

THE PREDICTION LEVEL OF CHILDHOOD TRAUMAS AND SELF-COMPASSION
LEVEL ON EMOTION REGULATION DIFFICULTIES

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ABSTRACT

The main purpose of the study is to explore the predictive power of childhood traumas and Self-compassion in the prediction of emotion regulation. The model of this research is quantitative, predictive correlational research design. Research data were collected by online sampling method. A total of 325 (73.4%) female and 118 (26.6%) male (N=443) university students living in Istanbul were included in this study. The socio-demographic information form prepared by the researcher to collect the data, the 36-item Emotion Regulation Difficulty Scale (DERS) adapted into Turkish by Rugancı and Gençöz (2010), and the 33-item Childhood Trauma Scale adapted into Turkish by Şar et al. (2021). (CTQ-33), the 26-item Self-Compassion Scale, which was adapted into Turkish by Akın and Abacı (2007) was used. The obtained data were analyzed with the SPSS program. Descriptive statistics, One-Way Analysis of Variance, Multiple Regression Analysis, Independent Groups t-test and Post-Hoc Test were used in the analysis of the data and the results are presented in the tables. According to the results of the study, childhood trauma, and self-compassion level were found to have a predictive role on the emotion regulation difficulties of university students ($p < .05$). Significant differences were found between the emotion regulation difficulty total score and psychological discomfort, socio-economic level, and perceived fatherly attitude ($p < .05$). There was no significant difference between the emotion regulation difficulty total score and gender, education level, birth order, maternal attitude and parental education level ($p > .05$). It was concluded that the emotional neglect sub-dimension of the childhood traumas of university students significantly predicted the difficulty of emotion regulation difficulty in a positive way. It was found that self-compassion sub-dimensions such as self-sensitivity, self-judgment, isolation, consciousness, and hyper-identification negatively predicted difficulty in emotion regulation. The limitations and findings of the study are discussed in the relevant literature. Along with these, suggestions for future work are presented.

Keywords: Emotion Regulation Difficulties, Childhood Trauma, Self-Compassion

ÖZET

Çalışmanın temel amacı, duygu düzenlenmenin yordanmasında çocukluk çağı travmalarının ve Öz-şefkatin yordayıcı gücünü keşfetmektir. Bu araştırmanın modeli nicel, yordayıcı ilişkisel tarama modelidir. Araştırma verileri çevrimiçi tabanlı örnekleme yöntemiyle toplanmıştır. Bu çalışmaya İstanbulda yaşayan üniversite öğrencileri olan 325 (%73.4) kadın 118 (%26.6) erkek olmak üzere toplam (N=443) kişi dahil edilmiştir. Verilerin toplanması için araştırmacı tarafından hazırlanan demografik bilgi formu, Rugancı ve Gençöz (2010) tarafından Türkçe'ye uyarlanan 36 maddelik Duygu Düzenleme Güçlüğü Ölçeği (DERS), Şar ve arkadaşları (2021) tarafından Türkçe'ye uyarlanan 33 maddelik Çocukluk Çağı Travma Ölçeği (CTQ-33), Akın ve Abacı (2007) tarafından Türkçe'ye uyarlanan 26 maddelik Öz-duyarlılık Ölçeği kullanılmıştır. Elde edilen bölümler SPSS programı ile analiz edilmiştir. Verilerin analizinde betimsel istatistikler, Tek Yönlü Varyans Analizi, Çoklu Regresyon Analizi, Bağımsız Gruplar t-testi ve Post-Hoc Testi kullanılmış ve sonuçlar tablolar halinde sunulmuştur. Araştırmanın sonuçlarına göre çocukluk çağı travması ve öz-şefkat düzeyinin üniversite öğrencilerinin duygu düzenleme güçlüğü üzerindeki yordayıcı rolü bulunmuştur ($p < .05$). Duygu düzenleme güçlüğü toplam puanı ile Psikolojik rahatsızlık, sosyo-ekonomik düzey ve algılanan baba tutumu arasında anlamlı farklılıklar bulunmuştur ($p < .05$). Duygu düzenleme güçlüğü toplam puanı ile cinsiyet, eğitim seviyesi, doğum sırası, anne tutumu ve anne-baba eğitim düzeyi arasında anlamlı bir fark bulunmamıştır ($p > .05$). Üniversite öğrencilerinin çocukluk çağı travmalarına dair duygusal ihmal alt boyutunun duygu düzenleme güçlüğüne manidar olarak pozitif yönde yordadığı sonucuna ulaşılmıştır. Öz-Şefkat alt boyutlarından öz duyarlılık, öz yargılama, izolasyon, bilinçlilik ve aşırı özdeşim duygu düzenleme güçlüğüne negatif yönde anlamlı bir şekilde yordadığı saptanmıştır. Araştırmanın sınırlılıkları ve bulguları ilgili literatürde tartışılmıştır. Bunlarla birlikte ileride yapılacak çalışmalara yönelik öneriler sunulmuştur.

Anahtar Kelimeler: Duygu Düzenleme Güçlüğü, Çocukluk Çağı Travması, Öz-Şefkat

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ABBREVIATION LIST

CTQ-33: Thirty three-item Childhood Trauma Questionnaire

PTSD: Post-Traumatic Stress Disorders

DERS: Difficulties in Emotion Regulation Scale

SCS: Self-Compassion Scale



CHAPTER I

INTRODUCTION

1.1. Problem Statement

Difficulty in emotion regulation has become an important field of study in recent years. Emotions are a vital part of life. The effect of emotions manifests itself in all processes of life, from birth to death, and people can have different emotions constantly. A person's daily life is significantly impacted by their inability to control their emotions. The inability of the individual to effectively control and direct his emotions causes significant problems. The individual's recognizing the characteristics of his personality and using these characteristics in accordance with his situational goals depends on regulating his emotions. In this process, which can progress without conscious or completely conscious awareness, people can reduce, intensify and protect their positive and negative emotions. In the absence of these aforementioned skills, the person has difficulty in regulating his emotions and while the individual has difficulty in reaching his individual goals with the irregular emotions that show his presence, it can be prevented from maintaining the desired life conditions (Gratz & Roemer, 2004).

After reviewing the literature, it was discovered that emotion regulation difficulties were studied with some other variables. It has been revealed that difficulty in emotion regulation has been studied and associated with psychopathologies such as depression, childhood trauma, generalized anxiety disorder, self-compassion, social anxiety disorder, and eating disorder. Difficulty in emotion regulation, it shows itself through a variety of emotional and behavioral clinical problems in children, can be a symptom or a predictor of many childhood psychopathologies (Gross and Thompson, 2007). When emotion regulation difficulties develop at an early age, it is important to determine the factors that will hinder the child's emotional development and prevent his healthy development, since it will affect the child's emotional development and awareness of his emotions. (Yılmaz & Cenkseven Önder, 2020). Childhood trauma, which is another concept, is the exposure of individuals under the age of 18 to all kinds of abuse, neglect, or exploitation that may harm their development and health, have a negative impact, and endanger their life. Performing inappropriate and inappropriate actions towards the child can be called abuse (McCoy & Keen, 2013).

The literature demonstrates that those who experienced abuse as children have trouble controlling their emotions. (Stovall-McCullough, Han, Cloitre, Miranda, 2005). Childhood traumas, such as the experience of abuse, negatively affect a person's emotion regulation skills. (Burns, Jackson, Harding, 2010). For this reason, when the relevant literature is examined, when we look at the effects of childhood traumas, it is seen that there are both important predictors of emotion regulation and increased functional impairments in individuals. If we look at the research, it has been indicated that children who experienced abuse and neglect as young children have trouble controlling or over-controlling their emotions, and that coping with strong emotions in this way persists over time. It has been revealed that this situation contributes to the emotion regulation problems of the child as a result of childhood trauma (Gratz & Roemer, 2004).

Another related concept self-compassion is the regulation of emotions in a way that can help oneself by adopting the state of being aware of life by the individual. Self-compassion is defined as loving oneself unconditionally, accepting that negative emotions, as well as positive emotions and thoughts, belong to oneself, and approaching inadequacies or failures in an understanding way without judgment (Neff, Hsieh, & Dejithirat, 2005). It is known that people with a high level of self-compassion are more emotionally resilient in the face of stressful events in their lives and they tolerate their negative emotions more easily. It is known that self-compassion facilitates coping with trauma and can help reduce trauma symptoms (Neff, Kirkpatrick, & Rude, 2007; Bernstein, 2015). Although the concept of self-compassion is based on 2000 years of Buddhist philosophy, it is a very new concept whose operational definition was made only 10 years ago. From this point of view, it has been emphasized that there is a need for more research on self-compassion, especially in our country, to know the relationship of the concept with other concepts and to expand its role in therapy practices (Tekcan, 2018).

The relationship between self-compassion and emotion control is substantial, and it is also certain level related to childhood traumas, according to a review of the research on these three topics. The interconnection of these ideas is believed to be advantageous for the study's significance as well as for directing future research on problems with emotion control. It is anticipated that it will play a significant part in the psycho-educational programs that are being created for the prevention of difficulties with emotion control.

It was also seen that the concept of self-compassion is expressed as self-understanding or self-compassion. In recent years, studies on self-compassion in Turkey have shown that self-compassion is negatively associated with automatic thoughts (Akın, 2015), anxious attachment (Bayar & Tuzgöl Dost, 2018) and difficulty in emotion regulation (Aktaş & Şahin, 2018). Vettese, Dyer, Li, & Wekerle (2011) report that self-compassion has a mediating role in their studies in which they examine the mediating role of self-compassion between childhood traumas and difficulty in emotion regulation.

When the research on emotion regulation difficulties are examined, it is seen that stress and problematic internet use (Yorulmaz, Civgin, & Yorulmaz, 2020) have a mediating role between self-sensitivity and obsessive-compulsive disorders (Eichholz, Schwartz, Meule, Heese, Neumüller, and Voderholzer (2020) and the positive relationship between childhood traumas (Tekin & Karakuş, 2019) are also noteworthy. Kaufman, Puzia, Mead, Crowell, McEachern, and Beauchaine (2017) report that emotional dysregulation has a mediating role between borderline and antisocial personality disorders and problematic adolescent behaviors.

In many studies, self-compassion, childhood traumas, and difficulties in emotion regulation have been examined individually or in pairs, but since studies examining all three together are limited, it is seen that it would be useful to examine their predictive powers. The interpretation of this relationship with various variables is very important both in terms of the psychological processes studied and in terms of illuminating the relationship between the variables. When we look at the studies conducted in Turkey, they are limited in number and new importance has been given to these studies. It was observed that there was a negative significant relationship between childhood traumas and self-compassion level, a positive significant relationship between emotion regulation difficulties, and a strong negative relationship between emotion regulation difficulties and self-compassion. Based on this result, it was emphasized that more importance should be given to self-compassion studies, especially in abused individuals and such studies in terms of the abused individual's self-compassion approach (Ünal, 2021).

In recent years, especially with the development of positive psychology, it has been included in many scientific studies that self-compassion and being able to regulate emotions have positive effects on one's psychological health (Neff, Rude, & Kirkpatrick, 2007; Neff & McGehee, 2010; Yalçın & Malkoç, 2013). It is also known that self-compassion facilitates coping with trauma and can help reduce the symptoms of emotion regulation difficulties (Yuval, Nitzan-Assayag ve Bernstein, 2015).

At this point, according to relevant studies, it is seen that childhood traumas and self-compassion have a significant, important, and powerful effect on emotion regulation difficulties and are indispensable components. Self-compassion, which is one of the most effective ways of balancing and regulating emotions, also has an important place in the individual's ability to accept himself as he is and to adapt to the events and situations he experiences. Thus, the individual can adapt to his life in a flexible and understanding way during his negative experience (Germer & Neff,2019). As a result of these findings, it can be said that the self-compassionate individual can establish healthier relationships, will not have difficulty in regulating his emotions, and will feel competent in the face of unexpected life events. In this study, the importance of focusing on self-compassion, childhood traumas, and emotion regulation difficulties was once again supported.

In the studies in which we looked at self-compassion and emotion regulation in the literature, in recent years, some researches on this subject have been carried out and it has been emphasized that it would be beneficial to conduct new and different studies. It was argued that self-compassion, which was found to have a significant effect on emotion regulation, should be studied with a sample consisting of university students (Gün, Türkmen & Yalçın, 2020). Similarly, it is recommended that some studies should be conducted with university students from different faculties and studied in different samples (Yılmaz & Cenkseven Önder, 2020). In another study examining the relationship between difficulty in emotion regulation and self-compassion, since the study was carried out with university students, it was emphasized that repeating it in different universities and different age groups could provide important contributions to the literature (Gür, 2021). In general, when the literature is examined, the research was carried out with university students, but it was emphasized that more studies should be done. In addition, it is thought that this study will fill the gap in the field since the study has not been done enough in the field.

It has typically been discussed with factors like (age, gender, married status, and educational status) in studies evaluating the association between difficulty in emotion regulation, self-compassion, and childhood traumas (Karaoğlu, 2019; Ünal, 2021; Tüccarolu, 2021). Studies are typically constrained when it comes to factors like age and gender, according to an analysis of the literature. It has been discovered that self-compassion is a strong predictor of difficulty in emotion regulation when we look at the studies that looked at the topic.

In addition, self-sensitivity and difficulty in emotion regulation were discussed in terms of gender variables, but no difference was found in terms of gender variables, it was emphasized that other variables should be studied instead of gender in the next prediction studies. It has been argued that gender does not have a significant effect on emotion regulation difficulties in the Turkish sample. (Yılmaz & Cenkseven Önder, 2020).

In another study on the difficulty in emotion regulation, while the demographic variable was used as gender, it was emphasized that the study could be repeated using different variables such as age and family education level (Suna, 2018). In addition, it was argued that it would be beneficial to conduct new research by adding different demographic variables (department, faculty, parent education status) to the study on this subject (Gür, 2021). Unlike the others, this study looked into whether all three variables (perceived parental attitude, parental education level, age, birth order, and socioeconomic income level) differed significantly depending on their variables.

It is thought that focusing on the predictive power of this study will contribute to the literature, since studies on emotion regulation difficulties, self-compassion, and childhood traumas generally look at the relationship between the variables (Tüccaroğlu, 2021; Ünal 2021). Relationship studies on this subject have been conducted in Turkey in recent years, but no study examining these three variables together has been found. In addition, it is aimed to examine the details of whether the emotion regulation difficulties of university students differ according to various variables. There are both predictive and relationship studies abroad that examine emotion regulation difficulties, self-compassion, and childhood traumas together (Vettese and Dyer and Li and Wekerle, 2011; Scoglio, Rudat, Garvey, Jarmolowski, Jackson, and Herman, 2015; Barlowa, Turow & Gerhart, 2017; Reffi, Boykin & Orcutt, 2018).

In light of what has been said so far, childhood traumas and self-compassion play an important role in predicting difficulty in emotion regulation. When the literature is examined, it is seen that there are many studies on childhood traumas and emotion regulation difficulties, while studies on the concept of self-compassion are more common abroad, and there are limited studies in Turkey. However, as a result of the literature review, no study was found in which these concepts were discussed together. Therefore, it is thought that the originality of this study will fill this gap in the literature and will guide researchers who want to research this field and related issues.

1.2. Purpose of the Research

The main purpose of this research is to determine the self-compassion levels of university students and the predictive power of childhood traumas for emotion regulation difficulties. In addition, it is another aim to examine whether the emotion regulation difficulties of university students differ according to various variables (gender, birth order, psychological disorder, mother and father education level, perceived parental attitude, and socio-economic income level of the family). As a result, this study aims to contribute to scientific knowledge by examining the relationship between trauma and self-compassion level and difficulty in emotion regulation in individuals who have been exposed to childhood trauma during early development.

1.3. Sub-Purposes

The main purpose of this study is to determine whether university students' self-compassion levels and childhood traumas predict emotion regulation difficulties. Within the scope of this research, answers to the following questions will be sought;

1. Is childhood trauma a significant predictor of emotion regulation difficulties in university students?
2. Is the self-compassion level of university students a significant predictor of emotion regulation difficulties?
3. Do university students' emotional regulation difficulties differ significantly according to various (Gender, Psychological Disturbance, Education Level, Socioeconomic Status, Birth Order, Mother Education Level, Father Education Level, Mother Attitude, Father Attitude) demographic variables?

1.4. The Importance of the Research

The number of scientific research examining the connection between emotional regulation issues, self-compassion, and childhood traumas in the context of is growing daily. One of the most important different emphases of this study is that the predictive power between childhood traumas and the difficulty of emotion regulation of the Self-Compassion level is strong, almost taking place in the definitions of the concepts.

The interpretation of this relationship in the presence of different variables is very important both in terms of functioning psychological processes and to clarify the relationship between difficulty in emotion regulation. The mood disorder experienced by individuals with childhood traumatic experiences can persist for a long time. It is seen that the self-compassion that individuals have and the traumatic experience they have experienced in childhood are associated with psychopathology. Individuals' childhood traumas and problems in terms of self-compassion can also affect their emotional regulation difficulties with a detrimental effect (Soykan, 2019; Vatan, 2019). Difficulty in understanding and coping with the emotions of people with emotion regulation difficulties; One of the underlying factors is childhood traumas and the level of self-compassion that individuals have difficulty in coping with.

We know that negative childhood experiences have ongoing effects on adult life. Although it seems possible to deal with these experiences in isolation or to analyze their effects by separating them, it is thought that examining the individual variables will contribute to the literature if we consider that the individual's life is an interactional result of continuous experiences and previous experiences. It is thought that it would be useful to consider emotional regulation difficulties in this context, where there are multiple interactions. The effect of difficulties in emotion control on the individual and the larger society are thought to need more research. There aren't many research in the literature that explain how childhood traumas affect one's level of self-compassion and their ability to control their emotions.

This study can also be used as a resource by researchers and professionals who are creating tools, methodologies, and intervention strategies for people who have trouble regulating their emotions. Additionally, it has been shown that early childhood trauma significantly impacts the development of self-compassion and causes issues with emotion control (Gross & Thompson, 2007). By exploring the association between trauma and self-compassion level and difficulty in emotion regulation in people who have been exposed to childhood trauma in early developmental phases, this research is significant in that it will further scientific understanding. In addition, investigations on this topic in Turkey are scarce despite the fact that there are several predictive studies on the variables of self-compassion and childhood traumas in the prediction of emotion regulation issues in the foreign literature. Because of this, it is anticipated that this study will help our country knowledge of this topic grow.

In conclusion, the community's mental health important this research. As a result, from a positive psychology perspective, useful insights and policies can be developed to enable people with emotional regulation difficulties to acquire healthy adaptation skills (Neff, Rude & Kirkpatrick, 2007; Yalçın & Malkoç, 2013). It will also provide scientific information for the findings of the current study and the preventive, protective, and enriching programs that some occupational groups will implement. Therefore, it is hoped that this study will contribute to the literature.

1.5. Research Question

In this study, "Do university students' childhood traumas and self-compassion levels significantly predict emotion regulation difficulties?" The answer to the question has been sought. In addition, in this study, it was investigated whether the level of difficulty experienced by university students in emotion regulation differs in terms of various demographic variables.

1.6. Assumptions

The research is based on the following assumptions;

1. It was assumed that the university students participating in the study voluntarily participated in the study and gave sincere and unbiased answers to the scales used in the study.
2. It is assumed that the sample selected from the research universe is sufficient to represent university students.
3. The "Childhood Trauma Scale", "Self-Compassion Scale" and "Emotional Dysregulation Scale" used in the research measure the relevant variables in a valid and reliable way.

1.7. Limitations

The limitations of the research are as follows;

1. The universe of the research is limited to university students studying at universities in Istanbul.

2. The sample of the research consists of 443 students who were randomly selected from the universities in Istanbul and agreed to participate in our research.

3. The data evaluated within the scope of our research are limited to the data obtained with the "Sociodemographic Data Form", "Childhood Traumas Scale", "Self-Compassion Scale" and "Emotion Regulation Difficulty Scale"

1.8. Definitions

The three main variables used in the current research were conceptualized and defined as follows:

Emotion Regulation Difficulties: It is explained as the inability of individuals to gain awareness of their emotions, not being able to control their emotions in the face of situations, not being able to understand emotions clearly, accepting emotions, controlling impulses and acting in accordance with the purpose (Gratz & Roemer, 2004).

Childhood Trauma: Childhood trauma, physical, emotional, sexual abuse, neglect, parental divorce, witnessing violence, forced migration, accident or witnessing, loss of parents, unwanted separation from parents, exposure of the child before the age of 18 defined as experiences such as They are natural disasters that people survive (Herman, 2011).

Self-Compassion: It is the individual's being conscientious and tolerant of his shortcomings and failures under adverse conditions, focusing on his negative aspects, developing a sensitive approach to himself rather than a judgmental approach, and seeing his shortcomings and mistakes as a situation that everyone can do. Treating individuals kindly, politely, and understandingly and it has been defined as the fact that many people see this situation as a part of their experiences rather than isolating themselves from life as a result of negative experiences (Neff, 2003).

CHAPTER II

LITERATURE REVIEW

The variables of the study and the literature regarding the related studies are presented in this section.

2.1. Definition of Trauma

Trauma is defined as "conditions that endanger people's psychological and physical well-being, as well as extreme sensations of fear, terror, helplessness, and powerlessness in the face of these situations. According to the American Psychiatric Association, trauma is defined as "a perceived experience that threatens injury, death, or physical integrity and causes feelings of fear, horror, and helplessness" (APA, 2000). Trauma is used to describe every situation that negatively affects the psychological and physical existence of people in different ways. The most difficult traumas to survive are those that occur when people are fragile and have inadequate coping abilities (Şar, 1997). Some people believe that because newborns, babies, and preschoolers are too young to understand or recall negative events, they will be unaffected. However, because their muscle, neurological, and perceptual systems are not fully formed, babies, newborns, and very young children are the group most vulnerable to trauma and stress (Herman, 2011).

While the word trauma is used for physical injuries in the medical literature, it is used for mental injuries that cause the individual's cognitive, sensory, and emotional functions to be significantly limited and to be unable to maintain a normal life in the spiritual and emotional field. In other words, mental traumas are situations in which individuals think obsessively about certain events, ideas, or images (Ruppert, 2008). In addition; medicine a local wound or bruise that physically damages the structure and shape of a tissue or organ that happens as a result of an external mechanical reaction is referred to as trauma; on the other hand, psychological trauma is referred to as trauma (TDK, 2019).

