**T.C.**

**TED UNIVERSITY**

**GRADUATE SCHOOL**

DEVELOPMENTAL FOCUSED CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY

# INVESTIGATING THE ROLES OF PSYCHOLOGICAL CONTROL AND PARENTAL MALADAPTIVE PERFECTIONISM ON THE RELATIONSHIP BETWEEN PARENTAL SEPARATION ANXIETY AND OBSESSIVE-COMPULSIVE SYMPTOMS AMONG ADOLESCENTS

BERKE KESKİN

ANKARA, 2023

# INVESTIGATING THE ROLES OF PSYCHOLOGICAL CONTROL AND PARENTAL MALADAPTIVE PERFECTIONISM ON THE RELATIONSHIP BETWEEN PARENTAL SEPARATION ANXIETY AND OBSESSIVE-COMPULSIVE SYMPTOMS AMONG ADOLESCENTS

A Thesis Submitted To
The Graduate School
of
TED University

by

Berke Keskin

In Partial Fulfillment of The Requirements
For
Master of Science
in
Developmental Focused Clinical Child and Adolescent Psychology

ANKARA, 2023

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

Name, Last name : Berke Keskin

Signature :

# ABSTRACT

INVESTIGATING THE ROLES OF PSYCHOLOGICAL CONTROL AND PARENTAL MALADAPTIVE PERFECTIONISM ON THE RELATIONSHIP BETWEEN PARENTAL SEPARATION ANXIETY AND OBSESSIVE-COMPULSIVE SYMPTOMS AMONG ADOLESCENTS

Berke Keskin

Master of Science, Developmental Focused Clinical Child and Adolescent Psychology

Supervisor: . Ilgın Gökler Danışman

Co-Supervisor: Emrah Keser

August, 2023

The aim of the present study was to investigate the roles of psychological control and parental maladaptive perfectionism on the relationship between parental separation anxiety and obsessive-compulsive symptoms. The proposed model hypothesized that parental maladaptive perfectionism moderates the relationship between parental separation anxiety and obsessive-compulsive symptoms via psychological control. 198 adolescent-mother dyads participated to the study. Data was collected from social media via the Qualtrics. While parents filled Adult Separation Anxiety (ASA-27) and Frost Multi-dimensional Perfectionism Scale (FMPS), adolescents completed Psychological Control Scale–Youth Self-Report (PCS-YSR) and Obsessive-

Compulsive Inventory-Child Version (OCI-CV). The data was analyzed with Moderated Mediation Analysis (Model-7) in SPSS. According to results, parental maladaptive perfectionism did not moderate the indirect effect of psychological control on parental separation anxiety and obsessive-compulsive symptoms. However, direct effect of parental separation anxiety on obsessive-compulsive symptoms was significant. On the other hand, relationship between parental separation anxiety and psychological control was significant and positive. Link between psychological control and obsessive-compulsive symptoms was also significant and positive. Results indicate that although conditional effect of parental maladaptive perfectionism on the indirect relationship of psychological control on parental separation anxiety and obsessive-compulsive symptoms was not significant, parental elements that investigated in this study might be important risk factor for obsessive-compulsive symptoms among adolescents.

Keywords: Separation anxiety, perfectionism, psychological control, obsessive-compulsive symptoms

# ÖZET

EBEVEYN AYRILIK KAYGISI VE ERGENLERDEKİ OBSESİF-KOMPULSİF BELİRTİLERİ ARASINDAKİ İLİŞKİDE PSİKOLOJİK KONTROL VE EBEVEYN UYUMSUZ MÜKEMMELİYETÇİLİK ROLÜNÜN İNCELENMESİ

Berke Keskin

M.Sc., Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi

Tez Yöneticisi: Ilgın Gökler Danışman

Ortak Tez Yöneticisi: . Emrah Keser

Ağustos, 2023

Bu çalışmanın amacı, ebeveyn ayrılık kaygısı ile ergenlerdeki obsesif-kompulsif belirtiler arasındaki ilişkide psikolojik kontrol ve ebeveyn uyumsuz mükemmeliyetçilik rolünü incelemektir. Sunulan modelin hipotezi, ebeveyn uyumsuz mükemmeliyetçiliğinin, ebeveyn ayrılma kaygısı ile obsesif-kompulsif semptomlar arasındaki ilişkiye aracılık eden psikolojik kontrol dolaylı etkisini düzenlemesidir. Araştırmaya 198 ergen-anne ikilisi katılmıştır. Veriler Qualtrics aracılığıyla sosyal medyadan toplanmıştır. Anneler Yetişkin Ayrılık Anksiyetesi Anketi (YAA) ve Frost Çok Boyutlu Mükemmeliyetçilik Ölçeği'ni (FÇBMÖ) doldururken, ergenler Psikolojik Kontrol Ölçeği (PKÖ) ve Obsesif-Kompulsif

Ölçeği-Çocuk Formunu doldurmuştur. Veriler SPSS programında Moderated Mediation Analiz (Model-7) ile test edilmiştir. Elde edilen sonuçlara göre ebeveyn uyumsuz mükemmeliyetçiliği, psikolojik kontrolün ebeveyn ayrılık kaygısı ve obsesif-kompulsif belirtiler üzerindeki dolaylı etkisini düzenlememektedir. Ancak, ebeveyn ayrılık kaygısının obsesif-kompulsif belirtiler üzerindeki doğrudan etkisi anlamlıdır. Öte yandan, ebeveyn ayrılık kaygısı ile psikolojik kontrol arasındaki ilişki anlamlı ve pozitiftir. Psikolojik kontrol ile obsesif-kompulsif semptomlar arasındaki ilişki de anlamlı ve pozitiftir. Sonuçlar, ebeveyn uyumsuz mükemmeliyetçiliğinin ebeveyn ayrılık kaygısı ve obsesif-kompulsif semptomlar üzerindeki psikolojik kontrolün dolaylı ilişkisi üzerindeki koşullu rolünün anlamlı olmamasına rağmen, bu çalışmada araştırılan psikolojik kontrolün ve ebeveyn ayrılık kaygısının ergen çocuklarında görülen obsesif-kompulsif semptomlar ile olan ilişkisi, ebeveyn faktörlerinin obsesif-kompulsif belirtiler açısından önemli bir risk faktörü olabileceğini göstermektedir.

Anahtar Kelimeler: Ebeveyn ayrılık kaygısı, psikolojik kontrol, mükemmeliyetçilik, obsesif-kompulsif belirtiler

# ACKNOWLEDGMENTS

First of all, I would like to express my gratitude to my supervisor, Ilgın Gökler Danışman, and my co-supervisor, Emrah Keser, for their valuable contributions. I also want to thank Elif Barışkın and r. Müjgan İnözü Mermerkaya, who were part of the jury, for their important suggestions.

I would also like to extend my thanks to my mother and father. Their steadfast support throughout my master's journey has been invaluable to me. If I am writing this acknowledgment section for the thesis I have just completed, it is thanks to them.

I would like to express my gratitude to my love of my life and companion, Edanur Tiryaki. She has been by my side during significant moments in my life. Her support throughout the thesis process has been invaluable to me. Additionally, I am indebted to my dear friend Berkay Çakmak, who has been there for me at every moment of my master's journey, including the thesis writing process.

I would also like to extend my thanks to my friends Furkan Cantürkoğlu and Umut Ufuk, who have made valuable contributions to my thesis and played a significant role in helping me complete it.

To all my loved ones…

# TABLE OF CONTENTS

# LIST OF TABLES

TABLES

# LIST OF FIGURES

FIGURES

# CHAPTER 1

# INTRODUCTION

Obsessive-Compulsive Disorder (OCD) is a chronic disorder characterized by the presence of recurrent thoughts (obsessions) and rigidly performed behavioral or mental actions (compulsions) that are ego-dystonic, causing significant anxiety and impairment in functioning (American Psychiatric Association [APA], 2013). Obsessions and compulsions can coexist simultaneously, or the clinical presentation can occur with only one of them (APA, 2013).

To understand what OCD is, it's essential to first explain the concepts of obsessions and compulsions. The term "obsession" originates from the Latin word "obsidere." Obsession refers to the intrusive, distressing, involuntary thoughts, impulses, or images that individuals cannot get rid of, even though they recognize that these thoughts are irrational (APA, 2013). They are repetitive and uncontrollable mental acts and urges. "Compulsion" is also derived from Latin, specifically the root word "compellere". It refers to the repetitive behaviors or rituals performed within specific rules that individuals feel compelled to engage in to alleviate the discomfort, anxiety, and distress caused by obsessions (APA, 2013). Although these behaviors may initially seem to reduce anxiety, when a person repeatedly discontinues their repetitive behavior, anxiety increases (Hawton et al., 1989). While physical compulsions can sometimes be easily observed from the outside, cognitive compulsions may not be externally noticeable (Goodman et al., 1989). Common examples of physical compulsions include frequent washing, muttering the same words, and checking behaviors. In contrast, cognitive compulsions involve actions such as repeating phrases, counting, or praying (American Psychiatric Association [APA], 2000).

People with OCD do not engage in compulsive behaviors to experience pleasure or satisfaction; instead, they do it to reduce their anxiety and maintain functionality. However, after a while, these repetitive compulsive behaviors may become distressing to the individual and create a vicious cycle (Muris et al., 1997). However, compulsive behaviors, while increasing avoidance, cannot eliminate the avoided

situation. The results of cross-sectional studies often show that OCD, which frequently leads to relationship conflicts, clearly affects individuals in terms of mental health, social relationships, and independence, reducing their quality of life (Abramowitz, 1997; Beşiroğlu et al., 2008; Borda et al., 2013; Coluccia et al., 2017; Hollander et al., 1996; Lack et al., 2009; Vivan et al., 2013; Weidle et al., 2015).

### 1.1 Subtypes of OCD

In a study of Clark (2006) on the subtypes of OCD, two approaches to classifying subtypes have emerged. One of these approaches is the symptom subtype approach, and the other is the symptom dimensions approach. Over time, it has been recognized that symptoms cannot be homogeneous and may vary in frequency and severity from person to person. Therefore, it is essential not to overlook the etiology of symptom development. OCD is considered a heterogeneous disorder, and as a result, the symptom dimensions approach has been found to provide a better explanation for the disorder (Clark, 2006). Studies on symptom dimensions have also revealed diversity in subtypes of obsessions and compulsions.

Baer (1994) proposed a 3-dimensional structure, consisting of the following dimensions: contamination/cleaning, symmetry, and hoarding. One study suggests that OCD may have 4 dimensions, proposing sub-dimensions like checking, cleaning, slowness, and doubt. Another research study suggests sub-dimensions, including symmetry and order (symmetry obsessions, counting and repeating, ordering/arranging compulsions), checking (aggressive, sexual, religious, somatic, checking obsessions), cleaning and washing (cleaning obsessions and compulsions), and hoarding (hoarding/collecting obsessions and compulsions) (Hodgson & Rachman, 1977; Leckman et al., 1997; Summerfeldt et al., 1999). Burns et al. (1996), on the other hand, proposed a five-factor structure, including self-care rituals in addition to the four dimensions. In meta-analytic studies aimed at understanding the structure of OCD, obsessions have been categorized into 8 subtypes and compulsions have been categorized into 6 subtypes. These subtypes include aggression, sexual, doubt/need for reassurance, religious, somatic, hoarding, symmetry, and contamination/cleaning obsessions (Clark, 2006; Goodman et al., 1989).

*Contamination Obsessions*: This is a condition where an individual believes that they or others will become contaminated by dirt, germs, urine, feces, or similar substances

from touching themselves or someone else, or from touching surfaces. Due to this belief, they may try to avoid close contact with anything they perceive as potentially contaminating or engaging in excessive cleaning behaviors. Among the various types of obsessions in society, contamination obsessions are the most common, with a prevalence ranging between 45% and 55% (Sayar et al., 1999).

*Doubt Obsessions*: Individuals with this obsession often experience doubt and suspicion regarding any situation where they feel uncertain, believing they are in a potentially dangerous situation. For example, they might frequently have thoughts like, "Did I close the windows?" or "Did I unplug my charger from the socket?" The second most common type of obsession is doubt obsessions (Yılmaz, 2018).

*Somatic Obsessions*: Individuals who make assessments such as cancer, the plague, a global epidemic, or AIDS being difficult to treat and worry about contracting such diseases often develop compulsions like checking or seeking reassurance to reduce this anxiety (Köroğlu & Güleç, 2007).

*Symmetry & Ordering Obsessions*: Individuals with this obsession believe that all objects in their environment should be arranged in an orderly and symmetrical manner, and they strive to keep them in the same predetermined positions. When they feel distressed, individuals with this belief exhibit symmetry and arrangement compulsions (Yılmaz, 2018).

*Sexual Obsessions*: The prevalence of this obsession type, which is seen in approximately 13-26% of cases, involves individuals feeling ashamed about their sexual urges and mental representations that they believe would be unacceptable and disgraceful to society (Demet et al., 2005). It should not be assumed that the reason for feeling ashamed of sexual obsessions is related only to sexual thoughts involving parents, same-sex individuals, or people in one's social circle because thoughts about unfamiliar individuals can also cause intense anxiety. In response to this anxiety, washing and checking compulsions are observed (Sayar et al., 1999).

*Hoarding*: This involves individuals accumulating objects, regardless of whether they hold material or sentimental value, based on the belief that they may need them at some point in the future. Individuals with this compulsion experience intense

anxiety and distress when faced with situations where they have to discard, lose, or unintentionally destroy these objects (Sayar et al., 1999).

*Religious Obsessions*: Individuals with this obsession type are preoccupied with questioning whether their behaviors and thoughts are morally sufficient. These obsessions, characterized by thoughts and images related to not acting in accordance with religious beliefs, devising or committing actions that could be considered sins, or behaving wrongly, have a prevalence rate of approximately 11-42% (Sayar et al., 1999).

*Aggressive Obsessions*: These obsessions involve thoughts and images where the individual believes they might intentionally or unintentionally cause significant harm, injury, or even death to themselves or others. As a result, these individuals often try to avoid anything that could facilitate harm to their loved ones or themselves in an attempt to reduce their anxiety (Sayar et al., 1999).

*Washing/Cleaning Compulsions*: Individuals with contamination obsessions often exhibit cleaning compulsions (Matsunaga et al., 2000). This type of compulsion is one of the most common (45-52%) among individuals with OCD. People with contamination obsessions believe that they or their surroundings are contaminated, leading them to engage in repeated cleaning behaviors to alleviate these feelings. For example, you may observe them washing their hands until they become sore whenever they feel dirty (Demet et al., 2005).

*Checking Compulsions*: Individuals feeling unsafe or fearing that they or something in their environment will be harmed often engage in checking behaviors. Compulsion behaviors related to checking include repeatedly checking water and electricity valves before leaving home, for example. This is the second most common type of compulsion (Yılmaz, 2018).

*Repeating Compulsions*: With a prevalence rate of 11.1%, individuals with this compulsion type believe that if they don't repeat an action the same number of times and with the same frequency, something bad will happen to themselves or their loved ones Sayar et al., 1999). Therefore, they continue the action until they reach the number of repetitions that make them feel comfortable.

*Counting Compulsions*: This includes behaviors such as a person constantly doing the same actions or repetitions and making calculations by counting. For example, counting the yellow bricks along a road would be one of these behaviors (Baer, 1994).

*Ordering/Arranging Compulsions*: People with this compulsion spend most of their day trying to arrange, order, and make objects around them symmetrical. In society, ordering compulsions (5.9%) are much less common than symmetry compulsions (13.5%) (Baer, 1994).

### 1.2 History of OCD

It is understood that OCD has been called various names in different periods since the first information obtained from Plutarch's written sources and very old religious books (Insel, 1990; Sartorius et al., 2000). While OCD has not yet gained a place in the health sciences, examples of obsessive-compulsive patterns have been found in well-known works in literature. In the book of Macbeth, Lady Macbeth caused the death of her husband. Throughout the book, it is seen that Lady Macbeth feels dirty because of this situation, how much she struggles with the feeling of guilt, and with this difficulty, she develops a hand-washing compulsion (Rasmussen & Eisen, 1989). OCD was a condition that mostly was analyzed from a theological standpoint and distant from medical perspectives until the 19th century (Berrios, 1989).

The German scientist Westphal, who was alive during 19$^{th}$ century, conducted research that focused on the similarity of OCD, not with depression and melancholy, unlike his predecessors, but with psychosis (Oberbeck & Steinberg, 2015). In his efforts to understand what kind of disorder OCD was, Westphal eventually saw obsessions as a separate illness (Özerdem, 1998). Westphal proposed that this illness consisted of irrational thoughts, which individuals unintentionally continued, and he claimed that it was a kind of "mental tic" (Özerdem, 1998). It is evident that during this century, OCD began to be defined (Koran, 2007). Throughout the first part of the 19$^{th}$ century, the condition today known as OCD was described as "monomania" (Esquirol, 1838). In the second half of the 19$^{th}$ OCD was described as being caused by issues with the autonomic nervous system (Morel, 1866). Obsessions and compulsions were regarded as a state known as “Psychasthenic” at the beginning of the 20th century (Pitman, 1987). It was at these times that Freud (1908) highlighted

obsessions and compulsions, referred to the anal stage of infancy, and claimed that this situation was brought on by rectum-related hypersensitivity. Etiological studies based on behavioral, cognitive theory and others which started in the middle of the 20th century, have brought us today's knowledge about OCD.

After the establishment of the American Psychiatric Association, in 1952, OCD was referred to as "Obsessive Compulsive Reaction" in the *Diagnostic and Statistical Manual of Mental Disorders* (1st ed.; DSM–I; American Psychiatric Association, 1952) Later, the diagnostic assessment book, DSM, was revised, and *Diagnostic and Statistical Manual of Mental Disorders* (2nd ed.; DSM–II; American Psychiatric Association, 1968) was created. In this version, the term "reaction" was changed, and the disorder became known as "Obsessive Compulsive Neurosis." In the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.; DSM–III; American Psychiatric Association, 1980), the definition and symptoms were better expressed, and the version that is closest to the common usage today emerged. Additionally, the distinction between obsession and compulsion was more clearly specified. In this book, the compulsion part of the disorder was considered as "compulsive acts" (Kaplan & Sadock, 1989). This means that while obsessions can be thought-based, compulsions were viewed as more behavior-focused. In the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; DSM–IV; American Psychiatric Association, 1994) OCD was classified under the general heading of Anxiety Disorders. However, with the completion of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM–V; American Psychiatric Association, 2013), OCD underwent a new classification. In this version, OCD is no longer considered a subtype of anxiety disorders but is categorized as "Obsessive-Compulsive Disorder and Related Disorders." This change reflects a new naming convention that includes a broader spectrum of related disorders alongside OCD (APA, 2013).

### 1.3 Epidemiology

In the 1980s, although there was more precise information available about OCD compared to previous years, it was still considered a rare and challenging disorder to diagnose. Due to the perception of it being a difficult-to-diagnose condition, individuals often tried to hide their symptoms out of embarrassment, didn't take their condition seriously, sought support very late, and the diagnostic criteria for OCD

were already considered insufficient Köroğlu et al., 2007). As a result, the prevalence of OCD was quite low during that period.

When looking at current epidemiological studies, researchers have shown that OCD is the fourth most common mental disorder (Bayar & Yavuz, 2008). According to current information, the lifetime prevalence in the general population ranges from 2.3% to 3.8% (Subramaniam et al., 2014). Prevalence studies conducted in Turkey have found rates ranging from 2% to 3.7% (Zıblak, 2019). When examining the distribution of OCD by gender, some studies claim that it is much more common in women than in men (Andrews et al., 2001; Labad et al., 2008; Rasmussen & Eisen, 1992; Wiessman et al., 1994). However, there are also findings that suggest there is no significant difference between men and women in terms of prevalence in the general population (Grabe et al., 2000). Research examining the prevalence of different types of obsessions and compulsions between genders has shown distinct differences. For example, studies have found that in women, cleanliness and religious obsessions are more common, while in men, aggressive and sexual obsessions are more prevalent (Bogetto et al., 1999; Tükel et al., 2004).

## 1.4 Etiology of OCD

The etiology of OCD is not fully understood, as a result, it will be examined in this section under four factors which are genetics, neuropsychological factors, biological factors, and pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS).

### 1.4.1 Genetics

Research involving twins and families has enhanced the comprehension of how both genetic and environmental elements play a role in the onset of OCD. Having a grasp of the genetic components of OCD is essential for comprehending the outcomes of numerous studies in genetics.

It should be considered cautiously when interpreting findings from the early studies due to their limitations, which include mostly consisting of case reports, utilizing small sample sizes, employing varying criteria for diagnosing individuals, and frequently involving researchers who were not blind to the diagnosis of the index twin (Pauls, 2022).

van Grootheest et al. (2005) compiled twin studies conducted from 1925 to 2005. While a significant portion of the studies included in the research are case reports, they assess the heritability of OC symptoms and OCD. The study's outcome indicates that genetics have an impact on OC symptoms, but a definitive finding regarding the heritability of OCD was not encountered.

Among studies were conducted with DSM-V criteria, Monzani et al. (2014) have suggested that the estimated heritability for OCD was 43.3%, signifying that 43.3% of the variation in OCD symptoms can be attributed to genetic elements. Other than that, non-shared environmental factors (plus measurement error) accounted for the remaining variation, while shared environmental factors seemed to have little impact. In line with this, Browne et al. (2014) suggested that OCD and related disorders are believed to be "polygenic" conditions, which means they result from the interplay of numerous genetic variations (potentially ranging in the hundreds or thousands), each exerting a small to moderate influence. These variants are typically found in a significant portion of the general population. However, when combined, possibly with less common genetic factors of greater impact and/or non-genetic environmental risks, they collectively surpass a critical threshold, leading to the manifestation of the disorder.

In addition to genetic inheritance, the emergence of symptoms within families is also influenced by environmental and cultural elements. The understanding of these non-genetic aspects is crucial for the identification of risk factors associated with OCD. Valuable insights into the familial nature of OCD and its characteristics are provided by research on family history.

In his review, Pauls (2010) suggested that due to the prevalence of OCD among relatives of those affected was notably greater compared to both the projected prevalence in the general population and the rate among control groups, one of the main factors in OCD is family history.

In a study conducted by Brakoulias et al. (2016) that took into account familial history, it was concluded that hoarding and contamination/cleaning symptoms were more familial compared to others. Moreover, Arumugham et al. (2014), while finding a significantly high rate of familiarity in OCD, demonstrated that among the symptoms, contamination, need for symmetry, washing, and hoarding showed the

highest levels of familiarity. Furthermore, Chacon et al. (2018) found a relationship between having first-degree relatives diagnosed with OCD and having OCD symptoms, with cleaning/contamination symptoms showing the highest level of familiarity. When assessing the familiarity of symptoms, it should be taken into consideration that in addition to the possible heritability of symptoms, these behaviors may have been taught to children by family members (Brakoulias et al., 2016).

### 1.4.2 Neuropsychological Factors

In recent decades, a large and diverse body of literature focusing on the neuropsychology of OCD has accumulated, producing findings that are not always in agreement (Abramovitch et al., 2012). As a possible explanation, Abramovitch et al. (2015) described the methodological weaknesses of neuropsychological studies which are the nature of neuropsychological tests, potential confounding factors, and multicollinearity among OCD symptoms. Nevertheless, there are associations which were found among neuropsychological factors.

The studies showed that OCD is associated with working memory dysfunction (Henseler et al., 2008; Heinzel et al., 2018; Nakao et al., 2009), and deficits in executive functioning (Olley et al., 2007; Tükel et al., 2012; Yazdi-Ravandi et al., 2018). Additionally, in their study where Kashyap et al. (2013) controlled for age, gender, and education variables, similar results were obtained. Hence, it can be observed that there is a partial consensus in the literature, particularly regarding the association between working memory dysfunction and deficiency in executive functioning.

Several studies were constructed hypothesizing dysfunctions in these areas may not be the primary and could potentially arise as a result of shortcomings in other cognitive domains. To illustrate, Eagle et al. (2008) suggested that impairments in decision-making which are associated with executive functions, might be a consequence of challenges in divided attention, action restraint, and action cancellation for OCD patients. Considering the methodological weaknesses and inconsistency in the literature, there is a need for more confirmatory and exploratory studies to understand the neuropsychological basis of OCD.

