakes during the shared activities, such as the extent to which family members resolve the problems and the quality of repairs during communication. *Transitions* refer to the communicative mistakes during transitions from one task to another, such as the extent to which family members resolve the problems and the quality of repairs during these transitions.

Co-Parenting function includes support/cooperation and conflict/disruptive interferences; *support/cooperation* refers to the level of indications, such as nodding or members mutually smiling to each other, showing explicit and/or implicit signs of support. *Conflict/ disruptive interferences* refer to the level of explicit and/or implicit signs of conflict in overt or covert ways, and it is different from disagreement since it usually includes competition, as well.

The final and last function, *Child Behaviors*, includes child's engagement and goal-directed partnership. *Child's engagement* refers to the child's internal states, such as emotional, bodily, or linguistic signals, that are conveyed to the parents, showing

her engagement in interaction. *Goal-directed partnership* refers to the child's consideration of parents' goals and emotions, complying with parental wishes by empathizing with them, and being equally involved in cooperative activities as parents.

Participation (posture and gaze), Organization (role implication and task fulfillment), Focalization (co-construction and parental scaffolding), Affect Sharing (family warmth, validation, and authenticity), and Interactive Sequence (communication mistakes and transition) functions, which also refers to the pooled 11 subscales, were added up to form a Family alliance (FAAS) Score for each family as a unit. Finally, 20% of the data for the FAAS score was coded by a second coder to ensure interrater reliability, which was $r= 0.71$, $p<.001$ ($n=23$).

2.3. Procedure

The principal researcher in the current study is a graduate student in the Developmental Focused Clinical Child and Adolescent Psychology Graduate Program at TED University and a faculty member at the Middle East Technical University (METU) in Ankara. First, ethical permission was gathered from the Institutional Review Boards (IRBs) of both universities. To recruit participants for the current study, the help of the undergraduate students, who attended a summer internship in the Psychology Department in the Summer semester of 2022, and in a Psychology workshop course offered at METU in the Fall semester of 2022, was assessed.

The principal researcher has experience working with families with young children, so she provided extensive training to all undergraduate students on potential places (such as preschools, social media, municipality centers, malls, etc.) and strategies to recruit participants, how to reach families as potential participants, and how to explain the nature of the study. If a potential participant was an acquaintance of the student recruiting the family, then that family is exchanged with another student to be contacted. To excel in explaining the study to potential participants, the principal researcher scaffolded hypothetical interactions with participants (e.g., initial contact, explaining the nature of the study) via role-plays. After, as a group, 12 hours of training were completed, undergraduate students went to the field to recruit participants.

Undergraduate students were also provided with a thorough manual on contacting families, as well as recruiting families with specific inclusion criteria, such as age range of children (36-48 months), education level of parents (at least college), marital status (intact families), having at least two electronic devices with a working camera and access to the internet (laptop, tablet, or a smartphone), including only one child per family, and alike.

At the time of the first contact, participants were provided with the following information: "*Thank you for your interest in our study. My name is X and I am doing a summer internship/ taking a workshop course. Within this scope, I am recruiting families to conduct Zoom meetings. In the current study, we examine mother-father-child triads' interactions. Therefore, we would like to meet with you, your spouse, and your child, aged 36-48 months, as a family. If you agree to participate, we will have a Zoom meeting using both a computer camera and a tablet or smartphone camera available in your home. For us to remember the details of this interaction you have as a family, we need to record the screen of the Zoom meeting. The meeting can last an average of 45 minutes, up to a maximum of 1 hour."* The families who agreed to participate in the study were given an appointment. If they stated that they would like to make an appointment later, further ways of contact were discussed by the following: *"Sure! If it is ok for you, though, I would like to call you within the next two days to make an appointment."*

After the appointment was made, one day before the meeting, the family was contacted one more time via a telephone call to remind their Zoom appointment. The following script was read to the family on the phone: "*I need to provide you with some information today regarding our meeting tomorrow. Therefore, I will send you a file explaining the seating arrangement with photos and a video link. Please review the photos and oversee the video. Afterward, we can reconnect, and if there are any unclear points, we can go over them.*" These materials were sent to the family via their choice: Whatsapp, e-mail, or text message. If the family called back for further information or asked questions, a further explanation was provided: "The documents I *sent you illustrate how your seating arrangement should be during the meeting and where the two cameras you will be using should be placed. Firstly, the table to be used*

should be a kitchen table, so we would like you to conduct the meeting in your kitchen. On the table, you should sit in a triangular shape, as shown in the figure. Your child should sit at the short end of the table, and you and your spouse should sit on either side of your child, which is the location of the long sides of the table. Additionally, your and your spouse's chairs should be like forming a triangular shape, facing slightly toward your child. One of the cameras should be placed on the table directly in front of your child, capturing her/his face. The other camera should be placed on the kitchen counter behind and above your child's head, framing you and your spouse in the shot"

As a beginning, a thorough preparation, including a pdf version of the triangular sitting positions of two parents and the child (See Figure 1) and a Youtube link involving a stage actor providing a thorough explanation about placing the cameras and where to sit (https://www.youtube.com/watch?v=jw2e3thtoHk&ab_channel=ZeynepYenen), was completed. This YouTube link was created before the current study was launched as a part of a previous research project using Lausanne Trilogue Play (LTP) Protocol with 4-6 years old children and their parents. Thus, the principal researcher was trained and certified in March 2022 for implementing LTP into Zoom meetings and coding for the functions. In the previous project with LTP, it was observed that shooting the Zoom videos at the family's home is more practical when the meeting occurs in the kitchen, where there is mostly a kitchen table. Yet, families were free regarding this choice, and some preferred to attend the Zoom meeting at their living room table. Families were also walked through downloading the Zoom program on each device that would be used in the meeting, if necessary. At the time of the Zoom meeting, one last call one hour before the meeting was made to the contact person in the family to confirm their participation. It is also important to note that mothers were usually the contact person in the family due to their choice.

At the time of the Zoom meeting, right after getting online, the separate Qualtrics link involving the informed consent was sent to each family. After they electronically filled out the informed consent form and submitted it, then with the family's permission, the Zoom recording was started. At all times, the script of the

instructions was open as a pdf document next to the Zoom screen, so all participants get the same set of instructions. Since the family was sent a relevant YouTube link and the pdf showing how to be seated and the camera angles, approximately 95% of them were perfectly ready for the study to begin. For the rest 5%, extra instructions were given one more time by reading from the script.

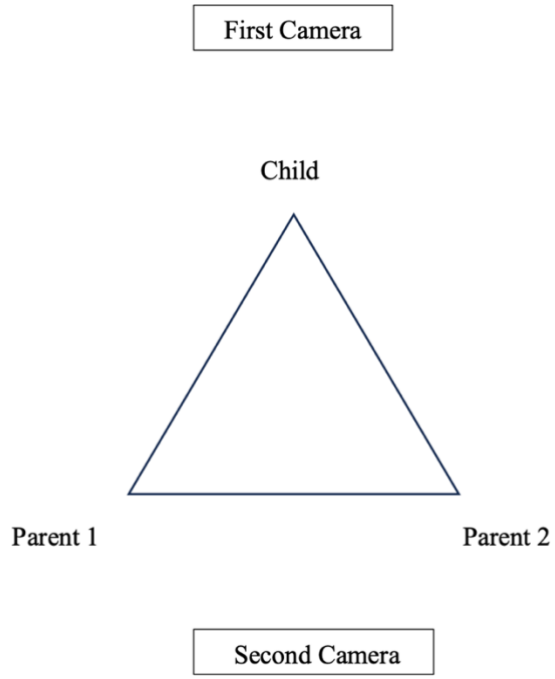

Figure 1. Seating Positions of Family Members and Location of Cameras

After giving feedback and setting the seating positions and the cameras' location, the game's instructions were explained. "*For the game, you will be playing now, you will need 3 single socks, 3 spoons, and 3 small toy animal figures. The animal figures should not be big but rather small, finger-sized ones. Could you please prepare and bring these materials*?". After the researcher confirmed the appropriateness, the next instruction was provided (the names given here were assigned arbitrarily for demonstrating an example): "*Now we're going to ask you to play a game as a family using these materials. This game consists of four stages. In the first stage, Ayşe Hanım (mother's name), by drawing lots, we have decided that you will be the first player,*

and we were hoping you could play a game with Ömer (child's name). Mehmet Bey (father's name), you will only be present during this first stage. Then, when you move on to the second stage, Mehmet Bey, this time, you will play a game with Ömer. This time, Ayşe Hanım, you will only be present there. In the third stage, all three of you will play the game together. In the final stage, Ayşe Hanım and Mehmet Bey, you will discuss any topic you choose, and Ömer will just be present there, and he can play alone during this time." The researcher summarized the instruction again: "*In short, if we recap, first Ayşe Hanım, you will play with Ömer, then Mehmet Bey, you will play with Ömer. After that, the three of you will play together. Finally, Ayşe Hanım and Mehmet Bey, the two of you will converse. During the game, you can play as you usually play with your child*", then asked the participants whether these instructions were clear and confirmed. If the child seems uninterested or uneasy, this second repetition was directed to the child, specifically: "*Ömer, let me explain it for you, as well: first you will play with your mom, then you will play with your dad. After that, the three of you will play together. Finally, your parents will talk about something, and you can play with your toys meanwhile*". It was observed that this explanation usually eased the discomfort of the uneasy child, if any discomfort existed. Finally, the order of the first stage, the first dyadic game, was counterbalanced between mothers and fathers.

Finally, the researcher reminds some important issues: "*There is an important issue that I want to remind you of: these four stages should take approximately 15 minutes in total. You will determine when and how the transitions between these four stages will occur by yourselves. In other words, we will not intervene or provide any instructions for you to move from one stage to the next. I am turning off my camera and microphone now, and I would be grateful if you could hide the Zoom screen so that Ömer does not see himself on the screen. Please let me know when you are done with all stages so I can return. You can begin now."*

After they let the researcher know, they completed the game, the researcher returned and sent the separate Qualtrics links for mothers and fathers. The parents were reminded of the family nickname again, both verbally and through WhatsApp messages, so the visual and Qualtrics data could be paired. The recording ended, and

participants were also sent the debriefing form via WhatsApp or email (of their choice) and were thanked for their participation.

2.4. Data Recording, Storage, and Privacy Issues

As a part of the current study, both parents filled out a questionnaire via a Qualtrics link and participated in the LTP protocol via a Zoom meeting. To protect the participants' privacy, each family was assigned a nickname. Each nickname was created due to a specific formula, which includes: a) the initials of the undergraduate student who recruited the family, b) underscore, and c) the rank of the family in order (e.g. BSA_4). All videos are saved with these nicknames in the name tag of each video. These nicknames were verbally told and also sent to the families via WhatsApp or email, and both parents were strictly told to enter this nickname in the first box on Qualtrics when they began to fill out the questionnaire.

The overlaps were avoided by naming the videos with initial numbers of rank orders (e.g. 1, 2, 3, etc.). Despite all the effort, approximately 5% of the data on Qualtrics was entered non-existing nicknames (e.g. the researcher's name, a single first name, a number, or in some cases, descriptions such as "lawyer woman" or "captain.") Some confoundings were solved by matching mothers' and fathers' data via searching, for example, the child's birthdate and demographic information both parents provided in the study. Still, nine fathers' and six mothers' questionnaires could not be linked to their spouses. These were kept in the data set casewise, but of course, not listwise.

All data were collected via the same permanent Zoom link, and the videos were recorded locally. All videos were transferred to an external drive and, at the end of the completion of the current study, deleted from the local files in the researcher's computer, as well. During the video coding, the local computer and the folder were password-protected; the external drive and the two backup external drives were also password-protected.

CHAPTER 3

RESULTS

3.1. Data Screening

All analyses were run through the Statistical Package for Social Sciences (SPSS 26). First of all, preliminary data screening is completed. 131 families, mother-father-child triads, participated in the current study. The videos of family triads were matched with the questionnaires on the Qualtrics, for both parents separately. In the end, there were 117 parents, of whom both filled out the questionnaires, so these were used as the main pairs. Of the fourteen families, the mother or the father, but not both, filled out the parent questionnaire, so these families were removed from the data. In some analyses, due to missing values, the total number of paired families was less (at least 114 mothers and 110 fathers in all mediation analyses). Yet, the missing values were systemic rather than single missing points since, in Qualtrics, participants could only proceed with answering the previous question. Therefore, none of the missing values were replaced.

Data was also checked for univariate and multivariate outliers via SPSS. The standardized scores and stem and leaf plots were examined, and there were only a few outliers, which were accepted as a natural presence in the normal distribution of the sample scores. Normality and linearity assumptions were also checked by skewness and kurtosis values, histograms, and boxplots. Doane and Seward (2011) introduced the procedure to check skewness and kurtosis, the peaks and flatness, and symmetry in the distribution of scores in each variable by checking the standardized scores one standard deviation above and below the mean. Some variables, such as mothers' education, showed extreme kurtosis (Kurtosis = 5.978), meaning there are more scores in the distribution's tails rather than towards the mean. Yet, this data type was intended to exist since the inclusion criterion in the current study was to recruit more educated parents. In other words, normality in these descriptive variables was not assumed or expected as an extension of the research goals (e.g., aiming to recruit more educated

parents) for some variables. Except for those kinds of variables, normality and linearity assumptions were met for the most part, and a few violations of normality assumptions were considered as a part of the natural variance.

