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**EXPLORING THE ROLES OF EMOTIONAL
REMINISCING AND PERCEIVED PARENTING IN THE
PATHWAY FROM MATERNAL EARLY
MALADAPTIVE SCHEMAS TO ADOLESCENTS'
BEHAVIORAL PROBLEMS**

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PARENTING IN THE PATHWAY FROM MATERNAL EARLY
MALADAPTIVE SCHEMAS TO ADOLESCENTS' BEHAVIORAL PROBLEMS

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ABSTRACT

EXPLORING THE ROLES OF EMOTIONAL REMINISCING AND PERCEIVED PARENTING IN THE PATHWAY FROM MATERNAL EARLY MALADAPTIVE SCHEMAS TO ADOLESCENTS' BEHAVIORAL PROBLEMS

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The aim of this study was to examine whether emotional elaboration during reminiscing about a sad memory between adolescents and their mothers mediates the relationship between the maternal early maladaptive schemas and the adolescents' behavioural problems, and whether the perceived maternal parenting serves a protective function in this mechanism. In this context, the study sample consisted of 103 mothers ($M = 41.96$, $SD = 5.44$) - adolescent (11-18 years old, $M = 13.87$, $SD = 1.56$) dyads. In this study, which conducted as a home visit, to measure emotional elaboration during reminiscing, the mother and the adolescent talked about a sad memory for 5 minutes alone in a quiet room. This part was audio recorded and later coded. The scales used in the study were Young Schema Questionnaire-Short Form-3 (YSQ-SF3), Strengths and Difficulties Questionnaire (SDQ), and Short form of Egna

Minnen Barndoms Uppfostran -Parents (S-EMBU-P), which were collected online from mothers. According to the findings, greater maternal disconnection-rejection and impaired limits-exaggerated standards were significantly associated with mothers' asking more open-ended questions to elicit feelings when discussing a sad event with their adolescents. This, in turn, led to a decrease in the adolescents' externalizing problems. However, this was observed only when perceived maternal rejection was low. The results were discussed within the context of the literature, and study's limitations, recommendations for future studies, and clinical implications were addressed.

Keywords: Maternal early maladaptive schemas, mother-adolescent reminiscing, adolescents' externalizing problems, perceived maternal parenting

ÖZET

ANNENİN ERKEN DÖNEM UYUMSUZ ŞEMALARINDAN ERGENLERİN DAVRANIŞ SORUNLARINA GİDEN YOLDA DUYGUSAL ANI KONUŞMASI VE ALGILANAN EBEVEYNLİK ROLLERİNİN ARAŞTIRILMASI

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Bu çalışmanın amacı, ergenlik dönemindeki gençler ve annelerinin üzücü bir olay sırasındaki anı konuşmalarında duygusal ayrıntılandırmanın annenin erken dönem uyum bozucu şemaları ile ergenin davranış problemlerine aracılık edip etmediğini ve bu mekanizmada annenin algıladığı ebeveynlik biçiminin koruyucu bir işlev üstlenip üstelenmediğini incelemektir. Bu doğrultuda, çalışmanın örneklemini 103 anne ($Ort. = 41.96, SS = 5.44$) – ergen (11-18 yaş, $Ort = 13.87, SS = 1.56$) çifti oluşturmuştur. Ev ziyareti şeklinde gerçekleşen bu çalışmada, duygusal ayrıntılandırmayı ölçmek için anne ve ergen üzgün bir anıyla ilgili 5 dakika boyunca baş başa sessiz bir odada konuşmuşlardır. Bu kısım ses kaydına alınmış, daha sonra kodlanmıştır. Çalışmada kullanılan ölçekler ise link yoluyla anneye iletilmiş olan Young Şema Ölçeği Kısa Form 3 (YŞÖ-KF3), Güçler ve Güçlükler Anketi (GGA), Kısaltılmış Algılanan Ebeveyn Tutumları Ölçeği- Ebeveyn Formu (KAET-E)'dir. Bulgulara göre, ergenlik

çağındaki çocukların annelerinde daha fazla kopukluk-reddedilme ve zedelenmiş sınırlar/yüksek standartlar şema alanları, annenin ergenle üzgün bir anı hakkında konuşurken ergenlerin duygularını ortaya çıkarmak için daha fazla açık uçlu soru sormasıyla ilişkili bulunmuştur. Bu durum, yalnızca annenin ebeveynliğini reddedici olarak algılaması düşük olduğunda ergenin dışsallaştırma sorunlarının azalmasına yol açmıştır. Sonuçlar alanyazın kapsamında tartışılmış, sınırlılıklar, gelecek çalışmalar için öneriler ve klinik doğurgular ele alınmıştır.

Anahtar Kelimeler: Annenin erken dönem uyumsuz şemaları, anne-ergen konuşmaları, ergenin dışsallaştırma problemi, annenin ebeveynlik algısı

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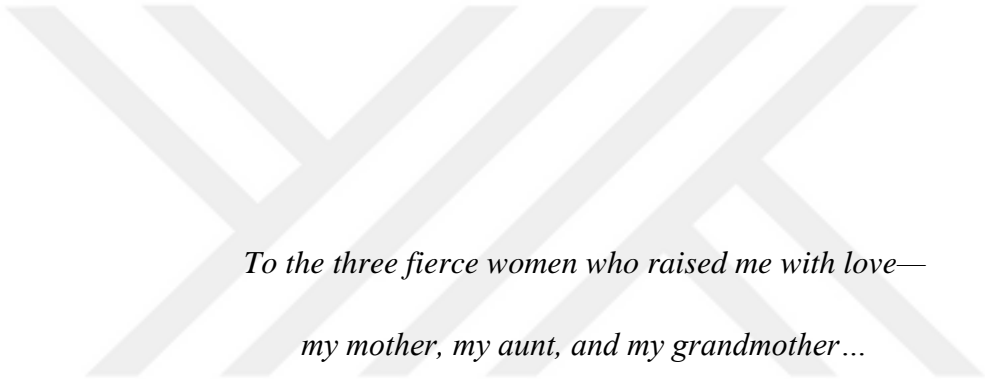
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*To the three fierce women who raised me with love—
my mother, my aunt, and my grandmother...*

And to my father, my silent strength...

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LIST OF ABBREVIATIONS

EMSs	Early Maladaptive Schemas
SDQ	Strengths and Difficulties Questionnaire
S-EMBU-P	Short form of Egna Minnen Barndoms Uppfostran - Parent
WHO	World Health Organization
YSQ-SF3	Young Schema Questionnaire-Short Form-3

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CHAPTER 1

INTRODUCTION

The purpose of this thesis is to examine the effects of maternal early maladaptive schemas on adolescents' internalizing and externalizing behavioral problems through mother–adolescent reminiscing, as well as to investigate mothers' perceived parenting attitudes as protective factors in this relationship. In this regard, the definitions, conceptualizations, and theoretical backgrounds of the key terms, along with their relationships to adolescents' behavioral problems, will be comprehensively discussed in the following sections. Then, the introduction will end with the thesis's purpose, and hypotheses.

1.1 Schema Theory

1.1.1 Schema/Early Maladaptive Schemas

Schemas are mental representations that help individuals to understand, interpret, and organize themselves and the outside world (Piaget, 1926). They play an essential role in the formation of attitudes, behaviors, and emotions, which help them to make sense of life, including perceptions and beliefs for both the present and the future (Beck, 1970; Beck et al., 1979). In the context of Schema Theory by Young et al. (2003), schemas are exhaustive patterns, including physical senses, emotions, cognitions, and memories. According to this theory, emotional and cognitive-based complex, dysfunctional, and persistent themes related to one's self and others, which begin in the early period and continue throughout life due to the lack of needs to be met in childhood, are defined as early maladaptive schemas (EMSs). EMSs are characterized by unfulfilled emotional needs (Young et al., 2003).

1.1.2 Characteristics of Early Maladaptive Schemas

Throughout the years, the notion of schema has evolved from a theoretical and significant position in the cognitive domain to a series of theoretical and practical advancements in the therapeutic domain. Given these advancements, it is not feasible to hold the independence of the Schema Theory proposed by Young et al. (2003) from the ideas and practices of the cognitive-behavioral approach. Nevertheless, Young's Schema Theory is an eclectic structure that incorporates elements from a variety of

approaches, including psychoanalysis, transactional analysis, attachment theory, Gestalt, and object relationships (Rafaeli et al., 2011; Young et al., 2003). It offers a thorough framework for both theoretical and practical purposes, emphasizing the connection between early childhood events, innate temperament, and social or personal psychological consequences in maturity.

Temperament, early life experiences, and fundamental emotional needs form the foundation of EMS (Young et al., 2003). There are five innate emotional need namely: 1)The need for secure attachment, which is shaped by the needs for closeness and approval, security and care; 2) the need for autonomy, competence, and positive identity perception, which includes the child being able to make decisions on his/her own, solve problems and thus create a sufficient and positive identity perception; 3) the need for the expression of needs and emotions, which includes the child being able to express his/her feelings, thoughts and needs and being accepted; 4) the need for spontaneity and play, which includes being able to create competence; 5) the need for realistic limits and self-control, which includes setting realistic limits and goals for the child and thus providing competence. The four fundamental experiences encountered in the early period include (a) excessive overprotection or fulfillment of needs, (b) the detrimental obstruction of fundamental emotional needs, (c) the selective internalization and identification process, wherein the child's thoughts, behaviors, and experiences are selectively assimilated from the caregiver within their environment, and (d) being a victim or having experienced trauma. In summary, the biologically based structure of the childhood/adolescence, that is, the way they interact with and respond to the environment, five basic needs that need to be met, and four important experiences, all separately and via interacting with each other, may lead to the formation of resistant-to-change schemas (Rafaeli et al., 2011; Young et al., 2003).

The failure to meet the core emotional needs causes the child to experience difficult emotions such as shame, anxiety, guilt, and anger. These needs are reinforced as long as they are not satisfied, thus influencing subsequent experiences, leading to the continuation of already formed EMS. Therefore, EMS, which are initially functional to adapt to the environment and to survive in terms of making sense of the world, lose

their functionality, especially during adulthood. Individuals pay attention to the situations that trigger their schemas; which in turn can activate schemas in similar situations where there is no real threat at the beginning. Proposedly, with the comfort of the known, people react with existing schemas in interpersonal situations and events which are different from the situations where the schemas have been initially formed. As a result, EMSs turns into having a disruptive function both emotionally and socially (Rafaeli et al., 2011; Young, 1999; Young et al., 2003).

1.1.3 Early Maladaptive Schema Domains and Schemas

According to Schema Theory (Young et al., 2003), EMSs are classified as 18 schemas into five schema domains based on unfulfilled emotional demands. The first domain is *disconnection and rejection* covering schemas that develop as a result of unmet need of secure attachment to others secure attachment to others. EMSs in this schema domain are defectiveness/shame, abandonment/instability, emotional deprivation, social isolation/alienation, and mistrust/abuse. This domain is believed to develop when a child lacks a reliable and consistent perception of their environment and does not experience unconditional acceptance or love. Furthermore, it is recognized that the familial environment is characterized by rejection, lack of empathy, disinterest, emotional coldness, criticism, punitive behavior, and instances of physical or sexual abuse. As these needs pertain to the initial phases of fundamental care, this schema domain develops at a younger age and exhibits greater resilience and potential for harm (Young, 1999; Young et al., 2003; Young & Klosko, 1994).

As a second domain, *impaired autonomy and performance* is characterized by not fulfilling fundamental demands such as autonomy, competition (potential for success), and a sense of identity. This schema domain includes the following schemas: dependence/incompetence, enmeshment/undeveloped self, vulnerability to harm or illness, and failure. Individuals who have EMSs within this schema domain, which is suggested to develop when the need for autonomy, competence, and sense of identity is unmet, have limited individual and independent behaviors, need guidance from others, think that they will fail, and feel helpless due to this. They believe that their own decisions will harm them and others. It also includes excessive attachment and

closeness. In the formation of the schema, there is an emphasis on the acquisition of the schema through social learning. Also, it is stressed that the emotionally and physically insecure environment of the family might be incorporating, excessive demands, harsh criticisms, overprotective or the opposite self-display, which are characteristics that do not support competent action and are abusive (Arntz & Jacob, 2013; Young et al., 2003).

Impaired limits schema domain includes insufficient self-control/self-discipline and entitlement/grandiosity schemas, which are due to the fact that the need for realistic boundaries and self-control is not met. This domain is characterized by accepting normal limits, being unable to remain calm when limits are exceeded, difficulties in long-term goal management, and difficulties in establishing relationships. When looking at the family environment, rigidity, over-discipline, and rigid rules are present. Flexibility is questioned, and EMSs in this domain can manifest as a revolt against the prevailing order. However, the family roots also show excessive tolerance regarding limits, lack of direction, and lack of acceptance of responsibility (Rafaeli et al., 2011; Young et al., 2003).

Other-directedness schema domain occurs when the need to express feelings and needs clearly is unmet and consists of self-sacrifice, subjugation, and approval-seeking/recognition-seeking EMSs. Individuals with these emss attempt to fulfill their needs for affection, validation, and intimacy by prioritizing the needs and desires of others over their own. They lack awareness of their emotions, desires, and necessities due to the suppression of their consciousness and anger. This family background is marked by conditional acceptance, feelings of guilt, experiences of retaliation and related anxiety. There is also an emphasis on the child's social appearance over the expression and acceptance of their needs and feelings (Rafaeli et al., 2011; Young et al., 2003; Young & Klosko, 1994).

Overvigilance and inhibition schema domain, which is based on its own spontaneity and lack of play, includes emotional inhibition, punitiveness, negativity/pessimism, and unrelenting standards/hypercriticalness schemas. Internalized and rigid rules and

ethical principles are preferred to their spontaneity, needs, and feelings in order to establish close relationships, health, and happiness. Achievement and perfectionism are noticeable themes in performance. Related to this schema domain, the family background is punitive, has strict boundaries, and is demanding. There is always a focus on the bad side of situations, devaluation of fun and childish needs, high standards of achievement, and dissatisfaction. Individuals who have EMSs within this schema domain believe that every mistake deserves the harshest and most severe punishment (Arntz & Jacob, 2013; Rafaeli et al., 2011; Young et al., 2003).

When we consider this conceptual framework in the context of motherhood, it is seen that the EMSs shaped by the mother's early experiences affect her inner world, her relationship with her child, and her parenting style (Bruysters & Pilkington, 2023; Miklósi et al., 2017; Young et al., 2003). Because the mother not only controls her own emotional processes but also endeavors to comprehend and address her child's emotional needs (Laible, 2004; Rutherford et al., 2015). Therefore, the way the mother perceives the world, her basic beliefs, and EMSs become one of the main components of the environment in which the child grows up (Nordahl et al., 2019; Sójta & Strzelecki, 2023). In this environment, we can consider the impact of EMSs more concretely in the mother-child conversation. So, mother-child reminiscing is a tangible reflection of the mother's internal world.

1.2 Reminiscing

Mother-child reminiscing is when a mother and child remember and discuss an event from the past, that is, talk about their experiences and feelings about the event (Fivush et al., 2006; Reese & Fivush, 1993). Indeed, these conversations are built on the past, future, and present; have very important effects on the cognitive, social, and emotional development of the child (Fivush et al., 2006; Taumoepeau & Reese, 2013; Wang et al., 2010). Studies on mother-child conversations are based on the Vygotsky's Sociocultural Theory (1978; Nelson & Fivush, 2004) and emphasize that children construct a life story for themselves with language, that this is formed through parent-guided scaffolding. Thus, children make sense of structures with essential functions such as thought and emotion, and create a structural content of the past, which in turn

influences their developmental outcomes. In other words, the mother's conversations with her child about an event in the past help the child to understand the memory better, internalize the child's current emotion, show the child how to cope emotionally with that situation, and help the mother to build scaffolding in many areas such as helping the child to create his/her own personal story. It also sheds light on the child's future (emotional and physical) developmental outcomes. However, individual differences exist in how parents shape and scaffold during reminiscing (Fivush & Fromhoff, 1988). While talking about the past, these differences are called reminiscing styles.

Especially, recent studies have evolved from the concepts of reminiscing style as elaborative/repetitive to high/low elaborative (Van Bergen et al., 2009; Wu & Jabson, 2019). In earlier studies, parents with an *elaborative reminiscing style* gave more details about the event in their conversations with their children, tried to get more information; and the conversation lasted longer. Therefore, they asked more open-ended and yes or no questions, and made more context-related statements and evaluations about what was said. On the other hand, in the conversations of parents with *repetitive reminiscing style* with their children, they ask their own (open-ended and closed-ended) questions in a repetitive manner, bringing the expressions in their minds to the conversation in a repetitive manner, and do not get detailed information about the event (Fivush & Fromhoff, 1988; Reese & Fivush, 1993). In contrast, recent studies have showed that each parent elaborates, but it varies according to how they show this in their conversations, referring to as high and low elaboration dimensions. Parents with *high elaboration style* are more likely than parents with low elaboration style to elicit new and more contextually relevant information and to ask open-ended questions in their conversations, which are richer in contextual information. On the other hand, parents with *low elaboration style* have a speaking style that uses closed-ended questions that bring new information up to a point and repeat existing information or questions, therefore, they have less detail (Table 1) (Fivush et al., 2006; Fivush & Reese, 2002; McDonnell et al., 2016).