### 1.4.3 Biological Factors

Implicated in OCD is one of the key brain regions, the basal ganglia, which is engaged in the regulation of motor behavior and habit formation (Burguiere et al., 2015; Edmonstone et al., 1994; Kim et al., 2007). Specifically, it is believed that the cortico-striato-thalamo-cortical (CSTC) circuit, incorporating the basal ganglia, is considered to have a role in the emergence of OCD symptoms (Hou et al., 2013; Zhang et al., 2017). Disruption in this circuit could potentially result in the occurrence of repetitive, compulsive behaviors, as well as intrusive thoughts.

Another brain region, orbitofrontal cortex (OFC) which is involved in decision making and reward processing, is also implicated in OCD (Abe et al., 2015; Niu et al., 2017; Rotge et al., 2009). The interpretation commonly drawn from the findings, which indicate that the OFC is hyperactive at rest in patients with OCD, becomes more active when provoked by symptoms, and exhibits reduced activity after treatment, is that the symptoms of OCD are generated by hyperactivity in this area (Maia et al., 2008).

Concerning neurotransmitter systems, the serotoninergic system has been associated with OCD (Boloc et al., 2018; Insel et al., 1985; Lin, 2007). Serotonin is a neurotransmitter responsible for regulating mood, anxiety, and impulse control (Hensler, 2012). Dysfunction in the serotoninergic system can potentially result in increased anxiety (Bauer, 2014) and OCD symptoms (Lin, 2007).

Additional neurotransmitter systems associated with OCD are the glutamate and dopaminergic systems (Billett et al., 1998; Eilam, & Szechtman, 2005; Kim et al., 2003). Glutamate, an excitatory neurotransmitter, plays a role in learning and memory (Riedel et al., 2003). Disruption in the glutamate system can result in increased OCD symptoms (Chakrabarty, et al., 2005). Additionally, dopamine, another neurotransmitter, is involved in reward processing and motivation (Iversen, & Iversen, 2007), which is also associated with OCD symptoms, particularly compulsive ones (Figee et al., 2016).

### 1.4.4 PANDAS

PANDAS is a condition that is controversial and poorly understood. It is characterized by the sudden onset of obsessive-compulsive symptoms and/or tics

following a streptococcal infection (Karla, & Swedo, 2009). It is believed that the condition is caused by an autoimmune response to the infection, in which the basal ganglia, a region of the brain involved in the regulation of movement and behavior, is mistakenly attacked by the body's immune system.

The symptoms of PANDAS are typically characterized by the sudden and severe onset of obsessive-compulsive symptoms which are intrusive thoughts, compulsive behaviors, and/or tics. These symptoms may be accompanied by other neuropsychiatric symptoms like anxiety, irritability, emotional lability, and disturbances in sleep patterns. The onset of symptoms usually occurs abruptly, within days to weeks following a streptococcal infection, such as strep throat or scarlet fever. While boys are more commonly affected, children with this condition tend to experience school issues, sleep disturbances, and separation anxiety more frequently (Swedo et al., 2015).

## 1.5 OCD among Adolescence

As mentioned earlier, as with OCD, different types of OCD exist. One of these types is encountered during adolescence. The criteria used to diagnose (OCD) in adolescents align with those applied to adults, as specified in the DSM-IV. To be diagnosed with OCD, a teenager must experience either obsessions, compulsions, or both. Moreover, the obsessions or compulsions must consume a significant amount of time (e.g., more than an hour daily) or lead to notable distress or impairment in various aspects of the person's life, such as social, occupational, or other areas of functioning. Additionally, it's crucial that these obsessions or compulsions can't be better accounted for by another mental disorder or a medical condition.

### 1.5.1 Psychiatric Comorbidity

Studies have been conducted indicating that in adolescents, OCD, Attention Deficit Hyperactivity Disorder (ADHD), Tourette's syndrome, and non-OCD anxiety disorders are associated with psychiatric comorbidity (Geller, 2006; Peris et al., 2017). Additionally, psychiatric comorbidity is observed between OCD in adolescents and eating disorders, as well as substance abuse (Geller, 2006).

The psychiatric comorbidity between ADHD and OCD in adolescents shows inconsistent results in the literature. While some studies have found psychiatric

comorbidity to be over 50% (Abramovitch et al., 2013), others have reported it to be close to 0% (Abramovitch et al., 2015). Particularly, despite its association with early-onset OCD, it is observed that as individuals progress from childhood to adulthood, the psychiatric comorbidity between ADHD and OCD decreases (Abramovitch et al., 2015). In a study conducted with a sample of 1000 participants aged between 6-18 in Turkey, the psychiatric comorbidity between ADHD and OCD was found to be 7.1% (İnci et al., 2016). In a study conducted by Tanidir et al. (2015) with a sample of 110 adolescents in Turkey, they found this rate to be 20%.

Research has shown that there is a psychiatric comorbidity between Tourette's syndrome and OCD in adolescents (Chowdhury, 2016; Grados & Mathews, 2009; Rizzo et al., 2014). According to Diniz et al. (2006), it has been suggested that individuals with comorbid tic disorders may exhibit an earlier onset of OCD and a distinct symptom profile compared to those without tic disorders. Additionally, in a study conducted with a sample from Turkey, psychiatric comorbidity was also observed between Tourette's syndrome and OCD (Tanıdır et al., 2015).

Another mental condition in which psychiatric comorbidity is observed with OCD in adolescents is depressive disorders (Agarwal et al., 2016; Bolhuis et al., 2014; Hong et al., 2004; Sharma et al., 2021). A study by Piacentini et al. (2003) indicated that children and adolescents diagnosed with OCD had their psychosocial functioning significantly affected, with nearly 90% of adolescents reporting dysfunction related to OCD, and about half of them experiencing significant problems related to OCD in school, home, and social environments. Additionally, research shows that adolescents diagnosed with OCD have exhibited suicidal ideation (Apter et al., 2003; Jaisoorya et al., 2015; Shoval et al., 2006).

OCD in adolescents also shows psychiatric comorbidity with anxiety disorders (Agarwal et al., 2016; Sharma et al., 2021). Sharma et al. (2021) suggested that OCD in adolescents and anxiety disorders share common temperamental and developmental vulnerabilities. In fact, the separation of OCD from the anxiety disorders cluster in DSM V, forming its distinct category, can be cited as an example of the psychiatric comorbidity between them.

### 1.5.2 Differential Diagnosis

Autism Spectrum Disorders (ASDs), tic disorders, and psychosis are three of the most complex differential diagnoses, which can pose a challenge, particularly in pediatric populations, when it comes to the differential diagnosis of OCD (Krebs & Heyman, 2015).

Studies have shown that shared symptoms exist between ASDs and adolescents with OCD (Ivarsson & Melin, 2008; Meier et al., 2015). Repetitive behaviors are among the similar symptoms (APA, 2013). Zandt et al. (2009) have demonstrated that the source of repetitive behavior within OCD is anxiety, while within ASDs, it is executive functions impairment, and these sources differ between the two disorders. In addition to repetitive behavior, it is observed that stereotyped behaviors within ASDs and compulsions share similarities (Krebs, & Heyman, 2015). The variables that need to be considered in distinguishing between autism-related stereotyped behaviors and compulsions are being preceded by an obsession, being associated with relief in anxiety associated with the obsession, and being over-learned because of repeated attempts to reduce the anxiety of the obsession.

With the establishment of the OCD related disorders cluster in DSM-V, tic-related disorders were included in this cluster (APA, 2013). Højgaard et al. (2016) found that 29.85% of participants with OCD in a sample of 269 individuals ranging from 7 to 17 years old exhibited tic symptoms. Hence, distinguishing between tic disorders and OCD is crucial during the clinical diagnosis process. To do so, it is crucial to assess whether the OCD symptoms are manifested as either simple or complex tics, or conversely, whether there are vocal and motor tics exhibited by the person that appears to be compulsive (Krebs & Heyman, 2015).

Finally, OCD symptoms may sometimes present themselves as psychosis. For instance, children and adolescents may develop obsessive thoughts that external forces are trying to take control of them, and the resulting fear from these obsessions can lead to the enactment of rituals as a defense mechanism against these external forces (Rodowski et al., 2008). In contrast to psychosis, adolescents with OCD have insight that these thoughts are not real (Rodowski et al., 2008). Therefore, it is crucial to differentiate between symptoms of psychosis and OCD in order to determine the appropriate treatment method.

### 1.5.3 Epidemiology of OCD in Adolescence

According to epidemiological studies conducted on over 2,000 adolescent participants in various cultures, the prevalence of OCD in adolescents ranges from 0.80% to 3.30% (Jaisoorya et al., 2015; Politis et al., 2017; Vivian et al., 2013). Studies measuring the prevalence of OCD among adolescents in Turkey have reported a prevalence ranging from 0.25% to 4% (Akpınar, 2007; Diler & Avcı, 2002; Kaya, 1997; Pulular, 2009; Tahiroğlu & Çelik, 2016). However, in some studies, this rate has been observed to be above 4% (Palulu & Erol, 1999; Selvi et al., 2010; Özdemir et al., 2016; Yoldaşcan et al., 2009). While the results of the studies conducted by Vivian et al. (2013) and Politis et al. (2017) demonstrate that girls have significantly higher rates of OCD, Jaisoorya et al. (2015) found that males have higher rates of OCD in their sample consisting of 7,560 adolescent participants.

When looking at studies that investigate the age of onset of OCD, it has been found that OCD often begins between the ages of 15 and 18 (Grabe et al., 2000). In general, among diagnosed OCD patients, symptoms started before the age of 25 in about 65% of cases (Bayar & Yavuz, 2008). Based on this information, it is understood that adolescence plays a significant role in the diagnosis of OCD. If symptoms appear before adulthood, it is referred to as early-onset OCD, and if they emerge in late adolescence or later, it is called late-onset OCD (Kalra & Swedo, 2009). Research comparing the prevalence rates of these two different onset categories has found that early-onset OCD in children and adolescents ranges from 1% to 4%, with an average of around 2% (Heyman et al., 2001; Zohar, 1999).

## 1.6 Theoretical Approach

In this study, the etiology of OCD is being examined from the perspective of attachment theory. The primary reason for looking at parental characteristics and OCD among adolescents within the framework of attachment theory in this study is that this theory shed light on how parent-child relationships might impact individual's life. The attachment theory, which views this effect from a psychoanalytic perspective, suggests a two-way relationship and emphasizes that adolescence is a transitional period in which adaptation to changing conditions in an adolescent's life, as well as their ability to cope, is fundamentally rooted in attachment (Morsünbül & Çok, 2011). The attachment theory's comprehensive

perspective on the dynamics of parent-child interactions will provide valuable insights into the relationship between the examined family climate in this study and OCD. In this section attachment theory will be introduced and in following sections, the variables in this research model and their connection with attachment theory will be elaborated upon.

Attachment theory, some of which has its roots in the psychoanalytic approach, was introduced by Bowlby (1969; 1973; 1980) to explain how early experiences with the primary caregiver (usually the mother) affect the individual's social and emotional development in later life. Infants born into the world are dependent on care and require the establishment of a strong bond with their caregivers. In this context, this relationship is conceptualized as attachment, and the person with whom the relationship is formed is referred to as the attachment figure. When infants feel threatened and distressed, they make efforts to be close to their attachment figures, and this behavior is referred to as a "haven of safety." Additionally, when infants want to explore their surroundings, they use their caregivers as a "secure base". (Waters & Cummings, 2000).

According to Bowlby (1973), the extent to which attachment figures can respond and make their presence felt when their infants are in need determines the quality of the attachment relationship. If the caregiver can provide care and respond when the baby is in need, the quality of attachment will be secure. On the other hand, when the caregiver remains unresponsive and unable to make their presence felt when the infant is in need, the baby will not feel secure, leading to the development of an insecure attachment between the infant and the caregiver. The quality of attachment, regardless of what it may be, influences an individual's mental representations concerning self and others. These mental representations are defined as an internal working model.

As indicated by Bowlby, according to the internal working model, individuals experiencing secure attachment tend to have a positive perception of themselves and others. Conversely, individuals experiencing insecure attachment may have a negative self-view and may experience distrust towards others. When examining studies in the literature, there are studies suggesting that attachment style can positively or negatively influence the internal working model depending on whether

the attachment is secure or insecure (Bretherton & Munholland, 2008; Mikulincer et al., 2003; Shomaker & Furman, 2009). Although all of these develop in the early stages of individuals, they can also influence their future relationship with attachment figures during adolescence and adulthood.

Ainsworth et al. (1978) measured how attachment styles affect the internal working model through their experiment. This experiment, which contributed to Bowlby's work and holds an important place in the literature of attachment theory, is referred to as the "Strange Situation Procedure". Mothers' and their offspring participated in this experiment. In the experiment, first, the mother and child enter an unfamiliar room together. While the mother is present in the room, she allows the child to explore the surroundings and play with toys. Then, a stranger enters the room and initiates interaction with the mother and then the child. The mother subsequently leaves the child alone in the room with the stranger. Afterward, the mother returns to the room and the stranger exits. Finally, the mother leaves the room again for a second reunion. All of these processes are observed through a two way mirrored glass. When examining the results of this experiment, it can be observed that three different attachment style groups stand out.

As observed in this experiment, securely attached children are curious about exploring their surroundings. Although they may become upset when their mothers leave the room, they can easily calm down when reunited with their mothers. While the mother is present in the room, securely attached children continue to explore and periodically check on their mothers. Children feel secure because they know that their mothers will be there when needed, and this makes them feel safe.

Among the insecure attachment styles, based on the observations from experiment of Ainsworth et al. (1978), two distinct insecure attachment styles come to the forefront. In the anxious/ambivalent attachment style, children may experience intense anxiety and distress when separated from their caregivers. Upon reuniting with their caregivers, they may have difficulty calming down and may continue to cry intensely. These individuals may sometimes seek closeness to the attachment figure, while at other times, they may push them away with anger. On the other hand, in children with an avoidant attachment style, there is a lack of apparent distress when

contact with the mother ends. When reunited with the mother, they may exhibit various behaviors to avoid closeness and show a desire to continue exploring.

According to the outputs of the Strange Situation procedure experiment, as outlined by Ainsworth et al. (1978), three different attachment styles were initially identified. Main & Solomon (1986; 1990) later introduced a fourth attachment style, adding to the existing classifications. This additional attachment style was labeled as disorganized attachment. In this attachment style, there are noticeable differences in the child's relationship with the attachment figure during moments of stress. During moments of stress, children may exhibit strange and contradictory behaviors towards their caregivers. These behaviors are associated with the child perceiving the caregiver as both secure and threatening. Parental abuse and neglect, parental loss, parental depression, and a lack of parental sensitivity are all precursors that play a role in this attachment style.

In addition to research on children in the field of attachment, Bartholomew & Horowitz (1991) examined adult attachment by categorizing it into four different styles. These four different styles are examined in two dimensions, encompassing positive or negative perceptions related to oneself and others. A notable characteristic observed in securely attached individuals is the presence of a positive perception of oneself and others. These individuals tend to view themselves as lovable and have expectations of receiving approval from others. Preoccupied attached individuals, on the other hand, tend to perceive themselves as less valuable but view others more positively. Fearful attached individuals, have negative perceptions of both themselves and others. They see themselves as worthless and view others as negative and rejecting. Finally, in dismissing attachment style individuals, they believe that they are worthy of love but hold beliefs that others are untrustworthy. These individuals tend to protect themselves against disappointments in close relationships.

### 1.6.1 Attachment among Adolescents

Attachment that begins in infancy and childhood continues to evolve throughout life (Ainsworth, 1989). Although attachment theory initially focused primarily on infancy, research on attachment has increasingly expanded to encompass the later stages of an individual's life (Bartholomew, 1993). As adolescence approaches, the

attachment relationship begins to undergo changes. During this period, adolescents often start to detach gradually from their attachment figures (usually their parents) and shift their attachment relationships toward their peers (Lee, 2003). In this stage, adolescents become less dependent on their parents, closeness diminishes, and an increase in conflicts is observed in the relationship between adolescents and their parents (Steinberg & Morris, 2001). Despite the changes that come with adolescence, parents continue to serve as a secure base in the lives of teenagers (Lee, 2003). While this secure attachment relationship is essential for adolescents to gain and maintain their independence on their path to becoming individuals, it may not be achieved in some cases.

The expected changes during adolescence can be challenging for many parents, but for adolescents who have an insecure attachment relationship with their parents, these changes can be even more difficult and stressful (McElhaney et al., 2009). When examining adolescents and parents who struggle with autonomy during adolescence, two different insecure attachment patterns can be observed. These patterns consist of both preoccupied and dismissing insecure attachment patterns (Cassidy & Shaver, 1999). Dismissing adolescents often tend to distance themselves from their parents while going through the process of becoming individuals. Their rejecting behaviors during this period can expose them to risky and negative situations. On the other hand, preoccupied adolescents may become overly dependent on their parents and display both angry and overly affectionate attitudes. While their excessive bond to their attachment figures may ensure the continuation of their relationships, it can harm the process of gaining autonomy.

Insecure attachment issues can be observed as important obstacles for adolescents to successfully navigate developmental stages. It is evident that maladaptive outcomes are often seen in adolescents whose development is compromised. The role of attachment in this matter is significant (McElhaney et al., 2009).

### 1.6.2 Relationship between Attachment Styles and OCD

Individuals' attachment styles play a role in determining their vulnerability to psychopathologies (Mikulince & Shaver, 2007; Mikulincer & Shaver, 2012). Secure attachment tends to act as a protective factor against developing psychopathological conditions, while insecure attachment can make individuals more susceptible to

psychological disorders. Many studies indeed suggest a relationship between insecure attachment and OCD among both adults (Boelen et al., 2014; Boysan & Çam, 2018; Doron et al., 2009; Gülüm & Dağ, 2014) and adolescent patients (Chakraborty & Bhattacharya, 2018; Ivarsson et al., 2010; Koohsar & Bona, 2011; Rezvan et al., 2012).

The relationship between both anxious and avoidant individuals and OCD had been demonstrated (Doron et al., 2009). The usage of hyperactivating strategies by anxiously attached individuals and these strategies making them susceptible to intrusive thoughts that could lead to OCD play an important role in the development of the disorder (Mikulincer & Shaver, 2007). Moreover, it has been shown that these strategies lead to intense efforts to please others (Doron & Moulding, 2009). On the other hand, individuals with an avoidant attachment style may exert significant effort to appear strong to distance themselves from feelings of vulnerability. This can lead to intense self-control and the emergence of unwanted thoughts, which have also been implicated in the emergence of OCD (Mikulincer et al., 2004).

According to Doron & Kyrios (2005), attachment style could provide a framework for the etiology of OCD since early life experiences with caregiver can shape internal working model which in turn affects how individual perceive self, others and the world. Insecure attachment may develop negative internal representations which may prepare the ground for OCD. Additionally, Fonagy et al. (2007) have suggested that individuals with insecure attachment may struggle with understanding the feelings and thoughts of others, which could contribute to difficulties in comprehending the exaggerated cognitions induced by OCD.

## 1.7 Parenting as a Vulnerability Factor in Development of OCD

### 1.7.1 Parental Separation Anxiety

With the DSM-V (APA, 2013) some changes were made regarding separation anxiety disorder. In DSM-IV (APA, 1994) separation anxiety was primarily studied only in the context of childhood, whereas with DSM-V, it began to be studied in adulthood as well. While in children and adolescents, this condition is required to persist for a minimum of 4 weeks, in adults, there is a different requirement with it needing to persist for 6 months. The intense anxiety that a person experiences due to

the thoughts of being separated from or separating from their loved ones is referred to as separation anxiety (APA, 2013). It could result in serious distress or functional impairment in areas like social, academic, occupational, or other domains. While separation anxiety that occurs during childhood is often a result of children being separated from or having thoughts of separation from their parents, in adults, it primarily arises from separations or thoughts of separation from their partner or children. In this context, anxiety, distress, or fear that a parent or caregiver may feel while separated or having thoughts of separation from their child or children is referred to as parental separation anxiety (Bartle-Haring et al., 2002; Hock et al., 2001; Hock & Lutz, 1998).

This separation-related anxiety can have some negative consequences for both the mother and the child. According to certain studies, various detrimental psychological issues in the lives of adolescents have been linked to parental separation anxiety (Bohman et al., 2017; Hock et al., 2001; Jeyaseelan & Munuswamy, 2016; Seijo et al., 2016; Videon, 2002, Wuyts et al., 2017). This situation, which causes the parent to experience excessive worry and anxiety, can harm the parent's emotional state (Carmassi et al., 2015). Additionally, separation anxiety in adults has been found to be more frequently observed in women than men and is often accompanied by severe symptoms such as depression, anxiety, and stress (Silove et al., 2010). Separation anxiety is known to exacerbate OCD symptoms in individuals diagnosed with OCD (Mroczkowski et al., 2011). Furthermore, it has been shown that family members of individuals diagnosed with OCD may experience separation anxiety (Nestadt et al., 2001). However, there is a lack of information in the literature regarding the relationship between parental separation anxiety and OCD in adolescents.

The important factor which underlying the emergence of parental separation anxiety may be due to attachment problems with the parent's own caregiver during early stages (Bloom-Feshbach & Bloom-Feshbach, 1987). In line with this, children who will show more autonomy and independence as they get older will be perceived as threatening and felt as anxiety by their parents (Bowlby, 1973). It is an expected situation that this effect will be negative in the life of the adolescent due to the process of increased individuation that occurs throughout adolescence, this growth of independence becomes more noticeable during that time in life (Lapsley & Stey, 2010). In addition, it is known that parents with separation anxiety are prone to

controlling parenting style due to stress they suffer from separation or idea of separation (Soenens et al., 2006; Soenens et al., 2010).

### 1.7.2 Psychological Control

Controlling parental behavior is a subject that has been studied for more than half a century. Schaefer (1965), is the first researcher that defined psychological control and introduced the key component for the health of the parent-child relationship. Additionally, he began measuring the dimension of psychological control, one of the subscales of the questionnaire, along with the Children's Reports of Parental Behavior Inventory (CRPBI) that he developed in the same year (Schaefer, 1965). After almost a decade, Baumrind (1971) has done extensive studies on parenting styles. These parenting styles were authoritative, authoritarian, and permissive. While it is observed that other parenting styles are not associated with the variable of psychological control the authoritarian parenting style is defined by a strong emphasis on control and a limited display of affection. Authoritarian parents are stringent, have high expectations, and frequently resort to punishment as a method of maintaining control. By the mid-90s, parents' control behaviors were examined in two different dimensions, and behavioral control and psychological control were separated (Barber, 1996; Barber & Harmon, 2002).

According to Barber (1996), parental psychological control is the practice of controlling children's beliefs, feelings, and actions by using strategies including guilt induction, love withdrawal, and shame. It is a form of controlling parenting behavior that interferes with children's autonomy and may be harmful to their psychological growth. Parents may exercise psychological control over their children using these techniques in order to accomplish control over their children's emotions and behaviors. Behavioral control involves parents' attempts to manage their children's behaviors by defining boundaries and implementing regulations. It includes the implementation of explicit standards for acceptable behavior and is linked to safeguarding against psychological problems.

Psychological control is a parental behavior that negatively affects the parent-child relationship (Barber, 1996; Barber & Harmon, 2002; Leondari & Kiosseoglou, 2002). Researchers examining the negative effects of psychological control in the context of parent-child showed that psychological control is associated with insecure

attachment, and additionally it harms the child's autonomy (Soenens & Vansteenkiste, 2010). Moreover, it was determined that children may feel anger towards their parents due to psychological control behavior that suppresses unconditional acceptance and love (Assor et al., 2004).

Research has shown that strict and controlling parenting is associated with OCD in adolescents (Khanjani et al., 2012; Sudhir et al., 2021; Timpano et al., 2010). There is limited research exploring the effect of parental psychological control on the obsessions and compulsions specifically among adolescents in Turkish sample. For instance, Ayoğlu (2012) found that perceived psychological control from parents stands as a risk factor for OCD among young adults. Furthermore, Yıldırım (2018) showed the relationship between psychological control and romantic relationship themed obsessive-compulsive symptoms, but samples were adults. On the other hand, even though there is lack of information on how it relates to OCD, it is possible to find studies looking at how psychological control and OCD-related mechanism which is connected.

Some situations that play a role as a precursor for the parent to exercise psychological control are examined. Barber & Harmon (2002), mentioned about 3 different antecedents. First potential determinant is contextual factors such as demographic structure of the family and education level of parents. Second group is parental characteristics and the last one is child factors. The authors stated that the primary origins of psychological control would be located in the psychological attributes of parents. It is also noted that, children in adolescence are subject to more psychological control. In line with this, it may be an expected situation that psychological control is seen more frequently in adolescence when youngsters begin to become more autonomous (Laird, 2011). Soenens et al. (2006) suggested that, as a result of the autonomy that comes to the fore in the adolescence period of the psychological control carried out by the parent, the feeling that the parent will experience a loss in the attachment relationship with the adolescent child may trigger anxiety and worry in the parent. Similarly, there have been studies that focused on parental separation anxiety and showed its association with psychological control (Soenens et al., 2006; Soenens et al., 2010; Stone et al., 2015).