3.2. Descriptive Analyses

The families' demographic and other related characteristics were provided in the subsection of participants in the methods section. The current subsection presented the means, standard deviations, minimum and maximum values, frequencies, and percentile information.

Table 2. *Mean, Standard Deviation, Minimum and Maximum Values (N=117)*

Variables	M	SD	Min	Max	N
Child Age	41.28	4.38	33	52	116
Mother Age	34.52	4.48	24	47	117
Father Age	36.86	5.09	27	50	117
Number of children	1.59	.65	1	4	116
Mother Internalizing	45.25	5.94	36	74	116
Mother Externalizing	35.62	6.80	24	53	116
Father Internalizing	46.17	6.32	36	66	112
Father Externalizing	35.76	6.69	24	56	112
Parents Average Internalizing	45.74	4.97	37	63.5	111
Parents Average Externalizing	35.56	5.83	24	49.5	111
Family Aliance Score - FAAS	19.31	6.14	5	32	117
Co-Parenting - FAAS	3.25	1.40	0	6	117
Child Behaviors - FAAS	3.90	1.29	.50	6	117
Mother Disconnection	1.82	.61	1	3.62	116
Father Disconnection	1.94	.55	1	3.5	114
Mother Impaired Limits	3.18	.85	1	5.43	116
Father Impaired Limits	3.25	.97	1	5.57	114
Mother Impaired Autonomy	1.98	.61	1	3.76	116
Father Impaired Autonomy	1.95	.56	1	3.29	114
Mother Unrelenting Standards	3.13	.86	1	5.08	116
Father Unrelenting Standards	3.10	.86	1	5.67	114
Mother Other-Directedness	3.24	.80	1	4.80	116
Father Other-Directedness	3.42	.93	1	5.35	114

Table 3. *Frequencies and Percentiles (N=117)*

Variables	Frequency	Percentile
Maternal Education		
Primary School	1	0.9%
High School	4	3.4%
Associate Degree	12	10.3%
College Degree	76	65%
Master's Degree	23	19.7%
Doctoral Degree	1	0.9%
Paternal Education		
Secondary School	1	0.9%
High School	15	12.8%
Associate Degree	10	8.5%
College Degree	72	61.5%
Master's Degree	17	14.5%
Doctoral Degree	2	1.7%
Child Gender		
Male	51	43.6%
Female	66	56.4%
Number of Children in Family		
1	57	48.7%
2	51	43.6%
>3	8	6.9%

3.2.1. Descriptive Analyses on FAAS Model in Turkish Cultural Context

In addition, a few descriptive analyses were run to examine the nature of the familial dynamics of the LTP triadic play within the scope of the adaptation of Family Alliance Scale Model FAAS. First of all, in the current study, all families were instructed to complete the triadic play, composed of four distinct tasks, approximately in 15 minutes; yet, only 20.7% of all families (N=116) completed all tasks of the LTP under 15 minutes. Furthermore, 12.9% of all families (N=116) exceeded the maximum time limit of 30 minutes and were asked to stop playing and thanked for their participation, by the researcher.

In addition, as observed by the main researcher, parents experienced the highest level of difficulty in terms of transitioning from the third to the fourth task in the triadic play, which refers to finishing the triadic play and starting to discuss a topic as parents while the child is just being present there. 56% of the parents (N=116) were coded as experiencing difficulty in terms of the transitions from one task to the other, and particularly the last transition, which was considered as a problem about disciplining and limit setting by the parents.

3.3. Correlations

Pearson's correlation analyses were run for all dependent and independent variables and for the major demographic information-related variables. Results of correlations for demographic information-related variables reveal that children's chronological age is positively correlated with children's internalizing problems reported by fathers (r=.205, p=.031). Mothers' chronological age is positively correlated with fathers' chronological age (r=.775, p<.001), mothers' other-directedness schema domain (r=.191, p=.040), and FAAS Family Score (r=.239, p=.010). Fathers' chronological age is positively correlated with FAAS Family Score (r=.266, p=.004).

Results of correlations for independent and dependent variables reveal that mothers' Impaired Autonomy schema is positively correlated with mothers' Disconnection schema (r=.651, p<.001), mothers' unrelenting standards schema (r=.529, p<.001), mothers' Impaired Limits (r=.280, p=.002), mothers' other-directedness schema (r=.700, p<.001), mother-reported internalizing problems (r=.447, p<.001) and externalizing problems (r=.226, p=.015) of children. Mothers' Disconnection schema is positively correlated with mothers' unrelenting standards schema (r=.499, p<.001), mothers' other-directedness schema (r=.621, p<.001), mother-reported internalizing problems (r=.338, p<.001) and externalizing problems (r=.187, p=.045) of children. Mothers' unrelenting standards schema is positively correlated with mothers' Impaired Limits (r=.487, p<.001), mothers' other-directedness (r=.607, p<.001), and mother-reported internalizing problems of children

(r=.350, p<.001). Mothers' Impaired Limits schema is positively correlated with mothers' other-directedness schema (r=.284, p=.002), mother-reported internalizing problems (r=.241, p<.009), and externalizing problems (r=.184, p=.049) of children. Mothers' other-directedness schema is positively correlated with mother-reported internalizing problems (r=.406, p<.001) and externalizing problems (r=.273, p=.015) of children, as well as with fathers' Disconnection schema (r=.210, p=.026). Mother-reported internalizing problems of children are positively correlated with mother-reported externalizing problems of children (r=.438, p<.001), father-reported internalizing problems of children (r=.298, p=.002), fathers' other-directedness schema (r=.196, p=.037). Mother-reported externalizing problems of children is positively correlated with father-reported externalizing problems of children (r=.495, p<.001).

Father-reported internalizing problems is positively correlated with father-reported externalizing problems of children (r=.526, p<.001). Fathers' Impaired Autonomy schema is positively correlated with fathers' Disconnection schema (r=.717, p<.001), fathers' unrelenting standards schema (r=.476, p<.001), fathers' Impaired Limits schema (r=.433, p<.001), fathers' other-directedness schema (r=.584, p<.001), father-reported internalizing problems (r=.424, p<.001) and externalizing problems (r=.388, p<.001) of children. Father's Disconnection schema is positively correlated with fathers' unrelenting standards schema (r=.415, p<.001), fathers' Impaired Limits schema (r=.367, p<.001), fathers' other-directedness schema (r=.496, p<.001), father-reported internalizing problems (r=.468, p<.001) and externalizing problems (r=.308, p<.001) of children. Fathers' unrelenting standards schema is positively correlated with fathers' Impaired Limits schema (r=.551, p<.001), fathers' other-directedness schema (r=.527, p<.001), father-reported internalizing problems (r=.340, p<.001) and externalizing problems (r=.298, p=.001) of children. Fathers' Impaired Limits schema is positively correlated with fathers' other-directedness schema (r=.559, p<.001), father-reported internalizing problems (r=.211, p=.026), and externalizing problems (r=.277, p=.003) of children. Fathers' other-directedness schema is positively correlated with father-reported internalizing problems (r=.299, p=.001) and externalizing problems (r=.267, p=.004) of children.

3.4. The Mediation Analyses of the Hypothesized Models

A series of mediation analyses, particularly eight of them, were conducted using the PROCESS Macro by Hayes function of SPSS 26 to test the mediation role of Family alliance (FAAS) score between Early Maladaptive Schemas (EMS) of parents and children's internalizing and externalizing symptoms.

First of all, in all analyses, children's gender, age in months, and mothers' age and fathers' age were entered as control variables. Out of these control variables, there are a few significant correlations, such as, child's gender and externalizing problems reported by father (r=-.213, p=.024), child's age and internalizing problems reported by father (r=.205, p=.031), Family Alliance Score (FAAS Score) and mother's age (r=.239, p=.010), and father's age (r=.266, p=.004). Yet, when taken into analyses, they did not change the results. Therefore, all control variables except for child's gender and age were excluded from all analyses to gain more statistical power. Second of all, in all analyses, Young Compensation Inventory scores that aim to measure compensation strategies were used as a moderator in a moderated mediation model (Model 7) by using the PROCESS Macro by Hayes function, where schema compensation strategies were controlled for the parental maladaptive schemas and Family Alliance (FAAS) scores. Results did not considerably change with or without the compensation strategies, so in order to gain more statistical power, Model 4 is used in all analyses without the control variable of schema compensation strategies. For all variables taken into these analyses, 114 mothers and 110 fathers were used, since these were the number of parents who answered all questions for the variables involved in the analyses.

Within the scope of Model 4 for PROCESS Macro by Hayes function of SPSS 26, mothers' and fathers' maladaptive schemas, particularly Disconnection and Impaired Limits, are used as independent (predictor) variables, respectively; internalization problems and externalization problems of children are used as dependent (outcome) variables, respectively, and Family Alliance scores (FAAS) are used as mediators in each analysis, as provided below as the analyses diagram with the model summary values (Table 4).

Table 4. *The Mediation Analyses of the Hypothesized Models*

	Mothers' and Fathers' Maladaptive Schemas		*FAAS*		*Child Internalizing & Externalizing Problems Reported by Parents*
1	Mother's Disconnection Schema	→	FAAS	→	Internalizing Problems reported by Mother
2	Mother's Impaired Limits Schema	→	FAAS	→	Internalizing Problems reported by Mother
3	Mother's Disconnection Schema	→	FAAS	→	Externalizing Problems reported by Mother
4	Mother's Impaired Limits Schema	→	FAAS	→	Externalizing Problems reported by Mother
5	Father's Disconnection Schema	→	FAAS	→	Internalizing Problems reported by Father
6	Father's Impaired Limits Schema	→	FAAS	→	Internalizing Problems reported by Father
7	Father's Disconnection Schema	→	FAAS	→	Externalizing Problems reported by Father
8	Father's Impaired Limits Schema	→	FAAS	→	Externalizing Problems reported by Father

3.4.1. Mediation Analyses for Parents' Early Maladaptive Schemas and Child Symptoms via the Mediator Role of Family Alliance

Eight different mediation analyses were run, all using 5000 bootstrap samples for bootstrap confidence intervals. The unstandardized coefficients were used as suggested by Preacher & Hayes (2008), the alpha level was set as .05, and the two-sided criterion was used for testing statistical significance in all analyses. The beta values of the indirect effect of the predictor variables on the outcome variables are examined, and since the SPSS output does not provide a p-value, the confidence intervals (CI) are examined, taking the interval that does not include the zero in between the range is accepted as a statistically significant result (Hayes, 2018).

3.4.2. Mediation Analysis on Hypothesized Model 1

The first mediation analysis includes mothers' Disconnection schema as the predictor variable, the outcome variable was the children's internalizing problems reported by mothers, and the mediating factor was the family alliance score (FAAS score). Both the child's age and gender were used as covariates to control for child characteristics; since they showed no significant results, they were taken out to gain statistical power. Figure 2, which is given below, demonstrates both the indirect and direct effects. In the first step of the mediation model, the regression of mothers' Disconnection schema, ignoring the mediator role of family alliance score was significant, B=3.35, SE=.87, t= 3.8740, p<.001, 95% CI= [1.64, 5.07]. In the second step, the regression of mother's Disconnection schema on the mediator, family alliance score, the a path, was not significant, B =-.86, SE=.95, t= -.9052, p>.05, 95% CI= [-2.74, 1.02]. In the third step, after controlling for the mother's Disconnection schema, the mediator role of family alliance score, the b path, was not significant, B =-.02, SE= .09, t=-.2136, p>.05, 95% CI= [-.19, .15]. In the fourth step, after controlling for the mediator role of the family alliance score, the predictor of the mother's Disconnection schema was significant, β=3.34, SE=.87, t= 3.8356, p<.001, 95% CI= [1.61, 5.06]. However, the indirect effect (a*b path) was not significant, B =.02, SE=.01, 95% CI= [-0.21, 0.27], meaning the overall mediation model did not work. Although neither a or b paths, nor the mediation model were working, the direct effect of mother's Disconnection schema on child's internalizing problems was significant, indicating that mothers, whose Disconnection schema was more activated had children who showed more internalizing problems.