2.1.1. History of The Concept of Trauma

Until the first part of the twentieth century, the term trauma was commonly used to describe bodily traumas (Jones & Wessely, 2007). In the late 1970s, the diagnosis of post-traumatic stress disorder (PTSD) was developed in response to a political desire to reflect the substantial psychiatric difficulties experienced by hundreds of thousands of returning Vietnam veterans.

Only a little body of literature on "traumatic neuroses" existed at the time to aid the development of diagnostic criteria. To arrive at significant diagnostic criteria, the DSM committee had to depend on clinical reports of combat neuroses as well as a few small investigations of mostly male patients with scald marks on their bodies and Vietnam veterans (Van der Kolk, 2007).

Freud's first theoretical views were called trauma theory by psychoanalysis historians. According to this theory, individuals' past but unnamed memories created a traumatic effect when later recalled. In other words, the reason people repeated their trauma was that the traumatic memory was not fully remembered. Ferenczi, in his studies on trauma, compared trauma to uncontrollable pain and emphasized that the perception of pain is destroyed in trauma. For instance, patients' apathy, lifelessness, somatization, addiction, flimsy self-concepts, and incapacity to fantasize or act at all in real life are all signs of trauma's effects (Moreno & Coelho, 2013).

2.1.2. Types of Traumatic Events

Traumatic experiences can be divided into two categories based on the source of the trauma: naturally occurring and man-made trauma. Hurricanes, tsunamis, earthquakes, floods, volcanic eruptions, and other naturally occurring traumatic events. Human-caused trauma is investigated under two major topics. Torture, terrorist attacks, harassment, rape, and human-caused wars; Accidents at work and accidents involving travel vehicles are examples of non-intentional traumas (APA, 2000). Traumatic occurrences are grouped into two categories by the World Health Organization: those that occur spontaneously in life and those that occur as a result of human intervention (WHO,1992).

Ferry et al. (2014) analyzed traumatic events in a wide scope and grouped them into five sections. When we look at these, **1)War cases;** The experience of conflict includes being in a war or terror environment, being a refugee, being an aid worker on the battlefield, being tortured, and deliberately injured. **2)Physical Violence;** It is defined as physical abuse of the person by his caregivers, exposure to violence in romantic relationships, physical violence by anyone, being attacked with guns, kidnapping. **3)Sexual violence;** is divided into rape and sexual assault. **4) It is defined as an accident when we look at them;** Traffic accidents, fatal accidents, and disasters are disasters caused by humans. **5)These are relationship-related events;** Having a child with a serious illness, experiencing a traumatic event of a loved one, witnessing death, injury, or accident, seeing a dead or badly injured body, causing death or serious injury to someone.

Ruppert (2014), who suggested that trauma and emotional attachment should be considered together, defined four different types of trauma: Existential trauma, loss trauma, attachment trauma, and attachment system trauma. Existential trauma includes situations that pose a mortal threat. Loss trauma involves the loss of a loved one or the loss of basic life status. Attachment trauma contains the traumatization of the child as a result of the inability to meet the basic emotional attachment needs of parents or caregivers. Attachment system trauma also includes the practice of morally and ethically untenable actions.

2.1.3. Childhood Trauma

When childhood traumatic experiences are studied through the lens of psychoanalytic theory, it is suggested that the kid may develop phobias and psychological symptoms or pathology as a result of the events. Childhood trauma has an impact on a child's psychological, social, and physiological development, and as a result, the child may be losing out on some abilities that should have been learned during childhood (Freud, 1965). Traumatic childhood experiences are not only prevalent, but they also have a significant impact on a variety of aspects of one's life. According to Herman (2011), it encompasses emotional, physical, and sexual abuse and neglect that occurs before the age of 18, as well as the loss of one's parents, divorce, separation from one's parents, witnessing violence, migration, and accidents. As a reality of life, any human may experience discontent or other unpleasant sentiments lacking in fulfillment during childhood. They should not, however, be classified as "trauma" in normal conditions.

Childhood trauma is one of the negative effects that might result when the impact of a stressor is increased by the combination of family and environmental factors. The idea of distinguishing between stress responses and trauma is based on the level of threat and helplessness. One of the most common effects of early trauma is the "overdeveloped self," which can range from mild to severe disassociation from the self.

Effective prevention and treatment are needed for the public health problem of childhood trauma, which includes abuse and neglect (Van der Kolk, 2007). Most childhood trauma takes place in the home. Approximately 80% of people responsible for child abuse are the children's own parents (Felitti et al., 1998). Questions about developmental and family medical history are frequent in medical and psychiatric exams.

Childhood mental trauma is the hardest to heal in terms of being perpetrated by those he trusts the most and being repeated, and it results from exposure to neglect and abuse by his parents or those who meet his needs in his early life (Yılmaz et al., 2003). Child abuse and neglect are defined as all behaviors committed by parents or other adult caregivers against their children in a way that society's standards or professionals do not consider proper, that are damaging to the child, and that inhibits the child's normal growth. Children go through a crisis of allegiance and organize their conduct to survive within their families when trauma occurs within the family.

Traumatized children organize their behavior around preserving secrets, coping with their helplessness through compliance or resistance, and making every effort to avoid becoming trapped in abusive or neglectful settings. This is because they are unable to express what they see and feel. (Summit, 1983; Van der Kolk, 2007). Childhood traumatic events are described as any event that causes a negative emotional response, is stressful and has unfavorable implications for children. Physical, sexual, or psychological abuse, as well as physical or psychological neglect, are described as part of these experiences (Bernstein, Fink & Handelsman, 1994).

It has been frequently demonstrated to induce a variety of psychological and physiological issues, including post-traumatic stress symptoms (Ellason and Ross, 1997). Certain circumstances must be met for an incident to have a traumatic effect, as stated in these definitions. Any life event can have a traumatic effect on an individual in one of these three ways: the individual's exposure to the terrible experience, witnessing the horrific occurrence, or the fact that it happened to a loved one or close person (Şar, 2011).

These maladaptive actions frequently elicit disgust and rejection from adults who are unaware of children's need to adapt to stressful settings and who expect children to act in accordance with adult norms of self-determination and autonomous, logical choices. Lack of awareness of this truth may result in stigmatizing and labeling of kids for actions taken to ensure their survival. Children that have experienced repeated trauma suffer from emotional self-regulation deficiencies (Şar, 2011).

2.1.4. Childhood Trauma Risk Factors

Childhood trauma is a broad term that refers to a number of interconnected and overlapping issues. Children who experience domestic violence, family mental illness, divorce and separation, substance use, and domestic violence are more likely to experience a range of behavioral, psychiatric and physical problems. The combination of these risk factors explains both child maltreatment and neglect in complex patterns. When childhood traumas are examined, it is seen that all children are at risk, but due to the characteristics of some risk factors, neglect, and abuse may increase (Felitti, et al.,1998). These factors are shown below: (See table 1).

| <i>Table 1. Childhood Trauma Risk Factors</i> |
|--|
| • Substance abuse and addiction among domestic; |
| • Family mental illness; |
| • Family violence; |
| • Divorce and separation; |
| • General Domestic Disorder; |

Substance abuse and addiction among domestic; Children may find it confusing how alcohol and drugs affect their caregivers conduct because they may not be aware that these drugs are controlling their caregiver's actions. Children feel uneasy when their caregiver's behavior is unpredictable and might range from being affectionate to being distant. As a result of caregiver alcohol and drug abuse, children may be exposed to unsafe and stressful situations, such as extreme rage, and criminal activity (Famularo, Kinscherff, & Fenton, 1992).

Family mental illness; can have a negative impact on parenting. Mentally ill parent, for example, may make less eye contact, have less physical contact, and have less pleasant facial expressions. Mothers, in particular, may be less empathetic and have a harder time recognizing, interpreting, and responding to their children's emotional cues. Parenting styles can be contradictory, ranging from permissive to controlling. Mentally ill parent may also struggle to set consistent limits, regulate their child's behavior, communicate in a positive manner, and frequently overreact to typical stresses (Mattejat & Remschmidt, 2008).

Family violence; is defined as behaviors that frequently happen between intimate partners in a psychosocial setting. Domestic abuse includes not only physical or sexual assault but also psychological abuse through violence threats and economic exploitation. It results from a desire to exert control (Holden, 2003). Children under the age of five are more likely than children of any other age to witness domestic abuse. Children who witness domestic violence learn that violence is a sign of power, control, and occasionally affection. Children under the age of five frequently experience regression, separation anxiety, disturbances in eating and sleeping patterns, impulsivity, increased aggression, over-reactive outbursts, hyperactivity, and persistent worry about their safety (Holt, Buckley, & Whelan, 2008).

Divorce and separation; regardless of how cooperative, reasonable, and mature parents are, it is likely that children will experience psychological stress (Wallerstein & Lewis, 2004). Most children ultimately adjust to separation and divorce provided they were not exposed to family disputes, had sensitive and caring connections with their parents, and parents were receptive to the child's needs (Wallerstein & Lewis, 2004).

General domestic disorder; is a collection of problems that make it difficult for a family to function properly. However, extreme conflicts between parents, kids, and other family members, a lack of empathy among family members, a lack of quality family time, disrespect for boundaries, harsh or dogmatic discipline, over-parenting, rule-making based on fear, failure to set age-appropriate rules and boundaries, and social isolation are all examples of household dysfunction. Household dysfunction can also include childhood trauma (Dong, et al.,2004).

Finally, when we look at the literature, studies on risk factors have been found. According to research by Horton and Cruise (2001), all children are likely to experience neglect and abuse, regardless of age, gender, religion, language, and race. However, the risk of neglect and abuse may increase due to some characteristics of parents, children, or families. Brown, Cohen, Johnson, and Salzinger (1998) conducted a research on 17 children who were neglected and abused. As a result of the study, it was determined that the families of the children participating in the study were broken families, they were economically inadequate and their fathers were primary school graduates. Based on this, the fragmentation of the family type, low economic level, and low educational level of the parents were determined as risk factors.

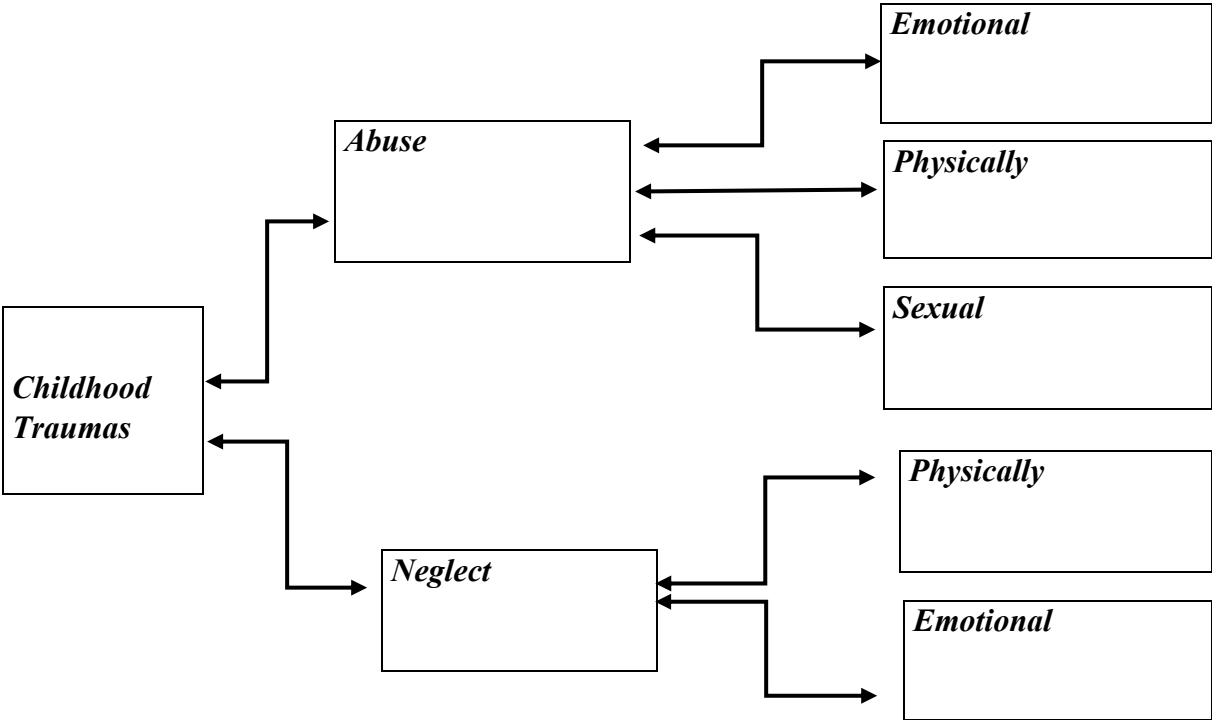
In a meta-analysis study by Trickey, Siddaway, Stedman, Serpell, and Field (2012), psychiatric history or psychiatric diagnoses of individuals or families were also found to be risk factors for post-traumatic stress disorder. In addition, certain features of the traumatic experience have been shown to be risk factors for PTSD. For example, features such as the perceived level of threat to life, the emotional reaction it creates, and the development of post-traumatic separation are among the important risk factors.

2.1.5. Types of Childhood Trauma

Childhood trauma types refer to all experiences a child has before the age of 18 years old, including physical, emotional, and sexual abuse, neglect, parent divorce, parent loss, unwanted separation from a parent, witnessing violence, forced migration, and natural disasters (Herman, 1992). The World Health Organization classifies childhood traumas as emotional, physical, and sexual abuse, as well as emotional and physical neglect (WHO, 1992).

Childhood traumatic experiences were discussed in five subgroups (physical, sexual, or emotional abuse, and physical or emotional neglect), as it was thought to provide a more inclusive perspective. These subgroups are described and studied in detail below. In this study, the trauma variable will be analyzed within the framework of the definition given by (Bernstein & Fink, 1998).

Table 2. Types of Childhood Trauma



2.1.6. Emotional Abuse

Emotional abuse occurs when a caregiver or other trusted individual repeatedly criticizes, rejects, belittles, dominates, and ignores their victim. Emotional abuse includes withholding comfort and affection, threatening severe corporal punishment, expressing hatred or contempt for the child, speaking negatively about the child, setting unreasonable demands and expectations, placing blame without justification, and humiliating the child in public (Kent & Wallar, 1998).

Emotional abuse can lead to a future of lower well-being due to maladaptive thought and belief schemas, which can lead to self-sacrifice, humiliation, or vulnerability in the victim. Children might repeat and maintain the maladaptive habit by emulating their parents. As a result, emotional maltreatment is more closely associated with social-emotional development than cognitive development (Maughan & Cicchetti, 2002).

According to research, abused children have difficulty expressing their feelings, particularly unpleasant emotions like hatred, disgust, and fury. Emotional and physical abuse are common co-occurring patterns, rather than occurring in isolation. Children frequently have little hope that things will improve, and they are sometimes afraid to admit or report abuse for fear of being punished.

Emotional abuse is the sort of abuse that lays beneath all others, but it is the most difficult to identify and establish. Unlike other forms of abuse, there are no physical indicators. Emotional abuse is defined as all long-term attitudes that involve acts such as blaming, demeaning, rejecting, and threatening the child, according to these symptoms. Emotional abuse includes things like expecting them to act their age, not being raised in a way that allows them to adapt to the community they live in, and being socially isolated (Şahin, 2006; Topbaş, 2004).

Emotional abuse can have a harmful physiological and psychological impact on children. Attention deficit, learning difficulties, and hyperactivity have been found in children who have been subjected to psychological abuse, and these children are unable to reach their full physical and mental potential (Topbaş, 2004). Aggressiveness, low self-esteem, antisocial behavior, bladder loss, and irrational worries of future occurrences are behavioral manifestations of emotional abuse. Examples include anxiety about returning home, difficulty relating to classmates, immature or overly mature behavior (Kent & Wallar, 1998).

2.1.7. Physical Abuse

The definition of physical abuse is an deliberate physical act that causes suffering or injury from a child's caregiver or someone on whom the kid relies for protection. Physical abuse is defined as any injury to a child that is not caused by chance. It is the most prevalent form of abuse and the easiest to spot. It refers to all harmful activities by a mother, father, or other caregivers that intentionally cause hurting or the possibility of physically harming or injuring a child under the age of eighteen. (Polat, 2017).

The shoving and shaking are used as a form of anger , resulting in scars on the body damage the child (Kaplan, 1996). Furthermore, a family's low socioeconomic status, having a high number of children, having a mental disease or substance addiction in one or more family members, and being abused by parents at a young age can all be considered variables that contribute to physical abuse. On the bodies of children who have been subjected to physical abuse, bruises and wounds, fractures, bite scars, tissue problems in various places, and burn scars can be seen (Koç, Halıcıoğlu, & Akşit 2014). Physical abuse as a child can lead to brain malformation and dysfunction in some areas. Sleep wetting and thumb sucking are short-term consequences of physical abuse, whereas long-term impacts include a proclivity for crime and emotional anguish (Dubowitz & Bennett, 2007).

Several modifications in the social development of children who have been physically abused have also been noticed. They may have difficulty forming connections, are irritable, and are not emotionally attached (Dubowitz & Bennett, 2007). Sleep difficulties, hyperactivity, conduct disorders, and posttraumatic stress disorder can all result from this, as well as delays in socioemotional development. Adults who were physically abused as children or adolescents are more likely to normalize the violence they experienced throughout their childhood and adolescence and use it against their spouses, children, or other people in their future lives. According to one study, Children who have been physically abused are more prone to use illegal drugs as adults. Adolescent pregnancy, criminality, and scholastic failure are more prevalent in abused youngsters (Koç, Halıcıoğlu, & Akşit 2014).

2.1.8. Sexual Abuse

A sexually immature youngster is used by an adult for their own sexual gratification, which is referred to as sexual abuse. In addition, sexual abuse happens when a child or adolescent is coerced into having sex or when they are purposefully attracted to someone. The most frequent events involve oral, anal, or as well as stroking, or kissing (Finkelhor, 2009). In addition to having difficulty sleeping, nightmares, depression, anxiety, regression (such as bedwetting or thumb sucking), and poor academic performance, children who have experienced sexual abuse may also use sexual language, possess sexual knowledge, or engage in sexual play activities. Boys who have experienced sexual abuse are more likely to exhibit externalized behaviors such as violent outbursts, callous treatment of others, running away, disassociation, and conduct disorders. Because of their experiences, girls who have experienced sexual abuse are more likely to withdraw and feel depression. Older children may attempt suicide and self-harm (Polat, 2017).

When a child becomes a victim of sexual abuse, he or she attempts to overcome the trauma by engaging in self-harming behaviors. When it comes to the most common type of self-injury, cutting and scratching the skin, victims engage in these behaviors more frequently as their anxiety levels rise. (Finkelhor, 2009). The act aims to alleviate disappointment and anger, as well as to prevent 'depersonalization,' a process in which people feel disconnected or detached from their own body and thoughts after being traumatized. Women who have been sexually abused as children are more likely to engage in self-harming behaviors such as cutting themselves to relieve the pain. Victims of abuse experience embarrassment, followed by feelings of self-hatred and unworthiness (Polat, 2017).

The most at risk are kids between the ages of seven and thirteen. Most frequently, a friend or family member sexually abuses three out of every four children. However, only approximately 20% of sexual offenders are related to the victim. About 70% of the offenders are not related and include family friends, neighbors, and babysitters. Children with only one parent or those who reside in families with severe dysfunction are more likely to experience sexual abuse. (Finkelhor, 1979). Adolescents and girls who were sexually abused as children were twice as likely to engage in sexual activity by age 15 (Stock, Bell, Boyer, & Connell, 1997). Male adolescents and teens who are sexually abused at an early age are more likely to engage in promiscuous and unprotected sex.

2.1.9. Neglect

When a caregiver consistently withholds attention that is suitable for the child's age, it is considered to be neglect. Child abuse can sometimes take the form of neglect. Neglect is characterized as carelessness or other behavior that endangers the children's health and well-being. Neglect can put children at risk, including in life-threatening situations. Neglect is defined as a pattern of a repeated and serious failure to provide a child's basic requirements in the areas of physical, emotional, food, housing, and life (Dubowitz,2005). Physical neglect and emotional neglect are two common types of neglect. It has been demonstrated that neglect can have long-term detrimental effects on a child's development, including health, behavioral, emotional, and social issues. Like poverty and social isolation variables must be considered while evaluating neglect (Erickson & Egeland, 2002).

2.2. Physical Neglect

When a parent refuses or is unable to meet their child's material needs for reasons other than poverty, this is referred to as physical neglect. Examples of physical abuse include neglect, exploitation of clothing, and nutritional abuse. in which a child is routinely left in the care of others for extended periods of time, such as days, weeks, or months, also constitute physical neglect. Malnourishment (bloated stomach or extremely thin) and frequent remarks of being left home alone or caring for younger siblings are signs of child neglect. For example; Unclean clothing, inappropriately suited for the weather, untreated illnesses, bruises, or dental difficulties, and poor hygiene (DePanfilis,2006).

Physical neglect can include disregard for infections and injuries, as well as not being immunized. Besides, smoking, drinking, and drug use by the mother during pregnancy, as well as the person's effort to stop the pregnancy by starving oneself in undesired pregnancies, are instances of how neglect may have major effects. Despite the fact that child neglect is more common, it is often overlooked since it is not as noticeable or severe as child abuse. However, in further in-depth investigations, it was shown that ignoring the kid is one of the leading causes of child death (Glaser, 2002). The health of the child may suffer as a result of parental deprivation. The stress that the parents are under as a result of their financial problems, however, may have an impact on the child in the sense that the hostile actions the parents take may be aimed at the child. The unfavorable impacts and behavioral reactions in the kid might be detected as a result of such parental views. Neglecting or postponing a child's health requirements is also considered physical neglect. (Glaser, 2002).

2.2.1. Emotional Neglect

Emotional neglect occurs when parents or other adults fail to give their children the proper care and attention or refuse to allow them to interact with others (Dube, et al., 2003). Emotional neglect is characterized as behavior that harms a child's development, such as neglecting to respond to the child's plea for affection and attention, developing an overprotective attitude, or exposing them to domestic violence. Parents that emotionally ignore their children deprive them of their care, attention, and connection warmth, especially throughout adolescence. (Dube, et al., 2003). When they lack the ability to endure and manage their emotions, children who have been subjected to emotional neglect are in danger of experiencing sentiments of loss, humiliation, embarrassment, and rage (Dubowitz,2005).