When the antecedents of psychological control are examined, another parental trait that stands out as important is parental maladaptive perfectionism. Parents that use psychological control over their children also have been characterized as being strict, critical, and goal-oriented, especially toward their children (Barber & Harmon, 2002). These traits of psychologically controlling parents reveal significant details on the perfectionism-proneness of parents.

### 1.7.3 Parental Maladaptive Perfectionism

Psychoanalytic approaches are prominent when examining the roots of perfectionism. According to Horney (1950), perfectionism is the “tyranny of should”. Adler (1956) stated that perfectionism is a result of people's desire to appear superior and more capable than others. Furthermore, he defined perfectionism in a multidimensional way, emphasizing that harshness and rigidity are unhealthy on the path to perfectionism. In this regard, Adler is considered one of the pioneers in understanding multidimensional aspect of perfectionism. Much later, Hollander (1978), one of the first contributors to this concept, associated perfectionism with personality. Furthermore, Burns (1980), with the development of the first perfectionism scale, he examined perfectionism in a single dimension.

The definition of the perfectionism, can be explained as a tendency to set excessively high standards and to hold to excessive criticism when not acting in accordance with these standards (Frost et al., 1990). They have examined the perfectionism in a multidimensional form. In this form, perfectionism consisted of six dimensions and these were: personal standards, concern over mistakes, doubts about actions, parental expectations, parental criticism, and organization. Also at that time, perfectionism was examined multidimensionally by Hewitt and Flett (1991) divided it into self-oriented, other-oriented, and socially prescribed.

Hamachek (1978), who conducted research on multidimensional perfectionism, examined perfectionism in terms of adaptive and maladaptive dimensions. According to this, adaptive perfectionism includes having high standards while also being flexible in the face of small mistakes. In contrast, maladaptive perfectionism entails having high standards at all times and being intolerant to failures. The Almost Perfect Scale (APS) was the first scale to measure both maladaptive and adaptive dimensions of perfectionism (Slaney & Johnson, 1992). In a later revised version, it

examined perfectionism in three sub-dimensions: Standards, Discrepancy, and Order. Discrepancy primarily assesses maladaptive perfectionism, while Order and Standards evaluate adaptive perfectionism (Slaney et al., 2001).

Some studies show that adaptive perfectionism can benefit individuals with high personal standards (Chang et al., 2004; Castro et al., 2017; Hill et al., 2010; Ulu & Tezer, 2010; Rice & Mirzadeh, 2000). However, maladaptive perfectionism which is characterized by establishing unnecessarily high expectations for oneself, experiencing intense personal pressure to meet these goals, and being too hard on oneself when these standards aren't fulfilled has many negative psychological effects, it is seen as a risk factor for distressing and disrupting disorders such as OCD (Ashby & Bruner, 2005; Dimaggio et al., 2015; Flett et al., 2016; Geranmayepour & Besharat, 2010; Shafique et al., 2017).

Parental maladaptive perfectionism in other words maladaptive perfectionism refers to the unhealthy side of perfectionism that influences the child-rearing attitudes (Blatt, 1995). Due to their rigid pursuit of personal goals, maladaptive perfectionist parents may struggle to empathize with their children's needs and aspirations. Instead they dictate hard-to-reach high standards, which are not viewed as healthy for the parent-child relationship. On the other hand, it has been shown that perfectionist parents are prone to negative child rearing behaviors such as psychological control (Azizi & Besharat, 2011; Carmo et al., 2021; Snell Jr et al., 2005; Soenens et al., 2005). The mechanism of this situation indicated as parents exercising psychological control show similar characteristics to the perfectionism (Barber & Harmon, 2002).

Investigation of the parents of individuals with OCD, shows that presence of perfectionist parents stands out prominently. Many studies in this field have shown that child and adolescent individuals with OCD often have a strict and highly demanding parent actively involved in their lives (Allsopp & Verduyn, 1990; Calvo et al., 2009; Clark & Bolton, 1985; Honjo et al., 1989; Hoover & Insel, 1984).

It's not uncommon for parents to expect perfection from their children. However, when parents experience anxiety in response to their children's failures and attribute their children's failures to themselves, it may indicate that this situation could be related to attachment-related problems (Halgin & Leahy, 1989). This situation, in addition to increasing disconnection between parents and children, has been

suggested to potentially lead to self-doubt in the child (Flett et al., 2002). A child who perceives himself or herself as inadequate may put in a lot of effort to appear perfect in order to compensate for these feelings of imperfection. As previously mentioned, this can play a significant role as a component of OCD and contribute to the development of the disorder. Research has indicated that individuals displaying perfectionist traits often exhibit patterns of insecure attachment (Andersson & Perris, 2000; Dakanalis et al., 2014; Neumeister & Finch, 2006; Ulu & Tezer, 2010; Rice et al., 2005; Rice & Mirzadeh, 2000; Wei et al., 2004). These researches studied both the avoidant and anxious attachment domains and showed that they are associated with perfectionism. This also indicates that these individuals have a negative internal working model of themselves and others, as explained earlier.

### 1.8 Testing the Hypothesis within the Attachment Theory Framework

Adolescence brings about various developmental differences. Furthermore, during this period, various developmental problems stemming from incorrect parenting can lead to OCD (McElhaney, 2009). However, in this research, the comprehensive examination of variables encompassing negative parenting styles and parental characteristics within the framework of attachment theory may provide a better understanding of the risk factors that could contribute to OCD in adolescents.

Parental separation anxiety and parental maladaptive perfectionism are considered two significant risk factors in terms of implementing psychological control (Soenens et al., 2006). Although there may not be sufficient information about the impact of parental separation anxiety on predicting obsessive-compulsive symptoms in adolescents, their positive relationship with psychological control is known (Soenens et al., 2006; Soenens et al., 2010). The association between controlling parenting and OCD is acknowledged (Khanjani et al., 2012; Sudhir et al., 2021; Timpano et al., 2010). In this mechanism, it can be observed that parents resort to psychological control due to difficult emotions such as stress and anxiety they experience when facing separation from or thoughts of separation from their child (Barber et al., 2002). Especially as adolescence begins and autonomy becomes more prominent, it is known that psychological control intensifies during this period (Laird, 2011).

Psychological control is a behavior that is known to harm the parent-child relationship (Barber, 1996; Barber & Harmon, 2002; Leondari & Kiosseoglou,

2002). In this relationship, the harm experienced by the adolescent will directly impact the attachment style they have previously formed with their parent (Leondari & Kiosseoglou, 2002). There are studies indicating that OCD is associated with insecure attachment in adolescents (Chakraborty & Bhattacharya, 2018; Ivarsson et al., 2010; Koohsar & Bona, 2011; Rezvan et al., 2012). Psychological control, especially when used by parents to attach their children to themselves and keep them close, can lead to problems related to autonomy in adolescents and result in an insecure parent-adolescent relationship (Soenens & Vansteenkiste, 2010). A parent can affect OCD in their adolescent child in various ways. Firstly, the parent may render their child dependent on them through psychological control. Along with this dependency, the adolescent may start employing hyperactivating strategies (a person's increased desire for closeness due to the fear of not being able to reach their attachment figure), which can leave the adolescent vulnerable to intrusive thoughts (Mikulincer & Shaver, 2007). This can also trigger compulsions in the adolescent, in line with their efforts to please the attachment figure (Doron & Moulding, 2009).

The OCD developed by the adolescent can also be explained by the adolescent's failure to achieve the autonomy they should be gaining. According to Ryan et al. (2016), adolescents who struggle to maintain their individuality, have difficulty making their own decisions, and cannot resist seeking external approval due to parents who want to keep them close and establish psychological control are prone to OCD. Their inability to have an internal guide they can trust makes them reliant on external approval, which becomes a compulsion in itself.

Hypothesis of this study are: there is a positive relationship between parental separation anxiety and obsessive compulsive symptoms in adolescents. As the separation anxiety of the mothers' increases, it is expected that the psychological control perceived by the adolescent increases. It is expected that there is a positive relationship between the adolescent's perceived psychological control and obsessive compulsive symptoms. Finally, it is expected that obsessions and compulsive symptoms further increases when the moderating role of parental maladaptive perfectionism is added to this mechanism occurring through psychological control. As mentioned before, this parental characteristic, recognized as a risk factor in terms of psychological control, has been shown to have a positive relationship with OCD in previous research (Allsopp & Verduyn, 1990; Calvo et al., 2009; Clark & Bolton,

1985; Honjo et al., 1989; Hoover & Insel, 1984). Parents' imposition of high standards, strictness, and critical attitudes can further exacerbate this indirect effect. These parents may become anxious about meeting these perfect standards, which can lead to the emergence of negative parenting behaviors such as psychological control (Flett et al., 2002). The adolescent, on the other hand, may begin to perceive themselves as not good enough and may exhibit obsessive-compulsive symptoms as a way to compensate for these feelings.

### 1.9 Aim and Importance of the Study

When reviewing the literature, it becomes evident that the roles of parents in OCD have been studied extensively. However, information regarding parental separation anxiety and obsessive-compulsive symptoms in adolescents is limited. This study is expected to contribute to this relationship. In addition to the limited knowledge in this area, it is observed that OCD among adolescents has been less studied compared to OCD in adults. Therefore, the aim is to expand the knowledge about OCD, both in the context of parental separation anxiety and through adolescents.

Secondly, in light of the findings of this research, it is aimed to contribute to understanding the relationship between psychological control and obsessive-compulsive symptoms in adolescents. It is known that controlling parenting plays a role in the development of OCD in adolescents (Khanjani et al., 2012; Sudhir et al., 2021; Timpano et al., 2010). Furthermore, while there are studies examining the role of psychological control in the development of OCD in the Turkish literature, these studies primarily focus on individuals in the early adulthood period (Ayoğlu, 2012; Yıldırım, 2018). Therefore, this research intends to expand the knowledge about the relationship of psychological control and aims to uncover its role in adolescents.

Thirdly, this research aims to examine the role of parental maladaptive perfectionism in adolescents' obsessive-compulsive symptoms. Previous studies on this topic have shown that individuals with OCD frequently have perfectionistic parents (Allsopp & Verduyn, 1990; Calvo et al., 2009; Clark & Bolton, 1985; Honjo et al., 1989; Hoover & Insel, 1984). In light of these findings, this research intends to elucidate its role in the obsessive-compulsive symptoms observed in adolescents.

Within the framework of attachment theory, when examining adolescent OCD, it is observed that the attachment relationship between mother and child is crucial. It is suggested that when there are problems in this attachment relationship, it may be a risk factor for the development of OCD. The research aims to establish a model to determine whether negative parental traits and parenting styles predict adolescent obsessive-compulsive symptoms. Specifically, it aims to investigate the mediating role of psychological control (M) in the relationship between parental separation anxiety (X) and obsessive-compulsive symptoms (Y) in adolescents and the moderating effect of parental maladaptive perfectionism (W) on the indirect effect of psychological control. In order to test this model, moderated mediation (model-7) will be used.

### 1.10 Hypothesis

- It is expected that there is a positive relationship between parental separation anxiety and obsessive compulsive symptoms in adolescents.
- As the separation anxiety of the mothers' increases, it is expected that the psychological control perceived by the adolescent increases.
- It is expected that there is a positive relationship between the adolescent's perceived psychological control and obsessive compulsive symptoms.
- It is expected that parental maladaptive perfectionism moderates the indirect relationship between, adolescents' perceived psychological control, parental separation anxiety, and adolescent obsessive compulsive symptoms.

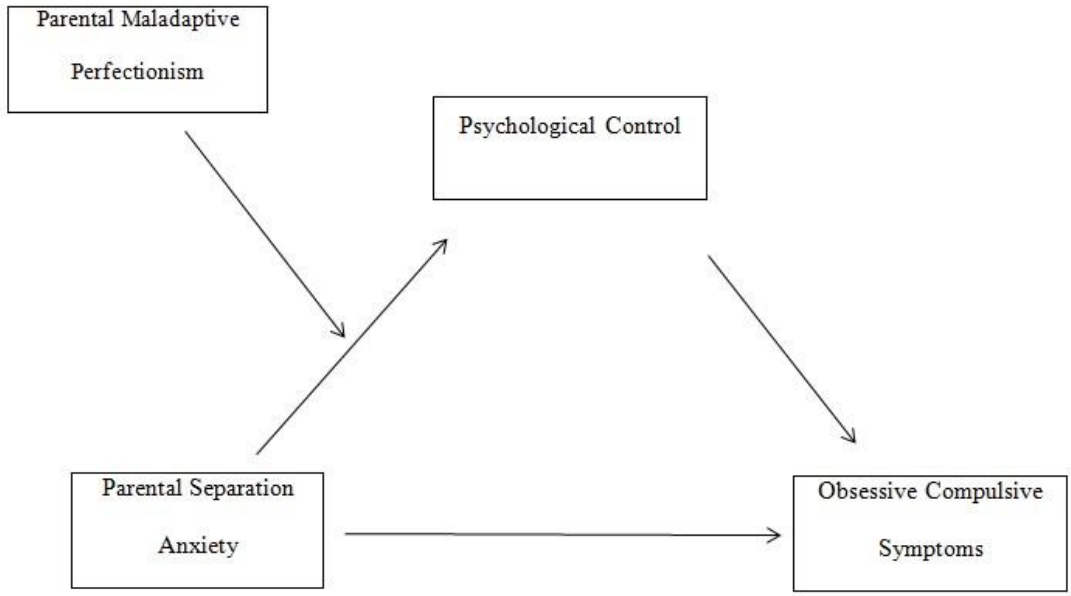



*Figure 1*. The predicted model: Parental maladaptive perfectionism moderates the mediating effect of psychological control on the relationship between parental separation anxiety and obsessive compulsive symptoms.

# CHAPTER 2

# METHOD

## 2.1 Participants

The sample of the present study consisted of 198 mother – adolescent dyads. The inclusion criteria for this study encompass mothers and their adolescent children aged between 12 and 17 years. There are no exclusion criteria in this study. Participants were reached through social media by using convenience sampling method. Most of the mother – adolescent dyads were from Bursa, Ankara and Konya province. The table 1 below shows the sample's descriptive characteristics, including age, gender, parental education level, family income level, medical and psychiatric history, and information on siblings.

**Table 1.** Demographic Characteristics of the Participants

| Age | | | | |
|---|---|---|---|---|
| | Mean | St. Dev. | Min | Max. |
| Adolescents | 14.63 | 1.12 | 12 | 17 |
| Mother | 42.21 | 1.83 | 31 | 55 |
| Parents | | | | |
| | | Frequency | Percent(%) | |
| Education Level of Mother | Primary school | 12 | 6.1 | |
| | Middle school | 11 | 9.5 | |
| | High school | 62 | 28.9 | |
| | Associate Degree | 26 | 13.1 | |
| | University | 72 | 39.3 | |
| | Masters' / PhD | 15 | 7.6 | |
| Marital Status of Mother | Married | 149 | 75.6 | |
| | Single | 7 | 3.5 | |
| | Divorced | 36 | 18.6 | |
| | Other | 6 | 3.0 | |

| | | | |
|---|---|---|---|
| Monthly Income of the Family | Low | 26 | 13.1 |
| | Middle | 144 | 72.7 |
| | High | 28 | 14.1 |
| Medical and Psychiatric History of Mother | Yes | 18 | 9.1 |
| | No | 180 | 90.9 |
| Current Physical State of Mother | Yes | 17 | 8.6 |
| | No | 181 | 91.4 |

| Adolescent | | | |
|---|---|---|---|
| | | Frequency | Percent(%) |
| Gender | Female | 111 | 56.1 |
| | Male | 87 | 43.9 |
| Siblings | Yes | 115 | 58.1 |
| | No | 83 | 41.9 |
| Number of Siblings | 1 | 86 | 74.8 |
| | 2 | 26 | 22.6 |
| | 3 | 3 | 2.6 |
| Physical and Psychiatric History | Yes | 12 | 6.1 |
| | No | 186 | 93.9 |
| Current Physical Situation | Yes | 4 | 2.0 |
| | No | 186 | 98.0 |

### 2.2 Measurement Tool

#### 2.2.1 Demographic Information Form

This form was created to gather participants' sociodemographic data. Age, gender, education level, family income level, marital status, living situation, profession, number of children, physical and mental health history, and child's physical and mental health history are all included on the demographic form for parents. On the other hand, information on age, gender, grade, date of birth, school, city of currently living, whether or not the teenager is still living with their parents, history of physical

and mental health and the number of siblings is included on the demographic form for adolescents.

### 2.2.2 Adult Separation Anxiety Questionnaire (ASA-27)

Adult Separation Anxiety Questionnaire (ASA-27) is a tool in order to measure adults' separation anxiety that was developed from ASA-SI (The Adult Separation Anxiety Semi-structured Interview) by Manicavasacar et al. (1997), which is a semi-structured interview that evaluates separation anxiety in adulthood (Manicavasacar et al., 2003). ASA-27 is a Likert type measure ranging from "0" (this has never happened) to "3" (this happens very often). It has 27 items. According to ROC analysis, those who scored 22 and above were thought to suffer from separation anxiety. The scale was adapted into Turkish by Diriöz (2010). It was found that internal consistency value was .93 and test-retest reliability was .90, respectively. In the present study, the internal consistency coefficient was .94.

### 2.2.3 Psychological Control Scale – Youth Self-Report (PCS-YSR)

Psychological Control Scale – Youth Self-Report (PCS-YSR) is a self-report tool in order to measure adolescents' perceived psychological control from their parents (Barber, 1996). PCS-YSR includes 16 items and 2 sub-scales. While 8 of the questionnaire's 16 items originated with Schafer (1965), the eight items that were added subsequently were regarded as intercultural items based on the research of Barber et al. (2007). The questionnaire measures two sub-scales and these are 'Psychological Control (PC)' and 'Parental Disrespect' (PD). The 16 items are completed by adolescents based on the attitudes they perceive their parents, both mothers and fathers, to have. The assessment tool is Four-Point Likert type scale ranging from "1" (Not like her/him) to "4" (a lot like her/him). High scores on the scale's dimensions show that the relevant dimension's perception of psychological control coming from the mother or father is fairly high. It has been adapted into Turkish with a Cronbach's alpha value .77 for mother and .79 father in psychological control sub-scale and .85 for mother and .89 for father in parental disrespect sub-scale (Sayıl & Kındap, 2010). In the present study, the internal consistency coefficient was .92 for psychological control and .88 for psychological disrespect subscale among mothers respectively.

### 2.2.4 Frost Multidimensional Perfectionism Scale (FMPS)

Frost Multidimensional Perfectionism Scale (FMPS) is a self-report measurement tool that assesses adults' perfectionism levels (Frost et al., 1990). FMPS includes 35 items that are rated on Five-Point Likert type scale ranging from "1" (strongly disagree) to "5" (strongly agree) and 6 sub-scales. Six sub-scales cover concern on mistakes, personal standards, parental expectations, parental criticism, doubts about actions and organization. It has been adapted into Turkish with Cronbach's alpha values are concern on mistakes .85, personal standards .79, parental expectations .84, parental criticism .72, doubts about actions .64, organization .95 and overall internal consistency value was .91 (Kağan, 2011). In the present study, the internal consistency coefficient for concern on mistakes was .88, personal standards .81, parental expectations .92, parental criticism .76, doubts about actions .60 and .82 for organization. Overall internal consistency value was .95, respectively.

### 2.2.5 Obsessive Compulsive Inventory – Child Version (OCI-CV)

Obsessive Compulsive Inventory – Child Version (OCI-CV) is a self-report measurement tool that assesses children and adolescents' obsession and compulsion symptoms (Foa et al., 2010). OCI-CV is consisting of 21 items that are rated on Five-Point Likert scale ranging from "0" (never) to 4 (almost always). OCI-CV includes six sub-scales which cover doubting/checking, obsessing, hoarding, washing, ordering and neutralizing. It has been adapted into Turkish by Seçer (2014). Internal consistency and split-half validity were examined for the reliability of the scale, and the Cronbach's alpha coefficient of the scale was found to be .86 two half reliability was .82 and the test-retest coefficient was .88. On the other hand, for the sub-scales Cronbach's alpha values are doubting/checking .73, obsessing .76, hoarding .81, washing .78, ordering .78 and mental neutralizing .78. In the present study, the internal consistency coefficient for doubting/checking was .90, obsessing .90, hoarding .63, washing .83, ordering .80 and mental neutralizing was .73. Total scale Cronbach's alpha value was.95 respectively.

## 2.3 Procedure

First, the ethical approval was acquired from TED University Human Research Ethics Committee. Afterwards, links were created to enable the participants to fill in

the questionnaires online through the Qualtrics program. In order to reach the participants and collect data from various schools, permission was requested from the Ministry of National Education, but this permission could not be obtained due to the necessity of applying for permission 45 days before data collection and ending the data collection process at the latest 3 weeks before the closing of the schools. Thus, Participants in the study were reached through social media by convenience sampling method. First of all, mothers who met the criteria were reached, and both mothers and their adolescent children between the ages of 12-17 were asked to participate in the study. With the Qualtrics program for mothers and adolescents, necessary adjustments are made and the survey links to be filled are delivered to the participants via social media sites such as Twitter, Instagram etc. Participants are being informed about the research with a consent form and the research will be conducted with participants who have approved the consent form. In the interface that was created for adolescents, there were scales that adolescents must fill in, and in the interface that created for mothers, there were scales that mothers must fill. Mothers filled demographic information form, ASA-27 and FMPS. On the other hand, adolescents filled demographic information form, PCS-YSR and OCI-CV. Scale orders are changed automatically by Qualtrics program. In order to prevent a participant from filling out the scales more than once, controls on how many times the scale is filled from IP numbers are also made by Qualtrics and the data obtained is stored in an encrypted manner. At the end of the study, they were thanked and the contact information of the researchers was given to all participants so that they could ask questions. As a result, 268 mothers and 241 adolescents were reached. Among these people, 237 mothers and 229 adolescent children agreed to participate in the study. However, the data of mothers and adolescents who completed the study incompletely and also non-co-nicknamed data were excluded and continued with 198 mother-child dyads.

# CHAPTER 3

# RESULTS

## 3.1 Statistical Analysis

To analyze data, moderated mediation analysis (model-7) via PROCESS v3.5 macro (Hayes, 2013) was used to investigate roles of psychological control and parental maladaptive perfectionism on the relationship between parental separation anxiety and obsessive-compulsive symptoms. Before starting analyze of conditional indirect effect, four important assumptions was tested. These assumption tests were linearity, normality, multicollinearity and homoscedasticity. After testing assumptions, indirect effect of parental separation anxiety (X) on obsessive-compulsive symptoms (Y) via psychological control (M), with the indirect effect being moderated by parental maladaptive perfectionism (W) was tested. bootstrapping is to create multiple resamples (bootstrapped samples) from the original dataset by randomly sampling with replacement. It was calculated based on 5.000 bootstrap samples was used to test the significances of the index of moderated mediation. A sample of 5000 bootstrap is the level recommended by Hayes (2018), and the confidence interval was chosen as 95%.

## 3.2 Preparation of the Data

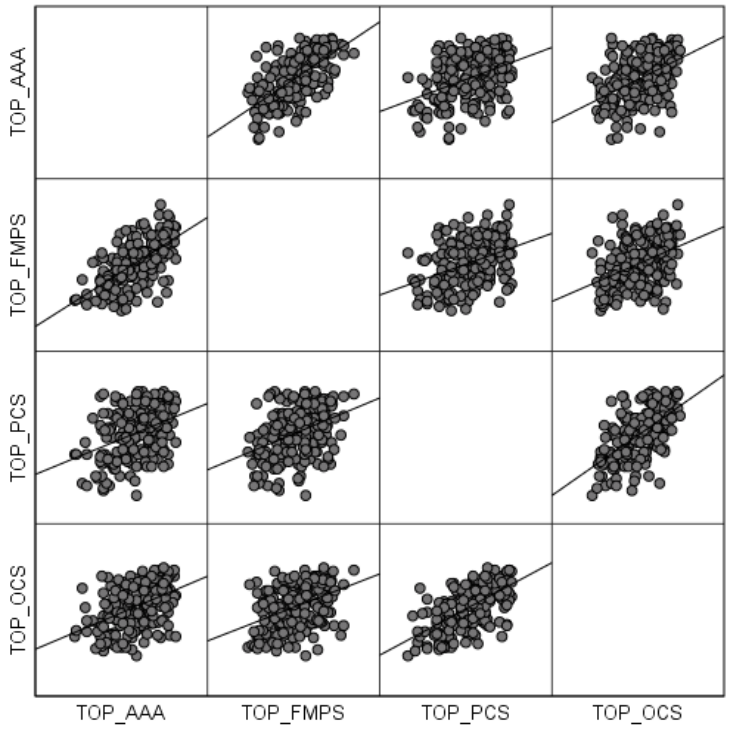
Before conducting the main analysis of this study, normality and outlier analysis was performed. In order to find outlier data, z scores of all variables were taken, but since all participants' scores were between -3.29 and +3.29, no participants were excluded. After that, normality was checked. By looking at the Skewness and Kurtosis values on the table below, it can be seen that the data show a normal distribution since the normality of errors assumption, scores of both skewness and kurtosis is in the range of -2 and +2 (George & Mallery, 2010).