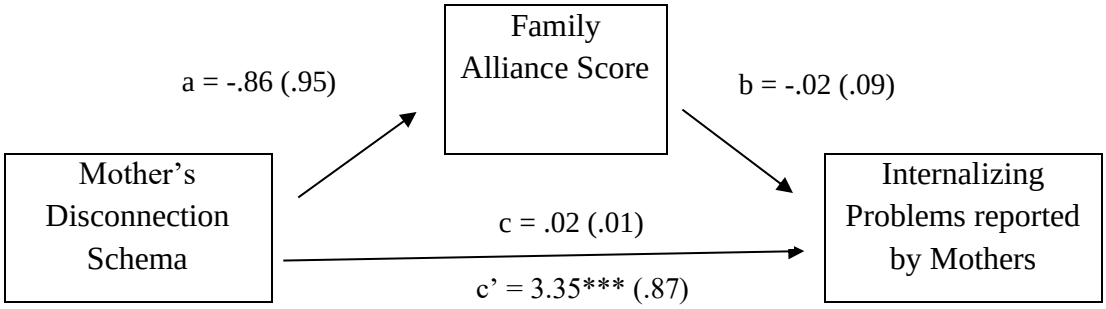

Figure 2. *Hypothesized Model 1 (H1a)*

3.4.3. Mediation Analysis on Hypothesized Model 2

The second mediation analysis includes mothers' Impaired Limits schema as the predictor variable, the outcome variable was the children's internalizing problems reported by mothers, and the mediating factor was the family alliance score (FAAS score).). Both the child's age and gender were used as covariates to control for child characteristics; since they showed no significant results, they were taken out to gain statistical power. Figure 3 which is given below demonstrates both the indirect and direct effects. In the first step of the mediation model, the regression of mother's Impaired Limits schema, ignoring the mediator role of family alliance score was significant, B=1.66, SE=.64, t= 2.5982, p=.011, 95% CI= [1.64, 5.07]. In the second step, the regression of mother's Impaired Limits schema on the mediator, family alliance score, the a path, was not significant, B =.42, SE=.68, t= .6168, p>.05, 95% CI= [-0.93, 1.77]. In the third step, after controlling for the mother's Impaired Limits schema, the mediator role of the family alliance score, the b path, was not significant, B=-.06, SE= .09, t=-.6747, p>.05, 95% CI= [-0.24, 0.12]. In the fourth step, after controlling for the mediator role of the family alliance score, the predictor of the mother's Impaired Limits schema was significant, B=1.69, SE=.64, t= 2.6267, p=.009, 95% CI= [0.42, 2.06]. However, the indirect effect (a*b path) was not significant, B=.03, SE=.08, 95% CI= [-0.21, 0.12], meaning the overall mediation model did not work. Although neither a or b paths, nor the mediation model were working, the direct effect of mother's Impaired Limits schema on child's internalizing problems was significant, indicating that mothers, whose Impaired Limits schema was more activated had children who showed more internalizing problems.

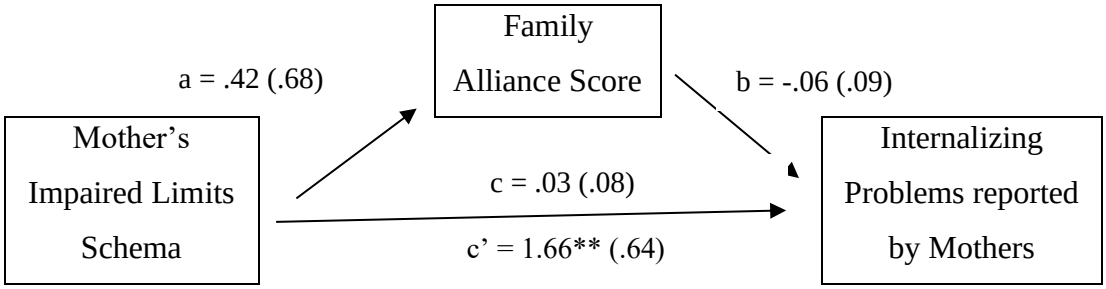

Figure 3. *Hypothesized Model 2 (H1b)*

3.4.4. Mediation Analysis on Hypothesized Model 3

The third mediation analysis includes mothers' Disconnection schema as the predictor variable, the outcome variable was the children's externalizing problems reported by mothers, and the mediating factor was the family alliance score (FAAS score). Both the child's age and gender were used as covariates to control for child characteristics; since they showed no significant results, they were taken out to gain statistical power. Figure 4 which is given below demonstrates both the indirect and direct effects. In the first step of the mediation model, the regression of mother's Disconnection schema, ignoring the mediator role of family alliance score was significant, B=2.08, SE=1.04, t= 2.0040, p=.048, 95% CI= [0.02, 4.14]. In the second step, the regression of mother's Disconnection schema on the mediator, family alliance score, the a path, was not significant, B =-.86, SE=.95, t=-.9052, p>.05, 95% CI= [-2.74, 1.02]. In the third step, after controlling for the mother's Disconnection schema, the mediator role of the family alliance score, the b path, was not significant, B=-.06, SE= .10, t=-.5815, p>.05, 95% CI= [-0.26, 0.14]. In the fourth step, after controlling for the mediator role of the family alliance score, the predictor of the mother's Disconnection schema was marginally significant, B=2.03, SE=1.05, t= 1.9415, p=.055, 95% CI= [-0.42, 4.10]. The indirect effect (a*b path) was not significant, B=.05, SE=.16, 95% CI= [-0.21, 0.47], meaning the overall mediation model did not work. Although neither a or b paths, nor the mediation model were working, the direct effect of mother's Disconnection schema on child's externalizing problems was significant, indicating that mothers, whose Disconnection schema was more activated had children who showed more externalizing problems.

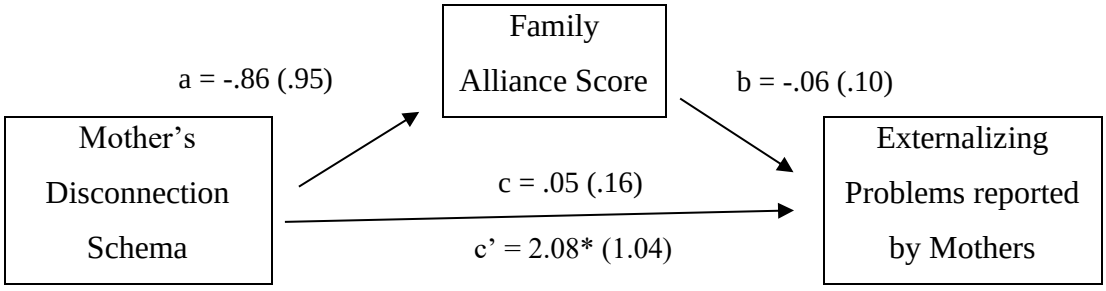

Figure 4. *Hypothesized Model 3 (H1c)*

3.4.5. Mediation Analysis on Hypothesized Model 4

The fourth mediation analysis includes mothers' Impaired Limits schema as the predictor variable, the outcome variable was the children's externalizing problems reported by mothers, and the mediating factor was the family alliance score (FAAS score). Both the child's age and gender were used as covariates to control for child characteristics; since they showed no significant results, they were taken out to gain statistical power. Figure 5 which is given below demonstrates both the indirect and direct effects. In the first step of the mediation model, the regression of mother's Impaired Limits schema, ignoring the mediator role of family alliance score was significant, B=1.51, SE=.74, t= 2.0240, p=.045, 95% CI= [0.03, 2.98]. In the second step, the regression of mother's Impaired Limits schema on the mediator, family alliance score, the a path, was not significant, B =.42, SE=.68, t=.6168, p>.05, 95% CI= [-0.93, 1.77]. In the third step, after controlling for the mother's Impaired Limits schema, the mediator role of the family alliance score, the b path, was not significant, B=-.09, SE= .10, t=-.8691, p>.05, 95% CI= [-0.29, 0.11]. In the fourth step, after controlling for the mediator role of the family alliance score, the predictor of the mother's Impaired Limits schema was significant, B=1.54, SE=.75, t= 2.0687, p=.041, 95% CI= [0.07, 3.02]. The indirect effect (a*b path) was not significant, B=-.04, SE=.11, 95% CI= [-0.30, 0.15], meaning the overall mediation model did not work. Although neither a or b paths, nor the mediation model were working, the direct effect of mother's Impaired Limits schema on child's externalizing problems was significant, indicating that mothers, whose Disconnection schema was more activated had children who showed more externalizing problems.

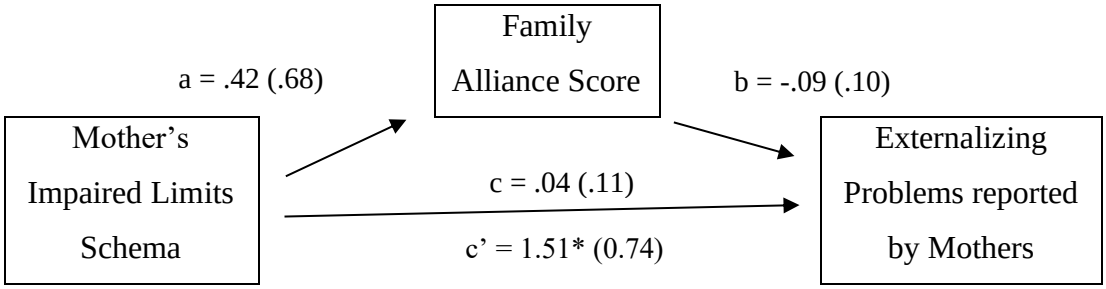

Figure 5. *Hypothesized Model 4 (H1d)*

3.4.6. Mediation Analysis on Hypothesized Model 5

The fifth mediation analysis includes fathers' Disconnection schema as the predictor variable, the outcome variable was the children's internalizing problems reported by fathers, and the mediating factor was the family alliance score (FAAS score). Both the child's age and gender were used as covariates to control for child characteristics; since they showed no significant results, they were taken out to gain statistical power. Figure 6 which is given below demonstrates both the indirect and direct effects. In the first step of the mediation model, the regression of father's Disconnection schema, ignoring the mediator role of family alliance score was significant, B=5.28, SE=.96, t= 5.5136, p<.001, 95% CI= [3.38, 7.18]. In the second step, the regression of father's Disconnection schema on the mediator, family alliance score, the a path, was marginally significant, B =-1.97, SE=1.05, t= -1.8780, p=.063, 95% CI= [-4.05, 0.11]. In the third step, after controlling for the father's Disconnection schema, the mediator role of family alliance score, the b path, was not significant, B=.11, SE= .09, t=1.2509, p>.05, 95% CI= [-.06, .28]. In the fourth step, after controlling for the mediator role of the family alliance score, the predictor of the father's Disconnection schema was significant, B=5.50, SE=.97, t= 3.8356, p<.001, 95% CI= [3.57, 7.42]. However, the indirect effect (a*b path) was not significant, B=-.22, SE=.21, 95% CI= [-0.71, 0.11], meaning the overall mediation model did not work. Although neither a or b paths, nor the mediation model were working, the direct effect of father's Disconnection schema on child's internalizing problems was significant, indicating that fathers, whose Disconnection schema was more activated had children who showed more internalizing problems.

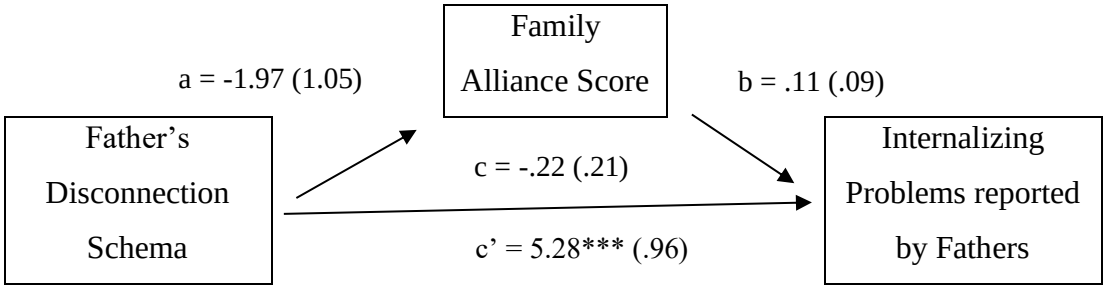

Figure 6. *Hypothesized Model 5 (H2a)*

3.4.7. Mediation Analysis on Hypothesized Model 6

The sixth mediation analysis includes fathers' Impaired Limits schema as the predictor variable, the outcome variable was the children's internalizing problems reported by fathers, and the mediating factor was the family alliance score (FAAS score). Both the child's age and gender were used as covariates to control for child characteristics; since age showed significant results, they were kept in the analysis. Figure 7 which is given below demonstrates both the indirect and direct effects. In the first step of the mediation model, the regression of father's Impaired Limits schema, ignoring the mediator role of family alliance score was significant, B=1.40, SE=.63, t=2.2315, p<.028, 95% CI= [0.16, 2.65]. In the second step, the regression of the father's Impaired Limits schema on the mediator, family alliance score, the a path, was not significant, B =-.43, SE=.64, t= -.6623, p>.05, 95% CI= [-1.70, 0.85]. In the third step, after controlling for the father's Impaired Limits schema, the mediator role of family alliance score, the b path, was not significant, B=.03, SE= .09, t=.3213, p>.05, 95% CI= [-.16, .22]. In the fourth step, after controlling for the mediator role of the family alliance score, the predictor of the father's Impaired Limits schema was significant, B=1.40, SE=.63, t= 2.2315, p=.028, 95% CI= [0.16, 2.65]. However, the indirect effect (a*b path) was not significant, B=-.01, SE=.07, 95% CI= [-0.18, 0.14], meaning the overall mediation model did not work. Although neither a or b paths, nor the mediation model were working, the direct effect of father's Impaired Limits schema on child's internalizing problems was significant, indicating that fathers, whose Impaired Limits schema was more activated had children who showed more internalizing problems. When child's gender and age were used as covariates in additional analysis, child's age turned out to be a significant covariate; as children get older, their father's higher scores in Impaired Limits predicted higher levels of child internalizing problems, coefficient of child's age= .32 (.14), p=.02.