Another focal point of studies conducted in reminiscing is the emotional content of the conversation. The detailed conversations in the studies were examined through

Table 1. Coding Features of Mother-Adolescence Reminiscing

The Codes	Definition	Example
Structural Coding		
High Elaboration Style		
Open-ended questions	Wh- questions that gives us new information about the context	Who was with you when this happened?
Contextual Statements	Sentences giving new information about the event	Teacher Aykut called us, we were in science class.
Low Elaboration Style		
Closed-ended questions	Questions where a yes-no answer is expected	Were all your classmates there? Wow!
Repetition statements	Open-ended/closed-ended questions, and contextual statements that contain information that has been used before or has essentially the same meaning	You said, 'Aykut teacher called us.'
Emotional Coding		
Positive, Negative, or Neutral Coding	Utterance where the emotion is positive, negative or neutral	I was very bored.[NEG] I was happy when you understood me.[POS] How did you feel? [NEU]
Open-ended/Close-ended questions	Yes-No and Wh-questions about emotion	He upset you a lot, didn't he? What did you feel?
Explanation	Sentences giving cause and effect about emotion	I was distraught that day because the teacher was angry with me.
Attribution	Sentences related to emotion	He started shouting at us

Note: *NEG*: Negative charged sentences, *POS*: Positively charged sentence, *NEU*: neutral sentence.

positive or negative references to emotionally charged words, explanations, results, behaviors, open-ended or closed questions, and evaluations (Fivush et al., 2000; Reese et al., 2007; Van Bergen et al., 2009); or through emotionally charged words (positive and negative) and behaviors (such as laughing, crying) used during the conversation (Bohanek et al., 2005; Bost et al., 2006; Fivush et al., 2008; Fivush & Vasudeva; 2002). In the present study, the emotional content of the conversations was examined through positive/negative/neutral references to emotionally charged words, explanations, and questions (see Table 1 for details).

Reminiscing studies are mainly conducted with primary caregivers, mothers, and young children (Çen-Yağız, 2024; Leyva et al., 2020). On the contrary, reminiscing studies conducted with adolescents, which are relatively rare in the literature, mostly appear as part of longitudinal studies (Koh & Wang, 2021; Swetlitz et al., 2021). Adolescence is a period when many biological, physical, socio-emotional, and cognitive changes occur together (Arnett, 2000; Atalay & Özyürek, 2021). The emotional aspects of these changes, in particular, may come to the forefront in the conversations between mothers and adolescents because they affect the adolescents' life. In this context, it is clear that adolescents need guidance to adapt to change (Morris et al., 2007; Sarıtaş-Atalar & Altan-Atalay, 2018; Vygotsky, 1978). The guidance roles of mothers are of critical importance at this point; as the mother's own beliefs, the way she perceives the world, and her coping methods affect her interaction with her child and how she guides him/her in the face of new challenges during adolescence (Rutherford et al., 2015; Shi et al., 2024). In light of this, examining the impact of maternal EMSs on mother-adolescent conversations and how this is reflected in the adolescents' psychological well-being emerges as an important topic.

1.2.1 Maternal EMSs, Mother-Adolescent Reminiscing, and Adolescent Well-Being

1.2.1.1 Maternal EMSs and Reminiscing

EMSs affect the perception of the world, beliefs, and coping mechanisms, and shapes our relationships with significant others. EMSs are perpetuated even if they are

dysfunctional or painful (Young et al., 2003). Therefore, mothers with greater EMSs tend to recreate the environment they experienced as children—often dysfunctional or emotionally challenging one—and treat their own children in similar ways (Behrens, 2010; Rafaeli et al., 2011; Kağitçibaşı, 2007; Young et al., 2003). At this point, mother-child/adolescent reminiscing is crucial as beliefs, cognitions, emotions, emotional coping, and interpersonal and self-relationships are conveyed through language and observation at each developmental stage from parents to children/adolescents (Bandura & Walters, 1963; Yang & Wang, 2019). It also overlaps with Vygotsky's Sociocultural Theory (1978), which emphasizes that the child's development is affected by the context in which he/she is located because mother-child/adolescent conversations are a channel for building bridges, thus creating a resource for development. It also aligns with the function of reminiscing in emotionally charged events, as Fivush and colleagues (2003) described, self-relationship, coping with emotion in negative experiences, and self-definition. However, considering that adolescence is a turbulent period characterized by tense family relationships and heightened conflicts, it is notable how specific schema areas can be triggered, leading to distinct automatic responses (Fosco & Lydon-Staley, 2020; Young et al., 2003). A mother with greater EMSs may have disagreements, tensions and arguments with her adolescent due to reasons such as grumpiness, criticism, or setting limits, which are common in adolescence. For instance, a mother with greater disconnection-rejection domain may interpret the behaviours of the adolescent as being unloved and rejected, which may lead to an automatic emotional reaction (i.e. Why don't you tell me anything? I tell you everything!). Or a mother with a high impaired limit schema domain may respond to the adolescent's need for autonomy or challenges in a harsh, reactive or overly permissive manner (i.e. said no because I'm disappointed!). In summary, the maternal EMSs, which are dysfunctional, affect her interaction with the child through language which may lead to confusion in the adolescent due to inconsistencies in communication and emotional intensity (Miklósi et al., 2017; Sójta & Strzelecki, 2023; Vygotsky, 1978; Young et al., 2003). Therefore, maternal EMSs are suggested to play a role in shaping the emotional tone, and emotional elaboration of mother-adolescent reminiscing. Understanding the impact of

EMSs on reminiscing offers a valuable basis for exploring how reminiscing affects children's well-being.

1.2.1.2 Reminiscing and Child/Adolescent Health

The short- and long-term effects of reminiscing on children's psychological health have been identified in the existing literature. Studies have found that the maternal reminiscing style (both structural and emotional dimensions) in emotionally charged conversations has an impact on many different areas, including the child's socioemotional development, the child's understanding and regulation of emotions, self-perception, autobiographical memory, the child's reminiscing style, problem behavior, positive social behavior, and language skills (Fivush et al., 2006; Leyva et al., 2020; Wu & Jabson, 2019). In addition, the contribution of emotionally charged conversations about negative events to the child's socioemotional development compared to positive events is related to mothers talking about emotions in more detail, asking more open-ended questions, trying to help the child understand how the event and emotions occurred, and explaining the reasons for emotions (Ackil et al., 2003; Fivush et al., 2003; Laible, 2011). In contrast, in positive events, mothers ask more closed-ended questions, focus only on emotions rather than reasons, and thus focus more on developing children's self-esteem and creating a shared history (Reese et al., 2007; Sales et al., 2003). Furthermore, it is known from the literature that parents talk to their daughters in more detail and with more emotion than they do to their sons (Reese & Fivush, 1993; Wu & Jabson, 2019).

A study conducted by Fivush and colleagues (2003) examined the effects of mothers talking to their 4-year-old children about memories loaded with sadness, anger, and fear on emotional self-development. Accordingly, when reminiscing about a sad memory, the mother reflects on what has been shared and offers solutions addressing the emotional state, focusing on strengthening the child's relationship with her and supporting their ability to cope with the event. In conversations about fear-laden memories, the focus is on the child's coping with the event through the facts and emotional solutions. When talking about anger-laden memories, it was found that mothers emphasized the emotional state and focused the conversation on the child's self-awareness. In other words, negative memories with themes of sadness, fear, and

anger have different functions, all of which are important for the child's developmental outcomes. However, it was observed that mothers focused more on the causes when discussing emotionally charged events. Moreover, mothers were found to talk to their daughters more in detail, which is consistent with previous research.

Sales and Fivush (2005) and Fivush and Sales (2006), as part of a more extensive study with preadolescent children with chronic asthma and their mothers, found that children of mothers who elaborated, attributed, and explained emotions when recalling stressful events showed fewer internalizing and externalizing behavioral problems and better, more flexible coping. Consistent with these findings, Sales et al. (2003) conducted a study in which mothers and children aged 29 months to 82 months who were treated in the emergency department were asked to talk about a positive (a self-determined event) and negative (about the injury and treatment that resulted in the emergency department) event. Results revealed that mothers asked more open-ended questions and focussed more on causal explanations in the negative memory, while they asked more yes-no questions and focussed more on emotions in the positive memory. In other words, positive and negative memories have different conversational focus and different functions, with negative memories more associated with behavioral problems of the child.

A longitudinal study by Swetlitz et al., (2021) found that the mother's detailed conversation with their children mediated the relationship between maternal depression and externalization; that is, the mother's depression when the child was 6 months old was found to be preventive of the child's later externalizing behavior problem. Measurements of the mother's early depression, mother-child reminiscing, and child's internalizing and externalizing problem behavior variables were collected from the mother when the infant was 6 months old, from both the mother and the child when the child was 5 years old, and from the child's primary school teachers when the child was 7 years old.

Moreover, another longitudinal study conducted with mothers and their children examined the effect of reminiscing on children's mental health in negative memories

(Koh and Wang, 2021). In the study, which was conducted with two different cultural settings in which both individualistic (European-American mothers) and collectivistic (Chinese-American mothers) characteristics were more prominent, a mother-child reminiscing task about a negative memory was performed when the children were 4.5 years old. When children were at the age of 7, measures of socially adaptive behaviors, internalizing problems, externalizing problems, behavioral problems, and negative social self (Asian-specific dimension of depression) were obtained from their mothers. Mothers' references to negative emotional words were associated with less externalizing, internalizing, and behavioral problems in children; mothers' emotional attributions (utterances which are emotionally charged word or behaviors) were associated with lower negative social self. However, children of mothers who disclosed emotions had fewer externalization problems and lower negative social self-perception. Maternal verification of emotional disclosures was associated with fewer behavioral and externalizing problems among children. In contrast to European-American mother-child outcomes, Chinese-American mothers' reaffirmation of explanations was associated with compliant behavior, and mothers' use of negative emotional terms was associated with lower negative social self-concepts.

In Dewhirst's (2020) study, which includes a series of cross-sectional and longitudinal studies investigating the relationship between mother-adolescent reminiscing and adolescent psychological adjustment with a focus on dyadic coding, 67 mother-adolescent dyads were asked to talk about an event they discussed. The results showed that mother-adolescent dyads who elaborated and prolonged the conversation used strategies that supported co-construction and cooperation during the conversation, while mother-adolescent dyads who kept the conversation short used non-supportive strategies that encouraged repetition of questions and avoidance/irrelevance. In addition, the use of these unsupportive strategies was found to be bidirectionally correlated with adolescents' anxiety behaviors. Mothers' and adolescents' encouragement of emotional avoidance was also found to increase anxiety in adolescents. Furthermore, adolescents' participation in supportive talk strategies was found to have a long-term risk-reducing effect on the risk of anxiety in adolescents.

Although the literature on reminiscing in our country (i.e., Türkiye) is growing, the majority of these studies have been conducted with children and their mothers (Çen-Yağız, 2024; Çeviker, 2022; Şahin-Acar et al., 2019). Despite this, there has been only one reminiscing study conducted with adolescents in Türkiye. In that study, Elibol Pekaslan (2019) examined the mother-adolescent pairs' conversations about the memories in which the adolescent feels happy, sad, and angry, and during this conversation (found by content analysis in the study), the Self, Directive, and Social functions of autobiographical memory and its relationship with emotion regulation strategies. The study found that in Turkish culture, mothers are more likely to encourage children to talk about their sadness rather than their anger, which aligns with prior research (Çorapcı et al., 2012), and that it is more beneficial for emotion regulation than anger. In other words, in Turkish culture, talking about a sad memory seems to be a more functional process in terms of outcomes.

In conclusion, mother-child/adolescent reminiscing studies report that negative emotional memory conversations shared in mother-child/adolescent create an instrumental context for the child's socio-emotional development, that these negative memories contain more structural and emotional details compared to positive memories. Moreover, in this context, emotional attributions, explanations and consequences, and therefore emotional evaluations are more (Ackil et al., 2003; Fivush et al., 2006; Wu & Jabson, 2019). This has been found to be related to the child's ability to make sense of and process different emotions through language while establishing the link between the past and the present, thus having his/her own representations and self-perception, regulating the child's reactions, and creating a resource for similar situations in the future as he/she evaluates with a present-time perspective (Fivush et al., 2006; Laible, 2004; Leyva et al., 2020; Salmon & Reese, 2016). That is, mother-adolescent reminiscing provides a coherent framework within which the mother can reconstruct what the adolescent has experienced, thus improving the adolescent's cognitive organization and reducing the chaos of emotion-heavy behavioral problems. In line with the literature, the current study examined structurally and emotionally within the framework of sad memory conversations of mother-adolescent conversations, which have limited studies.

Building on this framework, in mother-adolescent reminiscing, the cognitive and emotional restructuring process not only affects the children/adolescents' cognitive and emotional outcomes but also their behavioural problems (Dewhirst, 2020; Fivush et al., 2003; Swetlitz et al., 2021). This gives us a background to support the well-being of adolescents and to examine behavioural problems.

1.3 Adolescents' Behavioural Problems

Internalizing and externalizing problems are two significant categories of behavioral problems that were first used in 1966 to describe symptoms in children and adolescents in the clinical sample (Achenbach, 1966). The internalizing behavior problem is concentrated on the self and is associated with depressive and somatic symptoms, withdrawal, anxiety, etc; while externalizing behavior problems emerge especially by interacting with the social environment and are associated with self-aggression, impulsivity, substance use, destructive behaviors, etc. (Achenbach et al., 2016; Nikstat & Riemann, 2020). To better understand behavioral problems, it is essential to consider the developmental context in which they frequently emerge. Adolescence serves as a bridge from childhood to emerging adulthood/adulthood and is an extremely sensitive period of physical, mental, behavioral, and social changes (World Health Organization, WHO, 2024). Therefore, focusing on adolescence, a period of intense bio-psychosocial changes during which these problems are frequently observed, represents a critical period for understanding behavioural problems (Crosnoe & Johnson, 2011).

Adolescence starts at the age of 10 to 12 and ends at the age of 18 to 19 (Arnett, 2000). With the physical and hormonal changes in their bodies, adolescents try to adapt to their bodies; they start to rediscover and understand the environment and themselves differently; how to think, how to feel, and how to behave has changed; thus, this period becomes both sensitive and critical. Adolescents are, therefore, more vulnerable to mental disorders. Mental health problems that are not addressed during adolescence may persist into adulthood and negatively affect well-being (Fuhrmann et al., 2015; Sharp & Wal, 2018).

More specifically, one in every seven individuals aged 10–19 has a mental disorder (WHO, 2024). In the context of Türkiye, it has been reported that 36% of adolescents have mental disorders, a rate higher than previously reported national and international prevalence rates (Ercan et al., 2019). Mental disorders in adolescents include anxiety, depression, attention deficit hyperactivity disorder (ADHD), conduct disorder, and eating disorders, all of which are important risk factors for both short- and long-term outcomes (Cicchetti & Rogosch, 2002; Costello & Maughan, 2015; WHO, 2024). In Türkiye, the most common disorders observed in children and adolescents are ADHD, anxiety disorders, oppositional defiant disorder, specific learning difficulties, externalizing disorders, and depression (Bilkay et al., 2023). The prevalence of mental disorders differs by sex: internalizing problems such as anxiety, depression, and difficulties in social relationships are more frequently observed in girls, while externalizing problems such as ADHD and oppositional defiant disorder are more prevalent among boys (Öztop, 2012; Van Droogenbroeck et al., 2018). These prevalence rates highlight the necessity of investigating mechanisms, such as maternal EMSs and mother–adolescent reminiscing, that may influence the emergence of behavioral problems in adolescence.

1.3.1 Maternal EMSs, Reminiscing, and Adolescent Internalizing and Externalizing Behavioral Problems

Understanding which mechanisms play a role in forming internalized and externalized behavioral problems in adolescents is crucial for theory and practice due to its negative consequences (Achenbach et al., 2003; Aunola et al., 2000). Although numerous studies have focused on the effect of adolescent schemas in the context of investigating the mechanisms that affect adolescent behavior problems (Calvete et al., 2013; van Wijk-Herbrink et al., 2018; Yiğit et al., 2021), studies investigating the effect of maternal EMSs on children's and adolescents' behavioral problems are very limited (Köçer and Öngören, 2021; Yiğit, 2018). While the developmental outcomes of mother-child reminiscing have been extensively examined (Cleveland & Reese, 2005; Fivush et al., 2006; Fivush & Salmon, 2023), studies examining mother-adolescent reminiscing and

its effects on behavioral problems remain quite limited (Dewhirst, 2019; Mitchell & Reese, 2022).

The Growing Memories study, a longitudinal study initiated by Reese and Newcombe (2007), commenced with home visits when the children were 21, 23, 25, 27, and 29 months old. During these visits, measurements of mother-child reminiscing were taken, and reminiscing coaching was provided to the mothers at 21, 25, and 29 months of age. Research indicates that children of mothers who receive coaching possess more comprehensive and accurate memories than those of mothers who do not. A subsequent phase of the longitudinal study was conducted when the children reached 15 (Mitchell & Reese, 2022). Children of mothers in the coaching condition exhibited fewer emotional issues and more stable historical backgrounds compared to children of mothers in coaching condition. The next part of this study was conducted when these children were 21 years old (Marshall & Reese, 2022). Consistent with the literature, emerging adults in the intervention group showed lower depression, higher self-esteem, and more complete narrative coherence. Although few studies in the literature focus on the relationship between mothers' elaboration style and children's well-being and its causes, the Growing Memories study is in a critical position for the developing literature.