Parents that neglect their children emotionally may be emotionally unavailable or indifferent. These individuals may be physically or psychologically sick, reject the kid, or lack the ability to express their emotions. As their children get older, these adults may speak with them in an inconsistent manner. They may also put pressure on children by setting expectations that are too high for their age or abilities, overprotecting them, and prohibiting them from exploring, learning, or interacting. They may not view the child as a unique individual, or they may utilize their children to meet their own psychological needs. Children who have undergone emotional neglect may ultimately feel unloved and worthless as a result of their neglect and may think that the only way to be valued is to please others. (Glaser, 2002).

2.2.2. The Impact of Childhood Trauma

The effects of childhood trauma include things like losing one's ability to regulate one's emotions, disrupted attachment patterns, fast behavioral regressions, changes in emotional states, and aggressive behavior toward oneself and others. Additionally, failure to build developmental skills, a loss of body regulation in the areas of sleep, food, and self-care, altered world schemas, and traumatic expectancies, as well as a range of physical problems from headaches to gastrointestinal distress. Moreover; children who grow up in dysfunctional families frequently feel ashamed of their condition and are hesitant to have friends around. This can result in social exclusion (Dubowitz,2005). In addition, academic troubles can also occur as a result of children being exhausted and unable to concentrate at school, having more learning impairments, repeating more grades, and having a higher risk of expulsion. In children exposed to home abuse, higher rates of headaches and migraines, and asthma have been documented (Felitti, et al.,1998).

2.2.3. Childhood Traumas and Psychopathologies

Traumatic events experienced in childhood are a significant risk factor for the growth of psychopathology. Childhood traumas can increase the destruction of individuals and cause psychopathological symptoms to occur in individuals. Maltreatment of children has a significant impact on mental health, influencing aspects of development such as interpersonal relationships, emotion control, and behavioral adjustment (Kaplan,1996). Childhood abuse makes it more difficult to understand others' emotions, which makes it more difficult to communicate with classmates and potential romantic partners. Post-traumatic stress disorder and anxiety (PTSD) Children and adolescents who have endured physical or sexual abuse are more likely to develop suicidal thoughts. The criteria for mood disorders were met by 20%, attention deficit hyperactivity disorder, by 30%, and anxiety disorder by more than 50% of children and adolescents with a history of physical abuse. It should come as no surprise that childhood abuse is associated with a range of adult problems, such as severe anxiety and distress, depression, and criminal activity. This demonstrates the severity and long-term effects of early childhood trauma. Greater arrests as a teenager or adult, as well as more physical and sexual violence as a young adult, especially for men, are all highly correlated with having been abused as a child (Widom, 1998).

When examining the research on child abuse, it is seen that the cases of abused individuals developing substance and alcohol addiction, difficulties in social relations, depression, and suicide attempts are higher than individuals who are not exposed to abuse. In addition, self-harming behavior and personality disorders (antisocial, borderline, etc.) are observed (Wolfe, Scott, Wekerle, & Pittman, 2001). It is one of the results obtained in studies that pathologies differ according to trauma types. For example, it has been determined that emotional trauma affects the development of obsessive-compulsive symptoms. He determined the relationship between emotional traumas in childhood and some psychological problems such as anti-social personality and personality disorders, depression, and substance use in later times. In addition, in a study conducted with borderline personality disorder, 81% of these people were found to have childhood trauma (Brown &Anderson, 1991).

2.3. Definition and Characteristics of Emotion

It is required to first consider the concept of emotion in order to comprehend the concept of emotion regulation problem. The term "emotion" refers to a conscious mental response that is experienced subjectively and is accompanied by alterations in the body's physiology and behavior (Mulligan & Scherer, 2012). Emotional expressions are defined in Turkish as the effects of being in the spiritual world of a situation, person, or person (Türk Dil Kurumu, 2021). Gross (1998) describes emotions as living things' flexible responses to inner or outward situations to maintain their well-being. Emotions enable us to alter our lives in response to the positive or negative outcomes of events. Individuals create goals to express interest in a situation and to reveal feelings (Gross,1998).

Individuals may have compulsory and long-term objectives and desires, such as survival, as well as transitory goals and desires, such as achieving a certain mark on a test. It is claimed that as people's aspirations take on new meanings, their emotional expressions shift as well (Gross & Thompson, 2007). It is stated that emotions play an important role in individuals' making sense of their experiences and in this way regulating their relationship with both themselves and their environment. Emotions are classified as processes that affect a person's behavior towards approaching or moving away from something. These emotions are also expressed as pleasant and unpleasant emotions or positive/positive and negative/negative emotions in the literature. Basic emotions have been classified in various ways by many researchers; Seven-basic emotions were mentioned anger, sadness, surprise, disgust, joy, anxiety, and contempt. (Oatley & Johnson, 1987).

Emotions can arise automatically and with the person doing a meaning analysis. Such as running away when a person sees a snake, triggering a sense of direct fear, or getting angry when hearing a comment made by a friend. In both cases, emotions are coordinated physiological, behavioral, and experiential dispositions that influence how we respond to the situation we perceive. After these responses emerge, they are organized in various ways and shape the observable emotional responses of the person (Gross, 2002). As a result; emotions can be harmful as well as beneficial, especially when they are the inappropriate sort, intensity, or length for a certain situation. We may strive to control our emotions in such situations and emotion regulation skills come into play (Gross, 2014). Emotions play a destructive and helpful role in people's lives. The person tries to regulate their emotions to protect their helpful side while limiting their destructive emotions (John & Gross, 2004).

2.3.1. Definition of Emotion Regulation

According to a approach model of emotion regulation encompasses the entire technique for dealing with the emotions that people experience when confronted with an emotional stimuli. Feeling regulation at the same time refers to a person's ability to intervene in his or her way of life while also reflecting the emotion he or she is experiencing (Koole, 2009). The concept of emotion regulation is thought to come to the fore in the context of maintaining the functional properties of emotions while lowering their non-functional and destructive characteristics (Gross, 1998). Observing and monitoring one's emotional reactions, analyzing them in light of the purpose, and adjusting them accordingly when necessary are all examples of emotion regulation skills (Gratz & Tull, 2010). Emotion regulation describes the mechanisms that influence a person's capacity for emotion, as well as how they perceive and express it. These processes can be automatic or controlled, conscious or unconscious (Gross, 1998). Although emotions are frequently beneficial in people's lives, they can also have negative consequences. The intensity of an emotion, the length of time it lasts, or the discrepancy between the surroundings and the emotion can all cause problems in people's life. When people believe that emotions are detrimental, they may turn to restrictions such as limiting, enhancing or maintaining them in similar situations (Werner & Gross, 2010).

In other words, emotion regulation is defined as a mechanism that states that individuals change their emotions (consciously or unconsciously) to achieve the desired result (Aldao et al.2010). In the regulation of emotions, a change occurs in the duration, size, and magnitude of the emotion experienced by the person (Gross, 1998). The purpose of emotion regulation is to demonstrate an individual's ability to develop adaptive reactions to the wishes of the circumstances they are experiencing, rather than to stop negative emotions or to change with positive moods (Aldao, 2013). Emotion regulation develops early in development as a result of the caregiver's interaction. It is one of the ways in which people become socialized. (Cole, Michel, & Teti, 1994; Amstadter, 2008). The early times of emotional arousal are managed in childhood, and these regulations are shaped by the parents in response to the child's situation, for example, if the child is stressed, regulating that mood by the parent's reaction to the child's situation or emotion. Children learn how to cope with worry, protect themselves, tolerate loneliness, develop friends, and so on until they are seven years old. In some ways, they all need emotional regulation, which is one of the most critical developmental responsibilities (Cole et al.1994). Each person regulates emotion in their own manner (Cisler & Olatunji, 2012).

Although individuals' earliest experiences with emotion control occur at a young age, the changes and advances in their emotion regulation mechanisms continue throughout their lives. As a result; the main factors in the healthy development of the emotion regulation process includes being aware of people's emotions, accepting them, and showing their ability to maintain their well-being when faced with emotions that cause stress (Gratz & Roemer, 2004). Gross (1998) presented a comprehensive model that evaluated two groups as antecedent-focused and response-focused strategies.

In this model, antecedent-focused strategies in the emotion regulation process are defined as strategies that are used before the behavioral and psychological response that activates the emotion and can change the emotion-related response at the beginning. Response-focused strategies, on the other hand, are considered strategies that are put forward to regulate that emotion after it emerges. An example of antecedent-focused strategies is that a person who goes to a job interview does not perceive it as a test of success or failure, but rather as a chance to learn more about the company. An example of a reaction-focused strategy is when a child just starting kindergarten experiences separation anxiety when being separated from his mother for the first time. (Gross, 2001).

The five main components of an emotion regulation process model are situation selection, situation modification, attentional deployment, cognitive change, and response modulation (See Table 3). Emotions can be controlled at any of these points (Gross, 2007). The first four points of the process model are the antecedent-focused strategies, and the fifth point is the reaction-oriented emotion regulation strategy. (Gross, 2007). There are two separate strategies in emotion regulation under the area of antecedent-focused and reaction-focused strategies: cognitive reappraisal and suppression. (Gross & John, 2003). A person's emotional state, or cognitive reappraisal, is an antecedent- focused method in which it tries to think in a way that affects the reaction. When a person is emotionally aroused, suppression is a reaction-focused approach that is utilized to decrease emotional expression (Gross, 2014). People who utilize the cognitive reappraisal approach are more likely to experience and express happy emotions, according to Gross & John (2003). They observed that persons who adopt the suppression method more frequently have higher levels of negative emotions and suffering.

2.3.2. Emotion Regulation Strategies

Emotion regulation has five interrelated sub-dimension strategies. (Gross & Thompson 2007).

Table 3. Emotion Regulation Strategies

| |
|--------------------------|
| ▪ Situation Selection |
| ▪ Situation Modification |
| ▪ Attentional Deployment |
| ▪ Cognitive Change |
| ▪ Response Modulation |

Situation selection; refers to one of the emotion regulation strategies. This type of emotion regulation occurs when people approach or move away from a certain environment to experience the desired emotion and thereby regulate their emotions. It is the avoidance of any situation that may reveal these feelings for the feelings that he does not want to feel. For example, choosing not to go to places where one experiences anxiety and uneasy memories can be defined as an environmental choice. (Gross & Thompson, 2007).

Situation modification; refers to directly changing a situation to lessen the emotional impact. In this process, the person seeks a new situation to cope with the unwanted emotion and tries to reduce the effect of the emotion mostly by making changes in the physical environment. Going to the destination with a friend or choosing clothes suitable for the environment can be examples of behaviors aimed at differentiating the emotional structure of the environment. (Gross & Thompson, 2007).

Attentional deployment; is the process of focusing on a certain event in order to affect one's emotions. Distraction is one of the earliest processes to come out of emotion regulating processes. It is utilized particularly when changing a person's status is not an option. Focusing attention on other components of the issue or removing it entirely from the can be characterized as one of the most prevalent forms of distraction. Changes in internal attention, such as recalling ideas or events that help embody the desired emotional state, can also serve as a form of distraction. For instance, the child's attention is diverted when he covers his eyes with his hands during the uncomfortable scene in the movie. (Gross, 2014; Thiruchselvam, Hajcak, & Gross, 2012).

Cognitive change; This point of emotion regulation involves our coping capacity, i.e. change in perception, to change our thoughts about the situation, or to change its emotional outcome. It is the change of the emotional impact of the situation by choosing one of the many aspects of the events. For example; A student who fails the school exam does not show her disappointment while congratulating their classmate for the first place (Samson & Gross, 2012; Gross, 2014).

Response modulation; It is the differentiation of the person's way of expressing the emotion and reaction tendencies to regulate the emotions that have emerged. It includes studies of making changes in behavioral, physiological, and experiential response tendencies after emotions arise. For instance; it is when a person who feels uneasy in a job interview hides this from his boss and does not reflect it. It is a change in the person's response to the emotion (Gross & Thompson, 2007).

2.3.3. Emotion Regulation Skills

Emotion regulation abilities include recognizing and classifying emotions, accepting and tolerating emotions, boosting positive emotions, reducing vulnerability to negative emotions (Greenberg, 2014). Berking (2008) proposed nine specific models of emotion regulation skills, conceptualizing the interaction of emotion regulation. An important assumption of the model is that changing emotions in a desired direction and accepting undesired emotions are integral parts. Based on the available literature, the following skills are considered important: (Berking, 2008).

- Processing and being aware of emotions consciously
- Correctly interpreting emotional body sensations
- Understanding emotional manipulations
- Emotionally distressed situations supporting oneself
- Actively changing negative emotions to feel better
- Accepting emotions
- Enduring or resisting negative emotions
- Facing emotionally distressing situations to achieve important goals.

2.3.4. The Components of Emotion Regulation

Emotion regulation is conceptualized as having six interrelated dimensions, and it is stated that a state of shortcomings in at least one of these six dimensions will result in emotional regulation difficulty. Lack of emotional awareness suggests a lack of knowledge about one's own emotions and how they affect him (Gratz & Roemer, 2004; Gross, 2014). (See Table 4)

Table 4. The Components of Emotion Regulation

| |
|--|
| ▪ Awareness of emotions, |
| ▪ Use of appropriate emotion regulation strategies, |
| ▪ When confronted with unfavorable feelings, acting in accordance with stated goals, |
| ▪ Understanding of emotional reactions, |
| ▪ The capacity to restrain impulsive actions, |
| ▪ Acceptance of emotions, |

2.3.5. Emotion Regulation Difficulties

First of all; difficulty in emotion regulation is a situation in which there is difficulty in recognizing, distinguishing, and regulating emotions (Gratz & Roemer, 2004). Emotion regulation difficulty is the combination of individuals' inadequate ability to regulate emotional reactions, severe and long-lasting reactions, and hypersensitivity to emotional stimuli (Linehan, 1993). For this reason, the inconsistency of the emotions of individuals with emotion regulation difficulties with situations causes the lack of emotion diversity, the inability to adjust the intensity, and the inconsistent expression of their emotions (Cole, Michel, & Teti, 1994).

Not accepting the tension that a person is experiencing and the inclination to feel a second feeling in the face of an undesired emotion are examples of difficulty in accepting emotions. The belief that the person cannot employ the proper method to regulate their emotions while sad is evaluated within the context of limited access to strategies. The challenge of regulating one's impulses while experiencing negative emotions is considered in the context of urges. There are components regarding the person's attention to the work he is performing while experiencing unpleasant emotions, as well as the difficulties in completing the activity, in the goal dimension (Gratz & Roemer, 2004). Inconsistency between emotion and context, intense and prolonged emotions indicate difficulty in emotion regulation (Werner, Gross, Kring, & Sloan, 2010)

In other words, difficulty in emotion regulation is expressed as the inability of individuals to regulate their expressions and emotional experiences developed for the events encountered. (Cole, Michel, & Teti, 1994). Moreover; emotion regulation difficulties occur in two main ways: over-regulation and under-regulation. In under-regulation, the individual behaves instinctively and shows aggressive expressions, while in over-regulation, internal processes such as guilt, anxiety, and shame reveal the problem (Werner & Gross, 2010).

In addition; It is stated that individuals who have difficulties in emotion regulation have difficulty in making sense of emotions, rejecting emotional reactions, and have difficulty in carrying out actions related to realizing their goals when they are unhappy. It is added that individuals who can give impulsive reactions and have difficulty in using their effective emotion regulation skills when they experience negative emotions have difficulty in emotion regulation (Gratz & Roemer, 2004). The emotion regulation variable in this study will be analyzed within the extent of the definition given by Gratz & Roemer (2004) and will be evaluated within the context of challenges in emotion regulation because it is regarded to provide a more inclusive perspective.

2.3.6. Emotion Regulation and Psychopathology

Emotion regulation problem has piqued researchers' interest, as it does in every field where individuals face psychological challenges because its link to psychopathology is significant in terms of its contribution to the literature. Some studies have been found in the literature on difficulties in emotion regulation. People with difficulties in emotion regulation, according to Leahy, Tirch, & Napolitano (2011), experience the intensity of emotion in an unpleasant way, have difficulty coping with the situation or are unable to experience emotions appropriate to the context and environment, and alienation from themselves or the environment experience situations.

Linehan's (1993) study on borderline personality disorder is highly essential when considering the clinical effect of having difficulty with emotion regulation. One of the key features of borderline personality disorder is difficulty with mood management. Because emotion dysregulation encompasses a wide range of borderline personality disorder-related behaviors, including self-harming thoughts and actions. In the literature on Gross' concept model and emotion regulation, there are assumptions that techniques for controlling emotions are linked to psychopathology. The suppression strategy used by individuals was found to be more associated with negative psychopathology than cognitive reappraisal (Eftekhari, Zoellner, & Vigil, 2009).

According to Koole (2009), people who have problems regulating their emotions are more likely to experience adjustment problems and engage in dangerous actions. When we look at the research on the difficulties of emotion regulation, we find that persons with psychopathological illnesses have issues regulating the strength, length, frequency, and kind of their emotions (Gross & Jazaieri, 2014). Studies have shown that difficulties in emotion regulation lead to depression. According to Gross & Munoz (1995), difficulties in emotion regulation are associated with depression. In addition, it is possible to come across studies suggesting that eating disorders play a role in development or that these psychopathologies affect the emotion regulation processes of individuals. (Aldao, Nolen-Hoeksema, & Schweizer, 2010).

Studies examining the relationship between difficulty in emotion regulation and anxiety and mood disorders have been found in the literature (Gross & Munoz, 1995; Mennin et al., 2007). There are also studies showing its relationship with post-traumatic stress symptoms and substance use (Seligowski, Lee, Bardeen & Orcutt, 2014). Exaggerated physiological and behavioral reactions might result from a person's failure to manage emotions at the cognitive level during stressful times. This condition may make people more prone to and vulnerable to somatic ailments (Martin & Pihl, 1985).

It is stressed in the literature that emotion regulation does not imply regulating and quickly removing bad emotions and that the inability to experience and distinguish different emotions can be just as unsettling as the inability to regulate negative emotions. Furthermore, it is argued that emotion regulation does not only entail the employment of the proper emotion regulation strategy but also when and against what strategy is used, as well as the flexibility with which the approach is used. (Paivio & Greenberg 1998; Cole et al., 1994).

2.4. Self Compassion

The word "compassion," which is used more generally, is related to the phrase "self-compassion." In order to experience kindness and a desire to assist others, one must be moved by their pain. Compassion involves one's awareness to include this suffering rather than avoiding or separating from it. (Germer, 2009). Compassion, creates a person's relationship with himself and his environment; has biological, spiritual, sociological, and philosophical aspects. The reason one shows compassion to themselves is because they recognize their interconnectedness and equality with others, not because they are better or more deserving than others (Germer, 2009). Certain characteristics must exist for people's life experiences to be positive.

People should make internal evaluations and judgments with a broad perspective, according to positive psychology approaches, even if they have had negative experiences. It is critical for people to develop psychological strategies rather than seeing themselves as helpless, unsuccessful, unhappy, and lonely. Self-compassion is the most important of these methods (Neff, 2016). Self-compassion is when people show themselves the same compassion that they gladly offer others. Self-compassion is a way of witnessing one's own pain, a way of showing love and understanding to oneself (Germer, 2009). According to Neff (2003b), the flow of compassion that the individual directs directly to his or her self was first conceptualized as self-compassion. Being open to their own pain means that they can approach their failures and inadequacies with more accepting, understanding, loving, and compassionate feelings instead of being judgmental (Leary, Tate, Allen, Adams, & Honcock, 2007).

Self-compassion enables one to view this negative life experience as a shared human experience, rather than critically approaching one's troubles, shortcomings, and weaknesses. Self-compassion also means accepting one's suffering, shortcomings, and failings without judgment in order to acknowledge (Neff, 2016). Understanding one's own experience in the perspective of the greater human experience, recognizing that suffering, failure, and shortcomings are all a part of the human condition, and realizing that everyone, including oneself, is deserving of compassion, are all characteristics of self-compassion. (Neff, 2003a).

It is also worth pointing out that self-compassion is not the similar as self-pity. When people feel pity for others, they usually feel very separate and disconnected from them ("thank goodness it is not my problem"). Whereas when people feel compassion for others, they feel connected to them and are aware that suffering is something that all humans go through ("there but for the grace of God go I"). Individuals who are self-pitying become engrossed in their own troubles and lose sight of the fact that others are experiencing comparable difficulties. They are oblivious to their linkages with others, believing that they are the only ones suffering in the world. Self-pity exaggerates the magnitude of personal sorrow by emphasizing egocentric sentiments of isolation from others (Neff, 2003a). The degree to which people identify with their own suffering is another way that self-compassion and self-pity differ from one another. Usually, when feeling self-pity, people become caught up in their own feelings. When they make mistakes, people with high self-compassion are more likely to treat themselves with kindness and understanding and to try not to dwell on them. Contrarily, those who lack self-awareness have a propensity to be critical of themselves when they make mistakes and to dwell on them (Neff, 2007).

2.4.1 History of Self Compassion

Self-compassion is a concept that has recently become popular in Western psychology and has roots in Buddhist philosophy. It also has a history in Eastern psychology teachings. Compassion is defined in Western psychology as an emotion experienced by a person in response to the suffering or distress of others. Compassion, according to Buddhist psychology, is a feeling that one should have not only for others but also for oneself when faced with difficulties and pain. Furthermore, before a person can show compassion to others, he must first show compassion to himself. (Neff, 2003a; Neff, 2003b). The concept of compassion was first expressed as 'Karuna' in Buddhism philosophy. It has continued its existence in Eastern culture for centuries. But the concept of self-compassion has provided a new transition to western culture. (Neff, 2003a). Buddhist philosophy is a school that seeks ways to live wisely based on love, compassion, and compassion.