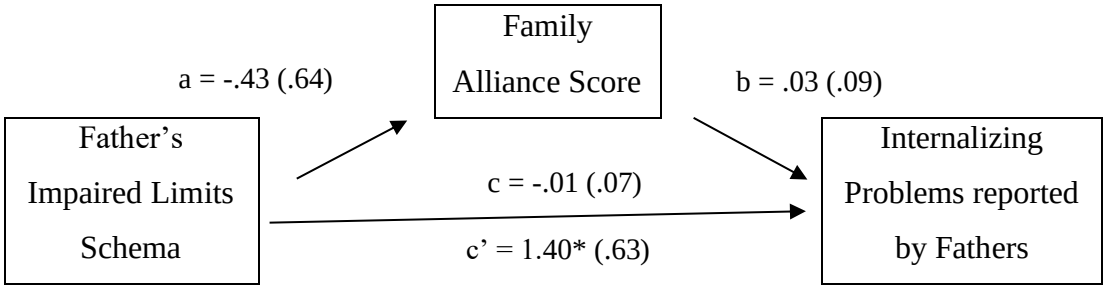

Figure 7. *Hypothesized Model 6 (H2b)*

3.4.8. Mediation Analysis on Hypothesized Model 7

The seventh mediation analysis includes fathers' Disconnection schema as the predictor variable, the outcome variable was the children's externalizing problems reported by fathers, and the mediating factor was the family alliance score (FAAS score). Both the child's age and gender were used as covariates to control for child characteristics; since child's gender showed significant results, they were kept in the analysis. Figure 8 which is given below demonstrates both the indirect and direct effects. In the first step of the mediation model, the regression of father's Disconnection schema, ignoring the mediator role of family alliance score was significant, B=3.41, SE=1.09, t= 3.1232, p<.001, 95% CI= [1.24, 5.57]. In the second step, the regression of father's Disconnection schema on the mediator, family alliance score, the a path, was marginally significant, B =-2.12, SE=1.08, t= -1.9725, p=.051, 95% CI= [-4.26, 0.01]. In the third step, after controlling for the father's Disconnection schema, the mediator role of family alliance score, the b path, was not significant, B=.01, SE=.10, t=.0060, p>.05, 95% CI= [-.20, .20]. In the fourth step, after controlling for the mediator role of the family alliance score, the predictor of the father's Disconnection schema was significant, B=3.41, SE=1.12, t= 3.0540, p=.003, 95% CI= [1.20, 5.62]. However, the indirect effect (a*b path) was not significant, B=-.01, SE=.26, 95% CI= [-0.53, 0.56], meaning the overall mediation model did not work. Although neither a or b paths, nor the mediation model were working, the direct effect of father's Disconnection schema on child's externalizing problems was significant, indicating that fathers, whose Disconnection schema was more activated

had children who showed more externalizing problems. As child's gender and age were used as covariates in the analysis, child's gender turned out to be a significant covariate. If the family had a daughter rather than a son, higher levels of father's Disconnection schema predicted higher levels of child's externalizing problems, coefficient of child's gender= -2.59 (1.20), p=.03.

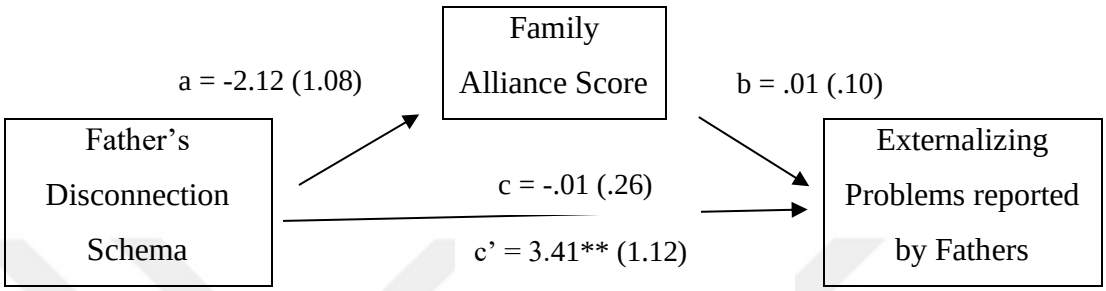

Figure 8. *Hypothesized Model 7 (H2c)*

3.4.9. Mediation Analysis on Hypothesized Model 8

The eighth mediation analysis includes fathers' Impaired Limits schema as the predictor variable, the outcome variable was the children's externalizing problems reported by fathers, and the mediating factor was the family alliance score (FAAS score). Both the child's age and gender were used as covariates to control for child characteristics; since child's gender showed significant results, they were kept in the analysis. Figure 9 which is given below demonstrates both the indirect and direct effects. In the first step of the mediation model, the regression of father's Impaired Limits schema, ignoring the mediator role of family alliance score was significant, B=2.02, SE=.64, t= 3.1441, p<.001, 95% CI= [0.74, 3.29]. In the second step, the regression of father's Impaired Limits schema on the mediator, family alliance score, the a path, was not significant, B =-.43, SE=.64, t= -.6623, p>.05, 95% CI= [-1.70, 0.85]. In the third step, after controlling for the father's Impaired Limits schema, the mediator role of family alliance score, the b path, was not significant, B=.04, SE=.10, t=-.3794, p>.05, 95% CI= [-.23, .16]. In the fourth step, after controlling for the mediator role of the family alliance score, the predictor of the father's Impaired Limits schema was significant, B=2.00, SE=.65, t= 3.1005, p=.003, 95% CI= [0.72, 3.28].

However, the indirect effect (a*b path) was not significant, B=.02, SE=.09, 95% CI= [-0.12, 0.24], meaning the overall mediation model did not work. Although neither a or b paths, nor the mediation model were working, the direct effect of father's Impaired Limits schema on child's externalizing problems was significant, indicating that fathers, whose Impaired Limits schema was more activated had children who showed more externalizing problems. When child's gender and age were used as covariates in additional analysis, child's gender turned out to be a significant covariate. If the family had a daughter rather than a son, higher levels of father's Impaired Limits schema predicted higher levels of child's externalizing problems, coefficient of child's gender= -2.96 (1.21), p=.02.

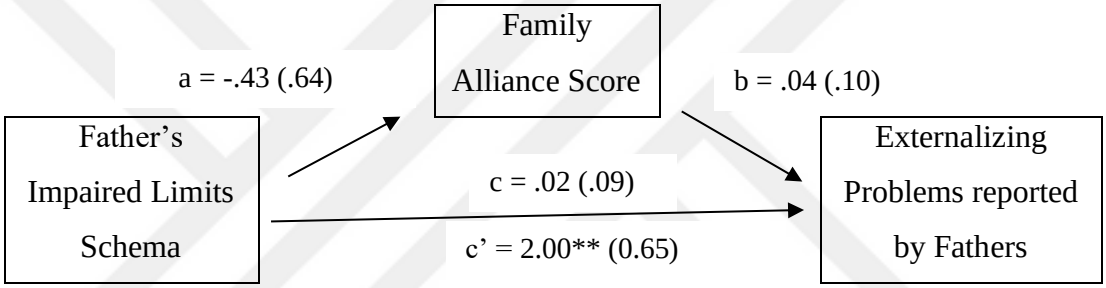

Figure 9. *Hypothesized Model 8 (H2d)*

Table 5. *Overview of the Findings in Mediation Analyses*

	a path	**b path**	**Indirect effect**	**Direct effect**	**Interpretation**
1	x	x	x	3.35***(.87)	Mom D predicts Child IP by mom
2	x	x	x	1.66**(.64)	Mom IL predicts Child IP by mom
3	x	x	x	2.08* (1.04)	Mom D predicts Child EP by mom
4	x	x	x	1.51*(0.74)	Mom IL predicts Child EP by mom
5	x	x	x	5.28***(.96)	Dad D predicts Child IP by dad
6	x	x	x	1.40*(.63)	Dad IL predicts Child IP by dad
7	x	x	x	3.41**(1.12)	Dad D predicts Child EP by dad
8	x	x	x	2.00**(0.65)	Dad IL predicts Child EP by dad

*Note 1: *p<.05, **p<.01, ***p<.001*

Note 2: D: Disconnection IL: Impaired Limits, FAAS: Family Alliance Score
IP by mom: Internalizing Problems reported by mother
EP by mom: Externalizing Problems reported by mother
IP by dad: Internalizing Problems reported by father
EP by dad: Externalizing Problems reported by father
Note 3: Number of models refers to the Table 4.

3.5 Exploratory Analyses with All Early Maladaptive Schemas

In the current study, the maladaptive parental schemas of Disconnection and Impaired Limits were hypothesized to predict children's internalizing and externalizing problems through the family alliance mediator role. Four additional linear regression analyses were conducted to explore the potential roles of the non-hypothesized maladaptive schemas and the EMS altogether. In all analyses, child's gender and age were entered in the second block, and the associated parent's schema compensation score and Family Alliance score were entered as control variables in the third and fourth blocks, respectively. Since schema compensation and Family alliance scores

did not change any of the significant results overall or in particular, they were not used as control variables to gain more statistical power. So, all analyses were run by two blocks of predictor variables, five EMSs of the related parent in the first block, and child's gender and age in the second block.

3.5.1. Linear Regression Analyses

In the first two analyses, all five domains composed of mothers' *Impaired Autonomy, Disconnection, Unrelenting Standards, Impaired Limits,* and *Other-Directedness* were entered in the first regression block, and the child's gender and age were entered as the control variables in the second block; the dependent variables were child's internalizing problems reported by the mother in the first analysis, and child's externalizing problems reported by mother in the second analysis, respectively. In the last two regression analyses, fathers' EMSs were entered in the first block, child's gender and age were entered as control variables in the second block, and the dependent variables were child's internalizing problems reported by the fathers in the third analysis, and child's externalizing problems reported by fathers in the fourth and the final analysis, respectively.

In the first linear regression analysis, five maladaptive schema domains of mother were entered as predictive variables in the first step, child's gender and age as control variables in the second step, with the dependent variable of child's internalizing problems reported by the mother. The results revealed a significant overall model in the first step, $F(5,109)=6.086$, $p<.001$, $R^2_{adj}=.182$. Mother's Impaired Autonomy schema significantly predicted child's internalizing problems reported by the mother, $B = 2.745$, $t = 2.180$, $p = .031$, 95% CI [.249, 5.241]. Child's gender and age were entered in the second step, $F(7,107)=4.601$, $p<.001$, $R^2_{adj}=.181$. Mother's Impaired Autonomy still significantly predicted child's internalizing problems reported by the mother, $B = 2.795$, $t = 2.216$, $p = .029$, 95% CI [.294, 5.296], and significantly explained 18.1% of the total variance; none of the other predictors were significant.

In the second linear regression analysis, five maladaptive schema domains of mother were entered as predictive variables in the first step, with the dependent variable of child's externalizing problems reported by the mother. The results revealed no significant overall model in the first or second steps.

In the third linear regression analysis, five maladaptive schema domains of fathers were entered as predictive variables in the first step, with the dependent variable of child's internalizing problems reported by the father. The results revealed a significant overall model in the first step, $F(5,105)=6.718$, $p<.001$, $R^2_{adj}=.206$. Father's Disconnection schema significantly predicted child's internalizing problems reported by the father, B =3.569, t = 2.585, p = .011, 95% CI [.831, 6.308]. In the second step, child's gender and age were entered as predictive variables, and the overall model was still significant, $F(7,103)=5.393$, $p<.001$, $R^2_{adj}=.218$. Father's Disconnection schema significantly, B=3.009, t = 2.145, p = .034, 95% CI [.227, 5.792], and child's age marginally, B=.229, t = 1.816, p = .072, 95% CI [-.021, .478] predicted child's internalizing problems reported by the father and significantly explained 21.8% of the total variance; none of the other predictive variables yielded to significant findings.

In the fourth linear regression analysis, five maladaptive schema domains of fathers were entered as predictive variables in the first step, with the dependent variable of child's externalizing problems reported by the father. The results revealed a significant overall model in the first step, $F(5,105)=3.942$, $p=.003$, $R^2_{adj}=.118$. Father's Impaired Autonomy schema significantly predicted child's externalizing problems reported by the father, B =3.493, t = 2.110, p =.037, 95% CI [.211, 6.775]. In the second step, child's gender and age were entered as control variables, and the overall model was still significant $F(7,103)=4.018$, $p<.001$, $R^2_{adj}=.161$. Father's Impaired Autonomy schema significantly B=3.598, t = 2.227, p = .028, 95% CI [.394, 6.802], and child's gender also significantly B=3.000, t=2.586, p =.011, 95% CI [.699, 5.302] predicted child's externalizing problems reported by the father, and significantly explained 16.1% of the total variance; none of the other predictive variables yielded to significant findings.