A study involving adolescents aged 12 to 17 and their mothers who experienced one of the most severe tornadoes (Hendrickson et al., 2020) investigated the correlation between the disaster experience and the adolescents' post-traumatic stress disorder (PTSD) symptoms, considering the youths' recall abilities and the caregivers' emphasis on the event about their own experiences and emotions. The mother and adolescent initially recalled the Tornado together, but three to four years later, the adolescent independently remembered the event. Although the adolescent shared his/her own feelings and perceptions, it was found that when the parents focused on their own feelings and perceptions, PTSD symptoms in adolescents were maintained during reminiscing 4 years after the event. This relationship is believed to be effective through the parent's non-supportive approach. However, it is worth noting that the parent's own PTSD was not assessed during the study process, and the adolescent's reminiscing

qualities were not measured and controlled. Therefore, it is important to understand the mechanisms through which the effects of mother-adolescent reminiscing on mental health among adolescents are effective.

Although mother-adolescent reminiscing has been shown to be associated with behavioral problems in children and adolescents, EMSs, which are thought to influence both the reminiscing process and the children/adolescents' behavioral problems, have been examined with different variables. Prior research suggests that EMSs may play a role in child/adolescent behavioral problems (Miklósi et al., 2017; van Wijk-Herbrink et al., 2018). In fact, a wide body of literature has emphasized the importance of EMSs in the cognitive structure of various psychopathologies (Beck et al., 1979; Damiano et al., 2015; Hawke & Provencher, 2011; Nicol et al., 2020; Van Wijk-Herbrink et al., 2018; Young et al., 2003). Despite this, studies directly focusing on the effects of maternal EMSs on child well-being remain quite limited. For instance, Sayal (2017) examined the relationship between parents' EMSs and behavioral problems in children aged 6 to 10, and found that schemas such as abandonment/ instability, defectiveness/ shame, unrelenting standards/ hypercriticalness, emotional inhibition, social isolation/ alienation, punitiveness, and failure were associated with externalizing behavior problems. Similarly, Köçer and Öngören (2021) reported that maternal EMSs, particularly social isolation/ insecurity, abandonment, defectiveness, and emotional deprivation, were positively associated with attention problems, anxiety, and behavioral disorders in children aged 4 to 6. Moreover, Shahryari et al. (2014) found significant differences in EMSs between mothers of children with and without mental health disorders such as ADHD or Oppositional Defiant Disorder. However, the relationship between maternal EMSs and child/adolescent behavioral problems has been examined via different variables, and it has been found that maternal EMSs may have an effect on child/adolescent behavioral problems. To illustrate, Yiğit (2018) found that maternal EMSs domains (such as disconnection and impaired limits-exaggerated standards) associated with adolescents' depression and anxiety via the adolescents' own EMSs domain (disconnection domain). Similarly, Shi et al. (2024) reported that parents' schemas (e.g., mistrust/abuse and insufficient self-control/self-discipline) were related to

adolescents' social adaptation, again mediated by the adolescents' corresponding schemas. These findings suggest that maternal EMSs may influence children's behavioral problems not only directly, but also indirectly—by shaping parenting practices, affecting family dynamics, and influencing the development of children's own schemas. One of the factors that may be effective in the indirect mechanism may be mother-adolescent conversations, including communication and parenting practices.

The environment, in which children and adolescents live, especially their interactions with their primary caregivers, most notably mothers, significantly influences their psychological well-being. More specifically, the way mothers talk about emotions serves as a scaffold that supports adolescents to develop the skills of making sense of, processing, and regulating emotions. In this process, it is critical to prevent the mother, who is a role model, from influencing dysfunctional beliefs and cognitions stemming from her own EMSs to the child/adolescent developmental context. As far as we know from the literature, it is known from different studies that the maternal EMSs affects the child's behavioral problems and adaptation problems through the child's/adolescent's own schema (Gibson & Francis, 2019; Miklósi et al., 2017; Shi et al., 2024), but it has not been examined whether this effect is mediated by reminiscing. Studies conducted in the reminiscing children/adolescents' well-being context show that mother-child reminiscing can change with structured coaching provided to the mother. It has also been seen to affect the children/adolescents' well-being (Salmon et al., 2009; Van Bergen et al., 2018). In addition, longitudinal studies have shown that children of mothers who received this coaching showed fewer psychological symptoms compared to children of mothers who did not receive coaching (Marshall & Reese, 2022; Reese et al., 2020). Therefore, in this study, the effect of maternal EMSs on adolescents' internalizing and externalizing problems was examined in the context of mother-adolescent reminiscing.

While maternal EMSs and mother-adolescent reminiscing provide a framework for understanding adolescent behavioural problems, these processes cannot be separated from broader parenting dynamics. More specifically, how parents communicate, the

mother's representations of herself, her evaluation of her parenting, boundary setting in the relationship, emotional closeness, and overprotectiveness are influential on behavioural problems (Kochanova et al., 2021; Pinquart, 2017; Rothenberg et al., 2020). Therefore, it is important to understand how perceived maternal parenting affects these mechanisms.

1.4 Percieved Parenting

Parental attitudes are studied in a variety of ways, including parental control, clarity of parent-child communication, parental sensitivity and parental demanding, nurturance characteristics, warmth, overprotection, and maturity demand (Baumrind, 1991; Kiel & Maack, 2012; Leung & Shek, 2014; Maccoby & Martin, 1983). The aspects of rejection, overprotection, and emotional warmth are commonly used to assess parental attitudes (Arrindell et al., 1999). The emotional warmth component is associated with the emotional connection between parents and children, as well as how parents represent their feelings to their children (Arrindell et al., 1999; Rohner et al., 2005; Dirik et al., 2015). The rejection component is defined by parents' constant criticism and condemnation of their children, as well as a lack of affection, attention, comfort, warmth, and support (Arrindell et al., 1999; Rohner and Khaleque, 2002). Parenting overprotection is defined by worried approaches to children's safety, excessive interaction, treating children as infants, and inhibiting autonomous actions (Arrindell et al., 1999; Thomasgard et al., 1995).

Perceived parenting is a multidimensional concept that encompasses both how adolescents interpret their parents' attitudes and how parents perceive their own attitudes. These perceptions play a significant role in the emotional and behavioral development of children and adolescents (Baumrind, 1991; Marccone et al., 2020; Steinberg, 2001). Within this conceptual framework, the dimensions of emotional warmth, rejection, and overprotection are among the most frequently studied in associated to child and adolescent development.

Studies conducted across diverse cultural contexts have demonstrated that emotional warmth has protective effects on the development of children and adolescents. It is

associated with emotional stability, empathy skills, and a positive self-concept. Furthermore, emotional warmth has been linked to reductions in internalizing problems such as depression and anxiety, as well as externalizing symptoms such as aggression (Çalışkan-Sarı & Şahin-Acar, 2018; Grotmol et al., 2010; Khaleque, 2013; Letcher et al., 2009; Pinguart, 2017; Yap & Jorm, 2015). Research conducted in Türkiye similarly indicates that increased parental warmth is associated with higher life satisfaction and more positive emotions among adolescents, alongside lower levels of anxiety (Güngör & Bornstein, 2010).

Parental rejection has been associated with more adverse developmental outcomes. This parenting attitude has been linked to issues such as adjustment difficulties, aggression, depression, anxiety, substance use, low autonomy, and academic failure (Ali et al., 2015; Ramírez-Uclés et al., 2018; Rohner, 2004; Khaleque, 2015). Similar findings have been reported in studies conducted in Türkiye, where higher levels of perceived parental rejection are associated with increased aggressive behavior, lower self-esteem, and emotional instability in children (Taşören, 2016) and increased social anxiety in adolescents, especially among girls (Akgül & Dirik, 2018).

Overprotective parenting may also have detrimental effects on child development. This parenting style can hinder the development of autonomy, the acquisition of social skills, and the healthy expression of emotions. Overprotection has been particularly associated with internalizing problems such as anxiety and depression (Barber, 1996; Edwards et al., 2010; Möller et al., 2016; Van Petegem et al., 2020; Yap & Jorm, 2015). In the Turkish cultural context, influenced by collectivist values, children may sometimes perceive overprotectiveness as a form of parental warmth or attention. As a result, overprotective parenting may not always be linked to negative outcomes (Chao, 1994; Kağıtçıbaşı, 2007; Rudy & Grusec, 2006; Sümer et al., 2010; Trommsdorf, 1985). However, Akdeniz (2017) emphasized that overprotectiveness is associated with internalizing problems in adolescents, and Demirkaya and Abalı (2012) reported similar associations in children.

All these findings suggest that parental attitudes significantly influence the emotional and behavioral adjustment of children and adolescents. This relationship should be examined in conjunction with other psychosocial factors that shape a child's psychological well-being. In this context, the impact of dynamics such as the perceived maternal parenting, reminiscing, and maternal EMSs on the mental health of adolescents warrants careful investigation.

1.4.1 Maternal EMSs, Reminiscing, Mental Health, and Percieved Parenting

Maternal EMSs can shape the mother's perception of the world can influence her parenting behaviors and the way she communicates with her child (Maccoby 1992; Young et al., 2003). These schemas can also shape the context of mother-child/adolescent reminiscing, where such patterns and beliefs may be reflected. Together, these dynamics contribute to the child/adolescent well-being (Harris & Curtin, 2002; Miklósi et al., 2017; Swetlitz et al., 2021; Rankin William et al., 2009). Another important concept widely discussed in the literature is perceived parenting, which refers to how children, adolescents, or even parents themselves perceive parenting behaviors. A substantial body of research has demonstrated the impact of parenting attitudes on child and adolescent well-being (Gorostiaga et al., 2019; Rose et al., 2018; Ruiz-Hernández et al., 2019). In this context, perceived parenting may act as a buffer or amplifier, particularly when considering the effects of maternal EMSs and mother-adolescent reminiscing on child/adolescent mental health, making it essential to explore how perceived parenting is conceptualized and associated with maternal EMSs, reminiscing, and well-being outcomes.

Percieved parenting plays a key role in how children and adolescents perceive their parent's cognitions, beliefs, and general orientation toward the word and these factors closely tied to their development and psychological well-being (Kobak & Sceery, 1988; Young, 1999; Young et al., 2003). In the literature, percieved parenting has been shown to affect child and adolescent well-being via various factors including child/adolescent EMSs, childhood maltreatment, and attachment (Gibson & Francis, 2019; Gladstone & Parker, 2005; Gong & Chan, 2018). Among these, maternal EMSs are particularly significant, as they shape mothers' cognitive and emotional patterns,

guide parenting behavior, and affect interpersonal relationships, especially those with their children (Jones et al., 2015; Mikulincer & Florian, 1999; Young et al., 2003). These processes are often investigated within the frameworks of communication, attachment, and parenting in the mother-child/adolescent relationship (Gibson & Francis, 2019; Harris & Curtin, 2002). Furthermore, considering that the development of the impaired autonomy and performance schema domain is associated with the violation of basic needs such as autonomy and achievement, parental overprotectiveness is closely linked to this schema domain (Haugh et al., 2017).

In parallel with these findings, studies suggest that perceived parenting is strongly related to both EMSs and psychological symptoms; however, the roles these variables play in the relationship may differ (Bosmans et al., 2010; Saritaş-Atalar & Altan-Atalay, 2020). In a few studies have found that EMSs play a mediating role between perceived parenting and psychological outcomes in both clinical and non-clinical populations (Harris & Curtin, 2002; McGinn et al., 2005). For instance, Saritaş-Atalar and Altan-Atalay (2018) reported that disconnection- rejection schema domain mediated the relationship between maternal rejection and psychological symptoms. In addition, impaired autonomy mediated the relationship between maternal control and anxiety, depression. Impaired limits schema domain mediated the relationship between maternal control and anger. Similarly, in another study conducted with individuals aged 18-27, disconnection-rejection and impaired autonomy/other orientation schemas mediated the relationship between maternal rejection and anxiety symptoms in youth (Saritaş-Atalar & Gençöz, 2015). On the other hand, studies examining parental EMSs and child developmental outcomes have also identified perceived parenting as a mediator. To illustrate, in a study conducted with young adults aged 18-25 and their families, it was found that the father's impaired boundaries and high standards schema domain predicted the youth's disconnection-rejection and the same schema domain through the youth's perceived negative parenting style (Ocak, 2023). In the same study, it was found that the parenting style that the father reported that he perceived from his own parents was associated with both disconnection-rejection and impaired boundaries schema domains in young people, and this relationship was mediated by the young person's perception of the father's parenting and the father's own schemas.

These findings demonstrate that parental attitudes influence not only an individual's psychological health but also their way of relating to the world.

Although few studies have explored the combined effects of perceived parenting, EMSs, and psychological outcomes in the context of mother–child or mother–adolescent interactions, some research with young adults has addressed these relationships. To instance, Çalışkan (2017) examined the roles of EMSs, perceived parenting, and mental health in emotion regulation difficulties. While EMSs and perceived parenting were found to be significantly related to psychological symptoms, no significant relationship was found with emotion regulation. In this context, maternal reminiscing behaviour can be considered as a parenting behaviour within the framework of mother-child/adolescent communication. It offers a unique lens through which to understand the impact of maternal EMSs and mother's attitudes on communication and its impact on adolescent behaviour problems. It is known that maternal reminiscing is positively related to the mother's openness, mental representation of being a caregiver, autonomy support given by the mother to the child during the conversation (e.g. allowing the child to direct the conversation), and maternal sensitivity (Çen-Yağız, 2024; Laible et al., 2013; Reese et al., 2019). In other words, the mother's elaboration of the conversation includes her own variables, so it is thought to be an important factor in perceived parenting, providing warmth and support, supportive attitudes, and encouraging independent behaviors to her child.

In summary, perceived parenting may have different functions in the relationship between the maternal EMSs, mother-adolescent reminiscing and adolescent mental health. These functions may shift depending on the nature of the mother–child relationship, particularly as it evolves during adolescence. Therefore, it is essential to explore how perceived parenting functions within this dynamic framework.

1.5 The Rationale and Purpose of Current Study

To summarise, since EMSs have persistent themes, begin to form in childhood and adolescence, and continue throughout life, they play a vital role in how parents interact with their children (Çeviker, 2022; Gibson and Francis, 2019; Young et al., 2003). Conversations between mothers and children, grounded in discussions about the past,

present, and future, play a significant role in shaping a child's cognitive, social, and emotional development (Fivush et al., 2006; Taumoepeau and Reese, 2013; Wang et al., 2010). A review of the literature revealed only one study that examined the relationship between EMSs and reminiscing. In that study, Çeviker (2022) conducted a study with mother-children dyads, and they found that maternal schema dimensions differed in terms of the emotional content of maternal reminiscing. Specifically, the types of emotional content that mothers emphasized during reminiscing with their 48–61-month-old children differed depending on their schema domains, such as impaired autonomy and performance, impaired limits, and disconnection-rejection, leading to variations in how much positive or negative emotion was expressed. Maternal impaired limits schema domain predicted that she used more positively charged words when talking to her child in the negatively charged memory. In positive memories, the maternal disconnection & rejection predicted more negative emotion and unique emotion words (utterance for each specific word denoting emotion). Impaired autonomy & performance schema domain predicted mothers to use less unique emotion words. In addition, an inter-gender difference was also found in children reminiscing. Girls whose mothers scored higher on disconnection & rejection and impaired limits schema domains used fewer unique emotion words and negative emotions, while girls whose mothers scored higher on impaired autonomy & performance schema domain used more negative words. However, one of the few studies conducted with adolescents emphasizes that, due to the evolving nature of adolescence, young people seek autonomy, and this search is reflected in conversations by altering the nature of the mother-child relationship (Dewhirst, 2020). Unlike adolescents, one of the key benefits of mother-child reminiscing in early childhood is the development of the child's language and narrative skills (Fivush et al., 2006; Salmon & Reese, 2016). However, considering that these skills are largely acquired during adolescence (Miller-Slough & Dunsmore, 2016), and that adolescents have expectations of autonomy and being understood, it is noteworthy when a mother attempts to understand the adolescent's emotions and asks questions that encourage emotional elaboration. For this reason, in our study, we categorized emotional elaboration into three types: negative, positive, and neutral (e.g., questions such as “How did you feel?” or “Why did you feel that way?” that aim to explore the emotional

experience) (Reese et al., 2020). In doing so, we included a form of interaction in which power is shared with the adolescent, the need for relational closeness is balanced, and the mother takes an active role in trying to understand their adolescent.

However, which memory type and which emotions are spoken have different functions for the child (Ackil et al, 2003; Fivush and Sales, 2006; Fivush et al., 2006). When we look at the developmental outcomes of the youth, internal and external behavioral problems emerge as critical problems for the next areas of development (Achenbach et al, 2016). Studies have found that when the mother reminisces with her child about stressful life events, the child develops more effective coping strategies and shows fewer internal and external behavioral problems when the child elaborates and explains his feelings more (Fivush and Sales, 2006; Sales and Fivush, 2005; Swetlitz et al., 2021). However, it is also known that emotionally charged mother-child conversations play an extremely significant role in the child's mental health when the child experiences emotionally negative events (Fivush et al, 2006; Koh and Wang, 2021; Sales et al., 2005). Mothers' EMSs may affect the child's behavioral problems, and mothers' EMSs of normal children and those with external behavioral problems differ (Köçer and Öngören, 2021; Shahryari et al., 2014). In addition, there is a significant and negative relationship between maternal-perceived parenting and maternal EMSs and parenting behaviors (Miklósi et al, 2017). Furthermore, there is a large literature on the relationship between the child's perceived parenting and the child's internalizing and externalizing behavioral problems (Ali et al., 2015; McLeod et al, 2007; Rohner and Brothers, 1999). Therefore, we aim to understand what, how, and under what conditions affect the internal-external behavior problems of the adolescent through these mechanisms. For this reason, besides examining the effects of mothers' schemas on adolescents' internal-external behavioral problems through mother-adolescent reminiscing, we aim to investigate the perceived parenting attitudes by the mother as a protective factor in this relationship. The variables discussed in this study are maternal EMSs (*X*), maternal emotional reminiscing (*M*), adolescents' internalizing and externalizing behavioral problems (*Y*), perceived maternal parenting (*W*) (see Figure 1).