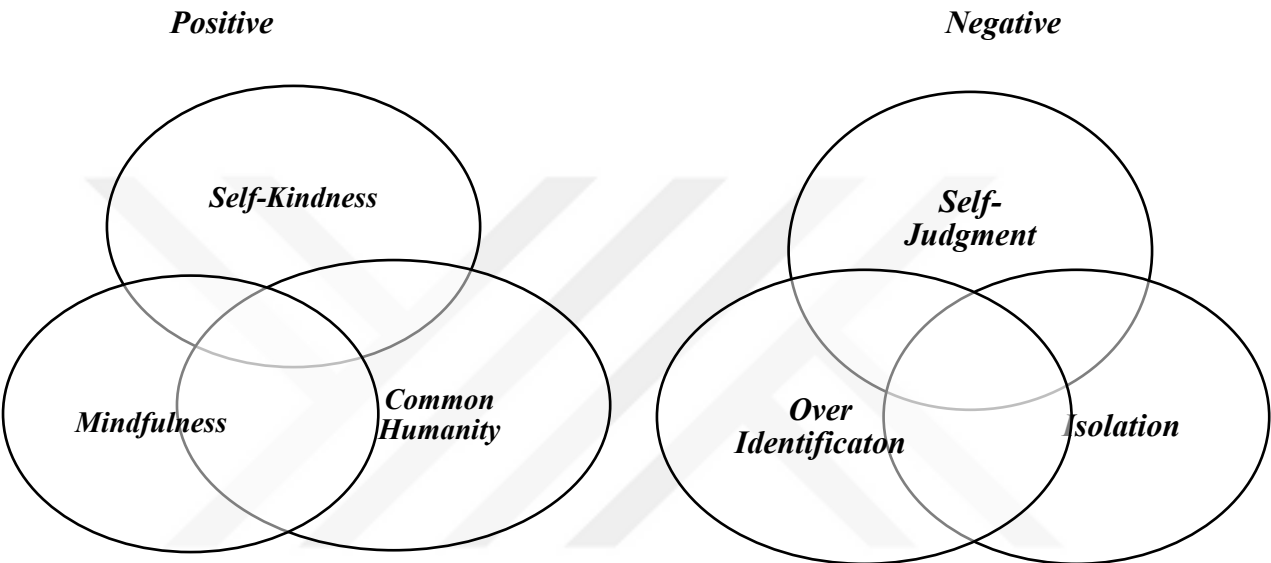
According to the Buddhist understanding of philosophy, pain, and difficulties in human life are part of life. As Buddha said 2600 years ago, "every living creature on earth suffers" (Neff & Tirch, 2013). But the important thing here is how the person struggles with that pain. If one can deal with pain and difficult experiences correctly, a person will have lived a life in accordance with his purpose. (Thurman, 2006). In modern peoples, in similar bad life events, people are expected to be compassionate and understanding to others, according to the Buddhist point of view (Bennet Goleman, 2001). In short, according to the Buddhist tradition of the East, it is thought that the first step in being able to show compassion to others is to be compassionate towards oneself. (Akin, 2009).

2.4.2. Dimensions of Self-Compassion

Self-kindness, common humanity, awareness, self-judgment, isolation, and over-identification, are the six interconnected parts of self-compassion. The first three items on this table are positive subscales of self-compassion and represent components of self-compassionate behavior. The last three are seen as negative subscales of self-compassion and express lack of self-compassion (Neff, 2003a; Neff, 2016). While self-kindness involves displaying an understanding attitude about one's negativities, self-judgment is the opposite of negative and involves being judgmental. While common humanity requires seeing the experiences of the person, isolation, which is the opposite of this, involves feeling alone because of what one has experienced (Neff, 2003, b).

Finally, mindfulness involves showing a balanced awareness of one's negative thoughts and feelings, while over-identification is the inability to provide these behaviors. People experience the six components described so far differently, and these concepts have an impact on each other. The three positive dimensions of these components are explained in the following section and shown in the table. (Neff, 2003a). (See table 5).

Table 5. Six Dimensions of Self-Compassions (Neff, 2003a)



2.4.3. Self-Kindness

Self-Kindness involves the individual's approaching himself with a more supportive, understanding, and empathetic attitude rather than a critical, judgmental attitude in the face of negative life experiences such as mistakes, failures, and suffering. It is the relaxation of oneself with a more relaxing intonation, just as one approaches a friend (Neff, 2003a; Neff, 2011b). In other words, Self-Kindness is the individual's abandonment of internal conflict that may harm his self by not constantly criticizing himself harshly and not making demeaning comments. On the other hand, the concept of self-compassion does not mean that one does everything indifferently, due to an understanding and forgiving attitude towards oneself. On the contrary, the individual who evaluates negative life experiences with a non-judgmental attitude provides the necessary security to cope with these situations and encourages himself to be better (Neff, 2011b).

At the same time, self-compassion does not mean that one is an egocentric person. These people are aware that they are as flawed as any human being and that they may have inadequacies (Neff, 2003a). The person who has difficulties in the area of self-kindness judges himself more. This self-judgment often comes naturally to him, and therefore he does not realize that the main source of the pain is his experiences by criticizing himself. Thus, he cannot create an opportunity to research how he can approach himself differently (Brown, 2010).

Self-kindness entails being kind to oneself and having an understanding attitude toward one's flaws, whereas self-judgment entails being critical and coldly judgmental. However, the more modestly and lovingly one can approach the inadequacies or flaws that are a result of being human, the easier it is to realize the critical attitude towards oneself and the negative effects it creates. The self-judgment phase consists of two phases. The first stage is when the person sees himself as worthless to the degree of hostility and influences the person to the degree of personal disgust. The second stage is deficiencies in the sense of soothing, well-being, self-love, intimacy, comfort, and self-direction. A high level of self-judgment prevents the person from relaxing. Self-compassionate people stay away from self-judgment (Deniz, Kesici, & Sümer, 2008).

Shortly; the “self-compassion” dimension of self-kindness shows the potential of approaching one's negative feelings, thoughts, actions, or impulses in a forgiving, empathetic, sensitive, and patient manner. The self-kindness dimension can be defined as the ability of individuals to value themselves unconditionally and to display an accepting attitude in painful situations where they experience feelings of failure and inadequacy without being critical, condescending, hostile, or judgmental (Gilbert & Irons, 2005). Self-compassionate people will encourage a positive mindset instead of judging when they feel inadequate. Instead of focusing on inadequacy in situations where he is inadequate, he should encourage himself to get rid of the events in which he feels goodness, pain, joy, and awareness (Wallace, 1999; Öveç, 2007).

2.4.5. Mindfulness

Mindfulness is one of the important elements that form the basis of compassion. The simplest definition of the concept of mindfulness can be explained as recognizing the reality of the present moment with acceptance. Being open to one's current experiences allows the development of mindfulness without suppressing or avoiding feelings and thoughts (Germer & Neff, 2019). Although mindfulness is an indispensable element for self-formation, it is not claimed that these two concepts are not the same.

It is stated that the concept of mindfulness has a wider scope than the type required by self-compassion. On the other hand, self-compassion refers to the balancing mindfulness of negative feelings and thoughts when the person feels pain. When people encounter negative life events or have negative emotions, they usually want to get rid of this situation quickly and look for a way to do it.

For this reason, the person usually does not realize that the intensity of these negative situations is due to the over-identification he has made. Over-identification involves being consumed by negative thoughts and feelings, whereas mindfulness involves demonstrating a balanced of them. At this point, for people to show self-compassion, they must first be mindful of the situation they live in. In addition to all these, individuals with a low level of mindfulness can fully identify with their pain. As a result, people may begin to have obsessions and confuse the real self with self-perception, and problems may arise in their feelings of self-compassion (Neff, 2003a; Neff & Tirsch, 2013).

2.4.6. Common Humanity

The environmental experiences of humanity are defined as the fact that when people are faced with situations such as pain, inadequacy, and negativity, they see problems as a part of life and as situations that other people can experience, rather than seeing these negative situations (Neff 2003a). When people see these negative experiences as unique to them, they can distance themselves from other people, but when we look at the common experiences of humanity, we realize that these feelings are actually universal and can be felt by every person. This situation helps people to cope with the situation, which reduces their avoidance behavior from other people. In addition, thanks to this thought, the person realizes that all people, including himself, are worthy of compassion (Neff, 2011b). People who are aware of my common humanity are people who have democratic values such as fairness, freedom, and equality. Therefore, they treat themselves and others in an understanding way (Neff, 2003a). On the other hand, people who have a common-humanity organize these negative emotions as beneficial positive emotions instead of suppressing or escaping the negative emotions that bother them. Common humanity necessitates seeing one's own experiences as a part of the larger human experience, whereas isolation, on the other hand, involves feeling isolated as a result of one's own experiences (Neff, 2003,b). People who feel isolated or lonely can find solutions to such situations with the sense of being a common humanity.

People with a sense of common- humanity does not feel lonely and different from others when they make mistakes or have problems. He knows that these feelings are in all people (Neely et al., 2009). Common- humanity does not mean ignoring the negative emotions and events experienced by the person. On the contrary, it means accepting these feelings and trying to turn them to his advantage. The person makes these negative situations more positive with his self-compassion and awareness of the common experiences of humanity. People who have this point of view are already aware that every person has flaws and problems (Neff 2003a).

In light of this information, when confronted with negative life events, the person who has a high level of self-compassion first tries to make sense of the situation and is aware of it. With this awareness, the individual can approach himself with compassion and recognize that his situation is not unique. He can achieve a balance between his negative feelings and thoughts in this way. He becomes more aware of his situation as a result of this balanced perspective (Neff, 2003a).

2.4.7. Characteristics of Self-Compassionate Persons

A self-compassionate person understands that no one is perfect and that problems are an unavoidable part of life. Self-compassionate people are able to look at their negative emotions in a balanced way, rather than suppressing, escaping, exaggerating, or simply pretending to feel them. Self-compassion represents the ego with this characteristic. Self-compassionate people treat themselves and others with kindness, love, and tolerance, believing that everyone is deserving of compassion (Neff, 2003b). A self-compassionate person is aware of his difficulties, inadequacies, and failures and approaches them with compassion (Deniz et al.,2008). Self-compassion contributes to the development of people's mental and psychological health. According to studies, it has been suggested that people with high levels of self-compassion have higher levels of enjoyment from their lives, friendships, positive emotions, and thoughts than other people. They know that the feeling of inadequacy and negative thoughts do not only exist in themselves, but also in other people (Neff, 2003b).

According to Neff, when self-compassionate people experience feelings, thoughts, and experiences that are not good for them, instead of ignoring them and avoiding them, they realize that their unhealthy experiences are not permanent and develop a view that other people have similar feelings. Self-compassionate people boost their self-esteem by removing negative self-critical thoughts and feelings, as well as reducing depression and anxiety. Self-compassion, on the other hand, aids in the development of compassion for others.

Self-compassionate people and self-compassionate people who do not judge themselves when they experience negative emotions in their own lives and do not approach their own pain with a critical attitude may be more understanding of others who experience similar emotions. He understands that failure is a situation that can happen to anyone, and because he is aware of his feelings, he approaches himself with patience and compassion. Self-compassionate people are not afraid of failure and are aware of their mistakes (Germer & Neff, 2019).

2.4.8. The Relationship Between Self-Compassion and Psychopathology

There are various studies in the literature showing that there is a relationship between self-compassion and different psychopathologies and that self-compassion may have a protective role in this relationship. Rumination in the relationship between depression and self-compassion; In the relationship between anxiety and self-compassion, both rumination and worry play a mediator role. Although studies mainly include the relationship of self-compassion with depression, anxiety and stress, there are also studies in the literature on the relationship of self-compassion with other psychopathologies (Muris & Petrocchi, 2017). The positive components of self-compassion and negative components were handled separately; These components have been found to be associated with a wide range of psychopathology, including pain, psychosis, bipolar disorder, addiction, destructive behaviors, and eating problems in addition to anxiety, depression, and stress. It has been found that narcissistic personality traits and emotion regulation skills affect the regulation of self-compassion. It has been stated that the narcissistic personality trait decreases with the increase in the level of self-compassion. In addition, self-compassion is selfishness, narcissism, and raising awareness by accepting one's failures and inadequacies rather than ignoring one's mistakes (MacBeth & Gumley, 2012). Self-compassion appears to mediate the relationship between childhood maltreatment and emotional dysregulation. It means that abused individuals with higher self-understanding are better able to cope with distressing events (Neff & McGeehee, 2010). It was also stated that as the level of self-compassion increased, difficulty in emotion regulation decreased (Vettese, Dyer, Li, & Wekerle, 2011).

2.5. Reviewing The Research Literature

In this section, the results of the research that were reached as a result of the literature review on childhood traumas, difficulty in emotion regulation, and self-compassion are given. The results of the research are presented under two headings: abroad and domestically.

When we examine both the domestic and abroad literature, it has been found that there is a relationship between childhood trauma and many psychiatric disorders. These disorders were; depression, (Hopfinger, Berking, Bockting, & Ebert, 2016; Akcan & Taşören, 2020; Ay & Kılınçel, 2021) eating disorders, (Karaoğlu & Erzi, 2019; Tunç, 2019) aggression and loneliness, (Saruhan & Yüksel, 2021) childhood with obsessive-compulsive disorder, (Lonchner et al., 2002) dissociative disorders, sexual dysfunction, anxiety, multiple personality disorder, alcohol and substance abuse, personality disorders, panic disorder, emotional dysregulation, and behavioral disorder variables has been evaluated as closely related to childhood trauma. (Banducci, Hoffmana, Lejuez, & Koenen, 2014).

When the studies conducted in abroad and domestic literature on emotion regulation difficulties are examined, these are; anxiety and mood disorder, generalized anxiety disorder, mixed post-traumatic stress disorder, (Tolin & Foa, 2008) alcohol and substance use, (Weiss, Bold, Sullivan, Armeli, & Tennen, 2016) impulsivity, (Schreiber & Odlaug, 2012), many studies show that it is closely related to self-harming behavior, eating disorders (Karaoğlu & Erzi, 2019; Tunç, 2019), and parenting styles (Özcan & Çelik, 2018) variables such as autonomy and attachment styles (Karabacak & Demir, 2017) variables has been that as closely related to difficulty in emotion regulation.

When the studies conducted in abroad and domestic literature on self-compassion are examined, these are; psychological vulnerability, narcissistic personality trait, psychological resilience, eating attitudes, childhood traumas, difficulty in emotion regulation, social anxiety disorder, depression variables were evaluated to be closely related to self-compassion (Thompson & Waltz, 2008).

2.5.1. Researches Conducted Abroad

Hopfinger, Berking, Bockting, and Ebert (2016) investigated the mediating role of emotion regulation in the relationship between childhood traumas and depression. The study was conducted with 270 adult patients diagnosed with depression. Simple mediation analyses were used for associations between childhood trauma and depression severity and between childhood trauma and lifetime depression persistence. It was found that individuals who experienced trauma were more prone to depression because their emotion regulation skills were not sufficiently developed. Emotion regulation abilities, such as being aware of emotions, accepting them, and facing undesired feelings, appear to play a key role in impacting the link between childhood traumas and depression.

Mandavia, Robinson, Bradley, Ressler, and Powers's (2016) study aimed at childhood emotional, physical, and sexual abuse, as well as exposure to other traumas and emotional regulation problems showed that they are all linked to lifelong alcohol and drug dependence. Sample selection 2,014 adults, 90% African American were recruited from an urban hospital for the research. Linear regression analyses were performed while adjusting for age, gender, education level, and household income in all analyses. Research findings, exposure to various traumas, and emotion control disorder were found to have an indirect effect on the link between childhood emotional abuse and alcohol and substance addiction in the same study. Due to the fact that emotion control mechanisms are taught at a young age, childhood maltreatment leads this mechanism to develop insufficiently.

Schreiber and Odlaug (2012) aimed to investigate the link between impulsivity and emotional regulation difficulties. A total of 194 young adults participated in the study (27,8% female, 72,2% male 91.8% single; 85.1% Caucasian). As a result of this research, it was discovered that there is a positive and significant link between difficulty in emotion regulation and impulsivity in attention, both of which are sub-dimensions of impulsivity, and the inability to plan. The inability of the person to focus on the ongoing task and the rapid change of attention explain the impulsivity in the attention sub-dimension. When the study's findings were analyzed, it was discovered that impulsivity and difficulty regulating emotions were both positively related.

Leary and colleagues (2007), investigated people with higher levels of self-compassion showed fewer negative feelings, and a stronger propensity to view their issues in a larger context. Participants were 123 psychology department students (Nmale=70, Nfemale=53, ages 18–22). Random coefficient modeling, specifically hierarchical linear modeling, was used to examine the data. Results show that persons who have high levels of self-compassion are more

able to accept negative features of their personality and conduct without becoming defensive, preoccupied with them, or feeling miserable.

Neff, Hseih, and Dejitthirat (2005) examined the relationship between academic achievement goals and self-compassion in university students. The study included a total of 222 undergraduates ($N_{\text{male}}=84$, $N_{\text{female}}=138$) age $M=20.94$, $SD=2.03$, who were randomly selected from an educational psychology subject pool at a large southwestern university. Regression analysis was used in the analysis part of the study. Research findings, it was found that students with higher self-compassion were more motivated to do things that would benefit them. In addition among the students who failed the midterm exam in the recent past of the study, those with higher self-compassion reported relatively more functional coping methods.

According to Tanaka, Wekerle, Schmuck, Paglia-Boak's (2011) study, it was reported that people who were exposed to childhood neglect and abuse had lower self-compassion compared to those who were not exposed. There were 117 young people aged between 16-20 (45.3% male, 54.7% female) among the participants in the study. As a result of the regression analyses conducted in the same study, it was found that only emotional abuse predicted decreased self-compassion when the effects of any two of these experiences were taken into account. In the study, it was found that as physical abuse, emotional neglect, and emotional abuse increase, self-compassion decreases.

Neff, Rude, and Kirkpatrick (2007) examined self-compassion and adaptive psychological functioning. Two studies are presented to examine the relation of self-compassion to psychological health. They aimed to examine the relationships between five-factor personality traits, positive psychology health, and self-compassion. The data collected from 91 undergraduate students ($N_{\text{male}}=22$, $N_{\text{female}}=69$). As a result, happiness, positive emotion, optimism, wisdom, assertiveness, curiosity and discovery, agreeableness, extroversion, responsibility scores, and self-compassion scores were found to have a positive and significant relationship.

Werner and colleagues (2012) examined self-compassion and related variables in people diagnosed with social anxiety and healthy people, and in people with social anxiety disorder who want to be treated. There were 72 participants in the study with a principal diagnosis of social anxiety generalized ($N_{\text{male}}=33$, $N_{\text{female}}=39$). People with social anxiety disorder have lower self-compassion scores than healthy people. There was no relationship between self-compassion and social anxiety in people with social anxiety disorder, but a relationship was found between self-compassion and fear of positive and negative evaluation. On the other hand,

it has been observed that self-compassion scores decrease in individuals with social anxiety disorder, and self-compassion scores increase in healthy individuals.

Ross, Kaminski, and Herrington (2019) examined the role of self-compassion and shame in the relationship between childhood maltreatment and depressive symptoms. Participants were 244 adults (53% male, 87% female) community members, and college students. The research analyses ran multiple regression analyses with emotional abuse as the independent variable. This study aims to shed light on the mechanisms underlying depression in adults who have survived childhood maltreatment with the proposed model. The results of the study revealed that emotional abuse and emotional neglect can undermine the formation of self-compassion. Low self-understanding predicts more embarrassment and depressive symptoms. The study's model suggests that self-compassion can be a particularly effective intervention point for survivors of emotional maltreatment.

Thompson and Waltz (2008) examined the relationship between self-compassion and post-traumatic stress disorder symptoms in their study with university students. The sample consisted of 210 psychology introductory students ($N_{\text{male}}=79$, $N_{\text{female}}=131$). When traumatized people encounter cues related to the trauma, they feel fearful, experience stress, and may exhibit avoidance behaviors to cope with it. Considering the definition of self-compassion, it is known that people with a high level of self-compassion have less need to avoid painful feelings, thoughts, and memories. According to the results of this study, participants with high levels of self-compassion are less likely to perceive the threat and avoid behaviors related to trauma. As a matter of fact, in this study, avoidance behaviors were found to be negatively related to self-compassion.

Wu, Chi, Lin, and Du (2018) studied the roles of childhood maltreatment and depressive symptoms in adults and self-compassion and gratitude. The participants in the study were Chinese college students at the University of Macau who were 18 years old or older. The ages of participants ranged from 18 to 34 years. A total of 358 students were enrolled in the study. Results showed that psychological maltreatment was associated with adult depressive symptoms through decreased self-compassion. The findings suggest that clinical practices focusing on self-compassion and gratitude may help prevent the development of depressive symptoms in clients with a history of childhood maltreatment.

Tao, He, and Xu (2021) aimed to examine the mediating effect of self-compassion in the relationship between childhood maltreatment and depression. The ages of the participants ranged from 17 to 26, with 2,624 males and 1,565 females. An independent sample t-test was used to analyze the differences in childhood maltreatment, self-compassion, and depression scores of participants with different demographics. Research results; Childhood maltreatment has been found to affect not only depression but also self-compassion at high levels.

Vettese and Dyer and Li and Wekerle (2011) examined the relationship between self-compassion, childhood traumas, and difficulties in emotion regulation. This study investigated whether individual differences in self-compassion might play a role in loosening associations between childhood maltreatment severity and later emotion regulation difficulties. The sample consisted of young people aged 16-24. There were 81 participants in this study (65.4% male and 34.6% female). When we look at the research findings, self-compassion mediated the relationship between childhood traumas and emotion regulation disorder.

Lonchner et al. (2002) studied the relationship between childhood traumas and obsessive-compulsive spectrum disorders. The sample of the study was studied with 74 patients (12-65 ages between) with obsessive-compulsive disorder. In the analysis of the research, analysis of one-way variance was used. Results obtained by comparing two groups with and without the obsessive-compulsive disorder, childhood emotional, physical, sexual abuse, and neglect were found to be higher than other the group. It was concluded that this disease is not a disease and that such experiences in childhood can reveal this disease.

Reffi, Boykin, and Orcutt (2018) aimed to examine childhood maltreatment and emotional disorders of self-compassion. They speculated that deficits in self-compassion might be one of the ways that childhood maltreatment negatively affected emotional regulation processes. 245 university students participated in the research. First and second year university students are in the majority in the sample. The findings of the study were found to predict self-compassion, difficulty in emotion regulation, and childhood maltreatment. In addition, other analysis results revealed that self-compassion has an indirect effect on the relationship between childhood maltreatment and emotional dysregulation.