**Table 2** *Skewness and Kurtosis Values of the Variables*

| | Skewness | Std. Error of Skewness | Kurtosis | Std. Error of Kurtosis |
|---|---|---|---|---|
| ASA | -.33 | .17 | -.77 | .34 |
| PCS | -.32 | .17 | -.69 | .34 |
| FMPS | -.02 | .17 | -.78 | .34 |
| OCS | .26 | .17 | -.94 | .34 |

ASA: Adult Separation Anxiety, PCS: Psychological Control Scale, FMPS, Frost Multidimensional Perfectionism Scale, OCS: Obsessive-Compulsive Scale

On the other hand, linearity is another important assumption that must be tested. The Graph shows that there are linear relationships between variables.




**Graph 1** *The Scatter Plot of Linearity Between Variables*

*Note*. TOP_AAA: Adult Separation Anxiety, TOP_PCS: Psychological Control Scale, TOP_FMPS: Frost Multidimensional Perfectionism Scale, TOP_OCS: Obsessive-Compulsive Scale

To check multicollinearity, Variance Inflation Factor (VIF) values were examined. Severe multicollinearity exists when VIF value over 10. In this study there were no severe multicollinearity exists between independent variables.

**Table 3** *VIF Values of the Variables*

| | | Unstandardized Coefficients | | Standardized Coefficients | | | Collinearity Statistics | |
|---|---|---|---|---|---|---|---|---|
| Model | | B | Std. Error | Beta | t | Sig. | Tolerance | VIF |
| 1 | (Constant) | 7,382 | 5,743 | | 1,286 | ,200 | | |
| | TOP_AAA | ,244 | ,083 | ,212 | 2,930 | ,004 | ,554 | 1,804 |
| | TOP_FMPS | ,054 | ,049 | ,080 | 1,113 | ,267 | ,557 | 1,795 |
| | TOP_PCS | ,873 | ,105 | ,498 | 8,344 | ,000 | ,817 | 1,224 |

a. Dependent Variable: TOP_OCS

*Note*. TOP_AAA: Adult Separation Anxiety, TOP_PCS: Psychological Control Scale, TOP_FMPS: Frost Multidimensional Perfectionism Scale, TOP_OCS: Obsessive-Compulsive Scale

### 3.3. Descriptive Statistics and Correlations of the Variables

Table 4 shows the means, standard deviations and number of participants. On the other hand, Table 5 shows inter-correlations between the study variables. As shown in the table 5, Mother's separation anxiety and perfectionism, adolescent's perceived psychological control and obsessive compulsive symptoms are correlated with each other.

**Table 4** *Descriptive Statistics of the Variables*

| | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| Maternal Separation Anxiety | 198 | 39.00 | 106.00 | 79.8333 | 15.57388 |
| Maternal Perfectionism | 198 | 37.00 | 160.00 | 92.9091 | 26.53571 |
| Adolescent's Perceived Psychological Control | 198 | 21.00 | 64.00 | 46.9343 | 10.23385 |
| Adolescent's Obsessive Compulsive Symptoms | 198 | 32.00 | 105.10 | 72.9040 | 17.93264 |

**Table 5** *Inter-correlations Between Variables According to Pearson Correlation Coefficients*

| | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| 1-Maternal Separation Anxiety | - | .65** | .39** | .45** |
| 2-Maternal Perfectionism | - | - | .38** | .41** |
| 3-Adolescent's Perceived | - | - | - | .61** |

| | | | | |
|---|---|---|---|---|
| Psychological Control | | | | |
| 4-Adolescent's Obsessive Compulsive Symptoms | - | - | - | - |

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

### 3.4 Test of Moderated Mediation Model: Moderation of Parental Perfectionism on the Relationship between Parental Separation Anxiety and Obsessive Compulsive Symptoms via Psychological Control

In this study it was expected that, parental perfectionism will moderate the relationship between parental separation anxiety and obsessive compulsive symptoms via psychological control. On the other hand, parental perfectionism will also moderate the relationship between parental separation anxiety and psychological control. It was also expected that psychological control will mediate the relationship between parental separation anxiety and obsessive compulsive symptoms. Positive relationship between parental separation anxiety and psychological control additionally positive relationship between psychological and obsessive compulsive symptoms were expected. Lastly direct effect of parental separation anxiety on obsessive compulsive symptoms was expected to be positive. Before the analysis, linearity, normality and multicollinierty assumptions were tested and it was seen that all assumptions were met.

Results showed that, moderated mediation model explained %43 of the variance in adolescent's obsessive compulsive symptoms ($F$ (2, 195) = 74.07, $p$ < .05). There was a significant positive relationship between parental separation anxiety and psychological control ($\beta$= .15, $SE$= .05, $t$ = 2.63, $p$ < .05; 95 % $CI$ [.03, .26]). There was also significant positive relationship between psychological control and obsessive compulsive symptoms ($\beta$= .89, $SE$= .10, $t$ = 8.70, $p$ < .05; 95 % $CI$ [.69, 1.09]). The direct effect of parental separation anxiety on adolescent's obsessive compulsive symptoms was also significant ($\beta$= .29, $SE$= .06, $t$ = 4.42, $p$ < .05; 95 % $CI$ [.16, .43]).

The relationship between mother's separation anxiety and adolescent's perceived psychological control was found to be significant and has positively relationship ($\beta$= .15, $SE$= .05, $t$ = 2.63, $p$ < .05; 95 % $CI$ [.03, .26]). However, it was found that

interaction effect between separation anxiety and psychological control via the moderation of perfectionism was found to be not significant ($\beta$= -.0013, *SE*= .0017, *t* = -.7428, *p* > .05; 95 % *CI* [-.0046, .0021]). Index of the moderated mediation was not significant ($\beta$= -.0011, *SE*= .0014, 95 % *CI* [-.0040, .0016]) indicating that there is no conditional indirect effect.

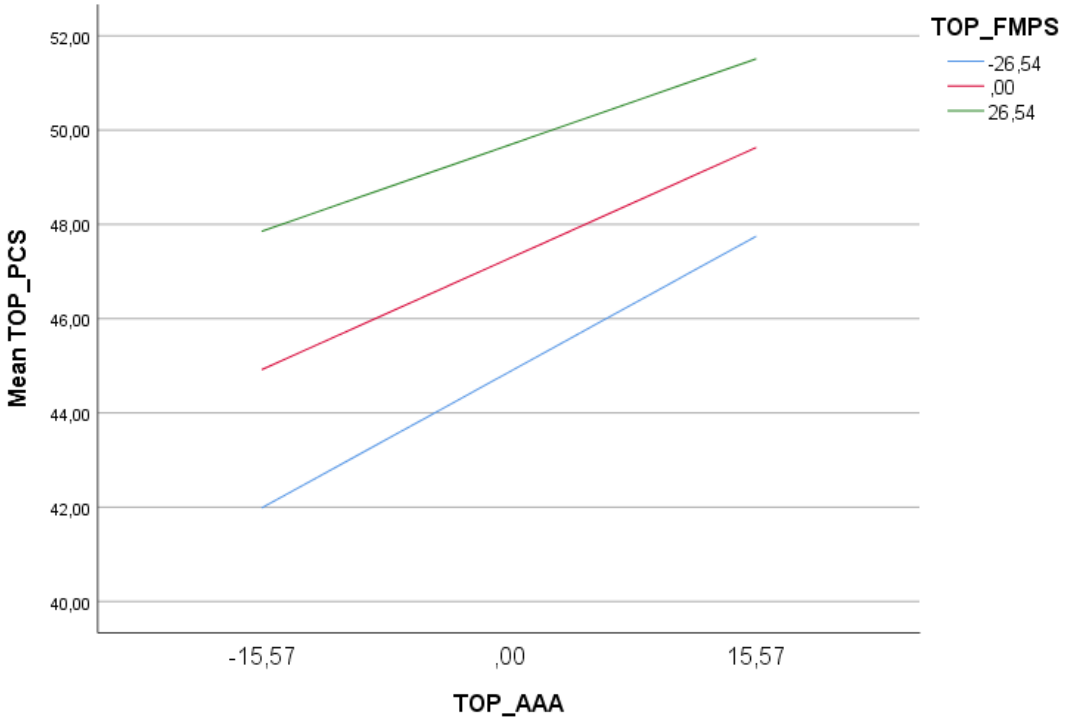



*Figure 2.* The moderating effect of parental perfectionism on the relationship between psychological control and obsessive compulsive symptoms.

*Note.* TOP_AAA: Adult Separation Anxiety, TOP_PCS: Psychological Control Scale, TOP_FMPS: Frost Multidimensional Perfectionism Scale

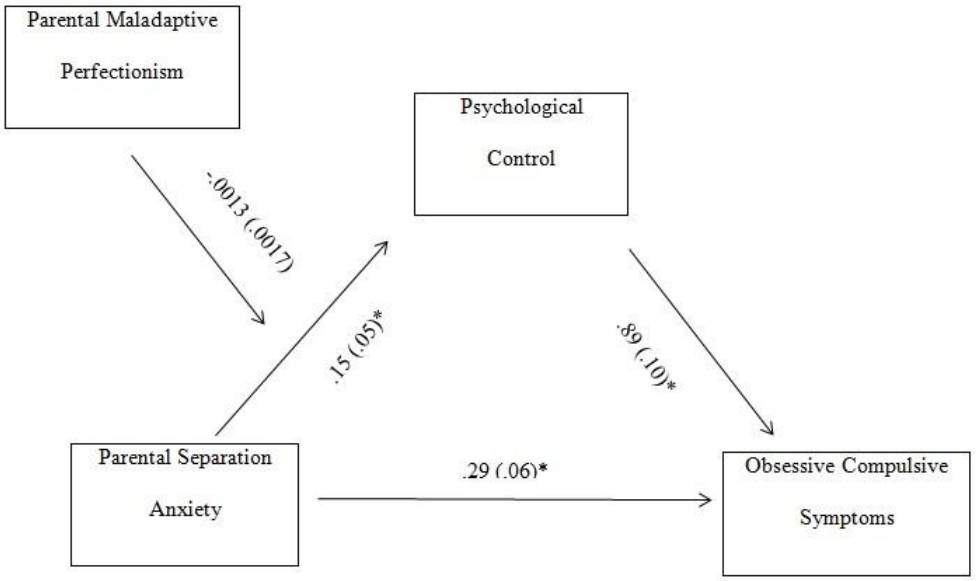



*Figure 3.* Moderated-Mediation model. All path coefficients are unstandardized regression weights. Standard errors are in the parentheses.*$p < .05$.

# CHAPTER 4

# DISCUSSION

The relationship between various environmental factors and development of OCD has repeatedly been shown by many studies (Ay & Erbay, 2018; Boger et al., 2020; Carpenter & Chung, 2011; Çoban & Tan, 2020; Lochner et al., 2002; Mathews et al., 2008; Renkema et al., 2020; Wang et al., 2011). Numerous studies have found that the familial element, which stands out among noticeable environmental components, is a significant risk factor for OCD in children and adolescents (Alonso et al., 2004; Barcaccia et al., 2015; Basile et al., 2018; Chen et al., 2017; Hacıömeroğlu & Karancı, 2014; Przeworski et al., 2012; Sudhir et al., 2021; Turgeon et al., 2002). Although familial factors such as many different parenting behaviors such as controlling parenting have been investigated, more information is needed regarding the family factor in the development of OCD in adolescents.

The main purpose of this study was to investigate relationship between parental separation anxiety and obsessive compulsive symptoms among adolescents and examine the role of psychological control and parental maladaptive perfectionism. More specifically, it was examined that the mediation effect of psychological control in the relationship between separation anxiety and obsessive-compulsive symptoms and whether maladaptive perfectionism would moderate this relationship.

In line with this, the results of this study will be discussed by looking at existing literature in the following section. In addition, the study's clinical implications are then examined, and in the final, there will be some recommendations about future studies and information about limitations.

## 4.1 Main Findings

Initially, it was tested whether parental maladaptive perfectionism moderates the indirect effect of psychological control on the relationship between parental separation anxiety and obsessive-compulsive symptoms. According to results, perfectionism does not moderate the relationship between separation anxiety and obsessive-compulsive symptoms via psychological control. In other words, the

conditional indirect effect was not found to be significant. On the other hand, direct effect of separation anxiety on obsessive-compulsive symptoms was found to be significant. Furthermore, the link between separation anxiety and psychological control, psychological control and obsessive-compulsive symptoms was also found to be significant as well.

As it was mentioned before, this study fills the gap by explaining direct link between parental separation anxiety and obsessive-compulsive symptoms. In addition, investigating this finding through adolescents' obsessive-compulsive symptoms has made a significant contribution to the literature on adolescence OCD, which is relatively much more less studied compared to OCD in adulthood.

This finding is expected since mother-child interaction has an important place in the development and maintenance of psychological disorders in children and adolescents (Chakraborty & Bhattacharya, 2018; Ivarsson et al., 2010; Koohsar & Bona, 2011; Rezvan et al., 2012). The parents may have experienced attachment issues due to their past experiences with their own caregiver (Bloom-Feshbach & Bloom-Feshbach, 1987). Adolescents tend to show increasing levels of autonomy and individuation from the time they enter adolescence until early adulthood (Lapsley & Stey, 2010). In line with this, due to these prominent characteristics during adolescence, parents, especially mothers, may experience anxiety about separation or thought of detachment (Bowlby, 1973).

The relationship of mother's experience with separation anxiety and the attachment process may be understood in terms of emotional connection and trust. The mother's anxious attitude towards separation could have influenced the attachment between the child and the mother, potentially leading to an anxious insecure attachment style (Manicavasagar et al., 1999). This insecure attachment style might have played a role in the development of obsessive-compulsive symptoms. Findings in the literature show parallel results. McBride & Belsky (1988) has shown that mothers with high levels of separation anxiety can cause insecure mother-child attachment problems.

During adolescence, which continues and usually where the mother remains as the attachment figure, some changes begin to manifest themselves. As previously mentioned, the concept of autonomy that emerges during this period and the discomfort it can cause regarding separation from the mother might play a significant

role here. Therefore, it is also important what the mother who experiences separation anxiety does to cope with this situation and what parenting behaviors she exhibits.

The significant relationship between separation anxiety and psychological control, which is among the findings of this study, was a parallel finding that studies found a positive relationship between parental separation anxiety and the use of psychological control (Soennes et al., 2006; Soenens et al., 2010; Stone et al., 2015). Looking at the findings of this study, it can be assumed that a mother who practices psychological control over her child does so due to her distressing emotions related to separation or these thoughts of separation. The developmental changes that come with adolescence, along with the mother's anxiety, may result in psychological control through actions such as withdrawing love, guilt induction, and shame (Soenens et al., 2006).

Like other studies in the literature that investigate the negative effects of psychological control on adolescents, this research has also shown that psychological control predicts OCD in adolescents. While some studies have shown that psychological control can lead to OCD, these studies have targeted individuals in early adulthood (Ayoğlu, 2012; Yıldırım, 2018). One of the important contributions of this study is to demonstrate the positive relationship between psychological control and OCD in adolescents.

When looking at these findings, why an adolescent develops OCD can be considered from the perspective of attachment theory as well. Firstly, it can be inferred that the stress the mother experiences due to the separation and the psychological control she exerts may make adolescent think some of the behaviors can have very harmful consequences. One of these harmful outcomes could be the emotional distance that the adolescent may experience from their mother as a result of showing autonomy. Adolescents begin to gain more autonomy in their lives, and this leads to various changes (Laird, 2011). For example, in childhood, without the presence of their parents, they may only be at school. However, as they enter adolescence, their attachment figures shift towards peers, and they start spending time without their parents. An adolescent might sometimes go to the cinema with friends or, if they have a romantic partner, they might have coffee at a café.

At this point, parents may start to worry about the adolescent child's increasing independence, spending time away from home and school individually, and this anxiety can lead to exerting psychological control over them (Barber & Harmon, 2002). Under normal circumstances, the adolescent, perceiving their loving and caring mother, would perhaps encounter a completely different situation when they exhibit behavior that is not developmentally abnormal, even if it does not break the rules and discipline of the home. In contrast, adolescent may faced with a parent who is unloving, cold, and makes them feel guilty and ashamed, the adolescent may experience negative emotions in response to this situation.

For the adolescent, psychological control is emotionally challenging behavior (Leondari & Kiosseoglou, 2002). Encountering such negative outcomes stemming from the parent can be challenging for the adolescent to regulate, as the parent is still the primary attachment figure for the adolescent (Lee, 2003). When the adolescents perceive emotional detachment from the attachment figure, they will seek to become closer and more attached (Mikulincer & Shaver, 2007). These hyperactivating strategies, as previously mentioned in the literature, may render the adolescent more vulnerable to intrusive thoughts and may lead them to engage in compulsive behaviors to appease the attachment figure (Doron & Moulding, 2009).

The findings of this study may also have reflections on parent-adolescent pairs who undergo similar separation processes, such as university choices. Adolescents in late adolescence who are facing university choices may encounter negative outcomes due to the reactions they receive from their parents. For instance, an adolescent who wishes to attend a university in a different city than the one they currently live in may experience emotional manipulation and psychological control from their parents who are struggling with the separation. This, in turn, can lead to the development of obsessive-compulsive symptoms in the adolescent as they try to cope with difficult emotions while maintaining their attachment relationship with their parents, similar to the mechanisms discussed earlier.

Besides, parental maladaptive perfectionism, which was the moderator variable in the study, did not moderate the indirect effect of psychological control mediating the association between separation anxiety and obsessive-compulsive symptoms. In other words, the conditional indirect effect is not significant. The fact that

perfectionism did not function as a moderator yielded results that differed from the study's initial expectations. However, possible explanations are provided below.

Research has shown that maladaptive perfectionism traits in parents are considered a risk factor for psychological control (Azizi & Besharat, 2011; Carmo et al., 2021; Snell Jr et al., 2005; Soenens et al., 2005). Additionally, there are studies that explain that maladaptive perfectionistic parental traits can lead to OCD in children and adolescents (Allsopp & Verduyn, 1990; Calvo et al., 2009; Clark & Bolton, 1985; Honjo et al., 1989; Hoover & Insel, 1984). The mother may experience anxiety if she cannot meet her own high standards and may approach her child in a strict and critical manner to meet these standards (Flett et al., 2002). This is where the research expects the conditional effect of parental maladaptive perfectionism on the indirect effect of psychological control. However, parental maladaptive perfectionism may vary in this regard.

According to Soenens et al. (2010), the mechanisms of psychological control practice of perfectionist parents and parents with separation anxiety may be diverging. More specifically, parents with separation anxiety keep their children under control by hiding their love from them and making them feel guilty. This way, the parent's own emotional needs might be addressed. On the other hand, as in other models, although these authors stated that perfectionist parents would also resort to psychological control, they presented that this psychological control would be over success and performance

When the results of this study are evaluated according to the approach of Soenens et al. (2010), it can be explained why the mother's level of perfectionism does not moderate the indirect effect. Although the participating mothers in the study may experience both perfectionism and separation anxiety at certain levels, they use psychological control by making their children dependent on them due to the stress caused by separation anxiety, and their perfectionist aspects might not have a link on this relationship. With this result, mothers' anxiety over separation may be more dominant than their perfectionist side and the mother may have been more inclined to control her child emotionally. All this perspective can also help to interpret results more accurately.

In addition, PCS-YSR, which was developed by Barber (1996) and adapted to Turkish sampling by Kındap & Sayıl (2010), was used in this study to assess perception of psychological control among adolescents. Although there is a Dependency-Oriented and Achievement-Oriented Psychological Control Scale (DAPCS) developed by Soenens et al. (2010) and adapted to Turkish sampling by Koçak et al. (2016), the result of this adaptation differs from the original scale that the dependency and achievement-oriented dimensions of psychological control in Turkish culture (DPC & APC) was found to be correlated with each other and these sub-dimensions could not be differentiated. This also introduced limitations regarding the two different subscales of psychological control that were intended to be measured in the study.

As a result, this research was conducted to examine the parental factor in the development of adolescent OCD and aimed to make a significant contribution due to the lack of sufficient evidence in the literature on adolescent OCD. Accordingly, the relationship between parental separation anxiety and psychological control and obsessive-compulsive symptoms was found to be positive and significant. In addition, psychological control was found to have a significant positive relationship with obsessive-compulsive symptoms. However, parental maladaptive perfectionism failed to moderate the indirect effect of psychological control on relationship between parental separation anxiety and obsessive-compulsive symptoms.

### 4.2 Clinical Implications

OCD is a stressful disorder that can start at an early age (Chabane et al., 2005; Chowdhury et al., 2004; Ünver et al., 2017; Kasper, 2016; Pauls et al., 1995; Zohar, 1999). Like many disorders, it has been confirmed by research that if left untreated, it can persist into adulthood (Micali et al., 2010; Skoog & Skoog, 1999; Storch, 2005). In this study, the parental factor of obsessive-compulsive symptoms was investigated. The findings obtained from this study can offer clinical implications for clinicians working with children and adolescents.

Although the moderating effect of parental maladaptive perfectionism was not significant, the model revealed significant and positive direct effects. According to this, there is a significant and positive relationship between the parental separation anxiety and the obsessive-compulsive symptoms among adolescents. Additionally,

the relationship between parental separation anxiety and psychological control is significant and positive, and the relationship between psychological control and obsessive-compulsive symptoms among adolescents is also significant and positive.

Based on these findings, it can be concluded that the quality of the mother-adolescent relationship is directly related to the psychological health of the adolescent. Parental training programs that promote healthier behaviors in parents can be beneficial in creating a more positive parent-adolescent relationship. Parental training programs have been shown to be an effective intervention method for the treatment of OCD in children and adolescents (Lebowitz, 2013; Rosa-Alcázar et al., 2017). In these intervention programs, parents can be made aware of the potential harmful consequences of the psychological control they exhibit, and they can be encouraged to adopt more positive parenting behaviors in order to provide space for independence and autonomy for their children. Parents also can be equipped with skills to interact with their adolescent children in a healthier way.

Considering the findings of the study, it can be seen that parental separation anxiety is a risk factor for both psychological control and obsessive-compulsive symptoms. Therefore, in intervention programs, aiming to reduce separation anxiety of parent may facilitate both reducing parental psychological control and addressing obsessive-compulsive symptoms in adolescents. Individual intervention programs can be developed to help parents gain functionality and establish healthier relationships and communication with their children. There are various interventions available to reduce separation anxiety, and these interventions have been found to yield successful results (Mowlaie et al., 2018; Schiele et al., 2021). When the parent's separation anxiety decreases, the relationship with their child is likely to become healthier, and as a result, their parenting behaviors will tend to be more positive.

Previous studies have shown that conditional love from parents, as well as the guilt and shame caused by parents in adolescents, can harm the parent-child relationship and lead to intense anger in adolescents (Assor et al., 2004; Leondari & Kiosseoglou, 2002). An intervention method aimed at improving the parent-child bond may be successful in treating OCD. Attachment-based therapy has been shown to significantly reduce symptoms in children and adolescents with OCD compared to the control group (Rezvan et al., 2013). In this context, psychoeducation that focuses

on attachment and attachment needs for both parents and adolescents can be provided. Role-playing exercises can be used to address issues like parent-child separation and conflicts that may arise between parents and children, equipping them with skills to overcome potential problems in their relationships. This can help reduce OCD symptoms that may arise from insecure attachment in adolescents.

### 4.3 Limitations and Future Directions

There are some limitations in this study. First of all, the targeted number of participants in this study was reached with the convenience sampling method by social media. The participants targeted to be reached in this research consist of people who are easily reachable. It may not involve people who are less willing to participate and difficult to reach. This may affect the generalizability of the results.