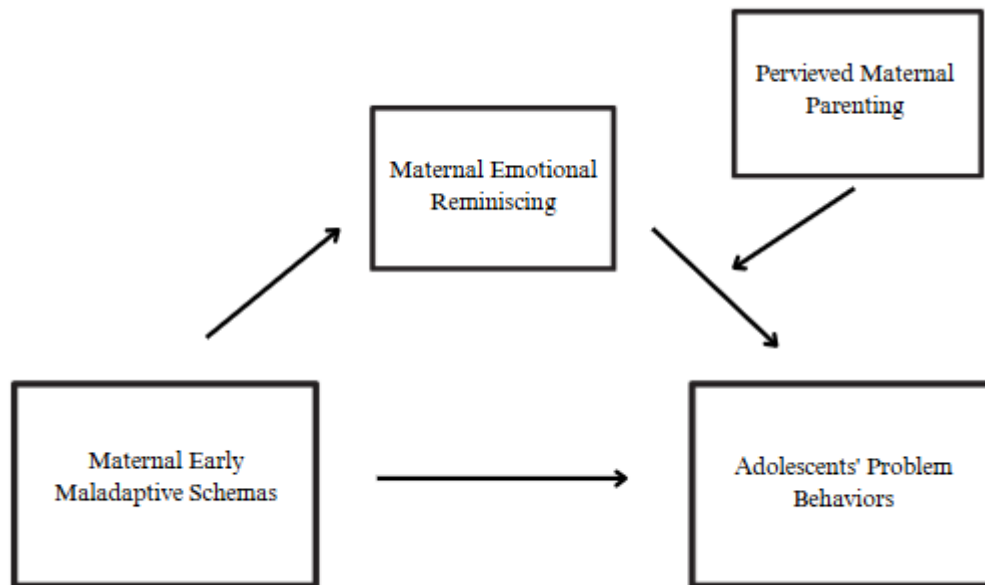


Figure 1. Conceptual Model of the Thesis

The following hypotheses were developed based on the study's purpose and its theoretical framework.

H1: The relationship between maternal EMSs (i.e., disconnection- rejection, impaired autonomy and performance, impaired limits-exaggerated standards) and adolescents' behavioral problems (i.e., internalizing and externalizing) is mediated by maternal emotional reminiscing (i.e., positive, negative or neutral).

H2: Perceived maternal parenting (i.e., rejection, overprotection, and emotional warmth) will moderate the indirect effect in which maternal EMSs are associated with adolescents' externalizing and internalizing behavioral problems through maternal emotional reminiscing. In other words, we will examine the mediating role of maternal reminiscing in the relationship between maternal EMSs and adolescents' behavioral problems according to different levels of perceived maternal parenting (i.e., low, moderate, or high).

CHAPTER 2

METHOD

2.1 Participants

The study included 103 mother-adolescent dyads. The adolescents were between 11 and 18 ($M_{ado} = 13.87$, $SD = 1.56$). The mothers in the study were not divorced and were living with their families, and both adolescents and their mothers were native Turkish speakers. Among the adolescents, 55 were attending secondary school (53.1%) and 48 were attending high school (46.9%). Of which, 54 (52.4%) were female and 49 (47%) were male. No specific age range was defined for mothers before the study. Their ages ranged from 31 to 58 ($M_{moth} = 41.96$, $SD = 5.44$). A total of 8.7% of the mother-adolescent dyads resided in Ankara, while 91.3% lived in İzmir. 14 families (13.6%) had only one child, 66 (64.1%) had two children, 18 (17.5%) had three children, and 5 (4.9%) had four children. Two mother-adolescent dyads with developmental, neurological, or psychological disorders were excluded from the study. Participants were selected by the snowball sampling method. Table 2. displays the sample's demographic information.

2.2 Measurements Tools

2.2.1 Measurements for Mothers

2.2.1.1 Demographic Information Form

The form consisted of age, educational status, gender, marital status, where they live currently, psychiatric/developmental/neurological disorder, socioeconomic status, and regular drug use. The mothers' form also included questions on whether they were working, the number of children, the use of a second language other than Turkish at home, if so, what it was, and whether they had consumed alcohol in the last 24 hours (see Appendix D).

2.2.1.2 Young Schema Questionnaire-Short Forms-3 (YSQ-SF3)

The YSQ-SF3 was developed by Young et al. (2003) to investigate early maladaptive schemas. It consists of 90 questions with 5 EMS domains. These 5 EMS domains include a total of 18 different EMSs. The scale is a 6-point Likert scale ranging from 'totally inappropriate for me' to 'describes me precisely'. Higher scores indicate higher

Table 2. Demographic information of the sample

Variables	N	%
Adolescent		
Sex at birth		
Female	54	52.4
Male	49	47
Education		
Secondary School	55	53.4
High School	48	46.6
Mother		
Employment Status		
Yes	63	61.2
No	40	38.8
Education		
Primary School	18	
Secondary School	11	
High School	35	34
University	37	35.9
Postgraduate	2	1.9
Family Income		
below 5000 TL	2	1.9
5001 - 10000 TL	3	2.9
10001 - 15000 TL	7	6.8
15001 - 30000 TL	43	41.7
30001 - 50000 TL	28	27.2
above 50001 TL	20	19.4
Number of children in the family		
1	14	13.6
2	66	64.1
3	18	17.5
4	5	4.9
City where the family lives		
Ankara	9	8.7
İzmir	94	91.3

levels of that schema, suggesting the presence of more maladaptive schemas. The Turkish translation and adaptation study was done by Soygüt et al. (2009), resulting in 5 schema domains and 14 distinct schema domains. The internal consistency coefficients ranged between .63 and .80, and test-retest reliability correlations ranged between .66 and .82 for the schema dimensions; while they ranged from .53 to .81 and from .66 to .83 for schema domains, respectively. Sarıtaş-Atalar and Gençöz (2015) also identified 18 schema dimensions and 3 schema domains in the YSQ-SF3. The domains in question were categorized as disconnection-rejection, impaired limits-exaggerated standards, and impaired autonomy other-directedness. Disconnection-rejection domains include social isolation, emotional deprivation, mistrust, punitiveness, defectiveness schemas, and emotional inhibition schemas; impaired limits-exaggerated standards were formed by unrelenting standards, entitlement, pessimism, approval seeking, self-sacrifice schemas, and insufficient self-control; impaired autonomy-other directedness consist of abandonment, subjugation, vulnerability to harm dependency, failure, and enmeshment. The internal consistency coefficients of schema domains were .80, .80, and .86, respectively (see Appendix F). In this study, the EMS domains identified by Sarıtaş and Gençöz (2015) were used.

2.2.1.3 Short form of Egna Minnen Barndoms Uppfostran-Parent (S-EMBU-P)

The S-EMBU was developed by Arrindell et al. (1999) to assess individuals' perceptions of their parents' child-rearing practices. The 23-item scale with 3 sub-dimensions: emotional warmth (7 items), rejection (7 items) , and overprotection (9 items). Items are rated on a 4-point Likert scale ranging from 'Never' to 'Always' (see Appendix G). The 17th item was reverse coded. This scale is designed to be completed by individuals in childhood, adolescence, emerging adulthood, or adulthood to evaluate both their mother and father separately. However, to more accurately assess parents' current parenting attitudes, a 52-item version, the EMBU-P, was developed by Castro et al. (1997). This version includes four subdimensions: control attempts, rejection, favoritism, and emotional warmth. The Cronbach's alpha values for maternal subscales were .76, .75, .66, and .84, respectively. In the current study, the Turkish version of the S-EMBU-P, translated by Yiğit et al. (In Process), was used. This version has not yet been adapted. It also has the same items and subscales as S-

EMBU. In current study Cronbach's alphas were .67 for emotional warmth, .56 for overprotection, and .55 for rejection.

2.2.2 Measurements for Adolescents

2.2.2.1 Demographic Information Form

The form included items on age, gender, educational background, marital status, current place of residence, presence of any psychiatric, developmental, or neurological disorders, socioeconomic background, and regular medication use. Additionally, the youth demographic form contained questions regarding the parents' living status and the individual's current living arrangements (see Appendix E).

2.2.2.2 Strength and Difficulties Questionnaire (SDQ)

The scale was constructed by Robert Goodman (1997) to screen mental problems in both children and adolescents. It comprises two distinct forms for parents and teachers to complete for individuals aged 4-16. The 25-item scale has five sub-dimensions: emotional problems, peer problems, behavioral problems, attention deficit and hyperactivity, and social behaviors. Each item was rated on a 3-point Likert-type scale, ranging from 0 to 2. 0 points are scored as "not true", 1 point as "partially true", and 2 points as "definitely true". Items 7, 11, 14, 21, and 25 were coded as reverse items. The total difficulty score is obtained by adding mental problem scores other than social behaviors. On the other hand, high scores in the social behavior subtest indicate the strength of the individual in that area. In addition, studies have shown that the three-factor structure of internalizing (including emotional problems and peer problems subtests), externalizing (including behavioral problems and attention deficit and hyperactivity), and social behaviors can be used in low-risk samples in terms of mental disorders (Goodman et al., 2010). The Turkish validity and reliability studies for all forms of the scale were conducted by Güvenir et al. (2008). Cronbach's alpha for the parents form was found to be .84. Prior research showed that the 3-factor structure could also be used in low-risk adolescents in the Turkish sample (Demirlipençe-Seçinti & Akkın-Gürbüz, 2021) (see Appendix H).

2.3 Coding for Emotional Reminiscing

In this study, maternal reminiscing style was evaluated in terms of emotional dimensions (Fivush et al., 2000; Svane et al., 2022). Coding was conducted at the utterance level, based on *subject+verb* structures (Fivush et al., 1995; Leichtman et al., 2020). In the literature, emotional coding has been operationalized either as the total number of emotionally charged words (both positive and negative) used in emotionally charged memories (Bost et al. 2006; Çeviker, 2022); or as the sum of the frequency of emotional attributions, explanations, open-ended questions, and closed-ended questions (Fivush et al., 2000; McDonnell et al., 2016). Moreover, emotional elaboration has also been conceptualized as an advanced form of elaborative coding (Bird & Reese, 2006; Reese et al., 2020). In line with this approach, the current study used emotional codes applied specifically to structurally elaborated utterances. Therefore, all conversations were first coded structurally in terms of high or low elaboration. Then, emotional coding was applied as a more advanced layer. In this regard, structural elaboration was defined as follows. The *high elaboration style* included the frequency counts of open-ended questions and contextual statements. Open-ended questions were defined as wh-questions aimed at eliciting new information (e.g. “What made you feel so sad?”), while contextual statements contained information related to the event (e.g. “You went and hugged your father.”). *Low elaboration style*, consisted of the frequency of closed-ended questions and repetition statements (repetitions of open-ended questions, closed-ended questions, or contextual statements). Closed-ended questions were yes/no questions expecting binary answers (e.g. “Did you feel good there after you had something to eat?”). Repetitions referred to either verbatim or slightly modified repetitions of earlier questions or statements. Although structural coding is not analysed in the current study, it has been coded as a necessary preparatory step in order to determine detailed expressions for emotional coding.

Emotional codes include emotions (such as scared, happy, restless, e.g., ‘I felt so helpless at that moment anyway.’), emotional behaviors (such as crying, shouting, getting angry, e.g., ‘Then I started crying.’), and desires (such as wanting, preferring, e.g., ‘Hee, she insisted that she did not want to talk.’) were categorized. They were

coded as positive (e.g., happy), negative (e.g., resentful), and neutral (e.g., ‘What did you feel?’).

Each of the emotional elaboration score were divided by the speaking time in seconds to control the difference in speaking times; thus, a standard score was created (Alsancak-Akbulut, et al., 2023; Çen-Yağız, 2024; Şahin-Acar et al., 2019).

In summary, mother-adolescent conversations were analyzed using emotional dimensions. Emotional elaboration utterances consisted of emotional expressions, emotional behaviors, and desires. The total frequency of these utterances was divided by the duration time to generate standardized score. For instance, the sentence ‘You made me very angry at that moment’, which appeared for the first time during the conversation, was structurally coded as a contextual expression and emotionally coded as a negative attribution.

All conversations were transcribed by the researcher. The researcher and an independent coder trained in coding coded 25% of the randomly selected data. The intraclass correlation results for the inter-coder reliability analysis were .91, .95, and .96 for positive, negative, and neutral, respectively. Given these high reliability scores, the remaining data were coded by the researcher. Appendix I includes an excerpt from a sample mother-adolescent conversation.

2.4 Procedure

First, the TED University Human Research Ethics Committee was obtained ethical permission. Participants were reached through the snowball sampling method. Initially, each potential mother participant was called individually and provided with brief information about the study. Then, information about the available days for the mother-adolescent pairs who expressed interest in participating was obtained. An appointment was scheduled according to the mothers' specified day and time, a reminder message was sent them before the appointment day, and comprehensive location details for the home visit were gathered. During the home visit, each mother-

adolescent was given written consent forms initially and asked to read it. Then, verbal consent was obtained.

For the mother-adolescent activity, the mother and the researcher went into a quiet room, and the researcher asked the mother some questions to identify the sad memory. The sad moment, which did not cover the whole or a large part of the day, which was shared by the mother and the young person, which occurred within the last 6 months, was determined. It was also a non-routine moment shared by the mother and the youth. It was asked to the mother whether she and the adolescent would prefer to talk about this topic. For mothers who said no, the memory was reassigned. After determining the sad memory with the mother, the beginning and ending moments of the sad memory were written on a small white paper and given to the mother. Thus, a reminder was created for the mother about boundaries while talking to her child. After the memory boundaries were determined, the mother was asked to talk about this memory she had with her child, one-on-one and as much as possible in daily life, for 5 minutes. The mother was informed that we were interested in what she experienced within these boundaries and that it was important for her to talk within these boundaries. However, it was conveyed that we did not want them to act out the identified memory as if they were acting it out and that we wanted them to talk about what they experienced there that day. The mother was then asked how sad she perceived this moment out of 10.

The adolescent waiting outside was called to the room. Due to the format of the study, it was explained that the sad memory was chosen by the mother, and they were asked whether they remembered the beginning and end of the memory and whether they preferred to talk about this memory. Those who did not remember the memory and did not prefer to talk about the memory chosen by the mother were taken outside again, and a new memory was determined with the mother, and the procedure was applied in the same way. After the memory was determined, the mother and adolescent were left alone in the room for 5 minutes, and their conversations were audio-recorded. After 5 minutes, the interviewer returned to the room and said that the time was over. Following that, the adolescent was then asked to rate the moment out of 10 in terms of sadness. The study continued by sending the link containing the scales to the mother

and asking her to send the link to the youth. Written consent was then obtained, and the study continued with the Demographic Information Forms. After that, the mother filled out the YSQ-SF3, SDQ, and S-EMBU-P. The scales were filled online in a random order. Finally, they were thanked for their participation in the study, and the home visit ended. The study took approximately one to one and a half hours.



CHAPTER 3

RESULTS

Before starting the analysis, the data was made suitable for analysis. In this context, the memory suitability of the 125 families reached was examined first. Sixteen conversations were found to be inappropriate because mother-adolescent dyads did not follow the instructions and were removed from the analysis. Two of the 109 mother-adolescent dyads were withdrawn from the study, and two did not fill in the surveys. Two mother-adolescent dyads were not included in the analysis due to the exclusion criterion of having mothers and adolescents with any developmental, neurological or psychological disorders. Therefore, analysis was conducted with 103 mother-adolescent dyads.

Data cleaning, preliminary analyses (Pearson correlation coefficients), and moderated mediation analyses were conducted using SPSS version 26. First, missing values were examined and the dataset was prepared for analysis. Due to the forced-response setting in TEDU Qualtrics, there were no missing data in the dataset. Next, extreme values were assessed using z-scores, and all variables were found to be within the ± 3.29 range, indicating no outliers (Tabachnick & Fidell, 2014). To assess normality, the z-scores of skewness and kurtosis for each variable's total score were examined. All values were within the ± 2 range, indicating that the assumption of normality was met (George & Mallery, 2010). Linearity and homoscedasticity were assessed using scatterplots, and both assumptions were observed to be satisfied (Field, 2018). Therefore, the data were deemed suitable for Pearson correlation analysis. Prior to conducting the moderated mediation analysis, additional assumptions, including multicollinearity, normality of residuals, independence of residuals, were checked. Since none of the correlations between variables exceeded .70, the assumption of multicollinearity was met. The P-P plot indicated that the residuals were normally distributed, and the Durbin-Watson statistic was between 1 and 3, supporting the assumption of independence of residuals. Moderated mediation analyses were performed using PROCESS macro (Model 14) in SPSS, with 5,000 bootstrapped samples and 95% percentile confidence intervals (Hayes, 2017).