CHAPTER 4

DISCUSSION

The current thesis aimed to examine the mediator role of family alliance between parental early maladaptive schemas and child well-being regarding internalizing and externalizing problems. Two sets of analyses were run; the first set of analyses concerned the mediator role of Family alliance on hypothesized early maladaptive schemas (EMS) of parental Disconnection and Impaired Limits; and the second set of analyses consisted of exploratory linear regression analyses, in which other parental early maladaptive schemas could be explored, and the direct relation between EMSs and child well-being could be observed.

Convergent results were found in both sets of analyses, revealing that a) Family alliance was not a significant mediator of early maladaptive schemas of parents and child well-being, yet almost all direct paths from these parental EMSs to children's internalizing and externalizing problems were significant, and b) not only the hypothesized parental EMSs of *Disconnection* and *Impaired Limits* schema domains, but also one of the non-hypothesized EMS of the *Impaired Autonomy* schema domain was a significant predictor of children's internalizing and externalizing problems. Overall, parents' early maladaptive schemas (EMSs) showed a significant predictor role in almost all analyses measuring children's internalizing and externalizing problems.

Previous literature showed that parents' EMSs work as internal working models, and are used as cognitive links to the development of psychopathology (Bosmans, Braet, & Van Vlierberghe, 2010; Collins & Read, 1994; Dewitte, De Houwer, & Buysse, 2008; Kobak, 1994; Mason, Platts, & Tyson, 2005). Early maladaptive schemas depend on the quality of the relationship between the parents and the child, and both attachment and the EMSs are formed as a consequence of child-rearing attitudes and practices (Fivush & Sales, 2006; Fraley, 2007; Imamoğlu & Imamoğlu, 2010; Kobak, 1994). For instance, a longitudinal study found that the

development of insecure attachment during preschool years led to the development of EMS during late adolescence/ young adulthood (Simard, Moss, & Pascuzzo, 2011). Previous literature also showed the link between the emergence of attachment styles and the EMSs, and that the parental cognitive schemas significantly predicted child well-being (Chorpita & Barlow, 1998; Diamond, Reiss, Diamond, Siqueland, & Isaacs, 2002). Likewise, there is a link between early maladaptive schemas and well-being, as indicated by the related literature on EMSs and psychopathology (Bosmans et al., 2010; Köse, 2009; Sojta & Strzelecki, 2022; Ünal, 2012), and on the parental EMSs as cognitive constructs that are linked to child well-being (Kobak, 1994).

Several studies conducted in the Turkish cultural context examined the relationship between EMSs and psychopathology, and one of them showed that adults' EMSs mediated the relationship between retrospective and perceived parental styles and self-reported psychopathology (Gök, 2012; Köse, 2009; Ünal, 2012). In other words, there are studies which extensively examined the link between adults' EMSs and psychopathology, as well as the retrospective negative experiences as a child and the current EMSs.

Hence, to our knowledge, the current thesis study was the first to show the direct relationship between parental EMSs and child well-being measured in early childhood, and assessed from the same family members simultaneously. Furthermore, the current study is also the first one examining this relation after controlling the variables of family alliance, child's gender, age, and parents' schema compensation scores, and still indicating a robust link between the parental EMS and child well-being. Taken together, the current thesis study made a unique contribution to the literature on the link between early maladaptive schemas and child-wellbeing in family context.

The current study's findings also revealed that mothers' and fathers' higher scores in Disconnection and Impaired Limits significantly predicted child's internalizing problems. Internalizing problems in children are usually observed when one or both parents display characteristics of psychological control, such as guilt induction, shaming, sometimes neglect of basic needs, and using kinds of manipulative tactics (Holland et al., 2017). These tactics often involve avoidance and/or withdrawal

of affection to manipulate the child into behaving in a certain way. Children who develop internalizing problems usually feel they are defective and not good enough and that things go wrong because it is their fault, which lies in the etiology of the term "internalizing" problems; they internalize the guilt and see themselves as the source of the problems, so they attribute all problems as their faults. Thereupon, both parents who scored higher on the Disconnection schema domain also scored higher on the subscales of this domain that involve emotional deprivation, emotional inhibition, social isolation/ mistrust, and defectiveness.

These parents are theorized to have deeply seated beliefs since childhood that their emotional needs of nurturance and empathy would not be met; they tend to suppress their negative emotions but cannot experience joy freely, either; they feel emotionally isolated from significant others, sometimes even as a result of social exclusion or neglect by family; and they tend to think that they are inferior, bad, flawed, not worthy of attention, which as a parental schema conceptually refers to childhood internalizing problems that they might have had experienced in the past (Young, 1990; Young et al., 2003). In other words, it is quite fitting theoretically that mothers' and fathers' Disconnection schema significantly predicted child's internalizing problems, reflecting a parental style that reflects their deeply seated beliefs which seems to lead to internalizing problems in their children.

On the other hand, mothers' and fathers' higher scores on the Impaired Limits schema domain also predicted child's internalizing problems. Impaired Limits schema domain has one subscale, that is Entitlement/ Insufficient Self-Control, which refers to a sense of self-entitlement concerning a sense of superiority and privilege, such as deserving special treatment, and also a fundamental difficulty in self-control in terms of controlling one's wishes and desires (Young, 1990; Young et al., 2003). So, parents who cannot set healthy limits with others, including their children, and thinking that they are entitled to a privilege and cannot stop themselves from pressuring others towards their desires might also be using more manipulative tactics of psychological control, leading their children to view themselves as the source of the problem and internalize a defective self-concept. Thus, it is not surprising that parents with higher levels of Impaired Limits schema seem to have children with higher levels of internalizing problems.

The other set of findings concerns the predictive role of parental EMSs and child's externalizing problems, which refer to reactance to rules and limits, acting out in places and situations where it is not appropriate, and having and mostly giving a hard time to others in social relationships (Holland et al., 2017). Findings revealed that higher scores on mothers' and fathers' Disconnection and Impaired Limits schema domains significantly predicted child's externalizing problems. As aforementioned, parents who have deeply seated beliefs as schema domains on Disconnection from significant others as a result of emotional deprivation and defectiveness, as well as on Impaired Limits as a result of entitlement and difficulty in self-control, might lead their children to display reactance and irritability as the main coping strategy, most probably in tune with their temperamental traits (Holland et al., 2017).

The current study did not measure child's temperament though, but the related literature showed that the development of internalizing and externalizing problems is a result of the interaction of child's temperament and parental input (Achenbach et al., 2016; Holland et al., 2017). In other words, more reactive children might develop more externalizing behaviors, whereas the ones who are more fearful might develop more internalizing behaviors depending on their differential temperament in the face of the same parental input as behaviors and attitudes. Taken together, the findings of the current study on the predictive role of the same schema domains coming from both parents seem to be quite robust in leading to adverse child outcomes, even after controlling for the predictive and control variables of the child's gender, age, parents' schema compensation scores, and finally Family alliance.

There are also worthy results on the control variables of child's gender and chronological age in months. In other words, hypothesized parental schema domains were still significant after taking control variables into account, yet, some also turned out to be significant predictors of child outcomes. Findings showed that especially for the fathers' EMSs and their reports of the child's internalizing and externalizing problems, both child's age and gender predicted some of the variance in explaining the examined relationship. If the family had a daughter rather than a son, higher levels of father's Disconnection schema predicted higher levels of the child's externalizing problems, and higher levels of father's Impaired Limits schema predicted higher levels of the child's externalizing problems. In addition, older children's fathers' higher

scores in Impaired Limits predicted higher levels of the child's internalizing problems. It seems that daughters were more affected by their fathers' Disconnection and Impaired Limits schema domains in developing externalizing behaviors. In previous literature, it was shown that both mothers and fathers talk with their daughters more than they do with sons, displaying more voluminous rate of emotions, as well as more varied ones (Aznar & Tenenbaum, 2015, Bürümlü-Kısa et al., 2020; Fivush & Wang, 2005; Lindsey & Caldera, 2006; Manczak, Mangeldorfs, McAdams, Wong, Schoppe-Sullivan, & Brown, 2016). In addition, mothers use higher levels and variety of emotions compared to fathers. Thus, it might be the case that mothers do not differentiate much in terms of how they convey their emotions to their children in terms of child's gender, but fathers might be more sensitive about displaying their emotions toward their daughter, which exposes daughters more to fathers' array of emotions, and consequently their Disconnection and Impaired Limits domains.

Moreover, daughters are viewed as the relational agents in the family compared to sons (Bürümlü-Kisa et al., 2020; Henrich, Blatt, Kuperminc, Zohar, & Leadbeater, 2001; Lindsey & Caldera, 2006), which might be leading them to lean more on perceiving the relational climate in the family, thereby from their fathers, too. In addition, in the current study, older children, ranging between 36 to 48 months of age, show significantly more internalizing problems if their fathers' scored higher on the Impaired Limits schema domain. Children develop the skill to infer others' mental states regarding what they might be feeling or thinking as they develop the skill of Theory of Mind (ToM) (Gopnik & Meltzoff, 1997). The development of this socio-cognitive skill takes place around the age of four, yet precursors of ToM skills begin to emerge as early as 18 months of age (Grosse, Moll, & Tomasello, 2010; Jara-Ettinger, Tenenbaum, & Schulz, 2015; Tomasello, Carpenter, Call, Behne, & Moll, 2005), and the fully online and developed skill shows individual differences, changing from one child to another. Consequently, in the current study, children towards the age of four might have a better understanding of others' thoughts, attitudes, and intentions compared to their younger counterparts, and this developing ToM skill might have led these children to infer their fathers' behaviors and attitudes regarding their Impaired Limits schema.

Of course, one should be careful in generalizing the role of children's chronological age without measuring the role of ToM, and because of the need for replication due to the comparatively smaller sample and effect sizes. Taken together, regardless of child's gender or age, the direct relationship between mothers' and fathers' Disconnection and Impaired Limits schema domains, and child well-being were found to display convergently significant results. Both mothers' and fathers' Disconnection and Impaired Limits EMSs significantly predicted their children's internalizing and externalizing problems as hypothesized, which are salient and robust findings of the current thesis study.

The current thesis study did not reveal the predictive role of family alliance (FAAS) as hypothesized, either in the mediator role in the mediation analyses or in the further exploratory regression analyses. The reasons for the lack of significant results on family alliance might be multifaceted, including the strength of the relation between parental early maladaptive schemas (EMSs) and child's well-being as measured by internalizing and externalizing problems. This link between EMSs and child well-being seemed robust since it appeared in all hypothesized analyses; after controlling for many child and parental variables, the alliance level in the family system might not be the major concern in this type of relationship.

Another speculation for lack thereof might be due to the nature of measurement in Family Alliance. Although both developmental and child clinical research involves the combination of many different methodologies in the same research, both EMSs and child well-being were measured by the self-report of each parent, whereas the family alliance score was computed as a composite score from a thorough observation of nonverbal behaviors of the family members, which might have created a discrepancy in measurement.

Moreover, Family alliance is a technique that is prevalently used for the clinical assessment of families rather than used together by the prevalently used scales for research (Favez et al., 2012; Favez et al., 2017; Fivaz-Depeursinge et al., 1996). Altogether, Family alliance still provided essential and invaluable insight into the functioning of families with preschoolers in the Turkish cultural context, but it might not have worked as an assessment tool for research reasons.

On another note, all families consented to have the researchers visit them at their homes via Zoom, which might have led to a certain type of parents willing to exhibit their performance with their children. Lastly, although 114 mother-father-child triads (N=342 individuals) were taken into all mediation analyses, since the FAAS score is assigned per family, due to a lower sample size, the family alliance might not turned out to be significant. For instance, in the seventh mediation analysis, in which the predictor role of fathers' Disconnection schema on children's externalizing behaviors through the mediator role of family alliance, the a path going from fathers' Disconnection to family alliance was marginally significant (p=.051), indicating that fathers higher scores on Disconnection schema predicted lower family alliance. This single and marginally significant result was not considered salient or convergent since it did not reach the absolute level of statistical significance. However, it might show that with a larger sample size, some of these findings regarding the role of family alliance might change. The current study was the first to explore these relationships with a difficult-to-collect type of data, but still, the future research should replicate the results with larger sample sizes.

The exploratory regression analyses on all maternal and paternal EMSs and child outcomes provided a unique opportunity to observe a) how the non-hypothesized EMSs worked as predictor variables after being controlled for child's gender and age, and b) how all EMSs worked together in terms of revealing the significant findings after controlling for all other EMSs. Results revealed that mothers' Impaired Autonomy and fathers' Disconnection schema domains significantly predicted child's internalizing problems, and fathers' Impaired Autonomy significantly predicted child's externalizing behaviors. In the original analysis, fathers' Disconnection also significantly predicted child's internalizing problems, the potential reasons for which were argued above, but in the regression analysis, also child's age significantly and positively predicted higher externalizing problems of the child, revealing that older children are more likely to suffer from this equation. Fathers who scored higher on the Disconnection schema theoretically suffer from emotional deprivation, emotional inhibition, social isolation/ mistrust, and defectiveness, which might lead them to adopt a more aloof and distrusting attitude combined with their self-view as defected, which might be socially perceived much better by older children towards the age of

four, rather than the ones towards the age of three, because of the child's more advanced socio-cognitive skills. Perceiving these behaviors and attitudes better than their younger counterparts, the older children might show higher levels of reactance and act out in the face of the emotional Disconnection they receive from their fathers.