Barlowa, Turow, Gerhart (2017) examined emotion regulation difficulties, self-compassion, and childhood traumas. The sample of the study consisted of 466 participants, most of whom were first year university students. The findings of the study showed that exposure to childhood abuse was positively related to emotion regulation difficulties and negatively related to self-

compassion. Self-compassion was found to be negatively and inversely related to trauma assessments and difficulties in emotion regulation.

Scoglio, Rudat, Garvey, Jarmolowski, Jackson, and Herman (2015) examined the role of self-compassion, childhood traumas, and emotion regulation difficulties. The participants of the study consisted of 176 participants aged between 18 and 65 who were diagnosed with trauma. The findings of the study showed that childhood traumas and emotion regulation were positively related to self-compassion. It has been emphasized that deficiencies in emotion regulation may lead to problems in self-compassion in individuals with a history of childhood maltreatment.

2.5.2. Researches Conducted Domestically

Durmuşoğlu and Doğru (2006) aimed to examine the effects of childhood traumatic experiences (physical abuse, emotional abuse, and sexual abuse) and some personal variables on adolescents' relational self-esteem, relational depression, and relational obsessive thinking. In the study, the relational correlational design, which is one of the general correlational models that investigates whether there is co-variability among more variables, was used. The sample of the study consisted of 579 students ($N_{\text{Male}}=279$, $N_{\text{Female}}=333$) selected by random cluster sampling method among first-year students studying in different faculties of Selcuk University. According to the findings obtained from the research; It has been stated that there is a positive and significant relationship between the relational depression scores of adolescents and the sub-dimensions of childhood traumatic experiences.

Çakar, İkiz ve Asıcı (2018) aimed to examine the predictive role of childhood traumas and hopelessness in the psychological symptoms of counselor candidates. The research was carried out with 256 volunteer psychological counselor candidates determined by simple random sampling from Mehmet Akif Ersoy University Psychological Counseling and Guidance Department students. These students were between the ages of 19 and 24, and 65.64% of the students were female and 34.36% of the students were male. Descriptive statistics, Pearson correlation analysis, and stepwise regression analysis techniques were used in the analysis of the data. Research findings, childhood traumas, and hopelessness are statistically significantly and positively correlated with psychological symptoms. These results show that the childhood traumas of the counselor candidates negatively affect their hope levels for the future and cause various psychological symptoms to occur.

Özcan and Çelik (2018) examined the relationship between perceived parenting styles, risky behaviors, and difficulty in emotion regulation in university students was examined in this study. The study group of the research consisted of 548 ($N_{\text{male}}=355$, $N_{\text{female}}=193$) university students studying at private universities in Istanbul. Correlation and regression analysis techniques were used in the analysis of the data. As a result of the research, it was found that the condescending/flawing and exploitative/exploitative dimensions of maternal parenting styles predicted emotion regulation difficulty, while only the emotionally depriving dimension of paternal parenting styles.

Karabacak and Demir (2017) aimed to examine the relationships between autonomy, attachment styles, conscious awareness, and emotion regulation. This study aims to examine the effects of attachment styles, mindfulness and emotion regulation on autonomy in emerging adulthood. The sample of the research consists of 601 students studying at Atatürk University between 2015-2016. Data were analyzed with Pearson correlation coefficient and multiple linear regression. As a result of the research, it was seen that there were significant relationships between autonomy and attachment styles, mindfulness, and emotion regulation scores. In addition, as another result of the study, it was determined that the variables of attachment styles, mindfulness, and emotion regulation had predictive effects on the autonomy variable.

Bilgiz and Peker (2018) examined the relationship between the emotion regulatory skills and the need for psychological assistance of university students. This study aims to examine the predictive effect of emotion regulation skills of first-year university students on their psychological help needs. The research was carried out on 423 first-year students studying at Atatürk University, Faculty of Education. 306 of the participants are girls and 117 are males. Multiple regression analysis was used to evaluate the research data. As a result of the research, significantly predict university students' emotion regulation levels.

Bayar and Dost (2018) investigated attachment style and perceived social support as predictors of self-compassion in university students. This study aims to examine whether attachment style and perceived social support predict university students' self-compassion levels. The study group of the research consists of 587 ($N_{\text{male}}=156$, $N_{\text{female}}=427$) volunteer undergraduate students studying at various faculties and grade levels of a state university in Ankara. The findings obtained in the study show that the dimensions of anxious attachment and perceived social support from family and friends significantly predict the self-compassion levels of university students. On the other hand, avoidant attachment and perceived social support from a special person do not significantly predict university students' self-compassion levels.

İme and Taş (2018) examined the relationship between childhood traumatic events and self-compassion. The participants of the research are high school students. Participants consisted of a total of 457 people, 144 girls and 313 boys. According to the study, a negative correlation was found between childhood traumatic events and self-compassion in adolescents. It was understood that the self-compassion levels of the adolescents differed statistically significantly according to their genders. In addition, it was found that the physical and emotional abuse levels of people whose economic status is perceived as low are significantly higher than those with medium and high economic status.

Şahin and Aktaş (2018) examined the relationship between narcissistic traits, difficulty in emotion regulation, and self-compassion. This study was carried out to see how there will be a difference in emotion regulation difficulties and self-understanding of individuals with narcissistic personality traits. For this purpose, a total of 232 people, 49 university students, and 183 university graduates, voluntarily participated. As a result of the analysis, it was seen that there were statistically significant differences between the difficulty in emotion regulation group scores and the self-compassion groups and narcissism groups. According to this; As emotion regulation difficulties increase, self-compassion scores decrease and narcissism scores increase. A statistically significant difference was found between the scores of narcissism and difficulty in emotion regulation. There was no statistically significant difference between narcissism scores and self-compassion scores.

Yılmaz and Cenkseven (2020), examined whether self-compassion is a significant predictor of difficulty in emotion regulation. In addition, self-sensitivity and difficulty in emotion regulation were examined in terms of gender and age variables. The sample of the study consisted of Çukurova University Faculty of Education students. It was conducted with 405 university students, ($N_{\text{male}}=142$, $N_{\text{female}}=263$) aged between 18 and 25. Data were analyzed by t-test and multiple linear regression analysis. As a result of the study, it was found that the students' emotion regulation difficulties, self-compassion, self-judgment, awareness of sharing, and consciousness subscale scores did not differ significantly according to their gender. As a result of multiple regression analysis to see the explanatory effect of self-compassion on emotion regulation difficulties; self-compassion was significant predictor of students' difficulty in emotion regulation.

Ay and Kılınçel (2021) examined the relationship between childhood trauma and difficulty in emotion regulation. The study consisted of patients between the ages of 18-65 who were diagnosed with depression and accepted to participate voluntarily. According to the findings of the study, childhood trauma scores other than the sexual abuse sub-dimension and emotional dysregulation scale scores were found to be higher. Additionally, it has been established that experiencing childhood trauma is linked to depression, which makes it difficult to control one's emotions.

Karaoğlu and Erzi (2019) investigated the mediating role of self-compassion and difficulty in emotion regulation in the relationship between eating attitudes and childhood traumas in young adults. The study group of the research consists of ($N_{\text{male}}=159$, $N_{\text{female}}=345$) participants between the ages of 18-40, determined. As a result, it was found that the sub-dimensions of emotion regulation and self-compassion are significantly related to eating attitudes and childhood trauma scores. According analysis, it was found that difficulty in emotion regulation and self-compassion played a mediating role in the relationship between eating attitudes and childhood traumas.

Akcan and Taşören (2020) examined whether childhood negative experiences, cognitive emotion regulation, and self-compassion variables predict depression symptoms in adults. This study is quantitative and a relational survey model was used. The ages of the participants ranged from 18 to 64. The sample of the study consists of a total of 342 adults ($N_{\text{male}}=75$, $N_{\text{female}}=276$) living in the provinces of Istanbul, Ankara, Izmir, and Antalya, who agreed to participate in the online survey. According to the research findings, it was found that depression symptoms were predicted by Childhood Negative Experiences, the catastrophizing sub-dimension of the Cognitive Emotion Regulation Scale, and the social isolation sub-dimensions of the Self-Compassion Scale.

CHAPTER III

METHOD

This chapter presents information regarding the research model, participants, and characteristics of the data collection tools used in the study, as well as data collection process and data analysis.

3.1. The Research Design

The model of this research is quantitative and the relational survey model. The correlational model is a research approach that finds the past or present variables that are utilized to facilitate individual learning and the development of desired behaviors. Relational correlational models seek to ascertain whether or degree co-variance exists between two or more variables (Karasar, 2013). This study was created following the predictive relational research method, which is one of the relational research models, to determine the predictive power of childhood traumas and self-compassion in investigating the difficulty levels of emotion regulation in university students. Changes in dependent variables are explained based on one or more independent factors in predictive correlational research. In this type of research, when examining the relationships between variables, it is tried to estimate the value of the other variable by moving from one of the variables in which the relationship is established (Büyüköztürk et al., 2019). Relationships established through the correlational model should not be interpreted as a true cause-effect relationship. However, it can give some clues about the research topic. If the position of a variable is known, it gives some results to estimate the position of the other variable (Karasar, 2013). The main purpose of this research is not to measure cause-effect relationships, but to measure the predictive power of the variables described above. While the predictive variables of this study are childhood traumas and self-compassion level, the criterion variable is difficulty in emotion regulation. According to the number of predictor variables, predictive correlation patterns can be divided into two parts as single and multifactorial. Since it is the predictor variable in this study, there is a single-factor predictive correlation pattern (Büyüköztürk et al., 2019).

3.2. Study Group

The sample that is assumed to reflect the population to be generalized must be determined within the scope of the research. It is critical for the study's effectiveness that the sample reflects the relevant population's characteristics and that the sample size is enough (Andrade, 2020). There are opinions as to how large the sample size should be. It is emphasized that the sample size should be between 300-350 participants to be the subject of data analysis (Büyüköztürk, 2019). The larger the sample size in general, the better because the sample size reduces the power of the chance factor to affect the results (Erkuş, 2016). In light of all this information, the participants of this study consist of 443 university students aged 18 and above studying in Istanbul. University students from various departments and different class groups (such as psychologists, architects, engineers, teachers, psychological counselors, and health professionals) were included. Research data were collected by online sampling method. Online-based surveys constitute a powerful alternative method to data collection methods by telephone and mail, due to the benefits it provides in the analysis phase as well as collecting data more efficiently. Internet surveys also provide advantages in reducing errors and biases that may arise in the data collection process (Fricker&Schonlau,2002). The scales in the study were created online, and the participants who approved the consent form were included in the study. There are 118 (%26.6) male and 325 (%73.4) female participants in the study. The ages of the participants ranged from 18 to 56 (M=88.63, SD=22.15). The data collection tools used in the study were completed by 462 participants, but the data of 19 participants who were incorrect or incomplete were excluded from the evaluation. Demographic information about the participants is presented in Table 6.

Table 6. Information on the Sample Group

| Participants Information | | The number of participants | % |
|---------------------------------|---------------------|-----------------------------------|----------|
| Gender | Female | 325 | 73,4 |
| | Male | 118 | 26,6 |
| University Name | Yeditepe University | 171 | 38,3 |
| | Maltepe University | 129 | 29,1 |

| | | |
|---------------------------------|----|------|
| Marmara University | 46 | 10,3 |
| İstanbul University | 14 | 3,2 |
| Yıldız Teknik University | 9 | 2,0 |
| Haliç University | 9 | 2,0 |
| İstanbul University -Cerrahpaşa | 7 | 1,6 |
| Doğuş University | 5 | 1,1 |
| Medipol University | 6 | 1,3 |
| Üsküdar University | 5 | 1,1 |
| İstanbul Teknik University | 5 | 1,1 |
| Bilgi University | 4 | 0,9 |
| Işık University | 4 | 0,9 |
| İstanbul Aydın University | 3 | 0,7 |
| İstanbul Medeniyet University | 3 | 0,7 |
| İstinye University | 3 | 0,7 |
| Okan University | 3 | 0,7 |
| Sağlık Bilimleri University | 3 | 0,7 |
| Ayvansaray University | 2 | 0,4 |
| İstanbul Gelişim University | 2 | 0,4 |
| Özyeğin University | 2 | 0,4 |
| Sabahattin Zaim University | 2 | 0,4 |
| Bahçeşehir University | 1 | 0,2 |
| Beykent University | 1 | 0,2 |
| Boğaziçi University | 1 | 0,2 |
| FSMV University | 1 | 0,2 |
| İstanbul Arel University | 1 | 0,2 |
| İstanbul Kültür University | 1 | 0,2 |

| | | | |
|--------------|-------|-----|------|
| | 1 | 78 | 17,6 |
| | 2 | 102 | 23,0 |
| Grade | 3 | 117 | 26,4 |
| | 4 | 110 | 24,8 |
| | Other | 36 | 8,1 |

| | | | |
|------------------------------------|--------------------------|-----|------|
| | First Child | 66 | 14,9 |
| Birth Order | Middle Child | 159 | 35,9 |
| | Last Child | 78 | 17,6 |
| | Single Child | 140 | 31,6 |
| | | | |
| Psychological Discomfort | Yes | 66 | 14,9 |
| | No | 377 | 85,1 |
| Mother's Education Status | Primary School | 123 | 27,8 |
| | Secondary school | 58 | 13,1 |
| | High school | 125 | 28,2 |
| | University | 113 | 25,5 |
| | Graduate | 15 | 3,4 |
| | Illiterate | 9 | 2,0 |
| Father's Education Status | Primary school | 74 | 16,7 |
| | Secondary school | 80 | 18,1 |
| | High school | 132 | 29,8 |
| | University | 129 | 29,1 |
| | Graduate | 26 | 5,9 |
| | Illiterate | 2 | 0,5 |
| Perceived Mother's Attitude | Over Protective | 116 | 26,2 |
| | Overly Permissive | 32 | 7,2 |
| | Perfectionist | 54 | 12,2 |
| | Authoritarian/Repressive | 70 | 15,8 |
| | Democratic | 161 | 36,3 |
| | Irrelevant | 10 | 2,3 |

| | | | |
|------------------------------------|--------------------------|-----|------|
| Perceived Father Attitude | Over Protective | 72 | 16,3 |
| | Overly Permissive | 40 | 9,0 |
| | Perfectionist | 39 | 8,8 |
| | Authoritarian/Repressive | 94 | 21,2 |
| | Democratic | 140 | 31,6 |
| | Irrelevant | 58 | 13,1 |
| Socio-Economic Income Level | Lower | 9 | 2,0 |
| | Lower-Middle | 45 | 10,2 |
| | Middle | 212 | 47,9 |
| | Mid-Upper | 157 | 35,4 |
| | Upper | 20 | 4,5 |

When the sample group is examined in terms of gender variable, the number of female participants is more than the number of male participants (N= 325, 73.4 %); When the education is examined in terms of the university, it is seen that the number of participating students of Yeditepe University, Maltepe University, and Marmara University is higher. When the sample group is examined in terms of the department where the education is examined, the most participant consists of psychological counseling and guidance (N= 93, 20.8 %), and at least the participant's medicine (N= 1, 0.2 %) students. When examined in terms of class level, it is seen that most participants are in the third grade (N= 117, 26.4 %) and least participants are in the preparatory class (N= 36, 8.1 %). When the participants are examined according to the order of birth, it is seen that most participants were median children (N= 159, 35.9%), and least participants are the single child (N= 66, 14.9%). In terms of mothers' education, it was reached that the mothers of the participants were mostly high school graduates (N = 125, 28.2 %) and least participants are literate (N= 9, 2.0 %). When the father was examined in terms of education status, most of them are high school graduates (N= 132, 29.8 %) and least of them are the literate (N = 2, 0.5 %).

The state of having a psychological disorder of the participants is less (N=66, 14.9%) than those who do not have a psychological disorder (N=377, 85.1%). Most of the participants' perceived maternal attitude was democratic (N=162 36.3%), and least of the participant's perceived maternal attitude was being indifferent (N=10 2.3%); the most of participant perceived father attitude was democratic (N=140, 31.5%); and least of the participant's perceived father attitude was being perfectionist attitude (N=39, 8.8%). Finally, according to the socio-economic income of the participants, most of the participants are middle level (N=212, 47.9%) and least of the participants' socio-economic income is low (N=9, 2.0%).

3.3. Data Collection Tools

In this section, data collection tools, namely Socio-Demographic Information Form, Childhood Psychological Trauma Scale, Difficulties in Emotion Regulation Scale, and Self-Compassion Scale, that were used within the scope of the research were presented. the Sociodemographic Information Form was applied in order to obtain the demographic information of the participants, the Emotion Regulation Difficulty Scale to obtain information about the emotion regulation difficulties of the participants the Childhood Trauma Scale to examine the negative childhood experiences of the participants and the Self-Compassion Scale to obtain information about the participants' Self-Compassion levels. Information about the scales is given below.

- Demographic Information Form
- Childhood Traumas Scale (CTQ-33)
- Difficulties in Emotion Regulation Scale (DERS)
- Self-Compassion Scale (SCS)

3.3.1. Demographical Information Form

Demographical information form is a questionnaire that is thought to be relevant to this research by the researcher and was created to obtain the demographic information of the participants. The demographic information form was prepared by the researcher to collect information about the participants' age, gender, department, psychological disorder, birth order, parents' education level and perceived parental attitudes, and socio-economic income level.

3.3.2. Childhood Trauma Scale (CTQ-33)

The Childhood Psychological Trauma Scale was developed by Bernstein et al. (1994) to measure the severity of childhood neglect and abuse. The original name of the scale is Childhood Trauma Questionnaire (CTQ). (Bernstein et al., 1994). The item number of the 53-item scale was later reduced to 28 by Bernstein et al. (2003). The adaptation study of the scale in Turkey was carried out by Şar, Öztürk, and İkikardeş (2012). The scale used in this study was later revised by Şar et al. (2021), and some items were added to the scale, which consisted of 33 items in its final version with its expanded version. There are 6 sub-dimensions in the scale: sexual, emotional, and physical abuse, emotional and physical neglect, and excessive protection/control. A total score is formed by combining all sub-categories. The rating of the items is in a 5-point Likert type. The scale has response options as (1) Never (2) Rarely (3) Sometimes (4) Often (5) Very Often. The sum of the scores of each sub-dimension constitutes the total childhood trauma score. For the first version of the scale with 28 items, the total score can vary between 5-25, and the total score can vary between 25-125, with the sub-dimension included in the last adaptation study, the total score is between 25-150. It also has a trauma minimization/denial score of 0-3. In the validity and reliability study of the scale, the Cronbach-alpha score was found to be .87. The Guttman split half coefficient was found to be .69. (Sar et al., 2020).

In this study, the Cronbach alpha values of the sub-dimensions of the childhood trauma scale; emotional neglect was .89, emotional abuse was .82, sexual abuse was .90, physical neglect was .77, physical abuse was .94, overprotection-control was .84, total internal consistency coefficient was .87. To calculate the scale scores, the answers given to the positive statements (1,2, 4,5,7,10,13,19,26,28, 31) must be reversed. In this scale, items (3,8,14,18,25) were for emotional abuse, items (9,11,12,15,17) were for physical abuse, items (1,4,6,2,26) were for physical neglect, items (5,7,13,19,28) were for emotional neglect, items (20,21,23,24,27) were for sexual harassment and items (29-33) were for overprotection-control. There are items in the scale that need to be reverse scored (1, 2, 4, 5, 7, 10, 13, 19, 26, 28, 31). In addition, the items (10, 16, 22) included in the scale as denial items do not affect the total score (Şar et al., 2021). As a result of the reliability analyses conducted within the scope of this study, the Cronbach alpha internal consistency coefficient for the childhood trauma scale was found to be 0.87.

Table 7. Internal Consistency Coefficients for CTQ sub-dimensions

| Sub-dimensions | Cronbach's Alpha reliability coefficient |
|----------------------------|---|
| Emotional Abuse | 0.85 |
| Physical Abuse | 0.85 |
| Sexual Abuse | 0.90 |
| Emotional Neglect | 0.87 |
| Physical Neglect | 0.84 |
| Overprotection-Overcontrol | 0.67 |
| Total | 0.87 |

3.3.3. Difficulties in Emotion Regulation Scale (DERS)

The emotion regulation difficulties scale was developed by Gratz and Romer (2004) to measure emotion regulation difficulties. The scale is a reliable measurement tool consisting of 36 items in total. It consists of 6 sub-dimensions: "Awareness", "Openness", "Rejection", "Strategies", "Impulse" and "Aims". In this scale, items (1,4,5,7,9) do not understand emotional reactions, questions (11,12,21,23,25,29) do not accept emotional responses, (2,6,8,17,34) items numbered lack of awareness of emotional reactions, items (13,18,20,26,33) have difficulty in acting purposefully while experiencing emotions, items (3,14,19,24,32) have difficulty in controlling impulses while experiencing negative emotions. Items (15,16,22,28,30,31,35,36) evaluate "limited access to negative and effective strategies". There are items in the scale that need to be reverse scored (1, 2, 4, 6, 7, 8, 10, 17, 20, 22, 24, 34). The scale is in 5-point Likert type and its scoring is done between 1 and 5 (1- Never, 2- Sometimes, 3- Sometimes, 4- Often, 5- Always).

The internal consistency coefficient of the scale is 0.93, the coefficients of the subscales vary between .80-.89, and the test-retest correlation coefficient is .88. Cut-off score for the scale was not determined. High scores on the scale mean that there is more difficulty in emotion regulation (Gratz & Roemer, 2004). The validity and reliability study of the scale in Turkey was conducted by Rugancı & Gençöz (2010). The factor structure of the scale was examined in a sample group of 338 university students.

With the exception of one item, the confirmatory factor analysis revealed that the scale's factor structure was the same as the original scale. Item 10 was removed and a new item with the same content was inserted since the original form of the scale contained an item with a low correlation with the entire scale ($r = .06$). In the results obtained from the Turkish adaptation, the Cronbach Alpha internal consistency coefficient of the scale was found to be .94. The test-retest reliability of emotion regulation difficulties is .83, and the Guttman split-half reliability coefficient is .95 (Rugancı & Gençöz, 2010). As a result of the reliability analyses conducted within the scope of this study, sub-dimensions of the emotion regulation difficulties scale; clarity was .43, awareness was .79, impulse was .87, non-acceptance was .86, goals was .85, strategies was .89, total internal consistency coefficient was .93.