3.1 Descriptive Statistics

The descriptive statistics of maternal EMS domains, maternal emotional reminiscing style, maternal perceived parenting, and adolescents' internalizing-externalizing behavior problems are presented in Table 3.

Table 3. Descriptive statistics

Variables	M	SD
Maternal EMS Domains		
Disconnection-Rejection	63.68	19.78
Impaired Autonomy and Performance	61.38	18.85
Impaired Limits-Exaggerated Standards	87.39	22.58
Maternal Emotional Reminiscing Style		
Positive Emotional Elaboration	1.20	1.84
Negative Emotional Elaboration	6.17	5.07
Neutral Emotional Elaboration	.52	.91
Maternal Perceived Parenting		
Maternal Emotional Warmth	23.57	2.94
Maternal Overprotection	20.91	3.20
Maternal Rejection	9	1.95
Adolescents' Behavioral Problems		
Internalizing Problems	5.07	3.31
Externalizing Problems	5.03	3.10

3.2 Corelations

To examine the relationships among the study variables, a Pearson's correlation analysis was conducted. As seen from Table 4, disconnection-rejection schema domain was significantly correlated with maternal neutral emotional elaboration, adolescents' internalizing and externalizing problems, and percieved maternal overprotection and rejection ($r = .25, p < .05$; $r = .47, p < .01$; $r = .26, p < .01$; $r = .41, p < .01$; $r = .26, p < .01$, respectively). Maternal maternal impaired autonomy and performance schema domain was significantly correlated with adolescents' internalizing and externalizing behavior problems, as well as perceived maternal

overprotection and rejection ($r = .42, p < .01$; $r = .38, p < .01$; $r = .32, p < .01$; $r = .31, p < .01$, respectively). Maternal impaired limits-exaggerated standards schema domain was significantly correlated with neutral emotional elaboration, adolescents' internalizing and externalizing problems, and maternal overprotection and rejection ($r = .24, p < .05$; $r = .37, p < .01$; $r = .25, p < .05$; $r = .38, p < .01$; $r = .25, p < .05$, respectively). Additionally, maternal neutral emotional elaboration was significantly related to maternal overprotection ($r = .20, p < .05$). Maternal rejection was found to be significantly correlated with adolescents' externalizing problems ($r = .28, p < .01$, respectively).

Table 4. Correlation coefficients among the study variables

	1	2	3	4	5	6	7	8	9	10	11
1	1	.77**	.74**	.07	.13	.25*	.47**	.26**	-.18	.41**	.26**
2		1	.74**	.04	.05	.16	.42**	.38**	-.14	.32**	.31**
3			1	.11	.03	.24*	.37**	.25*	.05	.38**	.25*
4				1	.18	.04	.14	.04	.10	.11	-.03
5					1	.28**	.13	.05	-.04	.01	-.01
6						1	.16	.001	.06	.20*	.01
7							1	.34**	-.10	.21*	.18
8								1	-.12	.21*	.28**
9									1	.18	-.32**
10										1	.06
11											1

Note: 1. Maternal Disconnection- Rejection, 2. Maternal Impaired Autonomy and Performance, 3. Maternal Impaired Limits-Exaggerated Standards, 4. Maternal Positive Emotional Elaboration, 5. Maternal Negative Emotional Elaboration, 6. Maternal Neutral Emotional Elaboration, 7. Adolescents' Internalizing Problems, 8. Adolescents' Externalizing Problems, 9. Percieved Maternal Emotional Warmth, 10. Percieved Maternal Overprotection, 11. Percieved Maternal Rejection, ** $p < .01$, * $p < .05$

3.3 Moderated Mediation Analyses

In line with our hypotheses, the models presented in Table 5 were tested to examine whether maternal perceived parenting style moderated the indirect effect of maternal EMS domains on adolescents' behavioral problems through maternal emotional reminiscing style. In other words, we examined the mediating role of maternal

emotional reminiscing in the relationship between maternal EMSs and adolescents' behavioral problem, focusing on different levels of maternal perceived parenting in the relationship between maternal emotional reminiscing and adolescents' behavioral problems.

Table 5. Proposed Moderated Mediation Models

Independent	Mediator	Dependent	Moderator
Disconnection-Rejection	Positive Emotional Elaboration	Externalizing Problems	Rejection
	Negative Emotional Elaboration	Internalizing Problems	Overprotection
	Neutral Emotional Elaboration		Emotional Warmth
Impaired Autonomy and Performance	Positive Emotional Elaboration	Externalizing Problems	Rejection
	Negative Emotional Elaboration	Internalizing Problems	Overprotection
	Neutral Emotional Elaboration		Emotional Warmth
Impaired Limits-Exaggerated Standards	Positive Emotional Elaboration	Externalizing Problems	Rejection
	Negative Emotional Elaboration	Internalizing Problems	Overprotection
	Neutral Emotional Elaboration		Emotional Warmth

A series of moderated mediation models proposed in Table 5 were tested. Significant moderated mediation models are presented in detail below.

First, a moderated mediation model was tested to investigate the mediating role of maternal neutral elaboration in the relationship between maternal disconnection-rejection and adolescents' externalizing problems, with perceived maternal rejection acting as a moderator. The model explained 17% of the variance in adolescents' externalizing behavioral problems ($F(4, 98) = 5, p < .05$). Maternal disconnection-rejection schema domain was significantly associated with adolescents' externalizing problems ($B = .04, SE = .02, t = 2.35, p < .05; 95\% CI [.005, .067]$). The effect of the disconnection-rejection schema domain on maternal neutral emotional elaboration (asking open-ended questions focused on emotion) ($B = .01, SE = .001, t = 2.62, p < .05; 95\% CI [.003, .022]$) was significant. There was a significant negative relationship between maternal neutral emotional elaboration and adolescents' externalizing problems ($B = -4.10, SE = 1.66, t = -2.47, p < .05; 95\% CI [-7.397, -.807]$). The perceived maternal rejection had a significant impact on the adolescents' externalizing problems ($B = .45, SE = .16, t = 2.89, p < .05; 95\% CI [.142, .763]$). Furthermore, there was a significant interaction effect between maternal neutral emotional elaboration and perceived maternal rejection on adolescents' externalizing problems ($B = .43, SE = .18, t = 2.40, p < .05; 95\% CI [.075, .790]$). The relationship between maternal neutral emotional elaboration and adolescents' externalizing problems was significant at low levels of perceived maternal rejection ($B = -1.05, SE = .47, t = -2.24, p < .05; 95\% CI [-1.98, -.121]$), but not at moderate or high levels of maternal rejection ($B = -.21, SE = .29, t = -.70, p > .05; 95\% CI [-.796, .379]$; $B = .64, SE = .45, t = 1.41, p > .05; 95\% CI [-.256, 1.527]$, respectively). In other words, perceived maternal rejection moderated the relationship between neutral emotional elaboration and externalizing problems, such that the association was significantly negative at low levels of perceived maternal rejection (see Figure 2).

As a follow-up of significant moderation, we examined the moderated mediation model in which the indirect effect of maternal disconnection-rejection on adolescents' externalizing problems through maternal neutral emotional elaboration was tested at different levels of perceived maternal rejection. The index of moderated mediation was significant ($B = .01, SE = .001, 95\% CI [.001, .012]$). At low levels of perceived maternal rejection, the indirect effect of maternal disconnection-rejection on

adolescents' externalizing problems via maternal neutral emotional elaboration was significant ($B = -.01$, $SE = .01$, 95% $CI [-.028, -.002]$). However, the indirect effect was not significant at moderate or high levels of perceived maternal rejection ($B = -.001$, $SE = .001$, 95% $CI [-.011, .004]$; $B = .01$, $SE = .01$, 95% $CI [-.005, .024]$, respectively). Figure 3 presents the values associated with the moderated-mediation model.

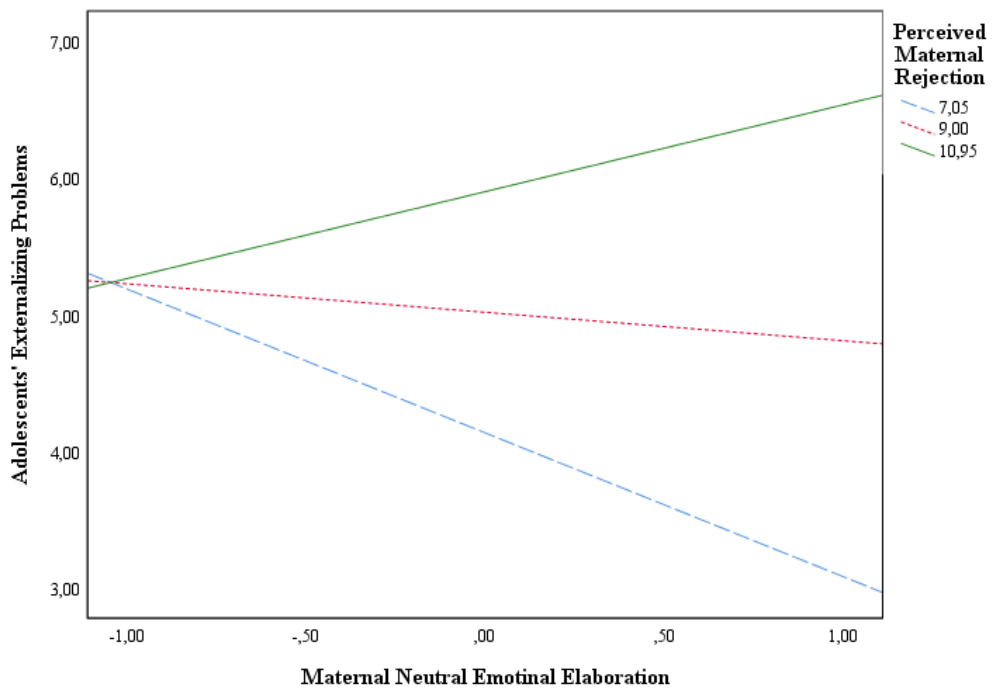


Figure 2. The moderating role of perceived maternal rejection in the association between maternal neutral emotional elaboration and adolescents' externalizing problems

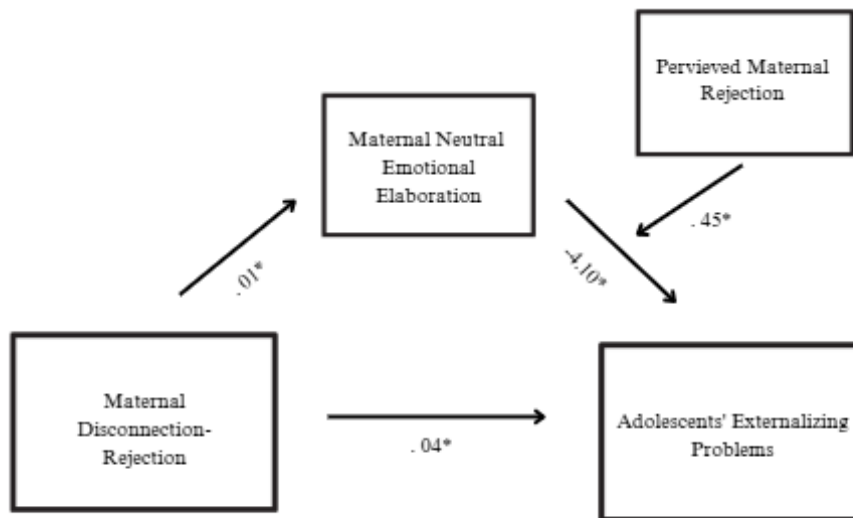


Figure 3. The moderated-mediation model of the indirect effect of maternal disconnection-rejection on adolescents' externalizing problems through maternal neutral emotional elaboration, with maternal rejection as a moderator. $*p < .05$ Note: Unstandardized coefficients are reported.

Another moderated mediation model was employed to explore whether maternal neutral elaboration mediates the association between maternal impaired limits–exaggerated standards schema domain and adolescents' externalizing problems, while perceived maternal rejection moderates this indirect pathway. The model accounted for 16% of the variance in adolescents' externalizing problems. The association between maternal impaired limits–exaggerated standards and adolescents' externalizing problems was significant ($B = .03$, $SE = .01$, $t = 2.10$, $p < .05$; 95 % CI [.001, .055]). There was a significant relationship between impaired limits–exaggerated standards and maternal neutral emotional elaboration ($B = .01$, $SE = .001$, $t = 2.48$, $p < .05$; 95 % CI [.002, .019]). Maternal neutral emotional elaboration had a significant negative effect on adolescents' externalizing problems ($B = -3.96$, $SE = 1.66$, $t = -2.38$, $p < .05$; 95 % CI [-7.267, -.659]). Perceived maternal rejection also had a significant positive association with adolescents' externalizing problems ($B = .46$, $SE = .16$, $t = 2.93$, $p < .05$; 95 % CI [.149, .774]). Moreover, interaction effect between maternal neutral emotional elaboration and perceived maternal rejection in predicting adolescents' externalizing problems was significant ($B = .42$, $SE = .18$, $t = 2.32$, $p < .05$; 95 % CI [.061, .779]). Specifically, the relationship between maternal neutral

emotional elaboration and adolescents' externalizing problems was significant only at low levels of perceived maternal rejection ($B = -.99$, $SE = .47$, $t = -2.13$, $p < .05$; 95% $CI [-1.930, -.069]$), but not at moderate or high levels of maternal rejection ($B = -.18$, $SE = .30$, $t = -.60$, $p > .05$; 95% $CI [-.767, .408]$; $B = .64$, $SE = .45$, $t = 1.41$, $p > .05$; 95% $CI [-.257, 1.538]$, respectively). In other words, perceived maternal rejection moderated the association between maternal neutral emotional elaboration and adolescents' externalizing behaviors, such that the relationship was significantly negative when perceived maternal rejection was low (see Figure 4).

Following a significant moderation effect, a moderated mediation model was tested to examine whether the indirect effect of maternal impaired limits–exaggerated standards on adolescents' externalizing problems via maternal neutral emotional elaboration differed across levels of perceived maternal rejection. The index of moderated mediation was statistically significant ($B = .001$, $SE = .001$, 95% $CI [.001, .010]$). When perceived maternal rejection was low, the conditional indirect effect of maternal impaired limits–exaggerated standards on adolescents' externalizing behaviors through maternal neutral emotional elaboration was significant ($B = -.01$, $SE = .01$, 95% $CI [-.024, -.001]$). In contrast, the conditional indirect pathway was attenuated and did not reach significance at moderate or high levels of perceived maternal rejection ($B = -.001$, $SE = .001$, 95% $CI [-.009, .004]$; $B = .01$, $SE = .01$, 95% $CI [-.003, .020]$), respectively). Figure 5 illustrates the values related to the moderated-mediation model.

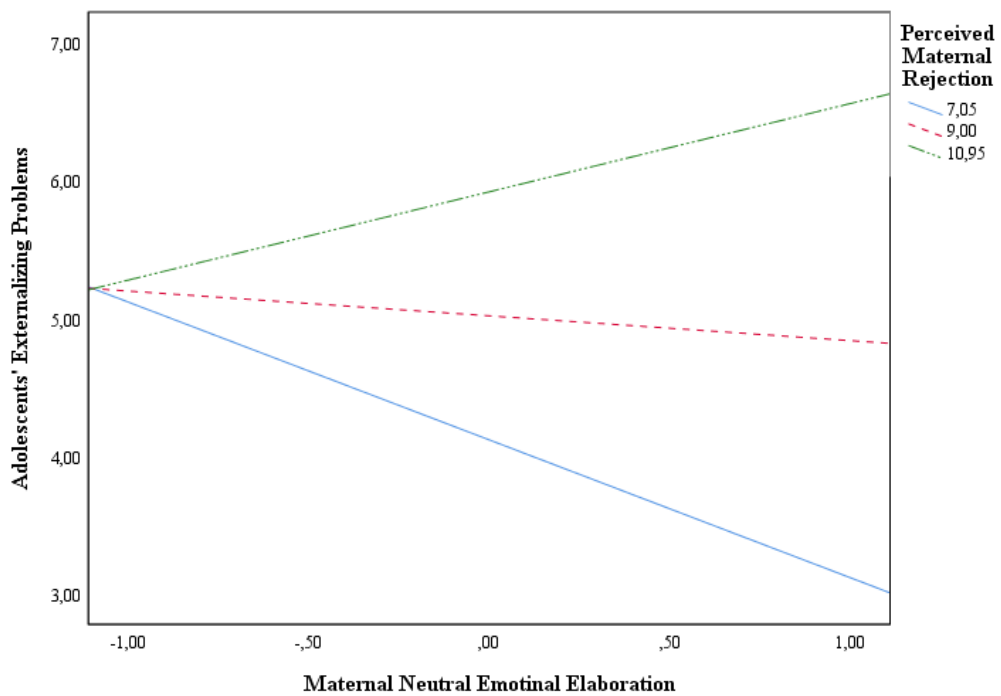


Figure 4. The moderating effect of perceived maternal rejection between maternal neutral emotional elaboration and adolescents' externalizing problems

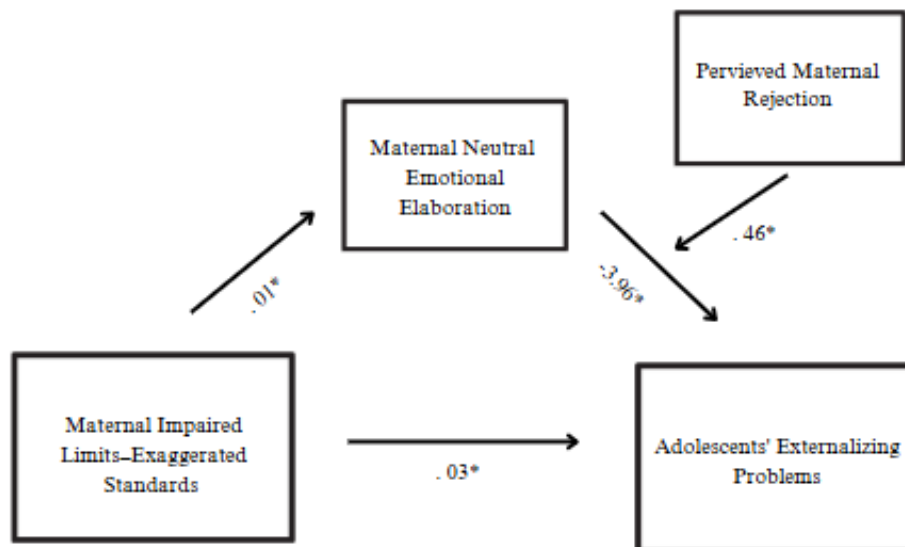


Figure 5. The moderated-mediation model of the indirect effect of maternal impaired limits-exaggerated standards on adolescents' externalizing problems through maternal neutral emotional elaboration, with maternal rejection as a moderator. * $p < .05$ Note: Unstandardized coefficients are reported.