The findings in this study contain correlations. This situation presents a positive or negative relationship between variables. However, it does not provide information about the cause of the positive or negative relationship between the variables. Therefore, different methods can be used for a broader approach.

The self-report questionnaires used in this study included subjective statements of the participants. Participants may have provided biased responses. Additionally, they may have tried to give socially acceptable responses, which is one of the important limitations in studies that use self-report questionnaires (Gordon, 1987). In a qualitative study, the insights of the participants and the dynamics in the mother-child relationship can be helpful in better understanding.

The subject examined in this study can be further investigated through a longitudinal research method. Although the role of parental attachment remains significant in an adolescent's life, in adulthood, this importance tends to shift more toward romantic partners and peers (Lee, 2003). Therefore, it is possible to examine how emerging adults experience changes over time in their lives and how this relates to their relationship with their parents in the context of OCD.

In this study, mother and child dyads were included in the study. The relationship between parent and child can be looked at more comprehensively with researches in the form of mother-father and child triad. The role of fathers in this triangle can be explored, and the potential protective role of paternal involvement, if present, on

adolescent OCD can be investigated. The findings of the study may offer important clinical implications for understanding adolescent OCD.

The sample used in the study did not include the clinical sample. In future research that includes clinical samples of adolescents diagnosed with OCD, the roles of parental separation anxiety, psychological control, and parental maladaptive perfectionism can be examined within the context of parental factors. This type of study has the potential to strengthen the current findings by providing a more robust understanding of these relationships in a clinical context.

Finally, the conditional effect of parental maladaptive perfectionism on the indirect relationship between parental separation anxiety and obsessive-compulsive symptoms via psychological control in this research was not significant. However, it is known that parental perfectionistic traits can lead to OCD in adolescent children (Allsopp & Verduyn, 1990; Calvo et al., 2009; Clark & Bolton, 1985; Honjo et al., 1989; Hoover & Insel, 1984). Therefore, further research can be conducted to better understand the relationship between parental perfectionism characteristics and OCD in adolescents and to see whether it is a risk factor.

# REFERENCES


Abe, Y., Sakai, Y., Nishida, S., Nakamae, T., Yamada, K., Fukui, K., & Narumoto, J. (2015). Hyper-influence of the orbitofrontal cortex over the ventral striatum in obsessive-compulsive disorder. *European Neuropsychopharmacology*, *25*(11), 1898-1905.

Abramovitch, A., Abramowitz, J. S., & Mittelman, A. (2013). The neuropsychology of adult obsessive–compulsive disorder: A meta-analysis. *Clinical psychology review*, *33*(8), 1163-1171.

Abramovitch, A., Dar, R., Hermesh, H., & Schweiger, A. (2012). Comparative neuropsychology of adult obsessive-compulsive disorder and attention deficit/hyperactivity disorder: Implications for a novel executive overload model of OCD. *Journal of neuropsychology*, *6*(2), 161-191.

Abramovitch, A., Dar, R., Mittelman, A., & Wilhelm, S. (2015). Comorbidity between attention deficit/hyperactivity disorder and obsessive-compulsive disorder across the lifespan: a systematic and critical review. *Harvard review of psychiatry*, *23*(4), 245.

Abramovitch, A., Goldzweig, G., & Schweiger, A. (2013). Correlates of physical activity with intrusive thoughts, worry and impulsivity in adults with attention deficit/hyperactivity disorder: a cross-sectional pilot study. *The Israel journal of psychiatry and related sciences*, *50*(1), 47-54.

Abramovitch, A., Mittelman, A., Tankersley, A. P., Abramowitz, J. S., & Schweiger, A. (2015). Neuropsychological investigations in obsessive–compulsive disorder: A systematic review of methodological challenges. *Psychiatry Research*, *228*(1), 112-120.

Abramowitz, J. S. (1997). Effectiveness of psychological and pharmacological treatments for obsessive-compulsive disorder: a quantitative review. *Journal of consulting and clinical psychology*, *65*(1), 44-52.

Adler, A. (1956). The neurotic disposition. *The individual psychology of Alfred Adler*, 239-262.

Agarwal, V., Yaduvanshi, R., Arya, A., Gupta, P. K., & Sitholey, P. (2016). A study of phenomenology, psychiatric co-morbidities, social and adaptive functioning in children and adolescents with OCD. *Asian Journal of Psychiatry*, *22*, 69-73.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. N. (1978). *Patterns of attachment: A psychological study of the strange situation*. Psychology Press.

Ainsworth, M. S. (1989). Attachments beyond infancy. *American psychologist*, *44*(4), 709.

Akpınar, A. (2007). Ergenlik döneminde obsesif kompulsif bozukluğun yaygınlığı. *Uzmanlık Tezi. Sağlık Bakanlığı Şişli Eftal Eğitim ve Araştırma Hastanesi Psikiyatri Kliniği, İstanbul*.

Allsopp, M., & Verduyn, C. (1990). Adolescents with obsessive-compulsive disorder: A case note review of consecutive patients referred to a provincial regional adolescent psychiatry unit. *Journal of Adolescence*, *13*(2), 157-169.

Alonso, P., Menchón, J. M., Mataix-Cols, D., Pifarré, J., Urretavizcaya, M., Crespo, J. M., ... & Vallejo, J. (2004). Perceived parental rearing style in obsessive–compulsive disorder: relation to symptom dimensions. *Psychiatry research*, *127*(3), 267-278.

American Psychiatric Association. (1952). *Diagnostic and Statistical Manual of Mental Disorders*.

American Psychiatric Association. (1968). *Diagnostic and Statistical Manual of Mental Disorders* (2nd ed.).

American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.).

American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.).

American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.).

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.).

American Psychiatric Association. (2013). Cautionary statement for forensic use of DSM-5. In *Diagnostic and statistical manual of mental disorders* (5th ed.).

Andersson, P., & Perris, C. (2000). Attachment styles and dysfunctional assumptions in adults. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice, 7*(1), 47-53.

Andrews, G., Henderson, S., & Hall, W. (2001). Prevalence, comorbidity, disability and service utilisation: overview of the Australian National Mental Health Survey. *The British Journal of Psychiatry*, *178*(2), 145-153.

Apter, A., Horesh, N., Gothelf, D., Zalsman, G., Erlich, Z., Soreni, N., & Weizman, A. (2003). Depression and suicidal behavior in adolescent inpatients with obsessive compulsive disorder. *Journal of affective disorders*, *75*(2), 181-189.

Arumugham, S. S., Cherian, A. V., Baruah, U., Viswanath, B., Narayanaswamy, J. C., Math, S. B., & Reddy, Y. J. (2014). Comparison of clinical characteristics of familial and sporadic obsessive-compulsive disorder. *Comprehensive psychiatry*, *55*(7), 1520-1525.

Ashby, J. S., & Bruner, L. P. (2005). Multidimensional perfectionism and obsessive-compulsive behaviors. *Journal of College Counseling*, *8*(1), 31-40.

Assor, A., Roth, G., & Deci, E. L. (2004). The emotional costs of parents' conditional regard: A Self-Determination Theory analysis. *Journal of personality*, *72*(1), 47-88.

Ay, R. & Erbay, L. G. (2018). Relationship between childhood trauma and suicide probability in obsessive-compulsive disorder. *Psychiatry research*, *261*, 132-136.

Ayoğlu, Z. (2012). *OKBye ilişkin gelişimsel bir model: Yetişkin bağlanma biçimleri, ebeveynden algılanan psikolojik kontrol düzeyi ve mükemmeliyetçilik eğilimlerinin obsesif yorumlar ve belirtilerle bağlantısının incelenmesi* (Master's thesis, Sosyal Bilimler Enstitüsü).

Azizi, K., & Besharat, M. A. (2011). The relationship between parental perfectionism and parenting styles. *Procedia-Social and Behavioral Sciences*, *15*, 1484-1487.

Baer, L. (1994). Factor analysis of symptom subtypes of obsessive compulsive disorder and their relation to personality and tic disorders. *The Journal of clinical psychiatry*, *55*, 18-23.

Barber, B. K. (1996). Parental psychological control: Revisiting a neglected construct. *Child development*, *67*(6), 3296-3319.

Barber, B. K., & Harmon, E. L. (2002). Violating the self: Parental psychological control of children and adolescents. In B. K. Barber (Ed.), *Intrusive parenting: How psychological control affects children and adolescents* (pp. 15–52). American Psychological Association.

Barber, B. K., Olsen, J. A., Hunter, S. B., Schulterman, J. M., McNeely, C., & Bose, K. (2007). Refining the measurement of parental control: Integrating input from adolescents. In *Society for Research in Child Development Conference*.

Barcaccia, B., Tenore, K., & Mancini, F. (2015). Early childhood experiences shaping vulnerability to Obsessive-Compulsive Disorder. *Clinical Neuropsychiatry 12*(6), 141-147.

Bartholomew, K. (1993). From childhood to adult relationships: Attachment theory and research.

Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: a test of a four-category model. *Journal of personality and social psychology*, *61*(2), 226-244.

Bartle-Haring, S., Brucker, P., & Hock, E. (2002). The impact of parental separation anxiety on identity development in late adolescence and early adulthood. *Journal of Adolescent Research*, *17*(5), 439-450.

Basile, B., De Sanctis, B., Fadda, S., Luppino, O. I., Perdighe, C., Saliani, A. M., ... & Mancini, F. (2018). Early life experiences in OCD and other disorders:

A retrospective observational study using Imagery with Re-scripting. *Clinical Neuropsychiatry*, *15*(5), 299-305.

Bauer, E. P. (2015). Serotonin in fear conditioning processes. *Behavioural Brain Research*, *277*, 68-77.

Baumrind, D. (1971). Current patterns of parental authority. *Developmental psychology*, *4*(1p2), 1-103.

Bayar, R., & Yavuz, M. (2008). Obsesif kompulsif bozukluk. *İÜ Cerrahpaşa Tıp Fakültesi Sürekli Tıp Eğitimi Etkinlikleri*, *62*, 185-192.

Berrios, G. E. (1989). Obsessive-compulsive disorder: its conceptual history in France during the 19th century. *Comprehensive psychiatry*, *30*(4), 283-295.

Beşiroğlu, L., Uğuz, F., Yılmaz, E., Ağargün, M. Y., Aşkın, R., & Aydın, A. (2008). Obsesif kompulsif bozuklukta psikofarmakolojik tedavinin yaşam kalitesine etkisi. *Türk Psikiyatri Dergisi*, *19*(1), 38-45.

Billett, E. A., Richter, M. A., Sam, F., Swinson, R. P., Dai, X. Y., King, N., ... & Kennedy, J. L. (1998). Investigation of dopamine system genes in obsessive-compulsive disorder. *Psychiatric genetics*, *8*(3), 163-170.

Blatt, S. J. (1995). The destructiveness of perfectionism: Implications for the treatment of depression. *American psychologist*, *50*(12), 1003-1020.

Bloom-Feshbach, J., & Bloom-Feshbach, S. (1987). *The psychology of separation and loss: Perspectives on development, life transitions, and clinical practice*. Jossey-Bass/Wiley.

Boelen, P. A., Reijntjes, A., & Carleton, R. N. (2014). Intolerance of uncertainty and adult separation anxiety. *Cognitive behaviour therapy*, *43*(2), 133-144.

Boger, S., Ehring, T., Berberich, G., & Werner, G. G. (2020). Impact of childhood maltreatment on obsessive-compulsive disorder symptom severity and treatment outcome. *European journal of psychotraumatology*, *11*(1), 1753942.

Bogetto, F., Venturello, S., Albert, U. M. B. E. R. T. O., Maina, G., & Ravizza, L. (1999). Gender-related clinical differences in obsessive-compulsive disorder. *European psychiatry*, *14*(8), 434-441.

Bohman, H., Låftman, S. B., Päären, A., & Jonsson, U. (2017). Parental separation in childhood as a risk factor for depression in adulthood: a community-based study of adolescents screened for depression and followed up after 15 years. *BMC psychiatry*, *17*, 1-11.

Bolhuis, K., McAdams, T. A., Monzani, B., Gregory, A. M., Mataix-Cols, D., Stringaris, A., & Eley, T. C. (2014). Aetiological overlap between obsessive–compulsive and depressive symptoms: a longitudinal twin study in adolescents and adults. *Psychological Medicine*, *44*(7), 1439-1449.

Boloc, D., Mas, S., Rodriguez, N., Ortiz, A. E., Morer, A., Plana, M. T., ... & Gassó, P. (2019). Genetic associations of serotoninergic and GABAergic genes in an extended collection of early-onset obsessive-compulsive disorder trios. *Journal of Child and Adolescent Psychopharmacology*, *29*(2), 152-157.

Borda, T., Feinstein, B. A., Neziroglu, F., Veccia, T., & Pérez-Rivera, R. (2013). Are children with obsessive–compulsive disorder at risk for problematic peer relationships?. *Journal of Obsessive-Compulsive and Related Disorders*, *2*(4), 359-365.

Bowlby J. (1969). *Attachment. Attachment and loss: Vol. 1. Loss*. New York: Basic Books.

Bowlby, J. (1973). Attachment and loss. Volume II. Separation, anxiety and anger. In *Attachment and loss. volume II. Separation, anxiety and anger* (pp. 429-p).

Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss*. New York: Basic Books.

Boysan, M., & Çam, Z. (2018). An investigation into the role of attachment insecurities in obsessive-compulsive symptoms. *British Journal of Guidance & Counselling*, *46*(5), 566-581.

Brakoulias, V., Starcevic, V., Martin, A., Berle, D., Milicevic, D., & Viswasam, K. (2016). The familiality of specific symptoms of obsessive-compulsive disorder. *Psychiatry research*, *239*, 315-319.

Bretherton, I., & Munholland, K. A. (2008). Internal working models in attachment relationships: Elaborating a central construct in attachment theory.

Browne, H. A., Gair, S. L., Scharf, J. M., & Grice, D. E. (2014). Genetics of obsessive-compulsive disorder and related disorders. *Psychiatric Clinics*, *37*(3), 319-335.

Burguiere, E., Monteiro, P., Mallet, L., Feng, G., & Graybiel, A. M. (2015). Striatal circuits, habits, and implications for obsessive–compulsive disorder. *Current opinion in neurobiology*, *30*, 59-65.

Burns, D. D. (1980). The perfectionist's script for self-defeat. *Psychology today*, *14*(6), 34-52.

Burns, G. L., Keortge, S. G., Formea, G. M., & Sternberger, L. G. (1996). Revision of the Padua Inventory of obsessive compulsive disorder symptoms: Distinctions between worry, obsessions, and compulsions. *Behaviour research and therapy*, *34*(2), 163-173.

Calvo, R., Lázaro, L., Castro-Fornieles, J., Font, E., Moreno, E., & Toro, J. (2009). Obsessive- compulsive personality disorder traits and personality dimensions in parents of children with obsessive-compulsive disorder. *European Psychiatry*, *24*(3), 201-206.

Carmassi, C., Gesi, C., Massimetti, E., Shear, M. K., & Dell'Osso, L. (2015). Separation anxiety disorder in the DSM-5 era. *Journal of Psychopathology*, *21*(1), 365-371.

Carmo, C., Oliveira, D., Brás, M., & Faísca, L. (2021). The influence of parental perfectionism and parenting styles on child perfectionism. *Children*, *8*(9), 777.

Carpenter, L., & Chung, M. C. (2011). Childhood trauma in obsessive compulsive disorder: The roles of alexithymia and attachment. *Psychology and Psychotherapy: Theory, Research and Practice*, *84*(4), 367-388.

Cassidy, J., & Shaver, P. R. (Eds.). (1999). *Handbook of attachment: Theory, research, and clinical applications*. Rough Guides.

Castro, J., Soares, M. J., Pereira, A. T., & Macedo, A. (2017). Perfectionism and negative/positive affect associations: the role of cognitive emotion regulation and perceived distress/coping. *Trends in psychiatry and psychotherapy*, *39*, 77-87.

Chabane, N., Delorme, R., Millet, B., Mouren, M. C., Leboyer, M., & Pauls, D. (2005). Early- onset obsessive-compulsive disorder: a subgroup with a

specific clinical and familial pattern?. *Journal of Child Psychology and Psychiatry*, *46*(8), 881-887.

Chacon, P., Bernardes, E., Faggian, L., Batistuzzo, M., Moriyama, T., Miguel, E. C., & Polanczyk, G. V. (2018). Obsessive-compulsive symptoms in children with first degree relatives diagnosed with obsessive-compulsive disorder. *Brazilian Journal of Psychiatry*, *40*, 388-393.

Chakrabarty, K., Bhattacharyya, S., Christopher, R., & Khanna, S. (2005). Glutamatergic dysfunction in OCD. *Neuropsychopharmacology*, *30*(9), 1735-1740.

Chakraborty, A., & Bhattacharya, B. (2018). A study exploring the attachment pattern and parenting style in adolescent males with Obsessive Compulsive Disorder (OCD). *Eastern Journal of Psychiatry, 21*, 8-15.

Chang, E. C., Watkins, A., & Banks, K. H. (2004). How Adaptive and Maladaptive Perfectionism Relate to Positive and Negative Psychological Functioning: Testing a Stress-Mediation Model in Black and White Female College Students. *Journal of Counseling Psychology*, *51*(1), 93-102.

Chen, D., Bienvenu, O. J., Krasnow, J., Wang, Y., Grados, M. A., Cullen, B., ... & Samuels, J. (2017). Parental bonding and hoarding in obsessive–compulsive disorder. *Comprehensive psychiatry*, *73*, 43-52.

Chowdhury, M. H. R., Mullick, M. S., & Arafat, S. M. (2016). Clinical profile and comorbidity of obsessive-compulsive disorder among children and adolescents: a cross-sectional observation in Bangladesh. *Psychiatry journal*, *2016*.

Chowdhury, U., Frampton, I., & Heyman, I. (2004). Clinical characteristics of young people referred to an obsessive compulsive disorder clinic in the United Kingdom. *Clinical Child Psychology and Psychiatry*, *9*(3), 395-401.

Clark, D. A. (2006). *Cognitive-behavioral therapy for OCD*. Guilford Press.

Clark, D. A., & Bolton, D. (1985). Obsessive-compulsive adolescents and their parents: a psychometric study. *Child Psychology & Psychiatry & Allied Disciplines*.

Çoban, A., & Tan, O. (2020). Attention deficit hyperactivity disorder, impulsivity, anxiety, and depression symptoms mediating the relationship between childhood trauma and symptoms severity of obsessive-compulsive disorder. *Archives of Neuropsychiatry, 57*(1), 37-43.

Coluccia, A., Ferretti, F., Fagiolini, A., & Pozza, A. (2017). Quality of life in children and adolescents with obsessive–compulsive disorder: a systematic review and meta-analysis. *Neuropsychiatric disease and treatment*, 597-608.

Demet, M. M., Deveci, A., Deniz, F., Taşkın, E. O., Şimşek, E., & Yurtsever, F. (2005). Obsesif kompulsif bozuklukta sosyodemografik özellikler ve fenomenoloji. *Anadolu Psikiyatri Dergisi*, *6*(3), 133-144.

Diler, R. S., & Avcı, A. (2002). Sociodemographic and clinical characteristics of Turkish children and adolescents with obsessive-compulsive disorder. *Croatian medical journal*, *43*(3), 324-329.

Dimaggio, G., Lysaker, P. H., Calarco, T., Pedone, R., Marsigli, N., Riccardi, I., ... & Paviglianiti, A. (2015). Perfectionism and personality disorders as predictors of symptoms and interpersonal problems. *American journal of psychotherapy*, *69*(3), 317-330.

Diniz, J. B., Rosario-Campos, M. C., Hounie, A. G., Curi, M., Shavitt, R. G., Lopes, A. C., & Miguel, E. C. (2006). Chronic tics and Tourette syndrome in patients with obsessive–compulsive disorder. *Journal of psychiatric research*, *40*(6), 487-493.

Diriöz, M. (2010). *Ayrılma anksiyetesi için yapılandırılmış Klinik Görüşme, Çocukluk ve Yetişkinlik Ayrılma Anksiyetesi Ölçekleri'nin geçerlik ve güvenirliği* (Yüksek lisans tezi). Dokuz Eylül Üniversitesi Sağlık Bilimleri Enstitüsü, İzmir.

Doron, G., & Kyrios, M. (2005). Obsessive compulsive disorder: A review of possible specific internal representations within a broader cognitive theory. *Clinical psychology review*, *25*(4), 415-432.

Doron, G., & Moulding, R. (2009). Cognitive behavioral treatment of obsessive compulsive disorder: a broader framework. *The Israel journal of psychiatry and related sciences*, *46*(4), 257-263.

Doron, G., Moulding, R., Kyrios, M., Nedeljkovic, M., & Mikulincer, M. (2009). Adult attachment insecurities are related to obsessive compulsive phenomena. *Journal of Social and Clinical Psychology*, *28*(8), 1022-1049.

Eagle, D. M., Bari, A., & Robbins, T. W. (2008). The neuropsychopharmacology of action inhibition: cross-species translation of the stop-signal and go/no-go tasks. *Psychopharmacology*, *199*, 439-456.

Edmonstone, Y., Austin, M. P., Prentice, N., Dougall, N., Freeman, C. P. L., Ebmeier, K. P., & Goodwin, G. M. (1994). Uptake of 99mTc-exametazime shown by single photon emission computerized tomography in obsessive-compulsive disorder compared with major depression and normal controls. *Acta Psychiatrica Scandinavica*, *90*(4), 298-303.

Eilam, D., & Szechtman, H. (2005). Psychostimulant-induced behavior as an animal model of obsessive-compulsive disorder: an ethological approach to the form of compulsive rituals. *CNS Spectr*, *10*(3), 191-202.

Esquirol, É. (1838). *Des maladies mentales considérées sous les rapports médical, hygiénique et médico-légal* (Vol. 1). Tircher.

Figee, M., Pattij, T., Willuhn, I., Luigjes, J., van den Brink, W., Goudriaan, A., ... & Denys, D. (2016). Compulsivity in obsessive–compulsive disorder and addictions. *European Neuropsychopharmacology*, *26*(5), 856-868.

Flett, G. L., Hewitt, P. L., Oliver, J. M., & Macdonald, S. (2002). Perfectionism in children and their parents: A developmental analysis. In G. L. Flett & P. L. Hewitt (Eds.), *Perfectionism: Theory, research, and treatment* (pp. 89–132).

Flett, G. L., Mara, C. A., Hewitt, P. L., Sirois, F., & Molnar, D. S. (2016). How should discrepancy be assessed in perfectionism research? A psychometric analysis and proposed refinement of the Almost Perfect Scale–Revised. *Journal of Psychoeducational Assessment*, *34*(7), 718-732.

Foa, E. B., Coles, M., Huppert, J. D., Pasupuleti, R. V., Franklin, M. E., & March, J. (2010). Development and validation of a child version of the obsessive compulsive inventory. *Behavior therapy*, *41*(1), 121-132.

Fonagy, P., Gergely, G., & Target, M. (2007). The parent–infant dyad and the construction of the subjective self. *Journal of child psychology and psychiatry*, *48*(3-4), 288-328.

Freud, S., & Strachey, J. (1908). Character and anal eroticism.

Frost, R. O., Marten, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive therapy and research*, *14*, 449-468.study. *Procedia-Social and Behavioral Sciences*, 84, 1727-1731.

Geller, D. A. (2006). Obsessive-compulsive and spectrum disorders in children and adolescents. *Psychiatric Clinics*, *29*(2), 353-370.

George, D., & Mallery, M. (2010). SPSS for Windows Step by Step: A Simple Guide and Reference, 17.0 update (10th ed.) Boston: Pearson.

Geranmayepour, S., & Besharat, M. A. (2010). Perfectionism and mental health. *Procedia-Social and Behavioral Sciences*, *5*, 643-647.

Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C., Fleischmann, R. L., Hill, C. L., ... & Charney, D. S. (1989). The Yale-Brown obsessive compulsive scale: I. Development, use, and reliability. *Archives of general psychiatry*, *46*(11), 1006-1011.

Gordon, R. A. (1987). Social desirability bias: A demonstration and technique for its reduction. *Teaching of Psychology*, *14*(1), 40-42.

Grabe, H. J., Meyer, C., Hapke, U., Rumpf, H. J., Freyberger, H. J., Dilling, H., & John, U. (2000). Prevalence, quality of life and psychosocial function in obsessive-compulsive disorder and subclinical obsessive-compulsive disorder in northern Germany. *European archives of psychiatry and clinical neuroscience*, *250*, 262-268.