Table 8. Internal Consistency Coefficients for DERS sub-dimensions

| Sub-dimensions | Cronbach's Alpha reliability coefficient |
|-----------------------|---|
| Clarity | 0.43 |
| Awareness | 0.79 |
| Impulse | 0.87 |
| Non-Acceptance | 0.86 |
| Goals | 0.85 |
| Strategies | 0.89 |
| Total | 0.93 |

3.3.4. Self-Compassion Scale (SCS)

Self-compassion scale is a self-report scale developed by Kristin Neff (2003b) to measure an individual's self-compassion tendency and self-compassion level. The 3 main components of self-compassion (self-compassion, awareness of sharing, and mindfulness) were developed in separate sub-dimensions. The Self-Compassion scale is a five-point Likert-type measurement tool, consisting of 26 items and 6 sub-dimensions. It constitutes the sub-dimensions of Self-kindness, Self-Judgement, Awareness of Sharing, Isolation, Consciousness, and Over-Identification. The scale has a 5-point Likert-type rating and is scored between 1 and 5 (1- Almost never, 2- Rarely, 3- Sometimes, 4- Often, 5- Almost always). The sum of the scores of each sub-dimension constitutes the total score of the self-compassion level. A high score from the scale indicates a high level of self-compassion.

The minimum score that can be obtained from the scale is 26, and the maximum score is 130. A high total score from the scale indicates a high level of self-compassion. The validity and reliability study of the scale in Turkey was carried out by Akın and Abacı (2007). The items in the sub-dimension of the scale and the original items are exactly the same. (Akın, & Abacı, 2007). The scores of the sub-dimensions of the Turkish form of the scale; It was found to be 0.89 for Isolation, (.92) for mindfulness, (.94) for Self-kindness (.94), Self-judgment (.94), for Awareness of Shares (.87), and for over identification (.94). In this scale, the scores for each sub-dimension and the total score are calculated.

While scoring, items with negative expressions in the sub-dimensions of self-judgment, isolation, and over-identification are reverse coded. High levels of over-identification, isolation, and self-judgment subscales indicate a low level of self-compassion. Conversely, mindfulness, awareness of shares, and self kindness indicate a high level of self-compassion. (Akın et al. 2007). As a result of the reliability analyses conducted within the scope of this study, sub-dimensions of the self-compassion scale; self kindness was .86, self-judgment was .88, common humanity was .83, isolation was .78, mindfulness was .82, over-identified was .78, total internal consistency coefficient was .94.

Table 9. Internal Consistency Coefficients for SCS sub-dimensions

| Sub-dimensions | Cronbach's Alpha reliability coefficient |
|-----------------------|---|
| Self-Kindness | 0.86 |
| Self-Judgment | 0.88 |
| Common Humanity | 0.83 |
| Isolation | 0.78 |
| Mindfulness | 0.82 |
| Over-Identified | 0.78 |
| Total | 0.94 |

3.4. Data Collection Process

Before beginning the data gathering procedure, the authors who created and modified the scales were contacted through email and given permission to be used. A demographic data form was subsequently made. The Yeditepe University Ethics Committee provided the approvals is required for the study's execution.

The relevant ethics committee permission is presented in the Appendix 5. The data collection tools used in the research were applied to university students studying in Istanbul in the spring semester of the 2021-2022 academic year. After the participant's approval, including the information and consent form, the ongoing survey link was created with the demographic forms and scales. Google survey link from online platforms was shared with university students studying in Istanbul. The data increased gradually with the connection of the students from the survey shared on the online platform. The data collection process started in March 2022 and ended in April 2022. It took approximately 10-15 minutes to complete the questionnaire by the students.

3.5. Data Analysis

This section outlines the processes that were taken during the data analysis process. All of the data were combined in an excel file when the data collection process was complete. The scale components in the Excel file were arranged in accordance with the subscale and their ordering before being imported into SPSS 20. Version 20.0 of IBM's Statistical Packages of Social Sciences (SPSS) was used for all analyses. First of all, descriptive statistics methods that reveal frequencies and percentage values for all independent variables were used to get an idea about the structure of the research. Label adjustments were made for categorical variables and the inverse items of the scales were recoded. Missing data were checked by calculating the total scores of the scale and sub-dimensions. Within the scope of this study, Multiple Regression was used to predict emotion regulation difficulty, and t-test for difference and one-way variance analysis of (ANOVA) were used. The t-test was used to test the significance of the difference between the means of the data of two independent groups (Büyüköztürk, 2019). As the main statistical analysis, one-way analysis of variance (ANOVA) was used to determine whether there was a difference between two or more groups based on a certain variable.

The t-test was used to determine whether the levels of emotion regulation difficulties differed according to gender and whether they had a psychological disorder or not. One-way analysis of variance (ANOVA) was conducted to determine whether it differed according to grade level, parental education level, parental attitude, birth order, and socio-economic income level variables. Complementary (Post-Hoc) analyzes were used to determine which variable favored the difference in the variables found to be different. In cases where group variances are equal, Hochberg-s, Tukey, Benferroni, and Fisher tests are frequently used in the multiple comparisons of mean scores; In cases where the group variances are not equal, Games-Howell, Dunnett C, Tamhane T2 test can be chosen (Büyüköztürk, 2019).

In the complementary analysis, firstly, whether the variances were homogeneous or not was determined by Levene's test. Hochberg-s test was used because the sample sizes were very different when the variances were homogeneous in the analysis. In cases where the variances were not homogeneous, the Games-Howell test was used in the analysis. Considering the variables separately, whether the level of childhood traumas and self-compassion significantly predicted difficulty in emotion regulation was analyzed by Multiple Regression analysis. The margin of error was accepted as 0.05 in the research and the results included in the analysis are included in the findings section.



CHAPTER IV

FINDINGS

4.1 Descriptive Statistics

This section explains the data analysis and its findings. The findings of the multiple regression analysis, independent sample t-test, and one-way analysis of variance (ANOVA), which were carried out using information from the demographic variables, are presented in the remaining sections of the chapter. Step-by-step responses were provided for both the primary research question and the sub-research questions, which were developed following the study's main objective. The descriptive statistics for the dependent variable (Emotion Regulation Difficulties) and two independent variables (Childhood Trauma and Self-Compassion) of this study are shown in Table 10.

Table 10. Descriptive Statistics

| Sub Scale | N | Min | Max | \bar{x} | SD | Skewness | Kurtosis |
|--------------------------------|-----|-----|------|-----------|------|----------|----------|
| DERS | 443 | 43 | 150 | 88,6 | 22,1 | 0,4 | -0,3 |
| Clarity | 443 | 8,0 | 22,0 | 14,0 | 2,6 | 0,4 | -0,3 |
| Awareness | 443 | 5,0 | 25,0 | 12,7 | 3,9 | 0,3 | -0,1 |
| Impulse | 443 | 6,0 | 30,0 | 13,8 | 5,3 | 0,7 | 0,1 |
| Non-Acceptance | 443 | 6,0 | 30,0 | 12,2 | 5,2 | 0,9 | 0,6 |
| Goals | 443 | 5,0 | 25,0 | 16,2 | 4,5 | -0,09 | -0,6 |
| Strategies | 443 | 8,0 | 40,0 | 19,5 | 7,3 | 0,5 | -0,3 |
| CTQ | 443 | 42 | 105 | 60,0 | 14,2 | 1,2 | 0,7 |
| Emotional Abuse | 443 | 5,0 | 24,0 | 8,5 | 4,0 | 1,4 | 1,7 |
| Physical Abuse | 443 | 5,0 | 24,0 | 6,0 | 2,5 | 3,4 | 13,8 |
| Sexual Abuse | 443 | 5,0 | 24,0 | 6,1 | 2,8 | 3,5 | 13,5 |
| Emotional Neglect | 443 | 5,0 | 24,0 | 11,2 | 4,8 | 0,5 | -0,6 |
| Physical Neglect | 443 | 5,0 | 19,0 | 7,1 | 3,0 | 1,8 | 2,8 |
| Overprotection- Overcontrol | 443 | 2,0 | 10,0 | 3,8 | 1,9 | 1,0 | 0,4 |
| SCS | 443 | 27 | 130 | 82,8 | 19,8 | -0,1 | -0,1 |
| Self-Kindness | 443 | 5,0 | 25,0 | 15,0 | 4,6 | 0,1 | -0,5 |
| Self-Judgment | 443 | 5,0 | 25,0 | 17,1 | 4,9 | -0,5 | -0,3 |
| Common Humanity | 443 | 4,0 | 20,0 | 12,3 | 3,7 | 0,1 | -0,5 |
| Isolation | 443 | 4,0 | 20,0 | 12,7 | 3,8 | -0,3 | -0,6 |
| Mindfulness | 443 | 4,0 | 20,0 | 12,5 | 3,4 | 0,06 | -0,3 |
| Over-identified | 443 | 4,0 | 20,0 | 12,9 | 3,6 | -0,3 | -0,3 |

4.2 Testing Assumptions

Before the analyzes were made, an evaluation was made by examining the skewness and Kurtosis values and the histogram graphs of the distribution of the data in order to control the normality assumptions of the research variables. The histogram table and the Standard Residual score were checked to see if there were extreme values, and extreme values were determined in the table and removed before starting the analysis. According to George and Mallery (2010), parametric tests can be used in research if Skewness and Kurtosis scores are between +2.0 and -2.0. When the Skewness and Kurtosis values of the emotion regulation difficulty scale were examined, the Skewness values were found to be 0.4, and the Kurtosis values were -0.3. When the Childhood Traumas scale is examined, the Skewness values are 1.2 and the Kurtosis values are 0.7. Finally, the Skewness and Kurtosis values for the Self-Compassion scale are -0.1 and -0.1. Since the values of these tests are between +2.0 and -2.0, parametric tests were used in this study. It was found that the obtained distribution did not deviate from the normality assumption. Means, standard deviations, minimum and maximum scores, and Skewness and Kurtosis scores of the main variables of the study are presented in Table 10.

According to the findings obtained from the descriptive analyzes for all scales, the participants' Emotion regulation difficulty mean score was 88.6 and the standard deviation was 22.1. The minimum and maximum scores from this scale are 43 and 150 points. The subscales of this scale are Clarity, Awareness, Impulse, Non-Acceptance, Goals, and Strategies. The mean, standard deviation, minimum and maximum scores of all subscales of the Difficulty in Emotion Regulation Scale are given in Table 10. The mean score for the Childhood Traumas Scale is 60.0 and the standard deviation is 14.2. Minimum and maximum scores range from 42 to 105. Emotional Abuse, Physical Abuse, Sexual Abuse, Emotional Neglect, Physical Neglect, and Overprotection-Overcontrol subscales of this scale. Descriptive statistics for all subscales of the Childhood Traumas scale are given in Table 10. Finally, the mean score of the Self-compassion scale is 82.8 and the standard deviation is 19.8. The minimum and maximum scores from this scale are 27 and 130 points. The subscales of this scale are Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-identified. The mean, standard deviation, minimum and maximum scores of all subscales of the Self-Compassion Scale are given in Table 10.

4.3. T-Test Findings Related to Gender

In this section, independent samples t-test analysis was performed to determine whether there was a significant difference between the participants' difficulty in emotion regulation according to their gender. The sub-question of this section is “Does the difficulty of emotion regulation of university students differ according to gender?” and the findings related to this sub-question are presented in Table 11.

Table 11. T-Test Findings Related to Gender

| Variables | Sub-scales | Gender | N | Mean | SD | T-test | | |
|----------------|------------|--------|-----|------|------|--------|-------------|-------------|
| | | | | | | T | P | d |
| DERS | | Female | 325 | 88,4 | 22,3 | -,328 | ,743 | |
| | | Male | 118 | 89,2 | 21,5 | | | |
| Clarity | | Female | 325 | 14,0 | 2,65 | 1,086 | ,278 | |
| | | Male | 118 | 13,7 | 2,74 | | | |
| Awareness | | Female | 325 | 12,4 | 3,99 | -2,061 | ,040 | -0,3 |
| | | Male | 118 | 13,3 | 3,87 | | | |
| Impulse | | Female | 325 | 13,7 | 5,33 | -,626 | ,531 | |
| | | Male | 118 | 14,0 | 5,43 | | | |
| Non-Acceptance | | Female | 325 | 12,1 | 5,29 | -,577 | ,564 | |
| | | Male | 118 | 12,5 | 5,31 | | | |
| Goals | | Female | 325 | 16,3 | 4,54 | ,921 | ,357 | |
| | | Male | 118 | 15,8 | 4,50 | | | |
| Strategies | | Female | 325 | 19,5 | 7,43 | ,032 | ,974 | |
| | | Male | 118 | 19,5 | 6,97 | | | |

As seen in Table 11, there is no significant difference between the participants' difficulty in emotion regulation and their gender ($t=-.328$ $p>.05$). When looking at the subscales, clarity ($t=1.086$ $p>.05$), Impulse ($t=-.626$ $p>.05$), Non-Acceptance ($t=-.577$ $p>.05$), Goals ($t=.921$ $p>.05$), Strategies ($t=.032$ $p>.05$), and gender, but there was a significant difference between Awareness and $t=-2.061$ $p<.05$), gender. Awareness averages of male students ($\bar{x} = 13.03$) are higher than female students ($\bar{x}= 12.04$). According to the total scores of the emotion regulation difficulties scale, men have higher scores than women. In addition, according to the Cohen-d values obtained, the effect of the gender variable on the awareness score averages ($d =-0,3$), which is the emotion regulation difficulty subscale, was found to be small.

4.3.1 T-Test Findings Related to Psychological Disturbance

In this section, independent sample t-test analysis was performed to estimate whether emotion regulation difficulty differs significantly according to psychological disorder status. The findings are presented in Table 12. The related sub-research question is “Does the difficulty of emotion regulation of university students differ according to their psychological discomfort?”

Table 12. T-Test Findings Related to Psychological Disturbance

| Variables | Sub-scales | Psychological Disturbance | N | Mean | SD | T-test | | |
|----------------|------------|---------------------------|-----|-------|------|--------|-------------|------|
| | | | | | | T | P | d |
| DERS | | Yes | 66 | 103,9 | 24,3 | 5,652 | ,000 | 0,8 |
| | | No | 377 | 85,95 | 20,6 | | | |
| Clarity | | Yes | 66 | 15,0 | 2,99 | 3,450 | ,001 | 1 |
| | | No | 377 | 13,8 | 2,57 | | | |
| Awareness | | Yes | 66 | 12,9 | 4,23 | ,586 | ,558 | |
| | | No | 377 | 12,6 | 3,93 | | | |
| Impulse | | Yes | 66 | 17,2 | 5,81 | 5,337 | ,000 | 0,8 |
| | | No | 377 | 13,2 | 5,04 | | | |
| Non-Acceptance | | Yes | 66 | 14,8 | 6,33 | 3,604 | ,001 | 0,58 |
| | | No | 377 | 11,8 | 4,96 | | | |
| Goals | | Yes | 66 | 18,5 | 4,70 | 4,564 | ,000 | 0,75 |
| | | No | 377 | 15,8 | 4,38 | | | |
| Strategies | | Yes | 66 | 25,3 | 7,24 | 7,323 | ,000 | 1,07 |
| | | No | 377 | 18,5 | 6,84 | | | |

According to the statistical findings, there is a significant difference between difficulty in emotion regulation and psychological disturbance ($t=5.652$, $p<.05$). Individuals with psychological disorders have higher emotion regulation difficulties than individuals without. Looking at the subscales, Clarity ($t= 3.450$ $p<.05$), Impulse ($t=5.337$, $p<.05$), Non-Acceptance ($t=3.604$, $p<.05$), Goals ($t=4.564$, $p<.05$), Strategies($t=7.323$, $p<.05$), there is a significant difference between psychological discomfort status, but no significant difference was found between Awareness and $t=.586$ $p>.05$), psychological discomfort status.

In addition, according to the Cohen-d values obtained, the effect of the psychological disturbance variable on the difficulty in emotion regulation score was found to be high ($d = .08$).

4.4 ANOVA Findings Related to Education Level of Participants

ANOVA was conducted to test whether the levels of difficulty in emotion regulation differ according to the education level of the participants. The relevant sub-question in this section is “Do the levels of emotion regulation difficulties of university students differ according to education level?”.

Table 13. Descriptive Findings Related to Education Level of Participants

| Sub Scales | Groups | N | \bar{x} | SD | Min | Max |
|----------------|--------|-----|-----------|-------|-------|--------|
| DERS | 1 | 78 | 93,29 | 23,09 | 51,00 | 146,00 |
| | 2 | 102 | 87,86 | 19,44 | 49,00 | 147,00 |
| | 3 | 117 | 88,54 | 21,24 | 45,00 | 147,00 |
| | 4 | 110 | 87,91 | 25,51 | 43,00 | 150,00 |
| | Other | 36 | 83,25 | 18,08 | 47,00 | 124,00 |
| Clarity | 1 | 78 | 14,69 | 2,93 | 9,00 | 20,00 |
| | 2 | 102 | 13,99 | 2,58 | 9,00 | 22,00 |
| | 3 | 117 | 13,88 | 2,33 | 9,00 | 20,00 |
| | 4 | 110 | 13,89 | 2,81 | 9,00 | 21,00 |
| | Other | 36 | 13,33 | 2,82 | 8,00 | 20,00 |
| Awareness | 1 | 78 | 13,08 | 4,07 | 5,00 | 22,00 |
| | 2 | 102 | 12,56 | 3,65 | 5,00 | 21,00 |
| | 3 | 117 | 12,76 | 3,94 | 5,00 | 22,00 |
| | 4 | 110 | 12,82 | 4,29 | 5,00 | 25,00 |
| | Other | 36 | 11,86 | 3,81 | 5,00 | 24,00 |
| Impulse | 1 | 78 | 14,52 | 5,79 | 6,00 | 29,00 |
| | 2 | 102 | 13,73 | 5,16 | 6,00 | 30,00 |
| | 3 | 117 | 13,75 | 4,95 | 6,00 | 28,00 |
| | 4 | 110 | 13,73 | 5,86 | 6,00 | 29,00 |
| | Other | 36 | 13,11 | 4,65 | 6,00 | 27,00 |
| Non-Acceptance | 1 | 78 | 12,69 | 5,34 | 6,00 | 27,00 |
| | 2 | 102 | 12,48 | 5,58 | 6,00 | 30,00 |
| | 3 | 117 | 12,32 | 4,97 | 6,00 | 30,00 |
| | 4 | 110 | 12,02 | 5,39 | 6,00 | 29,00 |
| | Other | 36 | 11,50 | 5,17 | 6,00 | 26,00 |

| | | | | | | |
|------------|-------|-----|-------|------|-------|-------|
| Goals | 1 | 78 | 17,28 | 4,78 | 7,00 | 25,00 |
| | 2 | 102 | 16,07 | 4,58 | 5,00 | 25,00 |
| | 3 | 117 | 16,31 | 4,15 | 6,00 | 25,00 |
| | 4 | 110 | 15,75 | 4,90 | 5,00 | 25,00 |
| | Other | 36 | 15,41 | 3,42 | 7,00 | 20,00 |
| Strategies | 1 | 78 | 21,01 | 7,72 | 8,00 | 37,00 |
| | 2 | 102 | 19,00 | 6,43 | 8,00 | 34,00 |
| | 3 | 117 | 19,49 | 7,15 | 8,00 | 40,00 |
| | 4 | 110 | 19,68 | 8,38 | 8,00 | 40,00 |
| | Other | 36 | 18,02 | 5,13 | 10,00 | 31,00 |

Table 14. Anova Findings Related to Education Level of Participants

| Sub Scales | | Sum of Squares | df | Mean Square | F | Sig |
|----------------|----------------|----------------|-----|-------------|-------|------|
| DERS | Between Groups | 2855,91 | 4 | 713,97 | 1,461 | ,213 |
| | Within Groups | 214024,30 | 438 | 488,64 | | |
| | Total | 216880,21 | 442 | | | |
| Clarity | Between Groups | 56,11 | 4 | 14,028 | 1,973 | ,098 |
| | Within Groups | 3113,85 | 438 | 7,109 | | |
| | Total | 3169,96 | 442 | | | |
| Awareness | Between Groups | 41,10 | 4 | 10,277 | ,647 | ,629 |
| | Within Groups | 6956,18 | 438 | 15,882 | | |
| | Total | 6997,29 | 442 | | | |
| Impulse | Between Groups | 58,93 | 4 | 14,734 | ,511 | ,728 |
| | Within Groups | 12630,02 | 438 | 28,836 | | |
| | Total | 12688,96 | 442 | | | |
| Non-Acceptance | Between Groups | 46,51 | 4 | 11,628 | ,413 | ,799 |
| | Within Groups | 12333,65 | 438 | 28,159 | | |
| | Total | 12380,16 | 442 | | | |

| | | | | | | |
|------------|----------------|----------|-----|--------|-------|------|
| Goals | Between Groups | 138,17 | 4 | 34,543 | 1,694 | ,150 |
| | Within Groups | 8929,58 | 438 | 20,387 | | |
| | Total | 9067,76 | 442 | | | |
| Strategies | Between Groups | 282,00 | 4 | 70,501 | 1,326 | ,259 |
| | Within Groups | 23290,06 | 438 | 53,174 | | |
| | Total | 23572,06 | 442 | | | |

As shown in Table 14, the ANOVA findings reveal that the levels of difficulty in emotion regulation did not differ significantly according to the education level of the participants ($F=1.46, p>.05$). The sub-dimensions of the difficulty in emotion regulation scale do not show a significant difference according to the education level of the participants ($p>.05$).

4.4.1 ANOVA Findings Related to Social Economic Status of Participants

ANOVA was conducted to test whether the levels of difficulty in emotion regulation differ according to the socio-economic status of the participants. The relevant sub-question in this section is “Do the levels of emotion regulation difficulties of university students differ according to their socio-economic status?”.