CHAPTER 4

DISCUSSION

This thesis aimed to analyze the impact of maternal early maladaptive schemas on adolescents' internalizing and externalizing problems through mother-adolescent reminiscing and sought to explore the role of perceived maternal parenting as protective factors within this dynamic. The results of the study indicated that maternal disconnection-rejection and impaired limits-exaggerated standards schema domains were associated with the adolescents' externalizing problems. However, this positive association was attenuated through maternal neutral emotional elaboration, but only when perceived maternal rejection was low. In other words, the greater maternal disconnection-rejection and impaired limits-exaggerated standards schema domains were associated with an increased tendency to ask open-ended questions that encouraged adolescents to elaborate on their emotions when discussing a sad memory. This, in turn, led to a reduction in adolescents' externalizing problems, but only when perceived maternal rejection was low. These findings have been discussed in relation to the existing literature.

Studies in the field of reminiscing often focus on both positively and negatively charged memories, and functional differences have been identified depending on the type of memory (Ackil et al., 2003; Wu & Jabson, 2019). Negative memories are considered more significant for child outcomes, as parents tend to prioritize them, address them more elaborately, and they show stronger associations with developmental outcomes (Laible & Panfile, 2009; Levine & Pizarro, 2004; Russell et al., 2023). Research conducted within Turkish culture suggests that specifying a negative memory leads mothers to speak more comfortably and in a more elaborative style (Çen-Yağız, 2024; Çorapçı et al., 2012; Elibol-Pekaslan, 2019). Based on these findings, the present study focused on mother-adolescent emotional reminiscing around a sad memory.

Parents' child-rearing goals cannot be considered to be independent of culture and it is obvious that language is a tool in this process (Kağıtçıbaşı, 2007; Vygotsky, 1978). For instance, in collectivist societies, parents discussing negative memories tend to

focus on moral teaching and conveying social norms and expectations, whereas in individualistic cultures, the emphasis is more on helping the child express themselves and explore personal (Wang & Fivush, 2005; Wu et al., 2020). In this regard, considering the developmental features of the adolescence enhance the comprehensibility of the mechanism in the current study. That is, adolescence is a period of conflicts with parents, sudden outbursts of anger, change and discovery (Çelen & Çok, 2006; Dost-Gözkan, 2022). In Turkish culture, with a higher collectivist dimension where harmony is at the forefront (Hofstede, 2001), it is likely that communication around upsetting events is shaped by teaching, lecturing, and reinforcing social norms. This cultural context may explain why adolescents' externalizing problems, which are more observable, became to the fore in the study. This aligns with Vygotsky's Sociocultural Theory (1978), which highlights the importance of the social and cultural context in child and adolescent development. Because one of the strongest parts of this context is the parent and mother-child/adolescent interaction, which shapes the child's/adolescent's development in every aspect. Furthermore, because externalizing problems are more overt and disruptive in nature, they may prompt mothers to ask more emotion-focused questions in an attempt to understand their adolescents' experience (Achenbach & Edelbrock, 1978; Frick & Nigg, 2012; Querido et al., 2001). The prominence of externalizing problems in this study is also consistent with broader literature, as these issues represent some of the most common mental health concerns among adolescents (Bilkay et al., 2023; Liu, 2004).

In the study, maternal disconnection-rejection and impaired limits-exaggerated standards schema domains were independently associated with adolescents' externalizing problems. This effect can be explained by the tendency of mothers with high activation in the disconnection–rejection schema domain, characterized by emotional deprivation, and in the impaired limits, exaggerated standards domain, marked by deficits in behavioral control (Young et al., 2003) to perceive their adolescents' behavioral problems as more frequent, exaggerated, and threatening. These mothers often display heightened sensitivity to their adolescents' behaviors and may resort to maladaptive coping strategies during parent–adolescent negativity in

communication. Moreover, a review of the relevant literature suggests that children's behavioral problems often emerge from the interaction between child temperament and parenting behaviors (Achenbach et al., 2016). Just like the characteristics of adolescence, children who are reactive may develop external behavioural problems, compared to timid children (Holland et al., 2017). Therefore, both parental and adolescent characteristics may jointly contribute to this relationship. Specifically, a reactive adolescent raised by a parent struggling with emotionally charged schemas and impaired boundary-setting may have difficulty regulating their emotions and may not learn effective impulse control strategies. This interpretation is consistent with previous findings (Achenbach & Edelbrock, 1978; Şahin-Acar, 2024; Yiğit, 2018).

In the current study, maternal disconnection-rejection and impaired limits-exaggerated standards schema domains were also found to be associated with mothers asking more questions during mother–adolescent reminiscing. To the best of our knowledge, while there is one study that directly investigates the relationship between early maladaptive schemas and mother–child reminiscing (Çeviker, 2022), other studies have demonstrated that incompatible family dynamics, distorted maternal thoughts and perceptions, negative emotions, and fears of rejection or abandonment are linked to how mothers talk about past events and emphasize negative emotions. These studies have shown that, particularly in the context of negative or stressful experiences, mothers tend to discuss events in greater detail and ask more questions (Çen-Yağız, 2024; Laible & Panfile, 2009; McDonnell et al., 2016). These patterns conceptually align with the Schema Theory. The increased activation of schema domains may also be understood through the lens of the defense mechanism of *overcompensation*. In this case, mothers may ask more questions during reminiscing as an attempt to understand their child's emotions more deeply (Young et al., 2003). Just as a neglected child may develop overly charming or exaggerated behaviors to gain others' attention (Rafaeli et al., 2011), mothers revisiting distressing events with their adolescent—especially during a developmentally turbulent period—may become emotionally triggered and overcompensate for their own emotional deprivation and boundary-setting difficulties. This overcompensation may manifest as increased questioning, a heightened desire to understand, and greater emotional involvement.

In the model, the decrease in the positive relationship between maternal schema domains and adolescents' externalizing problems was found to be related to an increase in maternal elaborative questioning, but only when mothers perceived themselves as less rejecting. A review of the relevant literature reveals studies that associate maternal elaboration with children's externalizing behavior problems (Laible, 2004; McDonnell et al., 2022; Swetlitz et al., 2021; Van Bergen et al., 2018), as well as studies showing that maternal factors, such as critical attitudes, rejection, inconsistent discipline, aggressiveness, and levels of empathy, are associated with externalizing behaviors in early childhood and adolescence (Narusyte et al., 2011; Rothenberg et al., 2022; Trentacosta et al., 2008; Shaw et al., 1998). However, even when mothers engage in detailed conversations with their children, inconsistencies between their own parenting expectations and those imposed by societal norms can evoke feelings of anxiety, guilt, and inadequacy. This raises the question of whether maternal elaboration alone is sufficient to bring about meaningful changes in child outcomes (Çen-Yağız, 2024; Elvin-Nowak, 1999). Conversely, when mothers perceive themselves as competent and effective in their parenting, they tend to focus more on emotions during their interactions and are more supportive of their child's emotional expression (Acar-Bayraktar et al., 2019; Durber, 2022). In the present study, the combination of maternal self-perception in parenting and elaborative reminiscing suggests that it is not merely the frequency of elaboration or questioning that matters, but also how the mother perceives herself as warmer and less rejecting. In other words, this maternal self-representation seems to exert a protective effect on the adolescent. While elaboration is important, the emotional tone in which it takes place and the mother's self-perception of her parenting play a crucial role. Thus, this study contributes to the existing literature by highlighting the importance of these intertwined dynamics within the context of adolescence.

On the contrary, our findings did not support previous research showing that both maternal schemas and reminiscing practices are directly or indirectly associated with children's internalizing problems such as anxiety and depression (Elibol-Pekaslan, 2019; Dewhirst, 2020; Fivush et al., 2009; Sales and Fivush, 2005). One possible

explanation is the inherently withdrawn nature of adolescence. Since parents often interpret such internalizing behaviors as typical for this developmental stage, and not necessarily as culturally inappropriate or alarming, they may overlook them or fail to perceive them as issues requiring intervention (Kağıtçıbaşı, 2007; Keller & Otto, 2009; Wang et al., 2020). Furthermore, the challenging nature of adolescence, full of ups and downs in emotional understanding, may have masked the effect of the maternal EMSs on internalizing problems. That is, mothers with active early maladaptive schemas may have experienced heightened emotional reactivity and poor emotional regulation, which could have transformed mother–adolescent conversations into interrogative exchanges that violated boundaries and increased stress for the adolescent. This combination of schema activation and developmental challenges may have obscured the potential influence of maternal schemas on internalizing symptoms. Additionally, given that adolescence is a period marked by emotional volatility and interpersonal conflict, it may be comparable to the “negative temperament” trait examined in reminiscing studies with younger children. Previous research has shown that mothers of children with high levels of negative temperament tend to engage in more elaborative talk—particularly when discussing negative experiences—as a way to promote learning and guide behavior (Laible, 2004; Doan & Wang, 2010). Hence, externalizing problems may have been more prominent than internalizing problems during this period.

Furthermore, the study found no significant results regarding the perceived maternal emotional warmth and overprotection. This may be due to the fact that, in societies with a high collectivist orientation, mothers often perceive emotional warmth and overprotection as normative parenting behaviors (Dost-Gözkan, 2022; Kağıtçıbaşı, 1996). As such, these dimensions may not have introduced sufficient variability to influence the relationships examined in the model. Similarly, positive and negative emotional elaboration in reminiscing dimension examined in the study was not significant in the mechanism tested. In this respect, it supports the controversial findings in studies conducted with children (Bohanek et al., 2005; Çeviker, 2022; Fivush & Vasudeva, 2002). Rather than focusing on giving positive or negative details, what appears to support adolescents' well-being more effectively is asking open-ended

questions, offering adolescents the space to express themselves, regulate their emotions, and assert their autonomy during this developmental stage (Cleveland & Reese, 2005; Özdemir & Çok, 2011; Reese & Fivush, 1993).

In a brief, the study examined the effects of maternal EMSs to understand the mechanisms affecting behavioral problems in adolescents within the framework of mother-adolescent reminiscing on a sad memory and perceived maternal parenting. The findings reveal that the positive predictive effect of maternal EMSs on adolescents' externalizing problems decreases when mothers perceive themselves as less judgmental and critical, feel that love, warmth, and support are not lacking in their parenting, and ask more questions to understand their adolescents' emotions and experiences. These results enhance our understanding of the relationship between maternal EMSs and adolescents' behavioral problems, while also offering novel insights into the role of reminiscing during adolescence and the impact of perceived maternal parenting. Furthermore, the findings align with child-rearing values prevalent in Turkish culture, suggesting that parenting approaches consistent with cultural expectations and maternal self-perception are critical for preventing and addressing behavioral problems during this important developmental phase.

4.1 Limitations and Future Directions

While the current study makes valuable contributions to the literature, it also possesses several shortcomings. Notably, this is the first study conducted in Türkiye on emotional elaboration in mother–adolescent reminiscing. The coding schemes used in this study, as well as those in the broader literature, have been discussed as needing further development in both structural and emotional dimensions (Dewhirst, 2020; Leyva et al., 2020). Based on the findings, future studies can benefit from developing a coding scheme specifically tailored to mother–adolescent conversations that accounts for the unique changes occurring during adolescence. Additionally, focusing on dyadic interactions, that is, the mutual dynamics between mother and adolescent, can offer deeper insights into developmental outcomes. Including adolescents from a broader range of age groups could also provide valuable information, not only to better

understand the parents' perspectives but also to observe developmental changes more clearly across this period.

Although the study attempts to explore the mechanisms underlying adolescents' behavioral problems, it relies heavily on parental perceptions. Future research would benefit from incorporating a larger number of adolescent participants and analyzing adolescents' data more comprehensively to deepen our understanding of the proposed model. Furthermore, validating the mechanisms identified in this study through prospective and longitudinal designs would enhance the generalizability of the findings and address the limitations of the cross-sectional approach. In addition, both mothers and adolescents were asked to assess their selected memories in terms of sadness, but complete data could not be obtained from all participants. Future studies should systematically collect both mothers' and adolescents' evaluations to ensure more comprehensive and reliable results.

As with all studies relying on self-report-based scales, this study has certain limitations, including difficulties in recalling retrospective experiences, response bias, and social desirability bias. Additionally, the translated S-EMBU-P scale, considered relatively new in the literature, was used in the study. Due to the novelty of this scale, further research is needed to evaluate its generalizability among mothers of adolescents. Similarly, biases commonly associated with snowball sampling, such as heterogenization and sampling bias, are applicable to this study as well.

Notably, research in the field of reminiscing has shown that parental approaches often differ depending on the child's gender, which may influence outcomes for girls and boys (Fivush et al., 2006; Reese et al., 1993). For example, parents tend to engage in more detailed conversations with their daughters than with their sons (Fivush et al., 2003; Reese & Fivush, 1993). Another distinction is that internalizing behaviors are generally more common among girls, whereas externalizing behaviors tend to be more prevalent among boys (Öztop, 2012; Van der Ende & Verhulst, 2005). In the current study, the gender distribution was nearly equal ($N_{fem} = 54$, $N_{male} = 49$). When this is considered alongside cultural expectations in a context where collectivist values, such

as conformity, are dominant, it is likely that adolescents' externalizing problems are more visible and emphasized. Nevertheless, future studies should explore gender-based differences more comprehensively to deepen our understanding of how gender and culture interact in this context.

4.2 The Importance of Study and Clinical Implications

Research on adolescents' behavioral problems largely emphasizes the interaction of individual and environmental factors (Barber, 1992; Bozzini et al., 2020). In this context, it is very important to examine the structure that emerges with both parenting and parent-adolescent interaction to understand the mechanisms of influence in a complex period such as adolescence (Dimler et al., 2017; Elibol-Pekarslan, 2019). Furthermore, considering how parenting, parent-adolescent interaction, and adolescent behavioral problems are shaped by cultural influences adds important contributions to the existing literature. In this study, maternal elaboration behaviors during mother-adolescent reminiscing were assessed through observation, while maternal schemas and parenting-related variables were measured using self-report scales. This multi-method approach strengthens the study from a methodological perspective.

Given the prevalence of behavioral problems in adolescence and their impact on later stages of life, it is crucial to investigate the underlying mechanisms involved (Ara, 2016; Costello et al., 2014). The current study holds particular significance due to the limited number of studies exploring the effects of maternal schemas on adolescents' behavioral problems and mother-adolescent reminiscing. Importantly, previous research has shown that mother-child conversations can be improved through targeted training, leading to observable changes in child outcomes (Valentino et al., 2023; Van Bergen et al., 2018). Thus, parent-focused interventions are essential in achieving positive clinical outcomes. Moreover, examining mothers' perceptions of the mechanisms influencing adolescents' externalizing behaviors can help identify more specific targets for both prevention and intervention programs. In intervention studies conducted with mother-adolescent dyads, incorporating the mother's beliefs and

perceptions, particularly those shaped by EMSs, may also contribute to enhancing the quality of the parent-child relationship.



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APPENDICES

Appendix A: Informed Consent Form - Mother Version

Sayın Katılımcı,

TED Üniversitesi İnsan Araştırmaları Etik Kurulu tarafından etik izni verilen bu araştırma, TED Üniversitesi Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans programında öğrenci olan Senay Yüksel tarafından, Doç. Dr. İbrahim Yiğit danışmanlığında yürütülmektedir. Araştırmanın amacı, erken dönem uyumsuz şemalar, anneler ve ergenlik dönemindeki bireylerin konuşmaları, algılanan ebeveynlik ve ergenlik dönemindeki psikolojik belirtiler arasındaki ilişkileri incelemektir. Bu çalışmaya katılarak vereceğiniz bilgiler ergenlik dönemindeki bireylerin uyum süreçlerini değerlendirmemize katkıda bulunacaktır.