Grados, M. A., & Mathews, C. A. (2009). Clinical phenomenology and phenotype variability in Tourette syndrome. *Journal of psychosomatic research*, *67*(6), 491-496.

Gülüm, İ. V., & Dağ, İ. (2014). Yetişkin bağlanma örüntüleri ile psikopatoloji belirtileri arasındaki ilişkide bilişsel özelliklerin aracı rolü: kontrol odağı ve tekrarlayıcı düşünme. *Türk Psikiyatri Dergisi*, *25*(4), 244-252.

Hacıömeroğlu, B., & Karancı, A. N. (2014). Perceived parental rearing behaviours, responsibility attitudes and life events as predictors of obsessive compulsive symptomatology: Test of a cognitive model. *Behavioural and cognitive psychotherapy*, *42*(6), 641-652.

Halgin, R. P., & Leahy, P. M. (1989). Understanding and treating perfectionistic college students. *Journal of Counseling & Development*, *68*(2), 222-225.

Hamachek, D. E. (1978). Psychodynamics of normal and neurotic perfectionism. *Psychology: A journal of human behavior*.

Hawton, K. E., Salkovskis, P. M., Kirk, J. E., & Clark, D. M. (1989). *Cognitive behaviour therapy for psychiatric problems: A practical guide*. Oxford University Press.

Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York, NY: Guilford Press.

Heinzel, S., Kaufmann, C., Grützmann, R., Hummel, R., Klawohn, J., Riesel, A., ... & Kathmann, N. (2018). Neural correlates of working memory deficits and associations to response inhibition in obsessive compulsive disorder. *NeuroImage: Clinical*, *17*, 426-434.

Henseler, I., Gruber, O., Kraft, S., Krick, C., Reith, W., & Falkai, P. (2008). Compensatory hyperactivations as markers of latent working memory dysfunctions in patients with obsessive–compulsive disorder: an fMRI study. *Journal of Psychiatry and Neuroscience*, *33*(3), 209-215.

Hensler, J. G. (2012). Serotonin. In *Basic neurochemistry* (pp. 300-322). Academic Press.

Hewitt, P. L., & Flett, G. L. (1991). Perfectionism in the self and social contexts: conceptualization, assessment, and association with psychopathology. *Journal of personality and social psychology*, *60*(3), 456.

Heyman, I., Fombonne, E., Simmons, H., Ford, T., Meltzer, H., & Goodman, R. (2001). Prevalence of obsessive–compulsive disorder in the British nationwide survey of child mental health. *The British Journal of Psychiatry*, *179*(4), 324-329.

Hill, R. W., Huelsman, T. J., & Araujo, G. (2010). Perfectionistic concerns suppress associations between perfectionistic strivings and positive life outcomes. *Personality and Individual Differences*, *48*(5), 584-589.

Hock, E., & Lutz, W. J. (1998). Psychological meaning of separation anxiety in mothers and fathers. *Journal of Family Psychology*, *12*(1), 41-55.

Hock, E., Eberly, M., Bartle-Haring, S., Ellwanger, P., & Widaman, K. F. (2001). Separation anxiety in parents of adolescents: Theoretical significance and scale development. *Child development*, *72*(1), 284-298.

Hodgson, R. J. & Rachman, S. J. (1977). Obsessional complaints. *Behavioural Research and Therapy*, *15*, 389-395.

Højgaard, D. R., Skarphedinsson, G., Nissen, J. B., Hybel, K. A., Ivarsson, T., & Thomsen, P. H. (2017). Pediatric obsessive–compulsive disorder with tic symptoms: clinical presentation and treatment outcome. *European Child & Adolescent Psychiatry*, *26*, 681-689.

Hollander, E., Kwon, J. H., Stein, D. J., Broatch, J., Rowland, C. T., & Himelein, C. A. (1996). Obsessive-compulsive and spectrum disorders: overview and quality of life issues. *The Journal of clinical psychiatry*, *57*, 3-6.

Hollender, M. H. (1978). Perfectionism, a neglected personality trait. *The Journal of clinical psychiatry*, *39*(5), 384-384.

Hong, J. P., Samuels, J., Bienvenu III, O. J., Cannistraro, P., Grados, M., Riddle, M. A., ... & Nestadt, G. (2004). Clinical correlates of recurrent major depression in obsessive–compulsive disorder. *Depression and anxiety*, *20*(2), 86-91.

Honjo, S., Hirano, C., Murase, S., Kaneko, T., Sugiyama, T., Ohtaka, K., ... & Wakabayashi, S. (1989). Obsessive-compulsive symptoms in childhood and adolescence. *Acta Psychiatrica Scandinavica*, *80*(1), 83-91.

Hoover, C. F., & Insel, T. R. (1984). Families of origin in obsessive-compulsive disorder. *The Journal of nervous and mental disease*, *172*(4), 207-215.

Horney, K. (1950). The tyranny of the should. *Neurosis and Human Growth. The Struggle Towards Self Realisation*, 64-85.

Hou, J. M., Zhao, M., Zhang, W., Song, L. H., Wu, W. J., Wang, J., ... & Li, H. T. (2014). Resting-state functional connectivity abnormalities in patients with obsessive–compulsive disorder and their healthy first-degree relatives. *Journal of Psychiatry and Neuroscience*, *39*(5), 304-311.

Inci, S. B., Ipci, M., Akyol Ardıç, U., & Ercan, E. S. (2019). Psychiatric comorbidity and emographic characteristics of 1,000 children and adolescents with ADHD in Turkey. *Journal of Attention disorders*, *23*(11), 1356-1367.

Insel, T. R. (1990). Phenomenology of obsessive compulsive disorder. *The Journal of clinical psychiatry*, *51*, 4-8.

Insel, T. R., Mueller, E. A., Alterman, I., Linnoila, M., & Murphy, D. L. (1985). Obsessive-compulsive disorder and serotonin: is there a connection?. *Biological psychiatry*, *20*(11), 1174-1188.

Ivarsson, T., & Melin, K. (2008). Autism spectrum traits in children and adolescents with obsessive-compulsive disorder (OCD). *Journal of anxiety disorders*, *22*(6), 969-978.

Ivarsson, T., Granqvist, P., Gillberg, C., & Broberg, A. G. (2010). Attachment states of mind in adolescents with Obsessive–Compulsive Disorder and/or depressive disorders: a controlled study. *European child & adolescent psychiatry*, *19*, 845-853.

Iversen, S. D., & Iversen, L. L. (2007). Dopamine: 50 years in perspective. *Trends in neurosciences*, *30*(5), 188-193.

Jaisoorya, T. S., Reddy, Y. J., Thennarasu, K., Beena, K. V., Beena, M., & Jose, D. C. (2015). An epidemological study of obsessive compulsive disorder in adolescents from India. *Comprehensive psychiatry*, *61*, 106-114.

Jeyaseelan, M., & Munuswamy, L. (2016). Parental separation and anxiety among adolescent girls. *International Journal of Applied Research*, *2*(8), 572-575.

Kağan, M. (2011). Frost Çok Boyutlu Mükemmelliyetçilik Ölçeginin Türkçe formunun psikometrik özellikleri/Psychometric properties of the Turkish version of the Frost Multidimensional Perfectionism Scale. *Anadolu Psikiyatri Dergisi*, *12*(3), 192-197.

Kalra, S. K., & Swedo, S. E. (2009). Children with obsessive-compulsive disorder: are they just "little adults"?. *The Journal of clinical investigation*, *119*(4), 737-746.

Kaplan, H. I., & Sadock, B. J. (1989). *Comprehensive textbook of psychiatry, Vols. 1-2*. Williams & Wilkins Co.

Kashyap, H., Kumar, J. K., Kandavel, T., & Reddy, Y. J. (2013). Neuropsychological functioning in obsessive-compulsive disorder: are executive functions the key deficit?. *Comprehensive Psychiatry*, *54*(5), 533-540.

Kasper, S. (2016). International Journal of Psychiatry in Clinical Practice. *International journal of psychiatry in clinical practice*, *20*(4), 209-209.

Kaya, N. (1997). The Prevalance Of Obsessive E-CompulsIve Disorder (ocd) Among High School And University Students. *Selcuk Medical Journal*, *13*(2), 97-102.

Khanjani, Z., Esmaeili Anamage, B., & Gholamzadeh, M. (2012). The role of parenting styles in predicting anxiety thoughts and obsessive compulsive symptoms in adolescents. *SSU_Journals*, *20*(1), 39-48.

Kim, C. H., Cheon, K. A., Koo, M. S., Ryu, Y. H., Lee, J. D., Chang, J. W., & Lee, H. S. (2007). Dopamine transporter density in the basal ganglia in obsessive-compulsive disorder, measured with [123I] IPT SPECT before and after treatment with serotonin reuptake inhibitors. *Neuropsychobiology*, *55*(3-4), 156-162.

Kim, C. H., Koo, M. S., Cheon, K. A., Ryu, Y. H., Lee, J. D., & Lee, H. S. (2003). Dopamine transporter density of basal ganglia assessed with [123 I] IPT

SPET in obsessive-compulsive disorder. *European journal of nuclear medicine and molecular imaging*, *30*, 1637-1643.

Koçak, A., Selçuk, Ş., Mouratidis, A., Michou, A. A., & Sayıl, M. (2016). Perceived Maternal Psychological Control and Adolescent Adjustment: The Mediating Role of Basic Psychological Needs. *Behavioral Science*, *29*, 76-82.

Koohsar, A. A. H., & Bona, B. G. (2011). Relation among quality of attachment, obsessive–compulsive behaviours and phobic anxiety in college students. *Procedia-Social and Behavioral Sciences*, *30*, 187-191.

Köroğlu, E., Güleç, C., & Şenol, S. (2007). Psikiyatri temel kitabı. *Baskı. Ankara: HYB Basım Yayın*, *273*.

Krebs, G., & Heyman, I. (2015). Obsessive-compulsive disorder in children and a dolescents. *Archives of disease in childhood*, *100*(5), 495-499.

Labad, J., Menchon, J. M., Alonso, P., Segalas, C., Jimenez, S., Jaurrieta, N., ... & Vallejo, J. (2008). Gender differences in obsessive–compulsive symptom dimensions. *Depression and anxiety*, *25*(10), 832-838.

Lack, C. W., Storch, E. A., Keeley, M. L., Geffken, G. R., Ricketts, E. D., Murphy, T. K., & Goodman, W. K. (2009). Quality of life in children and adolescents with obsessive-compulsive disorder: base rates, parent–child agreement, and clinical correlates. *Social Psychiatry and Psychiatric Epidemiology*, *44*, 935-942.

Laird, R. D. (2011). Correlates and antecedents of parental psychological control in early adolescence. *Parenting: science and practice*, *11*(1), 72-86.

Lapsley, D. K., & Stey, P. (2010). Separation-individuation. *Corsini encyclopedia of psychology*, 4th edition.

Lebowitz, E. R. (2013). Parent-based treatment for childhood and adolescent OCD. *Journal of Obsessive-Compulsive and Related Disorders*, *2*(4), 425-431.

Leckman, J. F., Grice, D. E., Boardman, J., Zhang, H., Vitale, A., Bondi, C., ... & Pauls, D. L. (1997). Symptoms of obsessive-compulsive disorder. *American Journal of Psychiatry*, *154*(7), 911-917.

Lee, E. J. (2003). The attachment system throughout the life course: Review and criticisms of attachment theory. *USA: Rochester Institute of Technology*.

Leondari, A., & Kiosseoglou, G. (2002). Parental psychological control and attachment in late adolescents and young adults. *Psychological Reports*, *90*(3), 1015-1030.

Lin, P. Y. (2007). Meta-analysis of the association of serotonin transporter gene polymorphism with obsessive–compulsive disorder. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, *31*(3), 683-689.

Lochner, C., du Toit, P. L., Zungu-Dirwayi, N., Marais, A., van Kradenburg, J., Seedat, S., ... & Stein, D. J. (2002). Childhood trauma in obsessive-compulsive disorder, trichotillomania, and controls. *Depression and anxiety*, *15*(2), 66-68.

Macatee, R. J., & Cougle, J. R. (2015). Development and evaluation of a computerized intervention for low distress tolerance and its effect on performance on a neutralization task. *Journal of Behavior Therapy and Experimental Psychiatry*, *48*, 33-39.

Maia, T. V., Cooney, R. E., & Peterson, B. S. (2008). The neural bases of obsessive–compulsive disorder in children and adults. *Development and psychopathology*, *20*(4), 1251-1283.

Main, M., & Solomon, J. (1986). Discovery of an insecure-disorganized/disoriented attachment pattern. In T. B. Brazelton & M. W. Yogman (Eds.), *Affective development in infancy* (pp. 95–124). Ablex Publishing.

Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. *Attachment in the preschool years: Theory, research, and intervention*, *1*, 121-160.

Manicavasagar, V., Silove, D., & Curtis, J. (1997). Separation anxiety in adulthood: a phenomenological investigation. *Comprehensive psychiatry*, *38*(5), 274-282.

Manicavasagar, V., Silove, D., Wagner, R., & Drobny, J. (2003). A self-report questionnaire for measuring separation anxiety in adulthood. *Comprehensive psychiatry*, *44*(2), 146-153.

Manicavasagar, V., Silove, D., Wagner, R., & Hadzi-Pavlovic, D. (1999). Parental representations associated with adult separation anxiety and panic disorder-agoraphobia. *Australian & New Zealand Journal of Psychiatry*, *33*(3), 422-428.

Mathews, C. A., Kaur, N., & Stein, M. B. (2008). Childhood trauma and obsessive-compulsive symptoms. *Depression and anxiety*, *25*(9), 742-751.

McBride, S., & Belsky, J. (1988). Characteristics, determinants, and consequences of maternal separation anxiety. *Developmental Psychology*, *24*(3), 407-414.

McElhaney, K. B., Allen, J. P., Stephenson, J. C., & Hare, A. L. (2009). Attachment and autonomy during adolescence. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology: Individual bases of adolescent development* (pp. 358–403). John Wiley & Sons, Inc..

Meier, S. M., Petersen, L., Schendel, D. E., Mattheisen, M., Mortensen, P. B., & Mors, O. (2015). Obsessive-compulsive disorder and autism spectrum disorders: longitudinal and offspring risk. *PloS one*, 10(11), e0141703.

Micali, N., Heyman, I., Perez, M., Hilton, K., Nakatani, E., Turner, C., & Mataix-Cols, D. (2010). Long-term outcomes of obsessive–compulsive disorder: follow-up of 142 children and adolescents. *The British Journal of Psychiatry*, *197*(2), 128-134.

Mikulincer, M., & Shaver, P. R. (2007). Boosting attachment security to promote mental health, prosocial values, and inter-group tolerance. *Psychological inquiry*, *18*(3), 139-156.

Mikulincer, M., & Shaver, P. R. (2012). An attachment perspective on psychopathology. *World Psychiatry*, *11*(1), 11-15.

Mikulincer, M., Dolev, T., & Shaver, P. R. (2004). Attachment-related strategies during thought suppression: ironic rebounds and vulnerable self-representations. *Journal of personality and social psychology*, *87*(6), 940.

Mikulincer, M., Shaver, P. R., & Pereg, D. (2003). Attachment theory and affect regulation: Thedynamics, development, and cognitive consequences of attachment-related strategies. *Motivation and emotion*, *27*, 77-102.

Monzani, B., Rijsdijk, F., Harris, J., & Mataix-Cols, D. (2014). The structure of genetic and environmental risk factors for dimensional representations of

DSM-5 obsessive-compulsive spectrum disorders. *JAMA psychiatry*, *71*(2), 182-189.

Morel, B. A. (1866). *Du délire émotif, névrose du système nerveux ganglionnaire viscéral*. P. Asselin.

Morsünbül, Ü., & Çok, F. (2011). Bağlanma ve ilişkili değişkenler. *Psikiyatride Güncel Yaklaşımlar*, *3*(3), 553-570.

Mowlaie, M., Hajloo, N., Sadeghi Hashjin, G., Mikaeili, N., & Heidari, S. (2018). The effectiveness of empathic dynamic psychotherapy and anxiety-regulating psychodynamic therapy in treating adult separation anxiety disorder. *Practice in Clinical Psychology*, *6*(3), 143-152.

Mroczkowski, M. M., Goes, F. S., Riddle, M. A., Grados, M. A., Joseph Bienvenu 3rd, O., Greenberg, B. D., ... & Samuels, J. F. (2011). Separation anxiety disorder in OCD. *Depression and anxiety*, *28*(3), 256-262.

Muris, P., Merckelbach, H., & Clavan, M. (1997). Abnormal and normal compulsions. *Behaviour Research and Therapy*, *35*(3), 249-252.

Nakao, T., Nakagawa, A., Nakatani, E., Nabeyama, M., Sanematsu, H., Yoshiura, T., ... & Kanba, S. (2009). Working memory dysfunction in obsessive–compulsive disorder: a neuropsychological and functional MRI study. *Journal of psychiatric research*, *43*(8), 784-791.

Nestadt, G., Samuels, J., Riddle, M. A., Liang, K. Y., Bienvenu, O. J., Hoehn-Saric, R., ... & Cullen, B. (2001). The relationship between obsessive–compulsive disorder and anxiety and affective disorders: results from the Johns Hopkins OCD Family Study. *Psychological medicine*, *31*(3), 481-487.

Neumeister, K. L. S., & Finch, H. (2006). Perfectionism in high-ability students: Relational precursors and influences on achievement motivation. *Gifted child quarterly*, *50*(3), 238-251.

Niu, Q., Yang, L., Song, X., Chu, C., Liu, H., Zhang, L., ... & Li, Y. (2017). Abnormal resting-state brain activities in patients with first-episode obsessive-compulsive disorder. *Neuropsychiatric disease and treatment*, 507-513.

Oberbeck, A., & Steinberg, H. (2015). Are the current concepts of obsessive disorders a novelty? From Westphal (1877) and Thomsen (1895) to ICD-10 and DSM-5. *Der Nervenarzt*, *86*, 1162-1167.

Olley, A., Malhi, G., & Sachdev, P. (2007). Memory and executive functioning in obsessive–compulsive disorder: a selective review. *Journal of affective disorders*, *104*(1-3), 15-23.

Özdemir, M., Hıdıroğlu, S., Sarıöz, A., Özdemir, H. G., & Karavuş, M. (2016). Suggestive obsessive-compulsive disorder in students attending a public high school in Istanbul, Turkey. *Marmara Medical Journal*, *29*(1), 29-34.

Özerdem, A. (1998). Obsesif-kompulsif bozukluk ve psikoz üzerine bir gözden geçirme. *Klinik Psikiyatri Dergisi*, *1*(2), 98-102.

Palulu, N., & Erol, N. (1999). The prevalance of obsessive compulsive disorder in primary and secondary school children: A norm study. *Turkish Journal of Child and Adolescent Mental Health*, *6*, 89-98.

Pauls, D. L. (2010). The genetics of obsessive-compulsive disorder: a review. *Dialogues in Clinical Neuroscience*, *12*(2), 149-163.

Pauls, D. L. (2022). The genetics of obsessive-compulsive disorder: a review. *Dialogues in clinical neuroscience, 12*(2), 149-163.

Pauls, D. L., Alsobrook, J. P., Goodman, W., Rasmussen, S., & Leckman, J. F. (1995). A family study of obsessive-compulsive disorder. *The American journal of psychiatry, 152*(1), 76-84.

Peris, T. S., Rozenman, M., Bergman, R. L., Chang, S., O'Neill, J., & Piacentini, J. (2017). Developmental and clinical predictors of comorbidity for youth with obsessive compulsive disorder. *Journal of psychiatric research, 93*, 72-78.

Piacentini, J., Bergman, R. L., Keller, M., & McCracken, J. (2003). Functional impairment in children and adolescents with obsessive-compulsive disorder. *Journal of child and adolescent psychopharmacology, 13*(2), 61-69.

Pitman, R. K. (1987). Pierre Janet on obsessive-compulsive disorder (1903): review and commentary. *Archives of General Psychiatry, 44*(3), 226-232.

Politis, S., Magklara, K., Petrikis, P., Michalis, G., Simos, G., & Skapinakis, P. (2017). Epidemiology and comorbidity of obsessive–compulsive disorder in late adolescence: a cross- sectional study in senior high schools in Greece. *International Journal of psychiatry in clinical practice, 21*(3), 188-194.

Przeworski, A., Zoellner, L. A., Franklin, M. E., Garcia, A., Freeman, J., March, J. S., & Foa, E. B. (2012). Maternal and child expressed emotion as predictors of treatment response in pediatric obsessive–compulsive disorder. *Child Psychiatry & Human Development, 43*, 337-353.

Pulular, A. (2009). Edirne ili merkezindeki lise öğrencilerinde obsesif kompulsif bozukluğun epidemiyolojisi [yayınlanmamış uzmanlık tezi].

Rasmussen, S. A., & Eisen, J. L. (1989). Clinical features and phenomenology of obsessive compulsive disorder. *Psychiatric Annals*, *19*(2), 67-73.

Rasmussen, S. A., & Eisen, J. L. (1992). The epidemiology and clinical features of obsessive compulsive disorder. *The Psychiatric Clinics of North America*, *15*(4), 743-758.

Renkema, T. C., De Haan, L., Schirmbeck, F., Alizadeh, B. Z., van Amelsvoort, T., Bartels-Velthuis, A. A., ... & van Winkel, R. (2020). Childhood trauma and coping in patients with psychotic disorders and obsessive-compulsive symptoms and in un-affected siblings. *Child Abuse & Neglect*, *99*, 104243.

Rezvan, S., Bahrami, F., Abedi, M., Macleod, C., Doost, H. T. N., & Ghasemi, V. (2013). A reliminary study on the effects of attachment-based intervention on pediatric obsessive- compulsive disorder. *International journal of preventive medicine*, *4*(1), 78-87.

Rezvan, S., Bahrami, F., Abedi, M., MacLeod, C., Doost, H. T. N., & Ghasemi, V. (2012). Attachment insecurity as a predictor of obsessive–compulsive symptoms in female children. *Counselling Psychology Quarterly*, *25*(4), 403-415.

Rice, K. G., & Mirzadeh, S. A. (2000). Perfectionism, attachment, and adjustment. *Journal of counseling Psychology*, *47*(2), 238-250.

Rice, K. G., Lopez, F. G., & Vergara, D. (2005). Parental/social influences on perfectionism and adult attachment orientations. *Journal of Social and Clinical Psychology*, *24*(4), 580-605.

Riedel, G., Platt, B., & Micheau, J. (2003). Glutamate receptor function in learning and memory. *Behavioural brain research*, *140*(1-2), 1-47.

Rizzo, R., Gulisano, M., Pellico, A., Calì, P. V., & Curatolo, P. (2014). Tourette syndrome and comorbid conditions: a spectrum of different severities and complexities. *Journal of Child Neurology*, *29*(10), 1383-1389.

Rodowski, M. F., Cagande, C. C., & Riddle, M. A. (2008). Childhood obsessive-compulsive disorder presenting as schizophrenia spectrum disorders. *Journal of child and adolescent psychopharmacology*, *18*(4), 395-401.

Rosa-Alcázar, A. I., Iniesta-Sepúlveda, M., Storch, E. A., Rosa-Alcázar, Á., Parada-Navas, J. L., & Rodríguez, J. O. (2017). A preliminary study of cognitive-behavioral family-based treatment versus parent training for young children with obsessive-compulsive disorder. *Journal of Affective Disorders*, *208*, 265-271.

Rotge, J. Y., Dilharreguy, B., Aouizerate, B., Martin-Guehl, C., Guehl, D., Jaafari, N., ... & Burbaud, P. (2009). Inverse relationship between thalamic and orbitofrontal volumes in obsessive–compulsive disorder. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, *33*(4), 682-687.

Ryan, R. M., Deci, E. L., & Vansteenkiste, M. (2016). Autonomy and autonomy disturbances in self-development and psychopathology: Research on motivation, attachment, and clinical process. *Developmental psychopathology*, *1*, 385-438.

Sartorius, N., Okasha, A., & Zohar, J. (2000). *Dementia. WPA Series. Evidence and Experience in Psychiatry*. Wiley.

Sayar, K., Uğurad, I. K., & Acar, B. (1999). Obsesif kompulsif bozuklukta fenomenoloji. *Klinik Psikofarmakoloji Bülteni*, *9*(3), 142-147.