Mothers' Impaired Autonomy in predicting child's internalizing problems is a new finding in the exploratory regression analyses. Impaired Autonomy schema domain includes subscales, such as; Enmeshment/Dependence, which refers to an enmeshed sense of self with others up to an unhealthy extent and losing the sense of individuation; Abandonment referring to the deep fear of being abandoned by significant others due to lack of support; Failure referring to the feeling of failure in life in comparison to others; Pessimism referring to a constant state of complaining, worry, and vigilance as a result of mainly focusing on the negative aspects of life; and Vulnerability referring to a constant paralyzing worry about one's health or a potential catastrophe that might happen (Young & Lindemann, 1992). Taken together, mothers whose scores were high for this schema domain are most probably experiencing dependence in their relationships; they were vigilant, fearing being abandoned by their loved ones, and pessimistic about what would happen, which should be creating a higher level of anxiety and unhealthy social demands from the child. This impaired sense of autonomy, mixed with pessimism and deeply seated beliefs about abandonment, might be leading the child to develop internalizing problems, since the parents who felt that way might not support their child's autonomy development and might even wish to have a more dependent and obedient child who might feel more vulnerable and internalize the problems and themselves as the source of these problems. Fathers' Impaired Autonomy predicted children's externalizing behaviors, but higher for female children. In that sense, girls might be more sensitive towards these high demands for dependence and fear of abandonment that they perceive from their fathers, and as a part of the gender development regarding their higher levels of need for being more related to others, which, indeed, requires a secure bond between social agents. Therefore, in the face of their fathers' higher levels of Impaired Autonomy, girls might be socially perceiving more of impaired autonomy behaviors from their fathers and be displaying reactance in response to this unhealthy extent of enmeshment and dependence.

The current study, of course, has certain limitations. First, measuring a child's well-being through internalizing and externalizing problems depends on parents' reports and perceptions of their children. Consequently, their EMSs might have affected how they evaluated their children's well-being. Future research should focus on other methods, such as observation, of assessing child well-being; or, collecting data through the observations of third parties, such as the assessments of teachers or clinical psychologists. Still, previous literature showed that parents' views on who their children are and their characteristics partially influence how children feel about themselves and behave accordingly (Murray, 2000; Ruffman et al., 2006), and report of parents in assessing preschoolers' adverse outcomes have been prevalently used in the literature.

Another limitation might be the demographics of the families, in which parental education was used as an inclusion criterion. This attempt in the current research might have avoided the potential confounding factors that might play a role in examining the hypothesized relationships. Although, the current study sample comes from all kinds of cities around Türkiye, families are deliberately chosen to represent upper-middle SES, which usually includes parents who are quite knowledgeable about parenting, who might have acted in more socially desirable way during the play task. Future studies should recruit families from diverse backgrounds to guarantee a higher level of generalizability.

Conducting the current study via Zoom to assess the Family alliance score might also have decreased the ecological validity. Previous literature showed that Lausanne Trilogue Play worked famously with families (Favez et al., 2012; Favez et al., 2017; Fivaz-Depeursinge et al., 1996), although most of the research was conducted in a lab environment and face-to-face, whereas the current study was conducted online and at home. Although at least one parent was willing to participate, the other family members might have felt uncomfortable. Yet, not being able to recruit the families who were not willing to be video-recorded via Zoom and recruiting the ones who were more willing might be another shortcoming of the current study.

The current thesis study has a number of contributions to the related literature. First of all, to our knowledge, it is the first study to examine the predictor role of parental early maladaptive schemas (EMSs) on child well-being through the mediator role of Family alliance, and by recruiting all family members simultaneously. In addition, it is also the first study to examine this relationship with children as young as three-year-olds and in a non-Western society such as the Turkish cultural context. In previous literature, usually only mothers' EMSs were explored on negative child outcomes, whereas the current study examined both parents' EMSs. Furthermore, after being controlled for several child and parental variables, the EMSs of Disconnection and Impaired Limits of both parents convergently predicted children's externalizing and internalizing problems. Especially the findings revealing that the EMSs still have a significant predictor role on child well-being after being controlled for the schema compensation shows the robustness of the parental EMSs on child well-being.

On a different note, the Family alliance did not mediate the relationship between EMSs and child well-being, but since it was included in all analyses and therefore controlled, as well, referring to the strong relationship between parental early maladaptive schemas and child well-being. To the best of our knowledge, it was also the first time that the Family alliance was assessed in the Turkish cultural context and via a novel video recording method via the Zoom application. This novel take might lead future research by using the same data collection technique, which is a more practical way of home visits to collect qualitative data, especially in terms of the degree of freedom it provides for collecting data from different geographical regions and contributing more into the generalizability of the findings. Since the children were three-year-olds, almost all of them forgot about the researcher's existence once the video image went off, which might have enabled a more naturalistic way of interaction on the children's side compared to physically existing at home as a researcher and could cause observer effect. Taken together, the current thesis study allocated a novel data collection technique with novel research questions, which is believed to fill an important gap in the literature.

The current study also has salient implications, the first of which is the strong relationship between both of the parents' EMSs and the child's well-being. Findings showing that both parents' schemas worked similarly for the same schema domains and their robust predictive role on child well-being after controlling for several parental and child variables demonstrated the importance of intervention studies. Future research should focus on and develop intervention studies that provide parental training and psychoeducation to facilitate child well-being in the family context. Second of all, the main parental predictors of Disconnection and Impaired Limits schemas both include subdomains about relatedness and individuation, as well as affect and control, which demonstrated the importance of developing intervention studies that aim to foster parents' self-construals and parenting styles. In addition, private practitioners and mental health workers might consider including the parental early maladaptive schemas into their collection of measures since they are convergently predictive of child well-being, as supported by the findings of the current study as well.

Future research might also focus on larger scaled research, in which parental EMS, self-construals, and parenting styles could be studied together to determine the essential factors influencing child well-being. The potential intergenerational transmission of these early maladaptive schemas should also be examined carefully and further to develop new intervention studies that would prevent children from developing lifelong maladaptive schemas that seem to be initiated as early maladaptive schemas. Finally, the link between EMSs and child well-being emerged at the age of three, which could be considered an early developmental stage, also revealed the need for intervention studies that should focus on the early parent-child interactions and their potential for future risks to child well-being.

REFERENCES

Achenbach, T. M., Ivanova, M. Y., Rescorla, L. A., Turner, L. V., and Althoff, R. R. (2016). Internalizing/ Externalizing Problems: Review and Recommendations for Clinical and Research Applications, *Journal of the American Academy of Child and Adolescent Psychiatry*, 55(8), 647-656.

Ackerman, B. P., D'Eramo, K. S., Umylny, L., Schultz, D., & Izard, C. E. (2001). Family structure and externalizing behavior of children from economically disadvantaged families. *Journal of Family Psychology, 15,* 288 –300.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Strange Situation Procedure (SSP)* [Database record]. APA PsycTests. https://doi.org/10.1037/t28248-000

Alsancak-Akbulut, C., Elibol-Pekaslan, N., Bayram-Gülaçtı, H. G., Sahin-Acar, B. (2022). Examination of emotion regulation in the family context: A mixed method study from Turkey. Klinik Psikoloji Dergisi. https://doi.org/10.5455/kpd.26024438m000080

Aznar & Tenenbaum (2015). Gender and age differences in parent-child emotions talk. *British Journal of Developmental Psychology*, 33(1), 148-155.

Belsky, J. (1984). The determinants of parenting: A process model. *Child Development*, 55, 83-96.

Belsky, J., & Kelly, J., (1994). The transition to parenthood: How a first child changes a marriage. Why some couples grow closer and others apart. New York: Dell.

Bernstein, G. A., & Borchardt, C. M. (1991). Anxiety disorders of childhood and adolescence: A critical review. *Journal of the American Academy of Child and Adolescent Psychiatry*, 30, 519-532.

Bosmans, G., Braet, C., & Van Vlierberghe, L. (2010). Attachment and symptoms of psychopathology: Early maladaptive schemas as a cognitive link? *Clinical Psychology and Psychotherapy*, 17, 374-385. DOI: 10.1002/cpp.667

Bürümlü-Kısa, E., & Sahin-Acar, B. (2020). How did you feel back then? Emotional memory conversations among mother-father-child triads. In S. Gülgöz, & B. Sahin-Acar (Eds.). *Autobiographical memory development: Theoretical and methodological approaches*. New York: Routledge. ISBN 9780367077884

Carneiro, C., Corboz-Warnery, A., & Fivaz-Depeursinge, E. (2006). The Prenatal Lausanne Trilogue Play: A new observational assessment tool of the prenatal co-parenting alliance. *Infant Mental Health Journal*, 27(2), 207-228.

Collins, N.L., & Read, S.J. (1994). Cognitive representations of attachment: The structure and function of working models. In K. Bartholomew & D. Perlman (Eds.), Attachment processes in adulthood (pp. 53–92). London: Jessica Kingsley.

Çeviker, G. (2022). Emotionally Charged and Shared Memory Conversations of Mother-Child Dyads: The Role of Mothers' Early Maladaptive Schemas. Unpublished Dissertation, Middle East Technical University.

Chorpita, B.E., & Barlow, D.H. (1998). The development of anxiety: The role of control in the early environment, *Psychological Bulletin*, *124*, 3–21.

Dewitte, M., & De Houwer, J., & Buysse, A. (2008). On the Role of the Implicit Self-Concept in Adult Attach- ment. *European Journal of Psychological Assessment*, *24*, 282–289.

Diamond, G.S., Reiss, B., Diamond, G.M., Siqueland, L., & Isaacs, L. (2002). Attachment-based family therapy for depressed adolescents: A treatment development study. *Journal of the American Academy of Child and Adolescent Psychiatry, 41*, 1190–1196.

Fanti, K. A., & Henrich, C. C. (2010). Trajectories of pure and co-occurring internalizing and externalizing problems from age 2 to age 12: Findings from

the National Institute of Child Health and human development study of early child care. *Developmental Psychology*, 46(5), 1159-1175. https://doi.org/10.1037/a0020659

Favez, N., Frascarolo, F., & Tissot, H. (2017). The family alliance model: a way to study and characterize early family interactions. *Frontiers in Psychology*, *8*, 1441.

Favez, N., Lopes, F., Bernard, M., Frascarolo, F., Lavanchy Scaiola, C., Corboz-Warnery, A., & Fivaz-Depeursinge, E. (2012). The development of family alliance from pregnancy to toddlerhood and child outcomes at 5 years. *Family Process*, 51(4), 542-556. doi: 10.1111/j.1545-5300.2012.01419.x

Fivaz-Depeursinge, E., Frascarolo, F., & Corboz-Warnery, A. (1996). Assessing the triadic alliance between fathers, mothers, and infants at play. *New Directions for Child and Adolescent Development*, *1996*(74), 27–44. https://doi.org/10.1002/cd.23219967404.

Fivush, R., & Sales, J. M. (2006). Coping, attachment, and mother-child narratives of stressful events. *Merrill-Palmer Quarterly*, *52*(1), 125–150. https://doi.org/10.1353/mpq.2006.0003

Fivush, R. & Wang, Q. (2005). Emotion talk in mother-child conversations of the shared past: The effects of culture, gender, and event valence. *Journal of Cognition and Development*, 6(4), 489-506.

Fraley, R.C. (2007). A connectionist approach to the organization and continuity of working models of attachment. *Journal of Personality*, *75*, 1157–1180.

Goodman, S. H., & Gotlib, I. H. (1999). Risk for psychopathology in the children of depressed mothers: A developmental model for understanding mechanisms of transmission. *Psychological Review*, 106, 458-490.

Gopnik, A., & Meltzoff, A. N. (1997). Words, Thoughts, and Theories. The MIT Press, Cambridge, Massachusetts.

Grosse, G., Moll, H., & Tomasello, M. (2010). 21-month-olds understand the cooperative logic of requests. *Journal of Pragmatics*, *42*, 3377-3383.

Gök, A.C. (2012). Associated factors of psychological well-being: Early maladaptive schemas, schema coping processes, and parenting styles. (Thesis, Master of Science). Middle East Technical University. Retrieved from http://etd.lib.metu.edu.tr/upload/12614645/index.pdf

Hayes, A. F. (2018). Partial, conditional, and moderated moderated mediation: Quantification, inference, and interpretation. *Communication Monographs*, 85(1), 4-40. https://doi.org/10.1080/03637751.2017.1352100

Henrich, C. C., Blatt, S. J., Kuperminc, G. P., Zohar, A., & Leadbeater, B. J. (2001). Levels of interpersonal concerns and social functioning in early adolescent boys and girls. *Journal of Personality Assessment*, 76(1), 48-67.