Çalışma kapsamında 12-18 yaş arasındaki ergen bireyler ve bu bireylerin annelerinden bilgi toplanması amaçlanmaktadır. Çalışma, sizin ve çocuğunuzun birlikte gerçekleştireceği etkileşime dayanan etkinlikten ve anket sorularından oluşmaktadır. Gerçekleştirilecek etkinlik oturumunda çocuğunuzun kişisel anısıyla ilgili çocuğunuzla konuşmanız beklenecektir. Anıyla ilgili konuşmanın daha sağlıklı değerlendirilmesi için sizin ve çocuğunuzun onayı ile ses kaydı alınacaktır. Çalışma yaklaşık 30 dakika sürecek olup çalışmada doğru ya da yanlış cevaplar yoktur. Size verilen formlardaki soruları eksiksiz, gerçek duygu ve düşüncelerinizi yansıtacak şekilde dürüstçe ve samimi bir şekilde cevaplamanız çalışma sonuçlarından sağlıklı bilgiler edinilebilmesi için oldukça önemlidir.

Çalışma kapsamında kimlik bilgileriniz çalışmada yer alan araştırmacılar dışında hiç kimseyle izniniz olmadan paylaşılmayacak; toplanan veriler isimleriniz silinerek gizlilik esasına uygun bir şekilde bilgisayarda şifreli bir dosyada saklanacak; sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı çevrimiçi bir ortamda paylaşılacaktır. Tüm katılımcılardan elde edilen bilgiler toplu olarak değerlendirilecektir. Anne ve gencin çalışmaya eksiksiz katılımı değerlendirmenin tam yapılabilmesi için önemlidir.

Çalışmaya katılım tamamıyla gönüllülük esasına dayanmaktadır. Anket ve etkinlik size yönelik kişisel, psikolojik veya fiziksel rahatsızlık teşkil edecek unsurlar içermemektedir. Ancak herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz ya da devam etmek istemezseniz, nedenini açıklamaksızın araştırmadan ayrılabilirsiniz. Bu size hiçbir sorumluluk getirmeyecektir. Böyle bir durumda vermiş olduğunuz bilgilerin

arařtırmacı tarafından kullanılması ancak sizin onayınızla mümkün olacaktır; aksi takdirde verileriniz silinecek ve kullanılmayacaktır. Buna ek olarak, söz konusu alıřma herhangi bir rahatsızlık oluřturacak nitelikte olmasa da, arařtırmadan kaynaklı olarak herhangi bir rahatsızlık hissetmeniz halinde, gerekli psikolojik destek yönlendirmeleri arařtırmacı tarafından yapılacaktır.

Katılımınız için řimdiden teřekkür ederim.

Senay Yüksel

Bu alıřmaya tamamen gönüllü olarak katılıyorum ve istediđim zaman yarıda kesip ıkabileceđimi biliyorum. Bu arařtırma kapsamında gereken anket ve etkinlik uygulamalarında yer alacađımı biliyorum. Verdiđim bilgilerin bilimsel amaı yayımlarda kullanılmasını kabul ediyorum. Arařtırma süresince ses kaydı alınacađını biliyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

Katılımcı Adı Soyadı

Tarih

İmza

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Adres: _____

Tel: _____

- Ziyaret sırasında ses kaydı alınmasına ve bilimsel amalarla kullanılmasına izin veriyorum.
- Ziyaret sırasında ses kaydı alınmasına ve bilimsel amalarla kullanılmasına izin vermiyorum.

Arařtırmacı Adı Soyadı:

İmza

Arařtırma sırasında sizin ve çocuđunuzun cevaplarını eřleřtirerek analiz edebilmemiz için sizden bir rumuz oluřturmanız beklenmektedir.

Lütfen (1) isminizin son iki harfini, (2) çocuđunuzun dođum yılını ve (3) çocuđunuzun isminin son iki harfini sırasıyla yazarak bir rumuz oluřturunuz. (Eđer sizin ya da çocuđunuzun iki ismi varsa lütfen kimlikte belirtilen ilk isme göre düşünün).

Lütfen řimdi kendi rumuzunuzu yazınız:



Appendix B: Parental Consent Form for Adolescents

Sayın Ebeveyn,

TED Üniversitesi İnsan Araştırmaları Etik Kurulu tarafından etik izni verilen bu araştırma, TED Üniversitesi Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans programında öğrenci olan Senay Yüksel tarafından, Doç. Dr. İbrahim Yiğit danışmanlığında yürütülmektedir. Araştırmanın amacı, erken dönem uyumsuz şemalar, anneler ve ergenlik dönemindeki bireylerin konuşmaları, algılanan ebeveynlik ve ergenlik dönemindeki psikolojik belirtiler arasındaki ilişkileri incelemektir. Bu çalışmaya katılarak vereceğiniz bilgiler ergenlik dönemindeki bireylerin uyum süreçlerini değerlendirmemize katkıda bulunacaktır.

Çalışma kapsamında 12-18 yaş arasındaki ergen bireyler ve onların annelerinden bilgi toplanması amaçlanmaktadır. Çalışma, sizin ve çocuğunuzun birlikte gerçekleştireceği etkileşime dayanan etkinlikten ve anket sorularından oluşmaktadır. Etkinlikte çocuğunuzun kişisel anısıyla ilgili çocuğunuzla konuşmanız beklenecektir. Anıyla ilgili konuşmanın daha sağlıklı değerlendirilmesi için sizin ve çocuğunuzun onayı ile ses kaydı alınacaktır. Çalışma yaklaşık 30 dakika sürecek olup çalışmada doğru ya da yanlış cevaplar yoktur. Size verilen formlardaki soruları eksiksiz, gerçek duygu ve düşüncelerinizi yansıtacak şekilde dürüstçe ve samimi bir şekilde cevaplamanız çalışma sonuçlarından sağlıklı bilgiler edinilebilmesi için oldukça önemlidir.

Çalışma kapsamında kimlik bilgileriniz çalışmada yer alan araştırmacılar dışında hiç kimseye izniniz olmadan paylaşılmayacak; toplanan veriler isimleriniz silinerek gizlilik esasına uygun bir şekilde bilgisayarda şifreli bir dosyada saklanacak; sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı çevrimiçi bir ortamda paylaşılacaktır. Tüm katılımcılardan elde edilen bilgiler toplu olarak değerlendirilecektir. Anne ve gencin çalışmaya eksiksiz katılımı değerlendirmenin tam yapılabilmesi için önemlidir.

Çalışmaya katılım tamamıyla gönüllülük esasına dayanmaktadır. Anket ve etkinlik size ya da çocuğunuza yönelik kişisel, psikolojik veya fiziksel rahatsızlık teşkil edecek unsurlar içermemektedir. Ancak herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz ya da çocuğunuz kendini rahatsız hissederse ya da devam etmek istemezseniz, nedenini açıklamaksızın araştırmadan ayrılabilirsiniz. Bu size ya da çocuğunuza hiçbir sorumluluk getirmeyecektir. Böyle bir durumda vermiş olduğunuz bilgilerin araştırmacı tarafından kullanılması ancak sizin ve çocuğunuzun onayıyla mümkün olacaktır aksi takdirde verileriniz silinecek ve kullanılmayacaktır. Buna ek olarak, söz konusu çalışma herhangi bir rahatsızlık oluşturacak nitelikte olmasa da, araştırmadan kaynaklı olarak herhangi bir rahatsızlık hissetmeniz halinde, gerekli psikolojik destek yönlendirmeleri araştırmacı tarafından yapılacaktır.

Katılımınız için şimdiden teşekkür ederim.

Senay Yüksel

Çocuğumun bu çalışmaya katılmasını onaylıyorum ve istediğimiz zaman yarıda kesip çıkabileceğimizi biliyorum. Bu araştırma kapsamında gereken anket ve etkinlik uygulamalarında yer alacağımızı biliyorum. Verdiğimiz bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. Araştırma süresince ses kaydı alınacağını biliyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

Katılımcı Adı Soyadı

Tarih

İmza

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Adres: _____

Tel: _____

- Ziyaret sırasında ses kaydı alınmasına ve bilimsel amaçlarla kullanılmasına izin veriyorum.
- Ziyaret sırasında ses kaydı alınmasına ve bilimsel amaçlarla kullanılmasına izin vermiyorum.

Araştırmacı Adı Soyadı:

İmza

Appendix C: Informed Consent Form - Adolescent Version

Sayın Katılımcı,

TED Üniversitesi İnsan Araştırmaları Etik Kurulu tarafından etik izni verilen bu araştırma, TED Üniversitesi Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans programında öğrenci olan Senay Yüksel tarafından, Doç. Dr. İbrahim Yiğit danışmanlığında yürütülmektedir. Araştırmanın amacı, erken dönem uyumsuz şemalar, anneler ve ergenlik dönemindeki bireylerin konuşmaları, algılanan ebeveynlik ve ergenlik dönemindeki psikolojik belirtiler arasındaki ilişkileri incelemektir. Bu çalışmaya katılarak vereceğiniz bilgiler ergenlik dönemindeki bireylerin uyum süreçlerini değerlendirmemize katkıda bulunacaktır.

Çalışma kapsamında 12-18 yaş arasındaki ergen bireyler ve onların annelerinden bilgi toplanması amaçlanmaktadır. Bu araştırmaya katılımınız, ebeveynleriniz ve sizin tarafınızdan onaylandığı ve araştırmaya ebeveynlerinizin de katılım onayını sağladığınız takdirde, çalışmanın katılımcısı olacaksınız. Çalışma, sizin ve annenizin birlikte gerçekleştireceği etkileşime dayanan etkinlikten ve anket sorularından oluşmaktadır. Etkinlikte kişisel anınızla ilgili annenizle konuşmanız beklenecektir. Anıyla ilgili konuşmanın daha sağlıklı değerlendirilmesi için sizin ve annenizin onayı ile ses kaydı alınacaktır. Çalışma yaklaşık 30 dakika sürecek olup çalışmada doğru ya da yanlış cevaplar yoktur. Size verilen formlardaki soruları eksiksiz, gerçek duygu ve düşüncelerinizi yansıtacak şekilde dürüstçe ve samimi bir şekilde cevaplamanız çalışma sonuçlarından sağlıklı bilgiler edinilebilmesi için oldukça önemlidir.

Çalışma kapsamında kimlik bilgileriniz çalışmada yer alan araştırmacılar dışında hiç kimseye izniniz olmadan paylaşılmayacak; toplanan veriler isimleriniz silinerek gizlilik esasına uygun bir şekilde bilgisayarda şifreli bir dosyada saklanacak; sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı çevrimiçi bir ortamda paylaşılacaktır. Tüm katılımcılardan elde edilen bilgiler toplu olarak değerlendirilecektir. Anne ve gencin çalışmaya eksiksiz katılımı değerlendirmenin tam yapılabilmesi için önemlidir.

Çalışmaya katılım tamamıyla gönüllülük esasına dayanmaktadır. Anket ve etkinlik size yönelik kişisel, psikolojik veya fiziksel rahatsızlık teşkil edecek unsurlar içermemektedir. Ancak herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz ya da devam etmek istemezseniz, nedenini açıklamaksızın araştırmadan ayrılabilirsiniz. Bu size hiçbir sorumluluk getirmeyecektir. Böyle bir durumda vermiş olduğunuz bilgilerin araştırmacı tarafından kullanılması ancak sizin onayınızla mümkün olacaktır; aksi takdirde verileriniz silinecek ve kullanılmayacaktır. Buna ek olarak, söz konusu çalışma herhangi bir rahatsızlık oluşturacak nitelikte olmasa da, araştırmadan kaynaklı olarak herhangi bir rahatsızlık hissetmeniz halinde, gerekli psikolojik destek yönlendirmeleri araştırmacı tarafından yapılacaktır.

Katılımınız için şimdiden teşekkür ederim.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Bu araştırma kapsamında gereken anket ve etkinlik uygulamalarında yer alacağımı biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. Araştırma süresince ses kaydı alınacağını biliyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

Katılımcı Adı Soyadı

Tarih

İmza

---/---/---

Adres: _____

Tel: _____

- Ziyaret sırasında ses kaydı alınmasına ve bilimsel amaçlarla kullanılmasına izin veriyorum.
- Ziyaret sırasında ses kaydı alınmasına ve bilimsel amaçlarla kullanılmasına izin vermiyorum.

Araştırmacı Adı Soyadı:

İmza

Arařtırma sırasında sizin ve ebeveyninizin cevaplarını eřleřtirerek analiz edebilmemiz iin sizden bir rumuz oluřturmanız beklenmektedir.

Lütfen (1) annenizin isminin son iki harfini, (2) doęum yılınız ve (3) isminizin son iki harfini sırasıyla yazarak bir rumuz oluřturunuz. (Eęer annenizin ya da sizin iki ismi varsa lütfen kimlikte belirtilen ilk isme göre düřününüz).

Lütfen řimdi kendi rumuzunuzu yazınız:



Appendix D: Demographic Information Form - Mother Version

1. Doğum Tarihiniz: .../.../...

2. Medeni durumunuz:

Bekar Evli Boşanmış Ayrı Yaşıyor Diğer

3. Eğitim durumunuz:

Okur/yazar İlkokul Ortaokul Lise Üniversite Lisansüstü

4. Çalışıyor musunuz?

Evet Hayır

Evet ise → Mesleğiniz İşiniz: (Belirtiniz).

5. Yaşadığınız İl:

6. Ailenizin aylık geliri:

5000 TL ve altlık 5001-10000 TL 10001-15000 TL
 15001-30000 TL 30001-50000 TL 50001 TL ve üzeri

7. Çocuk sayısı:

8. Psikolojik, psikiyatrik veya nörolojik tanı aldınız mı?

Evet (Belirtiniz _____) Hayır

Evet ise kullandığınız bir ilaç var mı?

9. Evde Türkçe dışında ikinci bir dilin kullanılma durumu:

Evet Hayır

Eğer Evet ise Kullanılan Diller:

Eğer Evet ise Kullanılan Baskın Dil:

10. Son 24 saatte alkol aldınız mı?

Evet

Hayır

11. Düzenli olarak kullandığınız bir ilaç var mı?

Evet (Belirtiniz_____)

Hayır



Appendix E: Demographic Information Form - Adolescent Version

1. Doğum Tarihiniz: .../.../...

2. Cinsiyetiniz: Kadın[] Erkek [] Belirtmek istemiyorum []
Kendim belirtmek/tanımlamak istiyorum []:

3. Medeni durumunuz:

Bekar [] Evli [] Boşanmış [] Ayrı Yaşıyor[] Diğer []

4. Eğitim durumunuz:

Okur/yazar [] İlkokul [] Ortaokul [] Lise[] Üniversite [] Lisansüstü []

5. Annenizin eğitim durumu:

Okur/yazar [] İlkokul [] Ortaokul [] Lise[] Üniversite [] Lisansüstü []

6. Babanızın eğitim durumu:

Okur/yazar [] İlkokul [] Ortaokul [] Lise[] Üniversite [] Lisansüstü []

7. Anneniz sağ mı?

Evet [] Hayır[]

8. Babanız sağ mı?

Evet [] Hayır[]

9. Yaşadığınız İl:

10. Ailenizin aylık geliri:

[] 5000 TL ve altlık [] 5001-10000 TL [] 10001-15000 TL
[] 15001-30000 TL [] 30001-50000 TL [] 50001 TL ve üzeri

11. Kiminle yaşıyorsunuz?

Eşimle çocuklarımla

Anne/ babamla

Tek başına

Diğer

12. Psikolojik, psikiyatrik veya nörolojik tanı aldınız mı?

Evet (Belirtiniz _____) Hayır

Evet ise kullandığınız bir ilaç var mı?



Appendix F: Young Schema Questionnaire Short Form-3 (YSQ-SF3)

Yönerge: Aşağıda, kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyun ve sizi ne kadar iyi tanımladığına karar verin. Emin olmadığınız sorularda neyin doğru olabileceğinden çok, sizin duygusal olarak ne hissettiğinize dayanarak cevap verin.

Birkaç soru, anne babanızla ilişkiniz hakkındadır. Eğer biri veya ikisi şu anda yaşamıyorsa, bu soruları o veya onlar hayatta iken ilişkinizi göz önüne alarak cevaplandırın.