Sayıl, M., & Kındap, Y. (2010). Ergenin anne-babadan algıladığı psikolojik kontrol: Psikolojik kontrol ölçeğinin geçerlik ve güvenirliği. *Türk Psikoloji Yazıları*, *13*(25), 62-71.

Schaefer, E. S. (1965). A configurational analysis of children's reports of parent behavior. *Journal of consulting psychology*, *29*(6), 552-557.

Schaefer, E. S. (1965). Children's reports of parental behavior: An inventory. *Child development*, 413-424.

Schiele, M. A., Vietz, M., Gajewska, A., Unterecker, S., Gottschalk, M. G., Deckert, J., ... & Domschke, K. (2021). The cognitive anxiety sensitivity treatment (CAST) in anxiety prevention–Focus on separation anxiety and interoception. *European Neuropsychopharmacology*, *53*, 104-113.

Seçer, İ. (2014). Ergenlerde obsesif kompulsif bozukluk ile anksiyete duyarlılığı arasındaki ilişkinin yapısal eşitlik modeli ile incelenmesi. *Eğitim ve Bilim*, *39*(176), 369-382.

Seijo, D., Fariña, F., Corras, T., Novo, M., & Arce, R. (2016). Estimating the epidemiology and quantifying the damages of parental separation in children and adolescents. *Frontiers in psychology*, *7*, 1611.

Selvi, Y., Beşiroğlu, L., Akbaba, A. T., Aydın, A., Özbebit, Ö., Atli, A., & Özdemir, O. (2010). Van II merkezi lise son sınıf öğrencilerinde obsesif kompulsif bozukluk yaygınlığı.

Shafique, N., Gul, S., & Raseed, S. (2017). Perfectionism and perceived stress: The role of fear of negative evaluation. *International Journal of Mental Health*, *46*(4), 312-326.

Sharma, E., Sharma, L. P., Balachander, S., Lin, B., Manohar, H., Khanna, P., ... & Stewart, S. E. (2021). Comorbidities in obsessive-compulsive disorder across the lifespan: a systematic review and meta-analysis. *Frontiers in psychiatry*, *12*, 703701.

Shaw, A. M., Halliday, E. R., & Ehrenreich-May, J. (2020). The effect of transdiagnostic emotion-focused treatment on obsessive- compulsive symptoms in children and adolescents. *Journal of obsessive-compulsive and related disorders*, *26*, 100552.

Shomaker, L. B., & Furman, W. (2009). Parent—adolescent relationship qualities, internal working models, and attachment styles as predictors of adolescents' interactions with friends. *Journal of Social and Personal Relationships*, *26*(5), 579-603.

Shoval, G., Zalsman, G., Sher, L., Apter, A., & Weizman, A. (2006). Clinical characteristics of inpatient adolescents with severe obsessive–compulsive disorder. *Depression and Anxiety*, *23*(2), 62-70.

Silove, D. M., Marnane, C. L., Wagner, R., Manicavasagar, V. L., & Rees, S. (2010). The prevalence and correlates of adult separation anxiety disorder in an anxiety clinic. *BMC psychiatry*, *10*(1), 1-7.

Skoog, G., & Skoog, I. (1999). A 40-year follow-up of patients with obsessive-compulsive disorder. *Archives of general psychiatry*, *56*(2), 121-127.

Slaney, R. B., & Johnson, D. G. ( 1992). *The Almost Perfect Scale*. Unpublished manuscript, Pennsylvania State University.

Slaney, R. B., Rice, K. G., Mobley, M., Trippi, J., & Ashby, J. S. (2001). The revised almost perfect scale. *Measurement and evaluation in counseling and development*, *34*(3), 130-145.

Snell Jr, W. E., Overbey, G. A., & Brewer, A. L. (2005). Parenting perfectionism and the parenting role. *Personality and Individual Differences*, *39*(3), 613-624.

Soenens, B., Elliot, A. J., Goossens, L., Vansteenkiste, M., Luyten, P., & Duriez, B. (2005). The intergenerational transmission of perfectionism: parents' psychological control as an intervening variable. *Journal of family psychology*, *19*(3), 358-366.

Soenens, B., Vansteenkiste, M., & Luyten, P. (2010). Toward a domain-specific approach to the study of parental psychological control: Distinguishing between dependency-oriented and achievement-oriented psychological control. *Journal of personality*, *78*(1), 217-256.

Soenens, B., Vansteenkiste, M., Duriez, B., & Goossens, L. (2006). In search of the sources of psychologically controlling parenting: The role of parental separation anxiety and parental maladaptive perfectionism. *Journal of research on adolescence*, *16*(4), 539-559.

Steinberg, L., & Morris, A. S. (2001). Adolescent development. *Annual review of psychology*, *52*(1), 83-110

Stone, L. L., Otten, R., Soenens, B., Engels, R. C., & Janssens, J. M. (2015). Relations between parental and child separation anxiety: the role of dependency-oriented psychological control. *Journal of Child and Family Studies*, *24*, 3192-3199.

Storch, E. A. (2005). But is it OCD? A guide to detection and effective treatment: obsessive-compulsive disorder in children can be difficult to distinguish from developmentally normal behavior. The right questions can be revealing- -

and the right treatments can work. Includes a Guide for Parents. *Contemporary Pediatrics*, *22*(11), 58-64.

Subramaniam, M., Abdin, E., Vaingankar, J. A., Picco, L., & Chong, S. A. (2014). Hoarding in an Asian population: prevalence, correlates, disability and quality of life. *Ann Acad Med Singapore*, *43*(11), 535-43.

Sudhir, P. M., Pratyusha, P. V., & Jacob, P. (2021). Parenting styles and their correlates in adolescents diagnosed with Obsessive Compulsive disorder. *Journal of Indian Association for Child & Adolescent Mental Health*, *17*(2), 102-121.

Summerfeldt, L. J., Richter, M. A., Antony, M. M., & Swinson, R. P. (1999). Symptom structure in obsessive-compulsive disorder: a confirmatory factor-analytic study. *Behaviour Research and Therapy*, *37*(4), 297-311.

Swedo, S. E., Seidlitz, J., Kovacevic, M., Latimer, M. E., Hommer, R., Lougee, L., & Grant, P. (2015). Clinical presentation of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections in research and community settings. *Journal of Child and Adolescent Psychopharmacology*, *25*(1), 26-30.

Tahiroğlu, A. Y., & Çelik, G. G. (2016). Obsesif Kompulsif bozukluk ve ilişkili bozukluklar. *Çocuk ve ergen ruh sağlığı ve hastalıkları. Ankara: Türkiye Çocuk ve Genç Psikiyatrisi Derneği Yayınları*, 285.

Tanidir, C., Adaletli, H., Gunes, H., Kilicoglu, A. G., Mutlu, C., Bahali, M. K., ... & Uneri, O. S. (2015). Impact of gender, age at onset, and lifetime tic disorders on the clinical presentation and comorbidity pattern of obsessive-compulsive disorder in children and adolescents. *Journal of child and adolescent psychopharmacology*, *25*(5), 425-431.

Timpano, K. R., Keough, M. E., Mahaffey, B., Schmidt, N. B., & Abramowitz, J. (2010). Parenting and obsessive compulsive symptoms: Implications of authoritarian parenting. *Journal of Cognitive Psychotherapy*, *24*(3), 151-164.

Tükel, R., & Demet, M. M. (2017). Obsesif Kompulsif Bozukluk ve İlişkili Bozukluklar. *Türkiye Psikiyatri Derneği Yayınları*.

Tükel, R., Gürvit, H., Ertekin, B. A., Oflaz, S., Ertekin, E., Baran, B., ... & Atalay, F. (2012). Neuropsychological function in obsessive-compulsive disorder. *Comprehensive psychiatry*, *53*(2), 167-175.

Tükel, R., Polat, A., Genç, A., Bozkurt, O., & Atlı, H. (2004). Gender-related differences among Turkish patients with obsessive-compulsive disorder. *Comprehensive psychiatry*, *45*(5), 362-366.

Turgeon, L., O'connor, K. P., Marchand, A., & Freeston, M. H. (2002). Recollections of parent–child relationships in patients with obsessive-compulsive disorder and panic disorder with agoraphobia. *Acta Psychiatrica Scandinavica*, *105*(4), 310-316.

Ulu, I. P., & Tezer, E. (2010). Adaptive and maladaptive perfectionism, adult attachment, and big five personality traits. *The Journal of Psychology*, *144*(4), 327-340.

Ünver, H., Karagöz, D. B., & Memik, N. Ç. (2017). Çok erken başlangıçlı şizofreni ile karışan bir obsesif kompulsif bozukluk olgusu. *Anatolian Journal of Psychiatry/Anadolu Psikiyatri Dergisi*, *18*(1), 32-35.

Van Grootheest, D. S., Cath, D. C., Beekman, A. T., & Boomsma, D. I. (2005). Twin studies on obsessive–compulsive disorder: a review. *Twin Research and Human Genetics*, *8*(5), 450- 458.

Videon, T. M. (2002). The effects of parent-adolescent relationships and parental separation on adolescent well-being. *Journal of Marriage and Family*, *64*(2), 489-503.

Vivan, A. D. S., Rodrigues, L., Wendt, G., Bicca, M. G., Braga, D. T., & Cordioli, A. V. (2013). Obsessive-compulsive symptoms and obsessive-compulsive disorder in adolescents: a population-based study. *Brazilian Journal of Psychiatry*, *36*, 111-118.

Wang, Z., Wang, X., Xu, H., Zhang, H., & Xiao, Z. (2011). P02-385-Childhood trauma experience and obsessive-compulsive disorder in Chinese population: A case control study. *European Psychiatry*, *26*, 981.

Waters, E., & Cummings, E. M. (2000). A secure base from which to explore close relationships. *Child development*, *71*(1), 164-172.

Wei, M., Mallinckrodt, B., Russell, D. W., & Abraham, W. T. (2004). Maladaptive perfectionism as a mediator and moderator between adult attachment and depressive mood. *Journal of Counseling Psychology*, *51*(2), 201-212.

Weidle, B., Ivarsson, T., Thomsen, P. H., Lydersen, S., & Jozefiak, T. (2015). Quality of life inchildren with OCD before and after treatment. *European child & adolescent psychiatry*, *24*, 1061-1074.

Weissman, M. M. (1998). Cross-national epidemiology of obsessive-compulsive disorder. *CNS Spectrums*, *3*(1), 6-9.

Wuyts, D., Soenens, B., Vansteenkiste, M., Van Petegem, S., & Brenning, K. (2017). The role of separation anxiety in mothers' use of autonomy support: An observational study. *Journal of Child and Family studies*, *26*, 1949-1957.

Yazdi-Ravandi, S., Shamsaei, F., Matinnia, N., Moghimbeigi, A., Shams, J., Ahmadpanah, M., & Ghaleiha, A. (2018). Executive functions, selective attention and information processing in patients with obsessive compulsive disorder: A study from west of Iran. *Asian journal of psychiatry*, *37*, 140-145.

Yıldırım, B. (2018). *Beliren Yetişkinlikte Romantik ilişki temalı ve eş odaklı obsesif kompulsif belirtilerin gelişimsel yordayıcıları: özerklik, bağlanma ve mükemmeliyetçilik* (Master's thesis, Sosyal Bilimler Enstitüsü).

Yılmaz, B. (2018). Obsesif kompulsif bozukluk tedavisinde güncel yaklaşımlar. *Lectio Scientific*, *2*(1), 21-42.

Yoldascan, E., Ozenli, Y., Kutlu, O., Topal, K., & Bozkurt, A. I. (2009). Prevalence of obsessive- compulsive disorder in Turkish university students and assessment of associated factors. *BMC psychiatry*, *9*, 1-8.

Zandt, F., Prior, M., & Kyrios, M. (2009). Similarities and differences between children and adolescents with autism spectrum disorder and those with obsessive compulsive disorder: executive functioning and repetitive behaviour. *Autism*, *13*(1), 43-57.

Zhang, C., Chen, Y., Tian, S., Wang, T., Xie, Y., Jin, H., ... & Zhan, S. (2017). Effects of anterior capsulotomy on decision making in patients with refractory obsessive–compulsive disorder. *Frontiers in psychology*, *8*, 1814.

Zıblak, A. (2019). *Obsesif kompulsif bozukluk tedavisinde transkranial manyetik stimülasyonun etkinliği* [Yayımlanmış uzmanlık tezi]. Pamukkale Üniversitesi.

Zohar, A. H. (1999). The epidemiology of obsessive-compulsive disorder in children and adolescents. *Child and Adolescent Psychiatric Clinics, 8*(3), 445-460.

# APPENDICES

## APPENDIX A: ANNOUNCEMENT TEXT FOR MOTHERS

Merhaba,

Ben TED Üniversitesi Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi yüksek lisans programında öğrenciyim. Yüksek lisans tezim kapsamında Ilgın Gökler Danışman ve Emrah Keser danışmanlığında bir araştırma yürütmekteyim. Bu araştırmada ebeveynin ayrılık kaygısı ve mükemmeliyetçiliği, psikolojik kontrol ve gençlerde obsesif kompulsif belirtilerin birbiriyle ilişkisi incelenmektedir.

Araştırmaya katılımcı olma kriterleri aşağıdaki gibidir:

1. 12 – 17 yaş aralığında en az bir çocuğun annesi olmak
2. Araştırmaya katılım için gönüllü olmak
3. İnternete bağlanabilen bir cihaza sahip olmak

Araştırmayı kabul ettiğiniz takdirde siz anneler için bazı anket sorularına yanıt vermeniz istenecektir. Anketin tamamlanması yaklaşık 15 dakika sürmektedir. Anketi doldurduktan sonra çocuğunuz için hazırlanmış olan formu çocuğunuz tarafından doldurulmasını sağlamanız istenmektedir. Gençler için hazırlanmış anketin tamamlanması da yaklaşık 10 dakika sürmektedir. Elde edilen veriler araştırmacıların bilgisayarında şifreli bir program vasıtasıyla korunacaktır.

Soruların yer aldığı link aşağıda belirtilmiştir. Araştırmadan faydalı sonuçların elde edilmesi için hem siz anneler hem de çocuğunuz için hazırlanmış soruların sessiz bir ortamda doldurulması gerekmektedir. Araştırma ile ilgili daha ayrıntılı bilgiye aşağıda belirtilen anket linkine tıklayarak ulaşabilirsiniz.

LİNK

## APPENDIX B: INFORMED CONSENT FOR MOTHERS

Bu araştırma **12-17 yaş** arasındaki **gençler ve anneleri**'nin katılımını hedeflemektedir. Size uygun olan soruları cevaplayabilmeniz için öncelikle sizi tanımlayan seçeneği işaretlemeniz gerekmektedir.

**(ÇALIŞMAYA ÇOCUK VE ANNENİN AYRI AYRI KATILMASI GEREKLİDİR. BİR TARAF KATILMADIĞI TAKDİRDE ÇALIŞMA GEÇERSİZ SAYILACAKTIR. Bilime katkılarınız için şimdiden teşekkür ederiz.)**

Araştırmaya ve gönüllü katılımınıza ilişkin bilgiler bu sayfadaki seçimi yaptıktan sonra bir sonraki sayfada karşınıza çıkacaktır.

…

**Sayın Katılımcı,**

Mevcut araştırma, TED Üniversitesi Psikoloji Bölümü'nde Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans programında öğrenci olan Psk. Berke Keskin tarafından, Ilgın Gökler Danışman ve Emrah Keser danışmanlığında yürütülmektedir. Araştırmanın amacı ebeveynin sahip olduğu ayrılık kaygısı ve mükemmeliyetçiliğin, psikolojik kontrol ve çocukta görülen obsesif-kompulsif belirtilerle ilişkisinin incelenmesidir.

Bu araştırmanın katılımcılarını 12-17 yaş arası gençler ve anneleri oluşturmaktadır. Söz konusu araştırma kapsamında hem sizlerden hem de **onayınız olduğu takdirde** çocuklarınızdan bazı anket sorularını cevaplamanız istenmektedir. İlgili anket sorularını online (çevrimiçi) olarak yanıtlamanız yaklaşık 15 dk. sürecektir. Araştırmaya gönüllü katılmayı çocuğunuz ile onayladığınız takdirde, araştırmanın katılımcısı olacaksınız. Hem sizin hem de çocuğunuzun doldurması gereken anketlerin online linki aynıdır. Qualtrics programı kendi algoritması çerçevesinde sizin ve çocuğunuzun doldurması gereken soruları otomatik olarak atayacaktır. **Birbirinizin anketlere verdiği yanıtları görmeniz mümkün değildir.**

**Anketlerde size yöneltilen soruların DOĞRU veya YANLIŞ cevabı yoktur**, bu nedenle tüm sorulara içtenlikle ve eksiksiz yanıt vermeniz araştırmanın sonuçları açısından önemlidir. Anne ve çocukların anketleri yalnız, sakin bir ortamda ve birbirinden bağımsız doldurması da sonuçların etkilenmemesi için önemlidir. Çalışma süresince ve sonrasında kişisel bilgileriniz araştırma dışındaki hiç kimseyle izniniz dışında paylaşılmayacaktır. Çalışmanın sonuçları tüm katılımcılardan gelen veriler ile değerlendirilecek olup, bireysel değerlendirme yapılmayacaktır. Bu araştırma kapsamında elde edilecek olan bilimsel bilgiler sadece

araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı çevrimiçi bir ortamda paylaşılacaktır. Toplanan veriler isimsiz bir şekilde bilgisayarda şifreli bir dosyada tutulacaktır.

Bu araştırmaya katılım gönüllülük esasına dayalıdır. Araştırmada yer alan sorular kişisel rahatsızlık verecek nitelikte değildir. Ancak herhangi bir nedenden dolayı çalışmanın herhangi bir bölümünde kendinizi rahatsız hissederseniz, nedenini açıklamaksızın araştırmadan ayrılabilirsiniz. Araştırmadan ayrılmanın herhangi bir olumsuz sonucu olmayacaktır. Araştırmadan ayrılan katılımcıların verisi kullanılmayacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz.

**NOT: Anket sorularını yanıtlamaya geçmeden önce sizden bir rumuz oluşturmanız beklenmektedir. Bu rumuz toplanan bilgilerin doğru bir şekilde eşleştirilebilmesi ve analiz edilebilmesi için oldukça önemlidir.**

Lütfen (1) çocuğunuzun isminin son iki harfini, (2) çocuğunuzun doğum yılını ve (3) çocuğunuzun doğduğu şehrin son iki harfini sırasıyla yazarak bir rumuz oluşturunuz. (Eğer çocuğunuzun iki ismi var ise lütfen kimlikteki ilk ismine göre rumuzunuzu oluşturunuz.)

**ÖRNEK: Çocuğunuzun ismi: HAKAN, Çocuğunuzun doğum yılı: 2008, Çocuğunuzun doğduğu şehir: ANKARA – RUMUZ: AN2008RA**

Çalışma hakkında daha fazla bilgi almak ve yanıtlanmasını istediğiniz sorularınız için araştırmayı yürüten Psk. Berke Keskin (E-posta: ),
Ilgın Gökler Danışman (E-posta: ) ve
Emrah Keser (E- posta: ) ile iletişim kurabilirsiniz.

*Araştırmaya katılımınız ve haklarınızın korunmasına yönelik sorularınız varsa ya da herhangi bir şekilde risk altında olduğunuza veya strese maruz kalacağınıza inanıyorsanız TED Üniversitesi İnsan Araştırmaları Etik Kurulu'na (*
*telefon numarasından veya e-posta adresinden ulaşabilirsiniz.*

**Araştırmacı tarafından çalışma hakkında yeterince bilgilendirildim. Bu çalışmaya onay vererek hem kendimin hem de çocuğumun gönüllü olarak katılacağını ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.**

**Araştırmaya katılmayı Onaylıyorum ……**

**Araştırmaya Katılmayı Onaylamıyorum ……...**

## APPENDIX C: INFORMED CONSENT FOR ADOLESCENTS

Bu araştırma **12-17 yaş** arasındaki **gençler ve anneleri**'nin katılımını hedeflemektedir. Size uygun olan soruları cevaplayabilmeniz için öncelikle sizi tanımlayan seçeneği işaretlemeniz gerekmektedir.

**(ÇALIŞMAYA ÇOCUK VE ANNENİN AYRI AYRI KATILMASI GEREKLİDİR. BİR TARAF KATILMADIĞI TAKDİRDE ÇALIŞMA GEÇERSİZ SAYILACAKTIR. Bilime katkılarınız için şimdiden teşekkür ederiz.)**

Araştırmaya ve gönüllü katılımınıza ilişkin bilgiler bu sayfadaki seçimi yaptıktan sonra bir sonraki sayfada karşınıza çıkacaktır.

…

**Sayın Katılımcı,**

Mevcut araştırma, TED Üniversitesi Psikoloji Bölümü Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans programında öğrenci olan Psk. Berke Keskin tarafından, Ilgın Gökler Danışman ve Emrah Keser danışmanlığında yürütülmektedir. Araştırmanın amacı ebeveynin sahip olduğu ayrılık kaygısı ve mükemmeliyetçiliğin, psikolojik kontrol ve çocukta görülen obsesif kompulsif belirtilerle ilişkisinin incelenmesidir.

Bu araştırmanın katılımcılarını 12-17 yaş arası gençler ve anneleri oluşturmaktadır. Söz konusu araştırma kapsamında hem sizlerden hem de annelerinizden bazı anket sorularını cevaplamanız istenmektedir. **Ebeveyniniz katılımınızı onayladığı takdirde** ilgili anket sorularını online (çevrimiçi) yanıtlamanız yaklaşık 10 dk. sürecektir. Araştırmaya gönüllü katılmayı anneniz ile birlikte onayladığınız takdirde, araştırmanın katılımcısı olacaksınız. Hem sizin hem de annenizin doldurması gereken anketlerin online linki aynıdır. Dolayısıyla, ilgili linki anneniz ile paylaşmanız yeterli olacaktır. Qualtrics programı kendi algoritması çerçevesinde sizin ve annenizin doldurması gereken soruları otomatik olarak atayacaktır. **Birbirinizin anketlere verdiği yanıtları görmeniz mümkün değildir.**

**Anketlerde size yöneltilen soruların DOĞRU veya YANLIŞ cevabı yoktur**, bu nedenle tüm sorulara içtenlikle ve eksiksiz yanıt vermeniz araştırmanın sonuçları açısından önemlidir. Anne ve çocukların anketleri yalnız, sakin bir ortamda ve birbirinden bağımsız doldurması da sonuçların etkilenmemesi için önemlidir. Çalışma süresince ve sonrasında kişisel bilgileriniz araştırma dışındaki hiç kimseyle izniniz dışında paylaşılmayacaktır. Çalışmanın sonuçları tüm katılımcılardan gelen veriler ile değerlendirilecek olup, bireysel değerlendirme yapılmayacaktır. Bu araştırma kapsamında elde edilecek olan bilimsel bilgiler sadece araştırmacılar

tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı çevrimiçi bir ortamda paylaşılacaktır. Toplanan veriler isimsiz bir şekilde bilgisayarda şifreli bir dosyada tutulacaktır.

Bu araştırmaya katılım gönüllülük esasına dayalıdır. Araştırmada yer alan sorular kişisel rahatsızlık verecek nitelikte değildir. Ancak herhangi bir nedenden dolayı çalışmanın herhangi bir bölümünde kendinizi rahatsız hissederseniz, nedenini açıklamaksızın araştırmadan ayrılabilirsiniz. Araştırmadan ayrılmanın herhangi bir olumsuz sonucu olmayacaktır. Araştırmadan ayrılan katılımcıların verisi kullanılmayacaktır. Çalışmaya katıldığınız için şimdiden teşekkür ederiz.

**NOT: Anket sorularını yanıtlamaya geçmeden önce sizden bir rumuz oluşturmanız beklenmektedir. Bu rumuz toplanan bilgilerin doğru bir şekilde eşleştirilebilmesi ve analiz edilebilmesi için oldukça önemlidir.**

Lütfen (1) isminizin son iki harfini, (2) doğum yılınızı ve (3) doğduğunuz şehrin son iki harfini sırasıyla yazarak bir rumuz oluşturunuz. (Eğer annenizin ve sizin iki isminiz var ise lütfen kimlikteki ilk isme göre rumuzunuzu oluşturunuz.)

**ÖRNEK: İsminiz: HAKAN, Doğum yılınız: 2008, Doğduğunuz Şehir: ANKARA – RUMUZ: AN2008RA**

Çalışma hakkında daha fazla bilgi almak ve yanıtlanmasını istediğiniz sorularınız için araştırmayı yürüten Psk. Berke Keskin (E-posta: , . Ilgın Gökler Danışman (E-posta: i ) ve . Üyesi Emrah Keser (E- posta: e r) ile iletişim kurabilirsiniz.