Holland, M. L., Malmberg, J., & Gimpel Peacock, G. (2017). Introduction to Behavioral, Social, and Emotional Problems of Young Children. In M. L. Holland, J. Malmberg, & G. Gimpel Peacock (Eds.), *Emotional and Behavioral Problems of Young Children: Effective Interventions in the Preschool and Kindergarten Years* (pp. 1-24)

Imamoğlu, E. O., & Imamoğlu, S. (2010). Attachment within a cultural perspective: Relationships with explorations and self orientations. In P. Erdman, & K.-M. Ng (Eds.). *Attachment: Expanding the cultural connections* (pp. 35–53). New York: Routledge. https://doi.org/10.4324/9780203852828.

Jara-Ettinger, J., Tenenbaum, J. B., & Schulz, L. E. (2015). Not so innocent: Toddlers' inferences about cost and culpability. *Psychological Science*, 26(5), 633-640. https://doi.org/10.1177/0956797615572806

Jones, J. D., Cassidy, J., & Shaver, P. R. (2015). Parents' self-reported attachment styles a review of links with parenting behaviors, emotions, and cognitions. *Personality and Social Psychology Review, 19*(1), 44–76. https://doi.org/10.1177/1088868314541858.

Kagitcibasi, C. (2007). Family, self, and human development across cultures: Theories and applications (2nd ed.). Mahwah, NJ: Lawrence Erlbaum Associates.

Kobak, R. (1994). Adult attachment: A personality or relationship construct? *Psychological Inquiry, 5*, 42–44.

Köse, B. (2009). Associations of psychological well-being with early maladaptive schemas and self-construals. (Thesis, Master of Science). Middle East Technical University. Retrieved from http://etd.lib.metu.edu.tr/upload/12610854/index.pdf

Lahey, B. B., Van Hulle, C. A., Keenan, K., Rathouz, P. J., D'Onofrio, B. M., Rodgers, J. L., & Waldman, I. D. (2008). Temperament and parenting during the first year of life predict future child conduct problems. *Journal of Abnormal Child Psychology*, 36, 1139-1158.

Leahy, R. L. (2002). A model of emotional schemas. *Cognitive and Behavioral Practice*, 9(3), 177-190. https://doi.org/10.1016/S1077-7229(02)80048-7

Lindsey, E. W., & Caldera, Y. M. (2006). Mother-father-child triadic interaction and mother-child dyadic interaction: Gender differences within and between contexts. *Sex Roles: A Journal of Research*, 55(7-8), 511-521.

Manczak, E. M., Mangelsdorf, S. C., McAdams, D. P., Wong, M. S., Schoppe-Sullivan, S., & Brown, G. L. (2016). "How did that make you feel?" Influences of gender and parental personality on family emotion talk. *Merrill-Palmer Quarterly*, 62(4), 388-414.

Mason, O., Platts, H., & Tyson, M. (2005). Early maladaptive schemas and adult attachment in a UK clinical population. *Psychology and Psychotherapy: Theory, Research, and Practice, 78*, 549–564.

McLeod, J. D., & Shanahan, M. J. (1996). Trajectories of poverty and children's mental health. *Journal of Health and Social Behavior, 37*, 207–220.

Minuchin, S. (1974). Families and Family Therapy. Cambridge, MA: Harvard University Press.

Murray, T. R. (2000). Comparing theories of child development (5th ed.). Wadsworth/Thomson Learning.

Pasupathi, M. (2003). Emotion regulation during social remembering: Differences between emotions elicited during an event and emotions elicited when talking about it. *Memory*, 11(2), 151-163. DOI:10.1080/09658210244000333

Querido, J. G., Eyberg, S. M., & Boggs, S. R. (2001). Revisiting the accuracy hypothesis in families of young children with conduct problems. *Journal of Clinical Child Psychology*, 30, 253-261.

Rafaeli, E., Bernstein, D. P., & Young, J. (2011). Schema therapy: Distinctive features. The CBT distinctive features series. Routledge, New York, NY, US.

Ruffman, T., Slade, L., Devitt, K., & Crowe, E. (2006). What mothers say and what they do: The relation between parenting, theory of mind, language and conflict/cooperation. British Journal of Developmental Psychology, 24, 105–124.

Sahin-Acar, B., & Leichtman, M. D. (2015). Mother-child memory conversations and self-construal in Eastern Turkey, Western Turkey, and the USA. *Memory*, *23*(1), 69–82. https://doi.org/10.1080/09658211.2014.935437.

Simard, V., Moss, E., & Pascuzzo, K. (2011). Early maladaptive schemas and child and adult attachment: A 15-year long longitudinal study. *Psychology and Psychotherapy*, 84, 349-366. DOI:10.1111/j.2044-8341.2010.02009.x

Soygüt, G., Karaosmanoglu, A. and Cakir, Z. (2009). Assessment of early maladaptive schemas: A psychometric study of the Turkish Young Schema Questionnaire-Short Form-3. Turkish Journal of Psychiatry, 20, 75-84.

Sumer, N., & Kağitçibaşi, Ç. (2010). Culturally relevant parenting predictors of attachment security: Perspectives from Turkey. In P. Erdman, & K.-M. Ng (Eds.), Attachment: Expanding the cultural connections (pp. 157–180). New York: Routledge.

Tomasello, M. (2000). Culture and cognitive development. *Current Directions in Psychological Science*, *9*(2), 37-40.

Tomasello, M. (2009). From Social Interaction to Social Institutions. In *Why We Cooperate*, (pp. 49-100.). The MIT Press, Cambridge, Massachusetts, USA.

Tomasello, M., Carpenter, M., Call, J., Behne, T., & Moll, H. (2005). Understanding and sharing intentions: The origins of cultural cognition. *Behavioral and Brain Sciences*, *28*, 675–691.

Ünal, B. (2012). Early maladaptive schemas and well-being importance of parenting styles and other psychological resources. (Thesis, Master of Science). Middle East Technical University. Retrieved from http://etd.lib.metu.edu.tr/upload/12614661/index.pdf

Welburn, K., Coristine, M., Dagg, P., Pontefract, A. & Jordan, S. (2002). The Schema Questionnaire-short form: Factor analysis and relationship between schemas and symptoms. *Cognitive Therapy and Research*, pp. 26, 519–530.

Whaley, S. E., Pinto, A., & Sigman, M. (1999). Characterizing interactions between anxious mothers and their children. *Journal of Consulting and Clinical Psychology*, 67, 826–836.

Young, J. E. (1990). *Cognitive therapy for personality disorders: A schema-focused approach.* Professional Resource Exchange, Inc.

Young, J., & Lindemann, M. (1992). An integrative schema-focused model for personality disorders. *Journal of Cognitive Psychotherapy*, 6, 11-23.

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide.* Guilford Press.

APPENDICES

Appendix A. Informed Consent Form

Bu çalışma TED Üniversitesi Psikoloji Bölümü öğretim üyelerinden Doç. Dr. Ilgın Gökler Danışman ve Prof. Dr. Serap Özer süpervizyonunda, Başak Şahin-Acar tarafından yürütülmektedir. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir?

Ebeveynlerin erken yaştaki çocukları ile iletişimleri, çocuklarının gelişimlerini etkilemektedir. Bu çalışma çocuk gelişimini bu konuşmalar ışığında incelemeyi hedeflemektedir.

Bize Nasıl Yardımcı Olmanızı İsteyeceğiz?

Araştırma çevrimiçi olarak yapılacaktır. Verilecek linke tıklayarak bilgisayarınızı ortalama iki metre uzağınıza koyup ortada çocuğunuz, iki yanında ebeveynler olarak sizler oturarak size belirteceğimiz konularla ilgili çocuğunuzla konuşmanızı ve bu konuşmanın ses ve görüntü kaydını almanızı istiyoruz. Bir sonraki sayfada ise sorduğumuz anket sorularınızı cevaplamanızı rica edeceğiz.

Katılımınızla ilgili bilmeniz gerekenler:

Bu çalışmaya katılmak tamamen gönüllülük esasına dayalıdır. Herhangi bir yaptırıma veya cezaya maruz kalmadan çalışmaya katılmayı reddedebilir veya çalışmayı bırakabilirsiniz. Araştırma esnasında cevap vermek istemediğiniz sorular olursa boş bırakabilirsiniz.

Araştırmaya katılanlardan toplanan veriler tamamen gizli tutulacak, veriler ve kimlik bilgileri herhangi bir şekilde eşleştirilmeyecektir. Katılımcıların isimleri bağımsız bir listede toplanacaktır. Ayrıca toplanan verilere sadece araştırmacılar ulaşabilecektir. Bu araştırmanın sonuçları bilimsel ve profesyonel yayınlarda veya eğitim amaçlı kullanılabilir, fakat katılımcıların kimliği gizli tutulacaktır.

Riskler:

Çalışma esnasında karşılaşma ihtimali olan herhangi bir risk yoktur, ancak herhangi bir sebeple rahatsızlık duyarsanız lütfen e-posta adresi aracılığı ile bize başvurunuz.

Araştırmayla ilgili daha fazla bilgi almak isterseniz:

Çalışmayla ilgili soru ve yorumlarınızı araştırmacıya adresinden iletebilirsiniz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad Tarih İmza

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Appendix B. Parental Consent Form

Sayın Veliler, Sevgili Anne-Babalar,

Bu çalışmanın amacı nedir? Araştırmamızın amacı ebeveyn ve çocuk konuşmalarının çocuk gelişimi üstündeki rolünü incelemektir.

Sizin ve çocuğunuzun katılımcı olarak ne yapmasını istiyoruz?: Çalışmanın amacını gerçekleştirebilmek için sizin bazı anketleri doldurmanıza ihtiyaç duymaktayız. Katılmasına izin verdiğiniz takdirde çocuğunuz ve ebeveynleri olarak eşinizle siz, evinizde üçünüzün de yanyana oturabileceği bir koltukta oturarak, size göndereceğimiz linke tıklayıp ortalama 15 dakika boyunca size vereceğimiz belirli konulardan beraberce konuşacaksınız ve Zoom programı üzerinden bu konuşmaların ses ve görüntü kayıtları alınacak. Ortalama iki metre uzaklığa bilgisayarınızı ya da sizi kaydedecek biçimde telefonunuzu koyarak ve çocuğunuzu eşinizle sizin aranıza oturtarak beraberce konuşmanızı istiyoruz. Görüşme bittikten sonra bir gün içerisinde yaklaşık 30 dakika süren bir anket doldurmanız istenecektir, anket bağlantısı size araştırmacı tarafından gönderilecektir.

Çocuğunuzdan alınan bilgiler ne amaçla ve nasıl kullanılacak?: Sizin ve çocuğunuzun dolduracağı anketlerde cevaplarınız kesinlikle gizli tutulacak ve bu cevaplar sadece bilimsel araştırma amacıyla kullanılacaktır. Çocuğunuzun ya da sizin ismi ve kimlik bilgileriniz, hiçbir şekilde kimseyle paylaşılmayacaktır. Bize sağlayacağınız bilgiler çocukların sosyal ve bilişsel gelişimini etkileyen faktörlerin saptanmasına önemli bir katkıda bulunacaktır.

Çocuğunuz ya da siz çalışmayı yarıda kesmek isterseniz ne yapmalısınız?: Bu formu imzaladıktan sonra hem siz hem de çocuğunuz katılımcılıktan ayrılma hakkına sahipsiniz. Katılım sırasında sorulan sorulardan ya da herhangi bir uygulama ile ilgili başka bir nedenden ötürü çocuğunuz kendisini rahatsız hissettiğini belirtirse, böyle bir durumda çalışmadan sorumlu kişiye çocuğunuzun çalışmadan ayrılmasını istediğinizi söylemeniz yeterli olacaktır. Çalışmadan ayrılmayı tercih ederseniz, toplanan tüm görüntülü, sesli ve yazılı veri yok edilecektir.

Bu çalışmayla ilgili daha fazla bilgi almak isterseniz: Araştırmayla ilgili sorularınızı aşağıdaki e-posta adresini kullanarak bize yöneltebilirsiniz.

Saygılarımızla,

Başak Şahin-Acar

Psikoloji Bölümü, TED Üniversitesi, Ankara

e-posta:

Appendix C. Demographic Information Form

Yaşınız:

Mesleğiniz:

Şu anda yaşadığınız şehir:

Son bitirdiğiniz okul hangisidir?

__İlkokul __Ortaokul __Lise __Ön lisans __Üniversite __Yüksek Lisans

__Doktora __Doktora sonrası araştırma

Medeni durumunuz:

Bu çalışmaya katılan çocuğunuzun cinsiyeti ve doğum tarihi:

Başka çocuğunuz var mı? Varsa yaşları ve cinsiyetleri:

Herhangi kronik bir fiziksel veya psikolojik rahatsızlığınız var mı?

Evet____ (Varsa nedir?_____) Hayır____

Bu çalışmaya birlikte katıldığınız çocuğunuzun herhangi kronik bir rahatsızlığı var mı, varsa nedir?