Derecelendirme:

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

1. Bana bakan, benimle zaman geçiren, başıma gelen olaylarla gerçekten ilgilenen kimsem olmadı.	1	2	3	4	5	6
2. Beni terk edeceklerinden korktuğum için yakın olduğum insanların peşini bırakmam.	1	2	3	4	5	6
3. İnsanların beni kullandıklarını hissediyorum.	1	2	3	4	5	6
4. Uyumsuzum.	1	2	3	4	5	6
5. Beğendiğim hiçbir erkek/kadın, kusurlarımı görürse beni sevmez.	1	2	3	4	5	6
6. İş (veya okul) hayatımda neredeyse hiçbir şeyi diğer insanlar kadar iyi yapamıyorum	1	2	3	4	5	6
7. Günlük yaşamımı tek başıma idare edebilme becerisine sahip olduğumu hissetmiyorum.	1	2	3	4	5	6
8. Kötü bir şey olacağı duygusundan kurtulamıyorum.	1	2	3	4	5	6
9. Anne babamdan ayrılmayı, bağımsız hareket edebilmeyi, yaşıtılarım kadar, başaramadım.	1	2	3	4	5	6

10. Eğer istediğimi yaparsam, başımı derde sokarım diye düşünürüm.	1	2	3	4	5	6
11. Genellikle yakınlarıma ilgi gösteren ve bakan ben olurum.	1	2	3	4	5	6
12. Olumlu duygularımı diğerlerine göstermekten utanırım (sevdiğimi, önemseddiğimi göstermek gibi).	1	2	3	4	5	6
13. Yaptığım çoğu şeyde en iyi olmalıyım; ikinci olmayı kabullenemem.	1	2	3	4	5	6
14. Diğer insanlardan bir şeyler istediğimde bana “hayır” denilmesini çok zor kabullenirim.	1	2	3	4	5	6
15. Kendimi sıradan ve sıkıcı işleri yapmaya zorlayamam.	1	2	3	4	5	6
16. Paramın olması ve önemli insanlar tanıyor olmak beni değerli yapar.	1	2	3	4	5	6
17. Her şey yolunda gidiyor görünse bile, bunun bozulacağını hissederim.	1	2	3	4	5	6
18. Eğer bir yanlış yaparsam, cezalandırılmayı hak ederim.	1	2	3	4	5	6
19. Çevremde bana sıcaklık, koruma ve duygusal yakınlık gösteren kimsem yok.	1	2	3	4	5	6
20. Diğer insanlara o kadar muhtacım ki onları kaybedeceğim diye çok endişeleniyorum.	1	2	3	4	5	6
21. İnsanlara karşı tedbiri elden bırakmam yoksa bana kasıtlı olarak zarar vereceklerini hissederim.	1	2	3	4	5	6
22. Temel olarak diğer insanlardan farklıyım.	1	2	3	4	5	6
23. Gerçek beni tanırlarsa beğendiğim hiç kimse bana yakın olmak istemez.	1	2	3	4	5	6
24. İşleri halletmede son derece yetersizim.	1	2	3	4	5	6
25. Gündelik işlerde kendimi başkalarına bağımlı biri olarak görüyorum.	1	2	3	4	5	6
26. Her an bir felaket (doğal, adli, mali veya tıbbi) olabilir diye hissederim.	1	2	3	4	5	6
27. Annem, babam ve ben birbirimizin hayatı ve sorunlarıyla aşırı ilgili olmaya eğilimliyiz.	1	2	3	4	5	6

28. Diğer insanların isteklerine uymaktan başka yolum yokmuş gibi hissediyorum; eğer böyle yapmazsam bir şekilde beni reddederler veya intikam alırlar.	1	2	3	4	5	6
29. Başkalarını kendimden daha fazla düşündüğüm için ben iyi bir insanım.	1	2	3	4	5	6
30. Duygularımı diğerlerine açmayı utanç verici bulurum.	1	2	3	4	5	6
31. En iyisini yapmalıyım, “yeterince iyi” ile yetinemem.	1	2	3	4	5	6
32. Ben özel biriyim ve diğer insanlar için konulmuş olan kısıtlamaları veya sınırları kabul etmek zorunda değilim.	1	2	3	4	5	6
33. Eğer hedefime ulaşamazsam kolaylıkla yılgınlığa düşer ve vazgeçerim.	1	2	3	4	5	6
34. Başkalarının da farkında olduğu başarılar benim için en değerlisidir.	1	2	3	4	5	6
35. İyi bir şey olursa, bunu kötü bir şeyin izleyeceğinden endişe ederim.	1	2	3	4	5	6
36. Eğer yanlış yaparsam, bunun özrü yoktur.	1	2	3	4	5	6
37. Birisi için özel olduğumu hiç hissetmedim.	1	2	3	4	5	6
38. Yakınlarımla beni terk edeceği ya da ayrılacağından endişe duyarım	1	2	3	4	5	6
39. Herhangi bir anda birileri beni aldatmaya kalkışabilir.	1	2	3	4	5	6
40. Bir yere ait değilim, yalnızım.	1	2	3	4	5	6
41. Başkalarının sevgisine, ilgisine ve saygısına değer bir insan değilim.	1	2	3	4	5	6
42. İş ve başarı alanlarında birçok insan benden daha yeterli.	1	2	3	4	5	6
43. Doğru ile yanlış birbirinden ayırmakta zorlanırım.	1	2	3	4	5	6
44. Fiziksel bir saldırıya uğramaktan endişe duyarım.	1	2	3	4	5	6
45. Annem, babam ve ben özel hayatımız birbirimizden saklarsak, birbirimizi aldatmış hisseder veya suçluluk duyarız	1	2	3	4	5	6
46. İlişkilerimde, diğer kişinin yönlendirici olmasına izin veririm.	1	2	3	4	5	6
47. Yakınlarımla o kadar meşgulüm ki kendime çok az zaman kalıyor.	1	2	3	4	5	6

48. İnsanlarla beraberken içten ve cana yakın olmak benim için zordur.	1	2	3	4	5	6
49. Tüm sorumluluklarımı yerine getirmek zorundayım.	1	2	3	4	5	6
50. İstediğimi yapmaktan alıkonulmaktan veya kısıtlanmaktan nefret ederim.	1	2	3	4	5	6
51. Uzun vadeli amaçlara ulaşabilmek için şu andaki zevklerimden fedakarlık etmekte zorlanırım.	1	2	3	4	5	6
52. Başkalarından yoğun bir ilgi görmezsem kendimi daha az önemli hissederim.	1	2	3	4	5	6
53. Yeterince dikkatli olmazsanız, neredeyse her zaman bir şeyler ters gider.	1	2	3	4	5	6
54. Eğer işimi doğru yapmazsam sonuçlara katlanmam gerekir.	1	2	3	4	5	6
55. Beni gerçekten dinleyen, anlayan veya benim gerçek ihtiyaçlarım ve duygularımı önemseyen kimsem olmadı.	1	2	3	4	5	6
56. Önem verdiğim birisinin benden uzaklaştığını sezersem çok kötü hissederim.	1	2	3	4	5	6
57. Diğer insanların niyetleriyle ilgili oldukça şüpheliyimdir.	1	2	3	4	5	6
58. Kendimi diğer insanlara uzak veya kopmuş hissediyorum.	1	2	3	4	5	6
59. Kendimi sevilebilecek biri gibi hissetmiyorum.	1	2	3	4	5	6
60. İş (okul) hayatımda diğer insanlar kadar yetenekli değilim.	1	2	3	4	5	6
61. Gündelik işler için benim kararlarım güvenilemez.	1	2	3	4	5	6
62. Tüm paramı kaybedip çok fakir veya zavallı duruma düşmekten endişe duyarım.	1	2	3	4	5	6
63. Çoğunlukla annem ve babamın benimle iç içe yaşadığını hissediyorum-Benim kendime ait bir hayatım yok.	1	2	3	4	5	6
64. Kendim için ne istediğimi bilmediğim için daima benim adıma diğer insanların karar vermesine izin veririm.	1	2	3	4	5	6
65. Ben hep başkalarının sorunlarını dinleyen kişi oldum.	1	2	3	4	5	6
66. Kendimi o kadar kontrol ederim ki insanlar beni duygusuz veya hissiz bulurlar.	1	2	3	4	5	6
67. Başarmak ve bir şeyler yapmak için sürekli bir baskı altındayım.	1	2	3	4	5	6

68. Dięer insanların uyduęu kurallara ve geleneklere uymak zorunda olmadıęımı hissediyorum.	1	2	3	4	5	6
69. Benim yararına olduęunu bilsem bile hořuma gitmeyen Őeyleri yapmaya kendimi zorlayamam.	1	2	3	4	5	6
70. Bir toplantıda fikrimi syledięimde veya bir topluluęa tanıtıldıęımda onaylatılmayı ve takdir grmeyi isterim.	1	2	3	4	5	6
71. Ne kadar ok alıřırsam alıřayım, maddi olarak iflas edeceęimden ve neredeyse her Őeyimi kaybedeceęimden endiŐe ederim.	1	2	3	4	5	6
72. Neden yanlış yaptıęımın nemi yoktur; eęer hata yaptıysam sonucuna da katlanmam gerekir.	1	2	3	4	5	6
73. Hayatımda ne yapacaęımı bilmedięim zamanlarda uygun bir neride bulunacak veya beni ynlendirecek kimsem olmadı.	1	2	3	4	5	6
74. İnsanların beni terk edeceęi endiŐesiyle bazen onları kendimden uzaklařtırırım.	1	2	3	4	5	6
75. Genellikle insanların asıl veya art niyetlerini arařtırırım.	1	2	3	4	5	6
76. Kendimi hep grupların dıŐında hissederim.	1	2	3	4	5	6
77. Kabul edilemeyecek pek ok zellięim yznden insanlara kendimi aamıyorum veya beni tam olarak tanımalarına izin vermiyorum.	1	2	3	4	5	6
78. İŐ (okul) hayatımda dięer insanlar kadar zeki deęilim.	1	2	3	4	5	6
79. Ortaya ıkan gndelik sorunları zebilme konusunda kendime gvenmiyorum.	1	2	3	4	5	6
80. Bir doktor tarafından herhangi bir ciddi hastalık bulunmamasına raęmen bende ciddi bir hastalıęın geliŐmekte olduęu endiŐesine kapılıyorum.	1	2	3	4	5	6
81. Sık sık annemden babamdan ya da eŐimden ayrı bir kimlięimin olmadıęımı hissediyorum.	1	2	3	4	5	6
82. Haklarıma saygı duyulmasını ve duygularımın hesaba katılmasını istemekte ok zorlanıyorum.	1	2	3	4	5	6
83. BaŐkaları beni, dięerleri iin ok, kendim iin az Őey yapan biri olarak gryorlar.	1	2	3	4	5	6
84. Dięerleri beni duygusal olarak soęuk bulurlar.	1	2	3	4	5	6

85. Kendimi sorumluluktan kolayca sıyıramıyorum veya hatalarım için gerekçe bulamıyorum.	1	2	3	4	5	6
86. Benim yaptıklarımın, diğer insanların katkılarından daha önemli olduğunu hissediyorum.	1	2	3	4	5	6
87. Kararlarıma nadiren sadık kalabilirim.	1	2	3	4	5	6
88. Bir dolu övgü ve iltifat almam kendimi değerli birisi olarak hissetmemi sağlar.	1	2	3	4	5	6
89. Yanlış bir kararın bir felakete yol açabileceğinden endişe ederim.	1	2	3	4	5	6
90. Ben cezalandırılmayı hak eden kötü bir insanım.	1	2	3	4	5	6

Appendix G: Strengths and Difficulties Questionnaire - (SDQ)

Her cümle için, Doğru Değil, Kısmen Doğru, Tamamen Doğru kutularından birini işaretleyiniz. Kesinlikle emin olamasanız ya da size anlamsız görünse de elinizden geldiğince tüm cümleleri yanıtlamanız bize yardımcı olacaktır. Lütfen yanıtlarınızı çocuğunuzun son 6 ay içindeki davranışlarını göz önüne alarak veriniz.

Çocuğunuzun Adı: Erkek / Kız

Doğum Tarihi:

	Doğru Değil	Kısmen Doğru	Kesinlikle Doğru
Diğer insanların duygularını önemser.			
Huzursuz ve aşırı hareketlidir, uzun süre kıpırdamadan duramaz.			
Sıkça baş ağrısı, karın ağrısı ve bulantı şikayetleri olur			
Diğer çocuklarla kolayca paylaşır. (yiyeceğini, oyuncasını, kalemını v.s.)			
Sıkça öfke nöbetleri olur ya da aşırı sinirlidir.			
Daha çok tek başınadır, yalnız oynama eğilimindedir.			
Genellikle söz dinler, büyüklerin isteklerini yapar.			
Birçok kaygısı vardır. Sıkça endişeli görünür.			
Eğer birisi incinmiş, morali bozulmuş ya da kendini kötü hissediyor ise ona yardımcı olur.			
Sürekli elleri ayakları kıpır kıpırdır ya da oturduğu yerde kıpırdanıp durur.			
En az bir yakın arkadaşı vardır.			
Sıkça diğer çocuklarla kavga eder ya da onlarla alay eder.			
Sıkça mutsuz, kederli ya da ağlamaklıdır.			
Genellikle diğer çocuklar tarafından sevilir.			
Dikkati kolayca dağılır. Dikkatini toplamakta güçlük çeker.			
Yeni ortamlarda gergin ya da huysuzdur. Kendine güvenini kolayca kaybeder.			
Kendinden küçüklere iyi davranır.			
Sıkça yalan söyler ya da hile yapar.			
Diğer çocuklar ona takarlar ya da onunla alay ederler.			

Sıkça başkalarına (anne baba, öğretmen, diğer çocuklar) yardım etmeye istekli olur.			
Bir şeyi yapmadan önce düşünür.			
Ev, okul ya da başka yerlerden çalar.			
Büyüklerle çocuklardan daha iyi geçinir.			
Pek çok korkusu var. Kolayca ürker.			
Başladığı işi bitirir, dikkat süresi iyidir.			

İmza:

Tarih:

Anne / Baba / Diğer (lütfen belirtiniz):

Yardımanız için teşekkür ederiz!

Appendix H: Short form of Egna Minnen Barndoms Uppfostran (S-EMBU-P)

Lütfen anketi doldurmadan önce aşağıdaki yönergeyi dikkatle okuyunuz:

1. Aşağıda çocuğunuzu yetiştirirken sergilemiş olabileceğiniz davranış ve tutumlara ilişkin birtakım ifadeler vardır. Bu tutum ve davranışları tam olarak hatırlamak bazen zor olsa da her anne babanın çocuklarına yönelik bazı anıları vardır.
2. Lütfen her ifadeyi dikkatlice okuyun ve sizin için en uygun olan yanıtı işaretleyin.

Hiçbir zaman (1) Arada sırada (2) Sık sık (3) Her zaman (4)

1) Çocuğuma nedenini söylemeden öfkelenirdim.	1	2	3	4
2) Çocuğumu överdim.	1	2	3	4
3) Çocuğum yaptığı şeyler hakkında daha az endişelenmemi isterdi.	1	2	3	4
4) Çocuğumu disipline etmek için fiziksel ceza kullanırdım.	1	2	3	4
5) Çocuğum eve geldiğinde bana yaptıklarının hesabını vermek zorundaydı.	1	2	3	4
6) Çocuğumun hayatını uyarıcı, ilginç ve eğitici hale getirmeye çalışırdım (örneğin iyi kitaplar vermek, kamp yapmasını sağlamak, spor/kulüp etkinliklerine götürmek).	1	2	3	4
7) Çocuğumu başkalarının önünde eleştirir ve ne kadar tembel ve işe yaramaz olduğunu söylerdim.	1	2	3	4
8) Başına bir şey gelmesinden korktuğum için çocuğumun yaşıtalarının yapmasına izin verilen şeyleri yapmasını yasaklardım.	1	2	3	4
9) Çocuğumun en iyisi olması için onu teşvik ederdim.	1	2	3	4
10) Çocuğum kötü davrandığında, ona kendini suçlu hissettirmeye çalışırdım (örneğin üzgün görünerek).	1	2	3	4
11) Çocuğumun başına bir şey gelebilme ihtimalinden aşırı endişelenirdim.	1	2	3	4
12) Çocuğum için işler kötü giderse onu teselli etmeye ve cesaretlendirmeye çalışırdım.	1	2	3	4
13) Çocuğuma ailenin "yüz karası" ya da "günah keçisi" gibi davranılırdı.	1	2	3	4

14) Çocuğumu sevdiğimi sözlerim ve hareketlerim ile gösterirdim.	1	2	3	4
15) Diğer çocuklarımı bu çocuğumu sevdiğimden daha çok severim/severdim.	1	2	3	4
16) Çocuğuma onu utanmış hissettirecek şekilde davranırdım.	1	2	3	4
17) Çocuğumun ben pek fazla umursamadan istediğı yere gitmesine izin verilirdi.	1	2	3	4
18) Çocuğumun yaptığı her şeye müdahale ederdim.	1	2	3	4
19) Çocuğumla aramda sıcaklık ve sevecenlik vardı.	1	2	3	4
20) Çocuğuma yapabileceğı ve yapmasına izin verilmeyen şeyler hakkında katı sınırlar koyarım ve bunlara titizlikle uyardım.	1	2	3	4
21) Çocuğumu küçük kabahatleri için bile sert bir şekilde cezalandırırdım.	1	2	3	4
22) Çocuğumun nasıl giyinmesi veya görünmesi gerektiğine karar vermek isterdim.	1	2	3	4
23) Çocuğum üstlendiğı bir işte başarılı olduğunda onunla gurur duyarım/duyardım.	1	2	3	4

Appendix I: Sample of Mother–Adolescent Reminiscing

Mother: At that moment... What did you feel that day? What were your feelings the moment she said?

Adolescent: Upset...

Mother: What made you feel so upset?

Adolescent: Being pressured.

Mother: You mean your aunt's words? What exactly bothered you in what she said? Was it that you thought she hurt me, or were you more upset that she thought that way?

Adolescent: That she thought that way.

Mother: Were you upset for me, or...?

Adolescent: It was because she thought that way.

Mother: So... do you think she wasn't thinking fairly?

Adolescent: I felt treated unfairly.

Mother: You felt it was unfair—why do you think it felt that way?

Adolescent: I don't know... she judged me without knowing anything. I had told you that when I was sick.

Mother: Ah, right! Your leg was hurting and you didn't want to come home.

Adolescent: Yeah.

Mother: You didn't want to walk home. Was it her behavior or the way she said it that upset you?

Adolescent: No, just the fact that something like that even crossed her mind felt really ridiculous to me. She spoke in such a judgmental way. Like I'm constantly upsetting you or doing things on purpose to hurt you.

Mother: So what she said really weighed on you. How do you wish she had approached it instead?

Adolescent: If possible, I'd prefer she didn't approach me at all for a while.

Mother: Why do you think she sees things that way? Is it just the way she thinks?

Adolescent: Yes.

Mother: So you believe you're not hurting me, but hearing her talk to you like that really upset you?

Adolescent: Exactly.