Table 15. Descriptive Findings Related to Social Economic Status of Participants

| Sub Scales | Groups | N | \bar{x} | SD | Min | Max |
|------------|--------------|-----|-----------|-------|-------|--------|
| DERS | Lower | 9 | 86,22 | 21,47 | 47,00 | 117,00 |
| | Lower-Middle | 45 | 101,28 | 26,59 | 50,00 | 150,00 |
| | Middle | 212 | 87,07 | 20,38 | 43,00 | 147,00 |
| | Mid-Upper | 157 | 86,13 | 21,25 | 47,00 | 150,00 |
| | Upper | 20 | 97,55 | 22,15 | 63,00 | 136,00 |
| Clarity | Lower | 9 | 13,88 | 2,93 | 9,00 | 18,00 |
| | Lower-Middle | 45 | 15,26 | 3,25 | 9,00 | 21,00 |
| | Middle | 212 | 13,85 | 2,67 | 9,00 | 22,00 |
| | Mid-Upper | 157 | 13,80 | 2,30 | 8,00 | 20,00 |
| | Upper | 20 | 14,40 | 3,37 | 10,00 | 20,00 |
| Awareness | Lower | 9 | 12,77 | 4,73 | 5,00 | 20,00 |
| | Lower-Middle | 45 | 14,53 | 4,57 | 6,00 | 22,00 |
| | Middle | 212 | 12,39 | 3,68 | 5,00 | 23,00 |
| | Mid-Upper | 157 | 12,50 | 3,95 | 5,00 | 25,00 |
| | Upper | 20 | 13,80 | 4,51 | 6,00 | 21,00 |

| | | | | | | |
|----------------|--------------|-----|-------|------|-------|-------|
| Impulse | Lower | 9 | 12,66 | 5,00 | 6,00 | 23,00 |
| | Lower-Middle | 45 | 16,44 | 6,32 | 6,00 | 29,00 |
| | Middle | 212 | 13,61 | 5,09 | 6,00 | 30,00 |
| | Mid-Upper | 157 | 13,17 | 5,15 | 6,00 | 29,00 |
| | Upper | 20 | 15,80 | 5,7 | 7,00 | 25,00 |
| Non-Acceptance | Lower | 9 | 13,44 | 8,45 | 6,00 | 30,00 |
| | Lower-Middle | 45 | 13,64 | 5,97 | 6,00 | 27,00 |
| | Middle | 212 | 11,91 | 4,7 | 6,00 | 30,00 |
| | Mid-Upper | 157 | 12,09 | 5,43 | 6,00 | 29,00 |
| | Upper | 20 | 14,15 | 5,97 | 6,00 | 24,00 |
| Goals | Lower | 9 | 16,66 | 3,93 | 9,00 | 23,00 |
| | Lower-Middle | 45 | 17,88 | 4,81 | 7,00 | 25,00 |
| | Middle | 212 | 16,11 | 4,45 | 5,00 | 25,00 |
| | Mid-Upper | 157 | 15,85 | 4,47 | 5,00 | 25,00 |
| | Upper | 20 | 16,20 | 4,90 | 5,00 | 25,00 |
| Strategies | Lower | 9 | 16,77 | 5,84 | 10,00 | 27,00 |
| | Lower-Middle | 45 | 23,51 | 8,34 | 9,00 | 40,00 |
| | Middle | 212 | 19,17 | 6,99 | 8,00 | 40,00 |
| | Mid-Upper | 157 | 18,69 | 6,98 | 8,00 | 40,00 |
| | Upper | 20 | 23,20 | 7,65 | 12,00 | 34,00 |

Table 16. ANOVA Findings Related to Social Economic Status of Participants

| Sub Scales | | Sum of Squares | df | Mean Square | F | Sig | η^2 |
|------------|----------------|----------------|-----|-------------|-------|-------------|----------|
| DERS | Between Groups | 103,48 | 4 | 2587,08 | 5,487 | ,000 | 0.04 |
| | Within Groups | 206531,88 | 438 | 471,53 | | | |
| | Total | 216880,21 | 442 | | | | |
| Clarity | Between Groups | 85,453 | 4 | 21,363 | 3,034 | ,017 | 0.02 |
| | Within Groups | 3084,51 | 438 | 7,042 | | | |
| | Total | 3169,96 | 442 | | | | |
| Awareness | Between Groups | 201,58 | 4 | 50,396 | 3,248 | ,012 | 0.02 |
| | Within Groups | 6795,70 | 438 | 15,515 | | | |
| | Total | 6997,29 | 442 | | | | |
| Impulse | Between Groups | 473,59 | 4 | 118,398 | 4,245 | ,002 | 0,03 |
| | Within Groups | 12215,36 | 438 | 27,889 | | | |
| | Total | | | | | | |

| | | | | | | | |
|----------------|----------------|----------|-----|---------|-------|------|------|
| | Total | 12688,96 | 442 | | | | |
| Non-Acceptance | Between Groups | 200,215 | 4 | 50,054 | 1,800 | ,128 | |
| | Within Groups | 12179,94 | 438 | 27,808 | | | 0,01 |
| | Total | 12380,16 | 442 | | | | |
| | Between Groups | 150,43 | 4 | 37,608 | 1,847 | ,119 | 0,01 |
| Goals | Within Groups | 8917,32 | 438 | 20,359 | | | |
| | Total | 9067,76 | 442 | | | | |
| | Between Groups | 1186,19 | 4 | 296,549 | 5,802 | ,000 | 0,05 |
| Strategies | Within Groups | 22385,86 | 438 | 51,109 | | | |
| | Total | 23572,06 | 442 | | | | |

As shown in Table 16, the ANOVA findings reveal that the levels of difficulty in emotion regulation differ significantly according to the socio-economic status of the participants ($F=5.48$, $p<.05$). The sub-dimensions of the difficulty in emotion regulation scale show a significant difference according to the socio-economic levels of the participants. After this result, complementary (Post-Hoc) analyzes were started to determine the direction of the difference. First of all, Levene test results were examined to determine whether the variances were homogeneous. According to the Levene homogeneity test of variance ($p=0.023$, $p<.05$), the distribution of variances is not homogeneous. For this reason, the Games Howell test was preferred among the tests with non-homogeneous variance. The Games-Howell procedure is the most powerful of the post-hoc tests but is also correct when the sample sizes are unequal in the Games-Howell test. It was emphasized that if the distribution of variances is not homogeneous, it would be beneficial to use the Games Howell procedure. (Field, 2009). According to the Games-Howell test results, the lower-middle socio-economic level of university students ($X=101,2$, $N=45$, $SD=26.5$) the middle-upper level ($X=86,1$, $N=157$, $SD=21.2$) significantly higher and different. Lower-Middle socio-economic level of university students ($X=101,2$, $N=45$, $SD=26,5$) according to middle socioeconomic level ($X=87,0$, $N=212$, $SD=20,3$) is significantly higher and different. ($p<.05$). The differences between the other groups were not significant. ($p>.05$). In addition, the eta square (η^2) value was checked to determine the effect size. Eta squared (η^2) value was interpreted as small (.01), medium (.06), and large (.14) effect sizes. (Green & Salkind, 2008).

According to the obtained eta square values, the effect of the socio-economic level variable on the emotional dysregulation score averages ($\eta^2 = .04$) was found to be small.

4.4.2 ANOVA Findings Related to Birth Order of Participants

ANOVA was conducted to test whether the participants' emotional regulation difficulties levels differed according to their birth order. The related sub-question in this section is “Do the levels of emotion regulation difficulties of university students differ according to birth order?”

Table 17. Descriptive Findings Related to Birth Order of Participants

| Sub Scales | Groups | N | \bar{x} | SD | Min | Max |
|----------------|--------------|-----|-----------|-------|-------|--------|
| DERS | Single Child | 66 | 90,80 | 24,10 | 55,00 | 150,00 |
| | First Child | 159 | 87,28 | 22,48 | 43,00 | 150,00 |
| | Middle Child | 78 | 87,25 | 22,42 | 45,00 | 133,00 |
| | Last Child | 140 | 89,92 | 20,69 | 47,00 | 147,00 |
| Clarity | Single Child | 66 | 13,89 | 2,63 | 10,00 | 20,00 |
| | First Child | 159 | 13,76 | 2,71 | 8,00 | 21,00 |
| | Middle Child | 78 | 14,00 | 2,68 | 9,00 | 22,00 |
| | Last Child | 140 | 14,34 | 2,64 | 9,00 | 20,00 |
| Awareness | Single Child | 66 | 12,78 | 3,78 | 5,00 | 21,00 |
| | First Child | 159 | 12,77 | 4,15 | 5,00 | 23,00 |
| | Middle Child | 78 | 12,78 | 3,97 | 5,00 | 25,00 |
| | Last Child | 140 | 12,59 | 3,89 | 5,00 | 24,00 |
| Impulse | Single Child | 66 | 14,50 | 5,54 | 7,00 | 28,00 |
| | First Child | 159 | 13,62 | 5,37 | 6,00 | 30,00 |
| | Middle Child | 78 | 14,07 | 5,81 | 6,00 | 29,00 |
| | Last Child | 140 | 13,60 | 4,99 | 6,00 | 29,00 |
| Non-Acceptance | Single Child | 66 | 13,62 | 5,76 | 6,00 | 29,00 |
| | First Child | 159 | 11,35 | 4,67 | 6,00 | 24,00 |
| | Middle Child | 78 | 11,69 | 4,91 | 6,00 | 30,00 |
| | Last Child | 140 | 13,03 | 5,71 | 6,00 | 30,00 |

| | | | | | | |
|------------|--------------|-----|-------|------|------|-------|
| Goals | Single Child | 66 | 16,40 | 4,47 | 8,00 | 25,00 |
| | First Child | 159 | 16,21 | 4,62 | 5,00 | 25,00 |
| | Middle Child | 78 | 15,66 | 4,29 | 5,00 | 25,00 |
| | Last Child | 140 | 16,44 | 4,59 | 5,00 | 25,00 |
| Strategies | Single Child | 66 | 19,59 | 8,00 | 8,00 | 40,00 |
| | First Child | 159 | 19,55 | 7,54 | 8,00 | 40,00 |
| | Middle Child | 78 | 19,03 | 7,06 | 8,00 | 36,00 |
| | Last Child | 140 | 19,90 | 6,86 | 8,00 | 40,00 |

Table 18. ANOVA Findings Related to Birth Order of Participants

| Sub Scales | | Sum of Squares | df | Mean Square | F | Sig. | η^2 |
|----------------|----------------|----------------|-----|-------------|-------|-------------|----------|
| DERS | Between Groups | 978,07 | 3 | 326,02 | ,663 | ,575 | 0,02 |
| | Within Groups | 215902,13 | 439 | 491,804 | | | |
| | Total | 216880,21 | 442 | | | | |
| | | | | | | | |
| Clarity | Between Groups | 25,77 | 3 | 8,591 | 1,200 | ,310 | 0,00 |
| | Within Groups | 3144,19 | 439 | 7,162 | | | |
| | Total | 3169,96 | 442 | | | | |
| | | | | | | | |
| Awareness | Between Groups | 3,32 | 3 | 1,108 | ,070 | ,976 | 0,00 |
| | Within Groups | 6993,96 | 439 | 15,932 | | | |
| | Total | 6997,29 | 442 | | | | |
| | | | | | | | |
| Impulse | Between Groups | 48,17 | 3 | 16,057 | ,558 | ,643 | 0,00 |
| | Within Groups | 12640,79 | 439 | 28,795 | | | |
| | Total | 12688,96 | 442 | | | | |
| | | | | | | | |
| Non-Acceptance | Between Groups | 360,62 | 3 | 120,210 | 4,391 | ,005 | 0,02 |
| | Within Groups | 12019,53 | 439 | 27,379 | | | |
| | Total | 12380,16 | 442 | | | | |
| | | | | | | | |
| Goals | Between Groups | 33,20 | 3 | 11,067 | ,538 | ,657 | 0,00 |
| | Within Groups | 9034,56 | 439 | 20,580 | | | |
| | Total | 9067,76 | 442 | | | | |
| | | | | | | | |

| | | | | | | | |
|------------|----------------|----------|-----|--------|------|------|------|
| | Between Groups | 37,32 | 3 | 12,443 | ,232 | ,874 | 0,00 |
| Strategies | Within Groups | 23534,73 | 439 | 53,610 | | | |
| | Total | 23572,06 | 442 | | | | |

As shown in Table 18, the ANOVA findings reveal that the levels of difficulty in emotion regulation of the participants did not differ significantly according to their birth order ($F=0,663$, $p>.05$). However, when we look at the sub-dimensions of difficulty in emotion regulation scale (Non-Acceptance $F=4.391$, $p<.05$) show a significant difference according to birth order. According to the Levene homogeneity test of variance ($p=0.132$, $p>0.05$), the distribution of variances is homogeneous. The importance of using the Hochberg-s test was emphasized when the variance distribution is homogeneous and sample sizes are different (Field, 2009). According to the results of the Hochberg-s test, the last child ($X=13.03$, $N=140$, $SD=5.71$) according to the university students non-acceptance sub-dimension score, compared to the first child ($X=11.35$, $N=159$, $SD=4.67$) were found to be significantly different and higher. In addition, it was found that the birth order levels of the only child ($X=13.62$, $N=66$, $SD=5.76$) according to non-acceptance sub-dimension score were significantly different from the first child ($X=11.35$, $N=159$, $SD=4.67$). The differences between the other groups were not significant. ($p>.05$). In addition, according to the obtained eta square values, the birth order variable had a small effect on the non-acceptance ($\eta^2 =.02$) score averages, which are the subscales of emotional regulation difficulties.

4.4.3 ANOVA Findings Related to Mother Education Level of Participants

ANOVA was conducted to test whether the participants' emotional regulation difficulties levels differed according to their mother's education level. The relevant sub-question in this section is “Do the levels of emotion regulation difficulties of university students differ according to the education level of the mother?”.

Table 19. Descriptive Findings Related to Mother Education Level of Participants

| | Sub Scales | Groups | N | \bar{x} | SD | Min | Max |
|------|------------|----------------|-----|-----------|-------|-------|--------|
| DERS | | Illiterate | 9 | 74,33 | 19,83 | 57,00 | 111,00 |
| | | Primary School | 123 | 87,86 | 22,57 | 47,00 | 150,00 |
| | | Middle School | 58 | 88,75 | 22,08 | 54,00 | 147,00 |
| | | High School | 125 | 89,08 | 20,21 | 43,00 | 133,00 |
| | | University | 113 | 90,93 | 22,83 | 51,00 | 150,00 |
| | | Postgraduate | 15 | 84,46 | 28,96 | 53,00 | 147,00 |

| | | | | | | |
|----------------|----------------|-----|-------|------|-------|-------|
| Clarity | Illiterate | 9 | 13,00 | 2,34 | 9,00 | 17,00 |
| | Primary School | 123 | 14,26 | 2,79 | 9,00 | 22,00 |
| | Middle School | 58 | 13,63 | 2,57 | 10,00 | 20,00 |
| | High School | 125 | 14,00 | 2,80 | 8,00 | 20,00 |
| | University | 113 | 14,09 | 2,51 | 9,00 | 20,00 |
| | Postgraduate | 15 | 13,40 | 2,38 | 11,00 | 19,00 |
| Awareness | Illiterate | 9 | 11,44 | 3,39 | 6,00 | 15,00 |
| | Primary School | 123 | 12,42 | 3,89 | 5,00 | 22,00 |
| | Middle School | 58 | 12,31 | 3,34 | 5,00 | 20,00 |
| | High School | 125 | 12,86 | 3,90 | 5,00 | 25,00 |
| | University | 113 | 13,16 | 4,36 | 5,00 | 24,00 |
| | Postgraduate | 15 | 12,86 | 4,82 | 7,00 | 22,00 |
| Impulse | Illiterate | 9 | 11,22 | 3,40 | 6,00 | 21,00 |
| | Primary School | 123 | 13,56 | 4,32 | 6,00 | 29,00 |
| | Middle School | 58 | 14,31 | 3,66 | 6,00 | 30,00 |
| | High School | 125 | 13,80 | 4,29 | 6,00 | 29,00 |
| | University | 113 | 14,31 | 5,80 | 6,00 | 29,00 |
| | Postgraduate | 15 | 12,26 | 6,41 | 6,00 | 27,00 |
| Non-Acceptance | Illiterate | 9 | 9,55 | 4,30 | 6,00 | 19,00 |
| | Primary School | 123 | 12,08 | 4,80 | 6,00 | 26,00 |
| | Middle School | 58 | 12,25 | 5,08 | 6,00 | 25,00 |
| | High School | 125 | 12,03 | 4,71 | 6,00 | 28,00 |
| | University | 113 | 12,67 | 5,99 | 6,00 | 30,00 |
| | Postgraduate | 15 | 14,80 | 8,31 | 6,00 | 30,00 |
| Goals | Illiterate | 9 | 13,77 | 3,41 | 9,00 | 19,00 |
| | Primary School | 123 | 16,13 | 4,47 | 5,00 | 25,00 |
| | Middle School | 58 | 16,75 | 4,37 | 8,00 | 25,00 |
| | High School | 125 | 16,40 | 4,34 | 5,00 | 25,00 |
| | University | 113 | 16,28 | 4,84 | 5,00 | 25,00 |
| | Postgraduate | 15 | 14,20 | 4,82 | 7,00 | 24,00 |
| Strategies | Illiterate | 9 | 15,33 | 5,54 | 9,00 | 26,00 |
| | Primary School | 123 | 19,22 | 7,43 | 9,00 | 40,00 |
| | Middle School | 58 | 19,46 | 7,27 | 8,00 | 40,00 |
| | High School | 125 | 19,97 | 7,02 | 8,00 | 38,00 |
| | University | 113 | 20,39 | 7,45 | 9,00 | 40,00 |
| | Postgraduate | 15 | 15,93 | 7,30 | 8,00 | 31,00 |

Table 20. ANOVA Findings Related to Mother Education Level of Participants

| Sub Scales | | Sum of Squares | df | Mean Square | F | Sig. |
|----------------|----------------|----------------|-----|-------------|-------|------|
| DERS | Between Groups | 2974,22 | 5 | 594,84 | 1,215 | ,301 |
| | Within Groups | 213905,99 | 437 | 489,48 | | |
| | Total | 216880,21 | 442 | | | |
| Clarity | Between Groups | 31,36 | 5 | 6,273 | ,873 | ,499 |
| | Within Groups | 3138,60 | 437 | 7,182 | | |
| | Total | 3169,96 | 442 | | | |
| Awareness | Between Groups | 60,05 | 5 | 12,010 | ,757 | ,582 |
| | Within Groups | 6937,24 | 437 | 15,875 | | |
| | Total | 6997,29 | 442 | | | |
| Impulse | Between Groups | 147,23 | 5 | 29,447 | 1,026 | ,402 |
| | Within Groups | 12541,72 | 437 | 28,700 | | |
| | Total | 12688,96 | 442 | | | |
| Non-Acceptance | Between Groups | 191,64 | 5 | 38,329 | 1,374 | ,233 |
| | Within Groups | 12188,51 | 437 | 27,891 | | |
| | Total | 12380,16 | 442 | | | |
| Goals | Between Groups | 137,40 | 5 | 27,481 | 1,345 | ,244 |
| | Within Groups | 8930,35 | 437 | 20,436 | | |
| | Total | 9067,76 | 442 | | | |
| Strategies | Between Groups | 473,06 | 5 | 94,613 | 1,790 | ,114 |
| | Within Groups | 23098,99 | 437 | 52,858 | | |
| | Total | 23572,06 | 442 | | | |

As shown in Table 20, the ANOVA findings reveal that the levels of difficulty in emotion regulation of the participants did not differ significantly according to their mother's educational level ($F=1,215$, $p>.05$). The sub-dimensions of the difficulty in emotion regulation scale do not show a significant difference according to the maternal education level of the participants. ($p>.05$). Emotion Regulation difficulty total in the average of the mothers with a university degree is significantly higher than the average of mothers with a master's degree and illiterate.

4.4.4 ANOVA Findings Related to Father Education Level of Participants

ANOVA was conducted to test whether the participants' levels of difficulty in emotion regulation differ according to their father's education level. The relevant sub-question in this section is “Do the levels of emotion regulation difficulties of university students differ according to the education level of the fathers?”