*Araştırmaya katılımınız ve haklarınızın korunmasına yönelik sorularınız varsa ya da herhangi bir şekilde risk altında olduğunuza veya strese maruz kalacağınıza inanıyorsanız TED Üniversitesi İnsan Araştırmaları Etik Kurulu'na telefon numarasından veya i e-posta adresinden ulaşabilirsiniz.*

**Araştırmacı tarafından çalışma hakkında yeterince bilgilendirildim. Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.**

**Araştırmaya Katılmayı Onaylıyorum ……**

**Araştırmaya Katılmayı Onaylamıyorum ……**

## APPENDIX D: DEMOGRAPHIC INFORMATION FORM FOR MOTHERS

1)Lütfen (1) çocuğunuzun isminin **son iki** harfini, (2) çocuğunuzun doğum yılını ve (3) çocuğunuzun doğduğu şehrin **son iki** harfini sırasıyla yazarak bir rumuz oluşturunuz. (Eğer çocuğunuzun veya sizin iki isminiz var ise lütfen kimlikteki ilk ismine göre rumuzunuzu oluşturunuz.)

**ÖRNEK: Çocuğunuzun ismi: HAKAN, Çocuğunuzun Doğum Yılı: 2008, Çocuğunuzun doğduğu şehir: ANKARA – RUMUZ: AN2008RA**

Rumuz:

2) Cinsiyetiniz:

3) Yaşınız:

4) Medeni Durumunuz: Evli [ ] Bekar [ ] Boşanmış [ ] Diğer [ ]

Anneniz ve Babanız: Birlikte [ ] Boşanmış/Ayrı [ ]

5) Eğitim Durumunuz: : Okur Yazar [ ] İlkokul [ ] Ortaokul [ ] Lise [ ] Ön lisans [ ] Lisans [ ]

Yüksek Lisans [ ] Doktora [ ]

6) Gelir Durumunuz: Düşük [ ] Orta [ ] Yüksek [ ]

7) Mesleğiniz:

8) Daha önce psikiyatrik tanı aldınız mı? Evet [ ] Hayır [ ]

9) Evet ise, belirtiniz:

10) Çocuğunuz daha önce psikiyatrik tanı aldı mı? Evet [ ] Hayır [ ]

11) Evet ise, belirtiniz:

12) Herhangi bir bedensel hastalığınız var mı? Evet [ ] Hayır [ ]

13) Evet ise, belirtiniz:

14) Kaç Çocuğunuz Var : _____ Varsa diğer çocuklarınızın cinsiyeti ve yaşları :

1.Çocuk Cinsiyet _____ Yaş _____

2. Çocuk Cinsiyet _____ Yaş _____

3. Çocuk Cinsiyet _____ Yaş _____

4. Çocuk Cinsiyet _____ Yaş _____

14) Evde kimlerle yaşadığınızı belirtiniz : _____

## APPENDIX E: DEMOGRAPHIC INFORMATION FORM FOR ADOLESCENTS

1) Lütfen (1) isminizin **son iki** harfini, (2) doğum yılınızı ve (3) doğduğunuz şehrin **son iki** harfini sırasıyla yazarak bir rumuz oluşturunuz. (Eğer annenizin ve sizin iki isminiz var ise lütfen kimlikteki ilk isme göre rumuzunuzu oluşturunuz.)

**ÖRNEK: İsminiz: HAKAN, Doğum yılınız: 2008, Doğduğunuz şehir: ANKARA – RUMUZ: AN2008RA**

Rumuz:

2) Cinsiyetiniz:

3) Yaşınız:

4) Devam etmekte olduğunuz okul:

5) Devam etmekte olduğunuz sınıf:

6) Anneniz: Hayatta [ ] Hayatta değil [ ]

7) Anneniz: Öz [ ] Üvey [ ]

8) Babanız: Hayatta [ ] Hayatta değil [ ]

9) Babanız: Hayatta [ ] Hayatta değil [ ]

10) Eğer anneniz ve babanız hayatta ise:

11) Annem ve babam birlikte [ ] Annem ve babam ayrı [ ]

12) Eğer anneniz ve babanız ayrı ise ne kadar süredir ayrı?:

13) Anne ve babanızla birlikte mi yaşıyorsunuz?: Evet [ ] Hayır [ ]

14) Cevabınız hayır ise nerede ve kimlerle yaşıyorsunuz?:

15) Evinizin aylık gelir durumu: Düşük [ ] Orta [ ] Yüksek [ ]

16) Kaç kardeşiniz var?:

17) Ailenizin kaçıncı çocuğusunuz?:

18) Yaşadığınız şehir:

19) Daha önce psikiyatrik tanı aldınız mı? Evet [ ] Hayır [ ]

20) Cevabınız evet ise belirtiniz:

21) Herhangi bir bedensel rahatsızlığınız var mı? Evet [ ] Hayır [ ]

22) Cevabınız evet ise belirtiniz:

23) Halihazırda devam eden herhangi bir tedaviniz var mı?: Evet [ ] Hayır [ ]

## APPENDIX F: ADULT SEPARATION ANXIETY (ASA-27)

Aşağıdaki sorular bir yetişkin (18 yaş üzeri) olarak yaşamış olabileceğiniz bazı belirtilere yöneliktir. Lütfen bu belirtileri yaşayıp yaşamadığınıza göre sorunun karşısındaki uygun yeri işaretleyiniz. Lütfen tüm soruları yanıtlayınız.

| Çok sıklıkla | Sıklıkla | Nadiren | Hiç |
|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| 1. Size yakın olan kişilerle birlikte evinizdeyken kendinizi daha güvende hissettiniz mi? | 3 | 2 | 1 | 0 |
| 2. Evinizden saatlerce uzak kalmakta zorluk çektiniz mi? | 3 | 2 | 1 | 0 |
| 3. Çantanızda veya cüzdanınızda size güven ya da huzur veren bir şeyler taşır mısınız? | 3 | 2 | 1 | 0 |
| 4. Uzun bir yolculuğa çıkmak üzere evden ayrılmazdan önce aşırı stres yaşadınız mı? | 3 | 2 | 1 | 0 |
| 5. Size yakın olan birinden ayrılmakla ilgili kâbuslar ya da rüyalar gördüğünüz oldu mu? | 3 | 2 | 1 | 0 |
| 6. Bir yolculuğa çıkmanızdan önce size yakın olan birinden ayrılmakla ilgili aşırı stres yaşadınız mı? | 3 | 2 | 1 | 0 |
| 7. Günlük işleriniz aksadığında çok huzursuz olur musunuz? | 3 | 2 | 1 | 0 |
| 8. Size en yakın kişilerle olan ilişkilerinizin yoğunluğu konusunda endişelendiniz mi? Örneğin çok aşırı bağlı olmanızdan dolayı. | 3 | 2 | 1 | 0 |
| 9. İşiniz veya diğer düzenli ev dışı uğraşlarınız için evinizden ayrılmadan önce baş ağrısı, mide ağrısı ya da bulantı gibi (veya başka) belirtiler oldu mu? | 3 | 2 | 1 | 0 |
| 10. İnsanları yakınınızda tutmak için çok fazla konuştuğunuzu fark ettiğiniz oldu mu? | 3 | 2 | 1 | 0 |
| 11. Size yakın kişilerden ayrıldığınızda (örneğin işe gitmek ya da evden dışarıya çıkmak için), özellikle onların nerede oldukları konusunda endişelendiniz mi? | 3 | 2 | 1 | 0 |
| 12. Gece tek başınıza uyumakta güçlük çeker misiniz? Örneğin bir yakınınız evdeyse daha iyi uyur musunuz? | 3 | 2 | 1 | 0 |
| 13. Size yakın olan kişilerin seslerini işitebiliyor ya da televizyonun veya radyonun sesini duyuyorsanız daha kolay uyuduğunuzu fark ettiniz mi? | 3 | 2 | 1 | 0 |
| 14. Size yakın olan kişilerden uzak kaldığınızı düşündüğünüzde çok sıkıntı yaşadınız mı? | 3 | 2 | 1 | 0 |

| | | | | |
|---|---|---|---|---|
| 15. Evinizden uzakta olmayla ilgili kâbuslar ya da rüyalar gördünüz mü? | 3 | 2 | 1 | 0 |
| 16. Yakınlarınızın ciddi bir zarar görebileceği hakkında çok fazla endişelenir misiniz? Örneğin, bir trafik kazası geçirmeleri veya ölümcül bir hastalığa yakalanmaları gibi. | 3 | 2 | 1 | 0 |
| 17. Günlük olağan işlerinizi yaparken, size yakın olan kişilerle bağlantı kurmanızı engelleyecek değişimlerin olması sizi çok huzursuz eder mi? | 3 | 2 | 1 | 0 |
| 18. Önemsediğiniz insanların sizi terk edeceği konusunda çok fazla endişelenir misiniz? | 3 | 2 | 1 | 0 |
| 19. Hiç, evde ya da yatak odasında ışıklar açıkken daha iyi uyuduğunuzu fark ettiğiniz mi? | 3 | 2 | 1 | 0 |
| 20. Özellikle size yakın kişiler evde değilse, evde tek başınıza kalmaktan kaçınmaya çalışır mısınız? | 3 | 2 | 1 | 0 |
| 21. Size yakın olanlardan ayrıldığınızı ya da onların sizi terk ettiğini düşündüğünüzde, aniden gelen sıkıntı nöbetleri ya da panik ataklarınız (örneğin, aniden titreme, terleme, çarpıntı, nefes darlığı gibi) oldu mu? | 3 | 2 | 1 | 0 |
| 22. Size yakın olan kişilerle düzenli olarak (örneğin her gün) telefon görüşmeleri yapamadığınızda sıkıntı yaşadığınızı fark ettiniz mi? | 3 | 2 | 1 | 0 |
| 23. Önemsediğiniz birisi sizi terk ettiğinde, bu durumla başa çıkamayacağınızdan ya da onsuz yapamayacağınızdan korktunuz mu? | 3 | 2 | 1 | 0 |
| 24. Size yakın olan kişilerden ayrıldığınızda aniden gelen sıkıntı nöbetleri ya da panik ataklarınız (örneğin ani titreme, terleme, çarpıntı, nefes darlığı gibi) oldu mu? | 3 | 2 | 1 | 0 |
| 25. Sizi, yakın olduğunuz birilerinden ayırabilecek muhtemel olaylarla hakkında çok fazla endişelenir misiniz? Örneğin, işle ilgili gereklilikler gibi. | 3 | 2 | 1 | 0 |
| 26. Hiç, size yakın olan kişiler "çok fazla konuştuğunuzu" söylediler mi? | 3 | 2 | 1 | 0 |
| 27. Bazı insanlarla olan ilişkilerinizin, onlar için sorunlar oluşturacak kadar yakın olduğu konusunda endişelenir misiniz? | 3 | 2 | 1 | 0 |

## APPENDIX G: PSYCHOLOGICAL CONTROL SCALE – YOUTH SELF-REPORT (PCS-YSR)

| | ANNEM İÇİN | | | |
|---|---|---|---|---|
| **Aşağıdaki ifadeleri dikkatlice okuyunuz. Hem annenizi hem de babanızı düşünerek her bir duruma ne oranda katıldığınızı ya da katılmadığınızı size uyan seçeneği daire içine alarak belirtiniz. Her bir ifadeyi anneniz için düşünün ve sağda yer alan sütunlarda size uyan seçeneği işaretleyin.** | **Hiç yapmaz** | **Bazen Yapar** | **Sıklıkla yapar** | **Her zaman yapar** |
| 1. Eğer onu utandıracak bir şey yaparsam, benigörmezden gelmeye çalıştığı olurdu. | **1** | **2** | **3** | **4** |
| 2. Bazı şeyleri onun gibi düşünmediğimde bana soğuk davrandığı olurdu. | **1** | **2** | **3** | **4** |
| 3. Yapmamam gerektiğini düşündüğü bir şeyi yaptığımda bana kendimi suçlu hissettirdiği olurdu. | **1** | **2** | **3** | **4** |
| 4. Beni başkalarının (arkadaşlarımın) önünde utandırdığı olurdu. | **1** | **2** | **3** | **4** |
| 5. Ailedeki problemler yüzünden beni suçladığı olurdu. | **1** | **2** | **3** | **4** |
| 6. Eğer onu kıracak bir şey yaparsam, gönlünü alıncaya kadar benimle konuşmadığı olurdu. | **1** | **2** | **3** | **4** |
| 7. Beni aşağılayıp, küçük düşürdüğü olurdu (aptal, işe yaramaz vb. olduğumu söyler). | **1** | **2** | **3** | **4** |
| 8. Beni bir başkasıyla haksız yere karşılaştırdığı olurdu (kardeşimle ya da kendi çocukluğuyla). | **1** | **2** | **3** | **4** |
| 9. Beni eleştirirken geçmişte yaptığım hataları dile getirdiği olurdu. | **1** | **2** | **3** | **4** |
| 10. Bir birey olarak bana saygı duymadığı olurdu (konuşmama izin vermediği, diğerlerini bana tercih ettiği zamanlar) | **1** | **2** | **3** | **4** |
| 11. Ben konuşurken sözümü kestiği olurdu. | **1** | **2** | **3** | **4** |
| 12. Bazen odama izinsiz girip, çantamı ve eşyalarımı karıştırdığı olurdu. | **1** | **2** | **3** | **4** |
| 13. Benden çok şey beklediği olurdu (okulda başarılı olma, iyi insan olma vb.) | **1** | **2** | **3** | **4** |
| 14. Ne zaman bir şey anlatmaya çalışsam konuyu değiştirdiği olurdu. | **1** | **2** | **3** | **4** |
| 15. Beni yok saydığı olurdu (beni bırakıp yürüyüp gittiği, beni dikkate almadığı zamanlar). | **1** | **2** | **3** | **4** |
| 16. Herhangi bir şey hakkındaki hislerimi ve düşüncelerimi değiştirmeye çalıştığı olurdu. | **1** | **2** | **3** | **4** |

## APPENDIX H: FROST MULTIDIMENSIONAL PERFECTIONISM SCALE (FMPS)

| Hiç Katılmıyorum | Pek Katılmıyorum | Ne Katılıyorum Ne Katılmıyorum | Biraz Katılıyorum | Tamamen Katılıyorum |
|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 1. Anne-babamın benim için koyduğu hedef ve beklentiler çok yüksekti. | 1 | 2 | 3 | 4 | 5 |
| 2. Plan yapmak benim için çok önemlidir. | 1 | 2 | 3 | 4 | 5 |
| 3. Çocukken, işleri en iyi şekilde (mükemmel) yapamadığım için cezalandırılırdım. | 1 | 2 | 3 | 4 | 5 |
| 4. Kendim için yüksek standartlar belirlemezsem, ikinci sınıf bir insan olurum. | 1 | 2 | 3 | 4 | 5 |
| 5. Anne-babam hiçbir zaman hatalarımı anlamaya çalışmadılar. | 1 | 2 | 3 | 4 | 5 |
| 6. Yaptığım her şeye tam anlamıyla hakim olmak benim için önemlidir. | 1 | 2 | 3 | 4 | 5 |
| 7. Düzenli/tertipli biriyim. | 1 | 2 | 3 | 4 | 5 |
| 8. Planlı, programlı biri olmak için çaba gösteririm. | 1 | 2 | 3 | 4 | 5 |
| 9. Eğer yaptığım işte başarısız olursam, kişi olarak başarısızımdır. | 1 | 2 | 3 | 4 | 5 |
| 10. Eğer bir hata yaparsam üzgün olmam gerekir. | 1 | 2 | 3 | 4 | 5 |
| 11. Anne-babam benim her şeyde en iyi olmamı istediler. | 1 | 2 | 3 | 4 | 5 |
| 12. Birçok insana göre, daha yüksek hedeflerim vardır. | 1 | 2 | 3 | 4 | 5 |
| 13. Eğer birisi, bir işi benden daha iyi yaparsa, kendimi o işte tamamen başarısız hissederim. | 1 | 2 | 3 | 4 | 5 |
| 14. Kısmen başarısız olmam; tamamen başarısız olmam kadar kötü bir şeydir. | 1 | 2 | 3 | 4 | 5 |
| 15. Anne babam için sadece üstün başarı iyi bir sonuçtu. | 1 | 2 | 3 | 4 | 5 |
| 16. Çabalarımı bir amaca (hedefe) doğru yöneltmede çok iyiyimdir. | 1 | 2 | 3 | 4 | 5 |
| 17. Bir işi çok dikkatli yapsam bile, sık sık, o işi çok doğru yapmadığımı hissederim. | 1 | 2 | 3 | 4 | 5 |
| 18. Yaptığım şeylerde, en iyi olamamaktan nefret ederim. | 1 | 2 | 3 | 4 | 5 |
| 19. Çok yüksek hedeflerim vardır. | 1 | 2 | 3 | 4 | 5 |
| 20. Anne babam benden mükemmel olmamı beklerlerdi. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| 21. Eğer bir şeyde hata yaparsam insanlar, beni olduğumdan daha beceriksiz düşüneceklerdir. | 1 | 2 | 3 | 4 | 5 |
| 22. Anne babamın beklentilerini karşılayabildiğim duygusunu hiçbir zaman hissetmedim. | 1 | 2 | 3 | 4 | 5 |
| 23. Eğer bir şeyi diğer insanlar kadar iyi yapmazsam, bu benim işe yaramaz bir insan olduğum anlamına gelir. | 1 | 2 | 3 | 4 | 5 |
| 24. Kendimle karşılaştırdığımda, diğer insanlar daha düşük yaşam koşullarından memnun gibiler. | 1 | 2 | 3 | 4 | 5 |
| 25. Yaptığım işte her zaman iyi olmazsam insanlar bana saygı duymazlar. | 1 | 2 | 3 | 4 | 5 |
| 26. Anne babamın, geleceğim hakkındaki beklentileri daima benimkilerden yüksekti. | 1 | 2 | 3 | 4 | 5 |
| 27. Düzenli/tertipli biri olmak için çaba gösteririm. | 1 | 2 | 3 | 4 | 5 |
| 28. Basit gündelik işleri bile iyi yaptığım konusunda sık sık kuşku duyarım. | 1 | 2 | 3 | 4 | 5 |
| 29. Düzen ve tertiplilik benim için çok önemlidir | 1 | 2 | 3 | 4 | 5 |
| 30. Günlük işlerimi yaparken, çoğu insana göre, kendimden daha yüksek performans beklerim. | 1 | 2 | 3 | 4 | 5 |
| 31. Planlı biriyim. | 1 | 2 | 3 | 4 | 5 |
| 32. Yaptığım işte genellikle geri kalırım çünkü tekrar tekrar yaptığıma geri dönerim. | 1 | 2 | 3 | 4 | 5 |
| 33. Bir şeyi "tam" yapmak çok zamanımı alır. | 1 | 2 | 3 | 4 | 5 |
| 34. Ne kadar az hata yaparsam insanlar benden o kadar çok hoşlanacaklardır. | 1 | 2 | 3 | 4 | 5 |
| 35. Anne babamın standartlarını karşılayabildiğim duygusunu hiçbir zaman hissetmedim. | 1 | 2 | 3 | 4 | 5 |

## APPENDIX I: OBSESSIVE COMPULSIVE INVENTORY – CHILD VERSION (OCI-CV)

Değerli katılımcı, aşağıda bazı cümleler ve yanlarında da bazı seçenekler verilmiştir. Her cümleyi okuduktan sonra, son bir ayı düşünerek bu cümle için size en uygun gelen seçeneği işaretleyiniz. Cümlenin size uygunluğuna göre o cümleye 1 ile 5 arasında bir puan veriniz. Desteğiniz için teşekkür ederiz.

| Asla | Nadiren | Bazen | Sık Sık | Genellikle |
|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| 1. Kötü şeyleri düşünmekten bir türlü kendimi alamıyorum. | 1 | 2 | 3 | 4 | 5 |
| 2. Temiz olmam içi tekrar tekrar yıkanmam gerektiğini hissediyorum. | 1 | 2 | 3 | 4 | 5 |
| 3. Yolda yürürken tüm mikropların bana bulaştığı hissine kapılıyorum. | 1 | 2 | 3 | 4 | 5 |
| 4. Yaptığım birçok şeyi tekrardan kontrol ederim. | 1 | 2 | 3 | 4 | 5 |
| 5. Bazı şeyleri yapıp yapmadığımdan bir türlü emin olamıyorum. | 1 | 2 | 3 | 4 | 5 |
| 6. Her şeyi sayma ihtiyacı duyarım. | 1 | 2 | 3 | 4 | 5 |
| 7. Hiç ihtiyacım olmayan şeyleri bile biriktiririm. | 1 | 2 | 3 | 4 | 5 |
| 8. Eşyalarım sıralı ve düzgün olmayınca huzurlu olamıyorum. | 1 | 2 | 3 | 4 | 5 |
| 9. Aynı şeyleri tekrar tekrar yaptığımdan dolayı derslerimden geri kalıyorum. | 1 | 2 | 3 | 4 | 5 |
| 10. Çoğu kez eşyalarımın temiz olup olmadığı konusunda endişeleniyorum. | 1 | 2 | 3 | 4 | 5 |
| 11. Kafamı kurcalayan kötü düşünceler beni rahatsız ediyor. | 1 | 2 | 3 | 4 | 5 |
| 12. Bazı sayıları sürekli tekrarlamak zorunda hissediyorum. | 1 | 2 | 3 | 4 | 5 |
| 13. İşlerimi bitirdiğim halde bile bitirmediğimi düşünerek endişeleniyorum. | 1 | 2 | 3 | 4 | 5 |
| 14. Düşünmek istemediğim halde kafamdaki kötü düşüncelerden rahatsız oluyorum. | 1 | 2 | 3 | 4 | 5 |
| 15. Kapıları, pencereleri, çekmeceleri tekrar tekrar kontrol etme hissine kapılırım. | 1 | 2 | 3 | 4 | 5 |
| 16. İşime yaramayan şeyleri bile daha sonra lazım olur diye atamıyorum. | 1 | 2 | 3 | 4 | 5 |
| 17. Eşyalarıma başkaları dokunduğunda rahatsız olurum. | 1 | 2 | 3 | 4 | 5 |
| 18. Kafamdaki kötü düşüncelerden kurtulmak için belirli şeyleri | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| tekrar tekrar söylemem gerekiyor. | | | | | |
| 19. Her şey düzenli ve düzgün olmazsa rahatsız olurum. | 1 | 2 | 3 | 4 | 5 |
| 20. Bir işi çok dikkatli yaptığım halde bile yaptığımın hatalı olduğunu düşünürüm. | 1 | 2 | 3 | 4 | 5 |
| 21. Diğer çocuklardan daha fazla ellerimi yıkamak istiyorum. | 1 | 2 | 3 | 4 | 5 |

## APPENDIX J: ETHICAL APPROVAL

**TED ÜNİVERSİTESİ**
**İNSAN ARAŞTIRMALARI ETİK KURULU**
**ETİK KURUL KARARLARI**

| | |
|---|---|
| **Toplantı Tarihi** | 04.05.2023 |
| **Toplantı Sayısı** | 2023/10 |
| **Toplantı Yeri** | Dekanlık Toplantı Odası |
| **Toplantı Saati** | 10:00 |

**Toplantıya Katılanlar**

**Raportör** Esen TECER İAEK Sekreteri

**Gündem :** Ted Üniversitesi İnsan Araştırmaları Etik kurulu Toplantısıyapılmış olup kararları toplu olarak yazılıp e-imza ile imzaya açılmıştır.

**GÖRÜŞME MADDELERİ**

**G.10 :** TED Üniversitesi, Psikoloji Bölümü D i Emrah Keser'in 'Ebeveyn Ayrılık Kaygısı ve Obsesif-Kompulsif Belirtileri Arasındaki İlişkide Psikolojik Kontrol ve Ebeveyn Uyumsuz Mükemmeliyetçilik Rolünün İncelenmesi" başlıklı çalışmasının araştırma etiğine uygunluğu görüşüldü.

**Karar 2023-10/10** TED Üniversitesi, Psikoloji Bölümü Emrah Keser'in 'Ebeveyn Ayrılık Kaygısı ve Obsesif-Kompulsif Belirtileri Arasındaki İlişkide Psikolojik Kontrolve Ebeveyn Uyumsuz Mükemmeliyetçilik Rolünün İncelenmesi " başlıklı çalışmasına, **ONAY KARARI VERİLDİ.**