Evet____ (Varsa nedir?_____) Hayır____

Çocukluğunuzda annenizle günlük olaylar ve geçmiş deneyimleriniz ile ilgili ne sıklıkla konuşurdunuz?

1 2 3 4 5 6 7

Hiç Çok sık

Çocukluğunuzda babanızla günlük olaylar ve geçmiş deneyimleriniz ile ilgili ne sıklıkla konuşurdunuz?

1 2 3 4 5 6 7

Hiç Çok sık

Appendix D. Young Şema Ölçeği

Aşağıda kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyun ve sizi ne kadar iyi tanımladığına karar verin. Emin olamadığınız ifadelerde neyin doğru olabileceğinden çok, sizin duygusal olarak ne hissettiğinize dayanarak cevap verin. Bazı ifadeler anne/babanızla ilişkiniz hakkındadır. Eğer biri veya her ikisi şu anda yaşamıyorlarsa, bu ifadeleri onlar hayattaykenki ilişkinizi göz önüne alarak puanlandırın. 1'den 6'ya kadar olan seçeneklerden sizi tanımlayan en yüksek puanı seçerek her bir ifadenin yanındaki boşluğa yazın.

1. Benim için tamamıyla yanlış
2. Benim için büyük ölçüde yanlış
3. Bana uymayan tarafı uyan tarafından biraz fazla
4. Benim için ortaa derecede uygun
5. Benim için çoğunlukla uygun
6. Beni mükemmel şekilde tanımlıyor

1. _____ Bana bakan, benimle zaman geçiren, başıma gelen olaylarla gerçekten ilgilenen kimsem olmadı.

2. _____ Beni terkedeceklerinden korktuğum için yakın olduğum insanların peşini bırakmam.

3. _____ İnsanların beni kullandıklarını hissediyorum

4. _____ Uyumsuzum.

5. _____ Beğendiğim hiçbir erkek/kadın, kusurlarımı görürse beni sevmez.

6. _____ İş (veya okul) hayatımda neredeyse hiçbir şeyi diğer insanlar kadar iyi yapamıyorum

7. _____ Günlük yaşamımı tek başıma idare edebilme becerisine sahip olduğumu hissetmiyorum.

8. _____ Kötü bir şey olacağı duygusundan kurtulamıyorum.

9. _____ Anne babamdan ayrılmayı, bağımsız hareket edebilmeyi, yaşıtlarım kadar, başaramadım.

10. _____ Eğer istediğimi yaparsam, başımı derde sokarım diye düşünürüm.

11. _____ Genellikle yakınlarıma ilgi gösteren ve bakan ben olurum.

12. _____ Olumlu duygularımı diğerlerine göstermekten utanırım (sevdiğimi, önemsediğimi göstermek gibi).

13. _____ Yaptığım çoğu şeyde en iyi olmalıyım; ikinci olmayı kabullenemem.

14. _____ Diğer insanlardan bir şeyler istediğimde bana "hayır" denilmesini çok zor kabullenirim.

15. _____ Kendimi sıradan ve sıkıcı işleri yapmaya zorlayamam.

16. _____ Paramın olması ve önemli insanlar tanıyor olmak beni değerli yapar.

17. _____ Her şey yolunda gidiyor görünse bile, bunun bozulacağını hissederim.

18. _____ Eğer bir yanlış yaparsam, cezalandırılmayı hakkederim.

19. _____ Çevremde bana sıcaklık, koruma ve duygusal yakınlık gösteren kimsem yok.

20. _____ Diğer insanlara o kadar muhtacım ki onları kaybedeceğim diye çok endişeleniyorum.

21. _____ İnsanlara karşı tedbiri elden bırakamam yoksa bana kasıtlı olarak zarar vereceklerini hissederim.

22. _____ Temel olarak diğer insanlardan farklıyım.

23. _____ Gerçek beni tanırlarsa beğendiğim hiç kimse bana yakın olmak istemez.

24. _____ İşleri halletmede son derece yetersizim.

25. _____ Gündelik işlerde kendimi başkalarına bağımlı biri olarak görüyorum.

26. _____ Her an bir felaket (doğal, adli, mali veya tıbbi) olabilir diye hissediyorum.

27. _____ Annem, babam ve ben birbirimizin hayatı ve sorunlarıyla aşırı ilgili olmaya eğilimliyiz.

28. _____ Diğer insanların isteklerine uymaktan başka yolum yokmuş gibi hissediyorum; eğer böyle yapmazsam bir şekilde beni reddederler veya intikam alırlar.

29. _____ Başkalarını kendimden daha fazla düşündüğüm için ben iyi bir insanım.

30. _____ Duygularımı diğerlerine açmayı utanç verici bulurum.

31. _____ En iyisini yapmalıyım, "yeterince iyi" ile yetinemem.

32. _____ Ben özel biriyim ve diğer insanlar için konulmuş olan kısıtlamaları veya sınırları kabul etmek zorunda değilim.

33. _____ Eğer hedefime ulaşamazsam kolaylıkla yılgınlığa düşer ve vazgeçerim.

34. _____ Başkalarının da farkında olduğu başarılar benim için en değerlisidir.

35. _____ İyi bir şey olursa, bunu kötü bir şeyin izleyeceğinden endişe ederim.

36. _____ Eğer yanlış yaparsam, bunun özürü yoktur.

37. _____ Birisi için özel olduğumu hiç hissetmedim.

38. _____ Yakınlarımın beni terk edeceği ya da ayrılacağından endişe duyarım

39. _____ Herhangi bir anda birileri beni aldatmaya kalkışabilir.

40. _____ Bir yere ait değilim, yalnızım.

41. _____ Başkalarının sevgisine, ilgisine ve saygısına değer bir insan değilim.

42. _____ İş ve başarı alanlarında birçok insan benden daha yeterli.

43. _____ Doğru ile yanlışı birbirinden ayırmakta zorlanırım.

44. _____ Fiziksel bir saldırıya uğramaktan endişe duyarım.

45. _____ Annem, babam ve ben özel hayatımız birbirimizden saklarsak, birbirimizi aldatmış hisseder veya suçluluk duyarız

46. _____ İlişkilerimde, diğer kişinin yönlendirici olmasına izin veririm.

47. _____ Yakınlarımla o kadar meşgulüm ki kendime çok az zaman kalıyor.

48. _____ İnsanlarla beraberken içten ve cana yakın olmak benim için zordur.

49. _____ Tüm sorumluluklarımı yerine getirmek zorundayım.

50. _____ İstediğimi yapmaktan alıkonulmaktan veya kısıtlanmaktan nefret ederim.

51. _____ Uzun vadeli amaçlara ulaşabilmek için şu andaki zevklerimden fedakarlık etmekte zorlanırım

52. _____ Başkalarından yoğun bir ilgi görmezsem kendimi daha az önemli hissederim.

53. _____ Yeterince dikkatli olmazsanız, neredeyse her zaman bir şeyler ters gider.

54. _____ Eğer işimi doğru yapmazsam sonuçlara katlanmam gerekir.

55. _____ Beni gerçekten dinleyen, anlayan veya benim gerçek ihtiyaçlarım ve duygularımı önemseyen kimsem olmadı.

56. _____ Önem verdiğim birisinin benden uzaklaştığını sezersem çok kötü hissederim.

57. _____ Diğer insanların niyetleriyle ilgili oldukça şüpheciyimdir.

58. _____ Kendimi diğer insanlara uzak veya kopmuş hissediyorum.

59. _____ Kendimi sevilebilecek biri gibi hissetmiyorum.

60. _____ İş (okul) hayatımda diğer insanlar kadar yetenekli değilim.

61. _____ Gündelik işler için benim kararlarıma güvenilemez.

62. _____ Tüm paramı kaybedip çok fakir veya zavallı duruma düşmekten endişe duyarım.

63. _____ Çoğunlukla annem ve babamın benimle iç içe yaşadığını hissediyorum-Benim kendime ait bir hayatım yok.

64. _____ Kendim için ne istediğimi bilmediğim için daima benim adıma diğer insanların karar vermesine izin veririm.

65. _____ Ben hep başkalarının sorunlarını dinleyen kişi oldum.

66. _____ Kendimi o kadar kontrol ederim ki insanlar beni duygusuz veya hissiz bulurlar.

67. _____ Başarmak ve bir şeyler yapmak için sürekli bir baskı altındayım.

68. _____ Diğer insanların uyduğu kurallara ve geleneklere uymak zorunda olmadığımı hissediyorum.

69. _____ Benim yararıma olduğunu bilsem bile hoşuma gitmeyen şeyleri yapmaya kendimi zorlayamam.

70. _____ Bir toplantıda fikrimi söylediğimde veya bir topluluğa tanıtıldığımda onaylanılmayı ve takdir görmeyi isterim.

71. _____ Ne kadar çok çalışırsam çalışayım, maddi olarak iflas edeceğimden ve neredeyse her şeyimi kaybedeceğimden endişe ederim.

72. _____ Neden yanlış yaptığımın önemi yoktur; eğer hata yaptıysam sonucuna da katlanmam gerekir.

73. _____ Hayatımda ne yapacağımı bilmediğim zamanlarda uygun bir öneride bulunacak veya beni yönlendirecek kimsem olmadı.

74. _____ İnsanların beni terk edeceği endişesiyle bazen onları kendimden uzaklaştırırım.

75. _____ Genellikle insanların asıl veya art niyetlerini araştırırım.

76. _____ Kendimi hep grupların dışında hissederim.

77. _____ Kabul edilemeyecek pek çok özelliğim yüzünden insanlara kendimi açamıyorum veya beni tam olarak tanımalarına izin vermiyorum.

78. _____ İş (okul) hayatımda diğer insanlar kadar zeki değilim.

79. _____ Ortaya çıkan gündelik sorunları çözebilme konusunda kendime güvenmiyorum.

80. _____ Bir doktor tarafından herhangi bir ciddi hastalık bulunmamasına rağmen bende ciddi bir hastalığın gelişmekte olduğu endişesine kapılıyorum.

81. _____ Sık sık annemden babamdan ya da eşimden ayrı bir kimliğimin olmadığını hissediyorum.

82. _____ Haklarıma saygı duyulmasını ve duygularımın hesaba katılmasını istemekte çok zorlanıyorum.

83. _____ Başkaları beni, diğerleri için çok, kendim için az şey yapan biri olarak görüyorlar.

84. _____ Diğerleri beni duygusal olarak soğuk bulurlar.

85. _____ Kendimi sorumluluktan kolayca sıyıramıyorum veya hatalarım için gerekçe bulamıyorum.

86. _____ Benim yaptıklarımın, diğer insanların katkılarından daha önemli olduğunu hissediyorum.

87. _____ Kararlarıma nadiren sadık kalabilirim.

88. _____ Bir dolu övgüler ve iltifat almam kendimi değerli birisi olarak hissetmemi sağlar.

89. _____ Yanlış bir kararın bir felakete yol açabileceğinden endişe ederim.

90. _____ Ben cezalandırılmayı hakeden kötü bir insanım.

Appendix E. TED Üniversitesi Etik İzin Formu

İnsan Araştırmaları Etik Kurulu
Etik Kurul Kararları 2023/03

TED ÜNİVERSİTESİ
İNSAN ARAŞTIRMALARI ETİK KURULU
ETİK KURUL KARARLARI

Toplantı Tarihi	28.02.2023
Toplantı Sayısı	2023/03
Toplantı Yeri	Dekanlık Toplantı Odası
Toplantı Saati	10:00
Toplantıya Katılanlar	Doç. Dr. Ilgın Gökler Danışman Kurul Başkanı Dr.Öğr. Üyesi İbrahim Yiğit Raportör Dr.Öğr. Üyesi Melike Ünal Gezer Üye Dr. Öğr. Üyesi Elçin Emre Akdoğan Dr. Öğr. Üyesi Çağla Öneren Şendil Dr. Öğr. Üyesi Kutluk Bilge Arıkan Üye Dr.Öğr. Üyesi Kıymet Duygu Erdaş Üye Dr. Öğr. Üyesi Duygu Onay Çöker
Raportör	Esen TECER İAEK Sekreteri

Gündem : Ted Üniverisetesi İnsan Araştırmları Etik kurulu Toplantıları COVİD-19 salgını nedeni ile online yapılmış olup kararları toplu olarak yazılıp e-imza ile imzaya açılmıştır.

GÖRÜŞME MADDELERİ

G.04 : TED Üniversitesi, Psikoloji Bölümü Öğretim Üyesi Doç. Dr. Ilgın Gökler Danışman' ın " The Role Of Parental Maladaptıve Schemas And Famıly Allıance On Chıld Outcomes " başlıklı çalışmasının araştırma etiğine uygunluğu görüşüldü.

Karar 2023-03/04 : TED Üniversitesi, Psikoloji Bölümü Öğretim Üyesi Doç. Dr. Ilgın Gökler Danışman' ın " The Role Of Parental Maladaptıve Schemas And Famıly Allıance On Chıld Outcomes "başlıklı çalışmasına,

ONAY KARARI VERİLDİ.

Toplantı saat 12:00'de sona erdi.