Table 21. Descriptive Findings Related to Father Education Level of Participants

| Sub Scales | Groups | N | \bar{x} | SD | Min | Max |
|----------------|----------------|-----|-----------|-------|-------|--------|
| DERS | Illiterate | 2 | 98,50 | 21,92 | 83,00 | 114,00 |
| | Primary School | 74 | 88,36 | 23,09 | 45,00 | 150,00 |
| | Middle School | 80 | 85,87 | 21,93 | 51,00 | 132,00 |
| | High School | 132 | 88,96 | 21,68 | 43,00 | 150,00 |
| | University | 129 | 88,60 | 21,77 | 57,00 | 147,00 |
| | Postgraduate | 26 | 95,65 | 24,51 | 53,00 | 137,00 |
| Clarity | Illiterate | 2 | 18,00 | 1,41 | 17,00 | 19,00 |
| | Primary School | 74 | 14,22 | 2,81 | 9,00 | 21,00 |
| | Middle School | 80 | 14,01 | 2,73 | 9,00 | 22,00 |
| | High School | 132 | 13,77 | 2,67 | 8,00 | 20,00 |
| | University | 129 | 14,04 | 2,59 | 9,00 | 20,00 |
| | Postgraduate | 26 | 14,07 | 2,54 | 11,00 | 19,00 |
| Awareness | Illiterate | 2 | 15,50 | 3,53 | 13,00 | 18,00 |
| | Primary School | 74 | 13,12 | 3,95 | 5,00 | 22,00 |
| | Middle School | 80 | 11,95 | 3,37 | 5,00 | 20,00 |
| | High School | 132 | 12,94 | 4,04 | 5,00 | 25,00 |
| | University | 129 | 12,51 | 4,23 | 5,00 | 23,00 |
| | Postgraduate | 26 | 13,57 | 4,00 | 8,00 | 22,00 |
| Impulse | Illiterate | 2 | 16,50 | 3,53 | 14,00 | 19,00 |
| | Primary School | 74 | 13,87 | 5,44 | 7,00 | 29,00 |
| | Middle School | 80 | 13,28 | 5,76 | 6,00 | 30,00 |
| | High School | 132 | 13,79 | 5,22 | 6,00 | 29,00 |
| | University | 129 | 13,89 | 5,13 | 6,00 | 29,00 |
| | Postgraduate | 26 | 13,89 | 5,86 | 6,00 | 25,00 |
| Non-Acceptance | Illiterate | 2 | 12,00 | 5,65 | 8,00 | 16,00 |
| | Primary School | 74 | 12,18 | 4,82 | 6,00 | 26,00 |
| | Middle School | 80 | 11,82 | 5,04 | 6,00 | 30,00 |
| | High School | 132 | 12,17 | 5,41 | 6,00 | 30,00 |
| | University | 129 | 12,16 | 5,26 | 6,00 | 28,00 |
| | Postgraduate | 26 | 15,15 | 6,38 | 6,00 | 27,00 |
| Goals | Illiterate | 2 | 14,00 | 5,65 | 10,00 | 18,00 |
| | Primary School | 74 | 15,81 | 4,43 | 5,00 | 25,00 |
| | Middle School | 80 | 15,90 | 4,29 | 8,00 | 25,00 |

| | | | | | | |
|------------|----------------|-----|-------|------|-------|-------|
| | High School | 132 | 16,48 | 4,86 | 5,00 | 25,00 |
| | University | 129 | 16,28 | 4,41 | 5,00 | 25,00 |
| | Postgraduate | 26 | 16,84 | 4,45 | 7,00 | 25,00 |
| Strategies | Illiterate | 2 | 22,50 | 2,12 | 21,00 | 24,00 |
| | Primary School | 74 | 19,13 | 7,70 | 8,00 | 40,00 |
| | Middle School | 80 | 18,90 | 7,22 | 8,00 | 37,00 |
| | High School | 132 | 19,79 | 7,24 | 8,00 | 40,00 |
| | University | 129 | 19,68 | 7,22 | 9,00 | 40,00 |
| | Postgraduate | 26 | 21,03 | 7,51 | 9,00 | 34,00 |

Table 22. ANOVA Findings Related to Father Education Level of Participants

| Sub Scales | | Sum of Squares | df | Mean Square | F | Sig. |
|----------------|----------------|----------------|-----|-------------|-------|------|
| DERS | Between Groups | 2974,22 | 5 | 594,84 | 1,215 | ,301 |
| | Within Groups | 213905,99 | 437 | 489,48 | | |
| | Total | 216880,21 | 442 | | | |
| Clarity | Between Groups | 43,13 | 5 | 8,627 | 1,206 | ,305 |
| | Within Groups | 3126,83 | 437 | 7,155 | | |
| | Total | 3169,96 | 442 | | | |
| Awareness | Between Groups | 105,99 | 5 | 21,182 | 1,343 | ,245 |
| | Within Groups | 6891,38 | 437 | 15,770 | | |
| | Total | 6997,29 | 442 | | | |
| Impulse | Between Groups | 72,04 | 5 | 14,408 | ,499 | ,777 |
| | Within Groups | 12616,92 | 437 | 28,872 | | |
| | Total | 12688,96 | 442 | | | |
| Non-Acceptance | Between Groups | 235,30 | 5 | 47,061 | 1,693 | ,135 |
| | Within Groups | 12144,86 | 437 | 27,791 | | |
| | Total | 12380,16 | 442 | | | |
| Goals | Between Groups | 50,46 | 5 | 10,093 | ,489 | ,784 |
| | Within Groups | 9017,29 | 437 | 20,635 | | |
| | Total | 9067,76 | 442 | | | |
| Strategies | Between Groups | 131,67 | 5 | 26,336 | ,491 | ,783 |
| | Within Groups | 23440,38 | 437 | 53,639 | | |
| | Total | 23572,06 | 442 | | | |

As shown in Table 22, the ANOVA findings reveal that the levels of difficulty in emotion regulation of the participants did not differ significantly according to their father's education level ($F=,1,215, p>.05$). The sub-dimensions of the difficulty in emotion regulation scale do not show a significant difference according to the father's education level of the participants. ($p>.05$). In the average of illiterate fathers, the sum of difficulty in Emotion Regulation is significantly higher than the average of primary school graduate and secondary school graduate fathers.

4.4.5 ANOVA Findings Related to Mother Attitude of Participants

ANOVA was conducted to test whether the participants' emotional regulation difficulties levels differed according to their mothers' attitudes. The related sub-question in this section is “Do the levels of emotion regulation difficulties of university students differ according to their mother's attitudes?”.

Table 23. Descriptive Findings Related to Mother Attitude Level of Participants

| Sub Scales | | N | \bar{x} | SD | Min | Max |
|------------|--------------------------|-----|-----------|-------|-------|--------|
| DERS | Overly Protective | 116 | 88,51 | 19,84 | 51,00 | 150,00 |
| | Overly Permissive | 32 | 88,78 | 21,12 | 43,00 | 133,00 |
| | Perfectionist | 54 | 92,11 | 25,67 | 49,00 | 150,00 |
| | Authoritarian/Repressive | 70 | 92,72 | 22,52 | 55,00 | 147,00 |
| | Democratic | 161 | 85,55 | 22,18 | 45,00 | 146,00 |
| | Irrelevant | 10 | 91,90 | 25,02 | 47,00 | 130,00 |
| Clarity | Overly Protective | 116 | 14,10 | 2,68 | 8,00 | 21,00 |
| | Overly Permissive | 32 | 14,06 | 2,75 | 9,00 | 19,00 |
| | Perfectionist | 54 | 13,79 | 2,53 | 9,00 | 20,00 |
| | Authoritarian/Repressive | 70 | 14,57 | 3,19 | 9,00 | 22,00 |
| | Democratic | 161 | 13,74 | 2,34 | 9,00 | 20,00 |
| | Irrelevant | 10 | 14,20 | 3,93 | 9,00 | 20,00 |
| Awareness | Overly Protective | 116 | 13,01 | 4,20 | 5,00 | 23,00 |
| | Overly Permissive | 32 | 12,62 | 3,47 | 5,00 | 19,00 |
| | Perfectionist | 54 | 13,72 | 4,32 | 5,00 | 24,00 |
| | Authoritarian/Repressive | 70 | 13,01 | 3,96 | 5,00 | 21,00 |
| | Democratic | 161 | 12,10 | 3,57 | 5,00 | 25,00 |
| | Irrelevant | 10 | 12,00 | 6,09 | 5,00 | 22,00 |
| Impulse | Overly Protective | 116 | 13,89 | 5,11 | 6,00 | 29,00 |
| | Overly Permissive | 32 | 13,96 | 5,33 | 6,00 | 26,00 |
| | Perfectionist | 54 | 14,37 | 5,96 | 6,00 | 29,00 |
| | Authoritarian/Repressive | 70 | 14,58 | 5,48 | 7,00 | 30,00 |
| | Democratic | 161 | 13,18 | 5,29 | 6,00 | 29,00 |
| | Irrelevant | 10 | 14,80 | 4,84 | 6,00 | 21,00 |

| | | | | | | |
|----------------|--------------------------|-----|-------|------|-------|-------|
| Non-Acceptance | Overly Protective | 116 | 12,31 | 4,60 | 6,00 | 30,00 |
| | Overly Permissive | 32 | 12,28 | 5,53 | 6,00 | 30,00 |
| | Perfectionist | 54 | 13,09 | 5,85 | 6,00 | 29,00 |
| | Authoritarian/Repressive | 70 | 13,00 | 5,90 | 6,00 | 28,00 |
| | Democratic | 161 | 11,61 | 5,12 | 6,00 | 28,00 |
| | Irrelevant | 10 | 13,40 | 6,73 | 6,00 | 24,00 |
| Goals | Overly Protective | 116 | 16,11 | 4,48 | 6,00 | 25,00 |
| | Overly Permissive | 32 | 16,28 | 4,83 | 5,00 | 24,00 |
| | Perfectionist | 54 | 16,50 | 5,22 | 5,00 | 25,00 |
| | Authoritarian/Repressive | 70 | 16,42 | 4,44 | 5,00 | 25,00 |
| | Democratic | 161 | 16,09 | 4,34 | 6,00 | 25,00 |
| | Irrelevant | 10 | 16,30 | 4,59 | 9,00 | 23,00 |
| Strategies | Overly Protective | 116 | 19,07 | 7,12 | 8,00 | 40,00 |
| | Overly Permissive | 32 | 19,56 | 7,26 | 8,00 | 38,00 |
| | Perfectionist | 54 | 20,62 | 8,25 | 9,00 | 40,00 |
| | Authoritarian/Repressive | 70 | 21,12 | 7,29 | 9,00 | 40,00 |
| | Democratic | 161 | 18,81 | 7,07 | 8,00 | 37,00 |
| | Irrelevant | 10 | 21,20 | 6,87 | 11,00 | 29,00 |

Table 24. ANOVA Findings Related to Mother Attitude of Participants

| Sub Scales | | Sum of Squares | df | Mean Square | F | Sig. |
|----------------|----------------|----------------|-----|-------------|-------|------|
| DERS | Between Groups | 3463,90 | 5 | 692,78 | 1,419 | ,216 |
| | Within Groups | 213416,31 | 437 | 488,36 | | |
| | Total | 216880,21 | 442 | | | |
| Clarity | Between Groups | 37,26 | 5 | 7,454 | 1,743 | ,124 |
| | Within Groups | 3132,69 | 437 | 7,169 | | |
| | Total | 3169,96 | 442 | | | |
| Awareness | Between Groups | 136,80 | 5 | 27,360 | 1,329 | ,251 |
| | Within Groups | 6860,49 | 437 | 15,699 | | |
| | Total | 6997,29 | 442 | | | |
| Impulse | Between Groups | 134,28 | 5 | 26,856 | ,935 | ,458 |
| | Within Groups | 12554,68 | 437 | 28,729 | | |
| | Total | 12688,96 | 442 | | | |
| Non-Acceptance | Between Groups | 155,80 | 5 | 31,161 | 1,114 | ,352 |

| | | | | | | |
|------------|----------------|----------|-----|--------|-------|------|
| | Within Groups | 12224,35 | 437 | 27,973 | | |
| | Total | 12380,16 | 442 | | | |
| Goals | Between Groups | 11,40 | 5 | 2,281 | ,110 | ,990 |
| | Within Groups | 9056,35 | 437 | 20,724 | | |
| | Total | 9067,76 | 442 | | | |
| Strategies | Between Groups | 377,44 | 5 | 75,488 | 1,422 | ,215 |
| | Within Groups | 23194,62 | 437 | 53,077 | | |
| | Total | 23572,06 | 442 | | | |

As shown in Table 24, the ANOVA findings reveal that the levels of difficulty in emotion regulation of the participants did not differ significantly according to their maternal attitudes ($F=1.419, p>.05$). The sub-dimensions of the difficulty in emotion regulation scale do not show a significant difference according to the mothers' attitudes of the participants. ($p>.05$).

4.4.6 ANOVA Findings Related to Father Attitude of Participants

ANOVA was conducted to test whether the levels of difficulty in emotion regulation differed according to the paternal attitudes of the participants. The relevant sub-question in this section is “Do the levels of emotion regulation difficulties of university students differ according to their father's attitudes?”

Table 25. Descriptive Findings Related to Father Attitude Level of Participants

| Sub Scales | | N | \bar{x} | SD | Min | Max |
|------------|--------------------------|-----|-----------|-------|-------|--------|
| DERS | Overly Protective | 72 | 85,23 | 20,66 | 55,00 | 146,00 |
| | Overly Permissive | 40 | 81,97 | 19,02 | 43,00 | 121,00 |
| | Perfectionist | 39 | 94,61 | 22,28 | 49,00 | 150,00 |
| | Authoritarian/Repressive | 94 | 95,81 | 20,97 | 57,00 | 150,00 |
| | Democratic | 140 | 82,30 | 20,69 | 45,00 | 144,00 |
| | Irrelevant | 58 | 97,08 | 24,60 | 47,00 | 147,00 |
| Clarity | Overly Protective | 72 | 13,69 | 2,53 | 9,00 | 20,00 |
| | Overly Permissive | 40 | 13,30 | 2,76 | 9,00 | 20,00 |
| | Perfectionist | 39 | 13,97 | 2,44 | 10,00 | 19,00 |
| | Authoritarian/Repressive | 94 | 14,74 | 2,69 | 8,00 | 21,00 |
| | Democratic | 140 | 13,45 | 2,29 | 9,00 | 20,00 |
| | Irrelevant | 58 | 15,06 | 3,21 | 9,00 | 22,00 |

| | | | | | | |
|----------------|--------------------------|-----|-------|------|------|-------|
| Awareness | Overly Protective | 72 | 12,29 | 3,17 | 6,00 | 20,00 |
| | Overly Permissive | 40 | 12,70 | 4,23 | 5,00 | 24,00 |
| | Perfectionist | 39 | 13,20 | 4,88 | 5,00 | 23,00 |
| | Authoritarian/Repressive | 94 | 14,00 | 3,93 | 5,00 | 21,00 |
| | Democratic | 140 | 11,85 | 3,54 | 5,00 | 25,00 |
| | Irrelevant | 58 | 12,94 | 4,59 | 5,00 | 22,00 |
| Impulse | Overly Protective | 72 | 13,33 | 5,08 | 7,00 | 29,00 |
| | Overly Permissive | 40 | 12,10 | 4,55 | 6,00 | 22,00 |
| | Perfectionist | 39 | 14,02 | 5,74 | 6,00 | 28,00 |
| | Authoritarian/Repressive | 94 | 15,14 | 5,41 | 6,00 | 29,00 |
| | Democratic | 140 | 13,01 | 5,40 | 6,00 | 30,00 |
| | Irrelevant | 58 | 15,32 | 5,07 | 6,00 | 25,00 |
| Non-Acceptance | Overly Protective | 72 | 11,79 | 4,98 | 6,00 | 28,00 |
| | Overly Permissive | 40 | 11,75 | 4,79 | 6,00 | 23,00 |
| | Perfectionist | 39 | 13,51 | 5,84 | 6,00 | 29,00 |
| | Authoritarian/Repressive | 94 | 13,26 | 5,65 | 6,00 | 30,00 |
| | Democratic | 140 | 10,95 | 4,53 | 6,00 | 27,00 |
| | Irrelevant | 58 | 14,06 | 5,89 | 6,00 | 30,00 |
| Goals | Overly Protective | 72 | 15,93 | 4,27 | 5,00 | 25,00 |
| | Overly Permissive | 40 | 14,17 | 4,13 | 5,00 | 21,00 |
| | Perfectionist | 39 | 18,15 | 4,30 | 5,00 | 25,00 |
| | Authoritarian/Repressive | 94 | 17,13 | 4,16 | 7,00 | 25,00 |
| | Democratic | 140 | 15,39 | 4,61 | 6,00 | 25,00 |
| | Irrelevant | 58 | 17,18 | 4,74 | 9,00 | 25,00 |
| Strategies | Overly Protective | 72 | 18,19 | 6,79 | 9,00 | 36,00 |
| | Overly Permissive | 40 | 17,95 | 5,86 | 8,00 | 31,00 |
| | Perfectionist | 39 | 21,74 | 7,89 | 9,00 | 40,00 |
| | Authoritarian/Repressive | 94 | 21,52 | 7,35 | 8,00 | 40,00 |
| | Democratic | 140 | 17,64 | 6,83 | 8,00 | 37,00 |
| | Irrelevant | 58 | 22,48 | 7,55 | 9,00 | 40,00 |

Table 26. ANOVA Findings Related to Father Attitude of Participants

| Sub Scales | | Sum of Squares | df | Mean Square | F | Sig. | η^2 |
|------------|----------------|----------------|-----|-------------|-------|-------------|----------|
| DERS | Between Groups | 18600,73 | 5 | 3720,14 | 8,199 | ,000 | 0,08 |
| | Within Groups | 198279,47 | 437 | 453,72 | | | |
| | Total | 216880,21 | 442 | | | | |
| Clarity | Between Groups | 187,06 | 5 | 37,413 | 5,481 | ,000 | 0,05 |
| | Within Groups | 2982,89 | 437 | 6,826 | | | |
| | Total | | | | | | |

| | | | | | | | |
|----------------|----------------|----------|-----|---------|-------|-------------|------|
| | Total | 3169,96 | 442 | | | | |
| Awareness | Between Groups | 283,67 | 5 | 56,734 | 3,693 | ,003 | 0,04 |
| | Within Groups | 6713,62 | 437 | 15,363 | | | |
| | Total | 6997,29 | 442 | | | | |
| Impulse | Between Groups | 525,72 | 5 | 105,145 | 3,778 | ,002 | 0,04 |
| | Within Groups | 12163,23 | 437 | 27,833 | | | |
| | Total | 12688,96 | 442 | | | | |
| Non-Acceptance | Between Groups | 612,31 | 5 | 122,464 | 4,548 | ,000 | 0,04 |
| | Within Groups | 11767,84 | 437 | 26,929 | | | |
| | Total | 12380,16 | 442 | | | | |
| Goals | Between Groups | 548,74 | 5 | 109,749 | 5,630 | ,000 | 0,06 |
| | Within Groups | 8519,01 | 437 | 19,494 | | | |
| | Total | 9067,76 | 442 | | | | |
| Strategies | Between Groups | 1795,36 | 5 | 359,073 | 7,206 | ,000 | 0,07 |
| | Within Groups | 21776,69 | 437 | 49,832 | | | |
| | Total | 23572,06 | 442 | | | | |

As shown in Table 26, the ANOVA findings reveal that the participants' father attitudes and emotion regulation difficulties show a significant difference ($F=8,199$, $p<.05$). The sub-dimensions of the emotional dysregulation scale show a significant difference according to the paternal attitudes of the participants. According to the Levene homogeneity test of variance ($p=0.45$, $p>0.05$), the distribution of variances is homogeneous. There is a significant difference between father's attitudes and the total scores of difficulty in emotion regulation. The analysis of the data was done with the Post-Hoc Hochberg-s test to determine between which paternal attitude levels the significant difference was obtained. There are many different Post Hoc tests, but it has been emphasized that it is useful to use the Hochberg GT2 when the sample sizes are very different (Field, 2009). According to the results of the Hochberg-s test, the perceived disinterested father attitude ($X=97.08$, $N=58$, $SD=24.6$) of the total scores of difficulty in emotion regulation is significantly higher than the one with the democratic father attitude ($X=82.30$, $N=140$, $SD=20.6$).

It was determined that the total scores of emotion regulation difficulties were significantly different from those who had the perception of authoritarian/oppressive father attitude ($X=95.81$, $N=94$, $SD=20.9$) compared to those who had the perception of overly permissive father ($X=81.97$, $N=40$, $SD=19.0$). However, no significant difference was found between other perceived father attitudes. In addition, according to the obtained eta square values, the effect of the father attitude variable on the total mean score of emotional dysregulation ($\eta^2 = .08$) was found to be moderate.

4.5 Regression Findings Related to Variables

Table 27. Multiple Regression Analysis Results on the Predictions of Self-Compassion and Childhood Trauma Levels of University Students on Emotion Regulation Difficulty

| Variable | B | SE | β | t | p | VIF |
|----------|--------|------|---------|--------|------|-------|
| DERS | 140,25 | 5,18 | - | 27,07 | ,000 | - |
| CTQ | 0,226 | 0,51 | ,145 | 4,409 | ,000 | 1,198 |
| SCS | -,787 | 0,37 | -,704 | -21,36 | ,000 | 1,198 |

$N=443, R = ,775; R^2 = ,601, F=330,88, p<.05$ Durbin-Watson= 2,022

Assumptions were checked before starting the Multiple Regression analysis. Looking at the maximum value in Cook's Distance, the value is 0.87 and there is no extreme value in the study since it is less than 1. First of all, it was determined that VIF values were (<10) and that this situation did not have a multiple regression linkage problem (Pallant, 2011). The Durbin-Watson coefficient was used to examine the independence of errors between variables. The coefficient score obtained as a result of the analysis was found (2,022). According to Tabachnick & Fidell (2013), Durbin-Watson coefficient should be between 1.5 and 2.5 in order to be able to evaluate errors independently. Therefore, Durbin-Watson value (2,022) indicates that there is no associated error value (See Table 27). Since the level of significance was $p<.05$ according to the results of the analysis, the regression model established is significant. According to the results of multiple regression analysis for the prediction of the relationship; Childhood Traumas ($B= 0.226, P=.00$) significantly and positively predicted the level of difficulty in emotion regulation of university students. On the other hand, Self-Compassion levels ($B= -.787, P=.00$) predicted university students' Emotion Regulation Difficulty levels significantly and negatively. These values show that the difficulty in emotion regulation variable (variance) explained 60,1% ($R=.775; R^2=.601, p<.05$).

Table 28. Multiple Regression Analysis Results Regarding the Prediction of Sub-Dimensions of the Childhood Traumas Scale in Emotion Regulation Difficulty

| <i>Variable</i> | B | SE | β | <i>t</i> | <i>p</i> |
|----------------------------|----------|-----------|---------------------------|-----------------|-----------------|
| Emotional Abuse | ,732 | ,444 | ,111 | 1,648 | ,100 |
| Physical Abuse | 1,463 | 2,446 | ,033 | ,598 | ,550 |
| Sexual Abuse | ,044 | 1,726 | ,001 | ,025 | ,980 |
| Emotional Neglect | 7,363 | 1,464 | ,321 | 5,029 | ,000 |
| Physical Neglect | -,894 | 2,023 | -,025 | -,442 | ,659 |
| Overprotection-Overcontrol | 2,315 | 1,260 | ,103 | 1,838 | ,067 |

N=443, R= ,479; R² = ,230, F=21,687, p<.05

According to the results of multiple regression analysis, childhood traumas were found to explain 23% of the variance in Emotion Regulation Difficulty (R= .479; R² = .230, F=21,687, p<.05). It was found that the emotional neglect subscale (β = .32, p < .05) predicted difficulty in emotion regulation significantly positively.

Table 29. Multiple Regression Analysis Results on the Prediction of the Sub-Dimensions of the Self-Compassion Scale in Emotion Regulation Difficulty

| <i>Variable</i> | B | SE | β | <i>t</i> | <i>p</i> |
|-----------------|----------|-----------|---------------------------|-----------------|-----------------|
| Self-Kindness | -3,355 | 1,468 | -,140 | -2,285 | ,023 |
| Self-Judgment | -2,510 | 1,259 | -,111 | -1,994 | ,047 |
| Common Humanity | ,171 | 1,128 | ,007 | ,151 | ,880 |
| Isolation | -6,802 | 1,134 | -,295 | -5,998 | ,000 |
| Mindfulness | -5,462 | 1,411 | -,215 | -3,871 | ,000 |
| Over-Identified | -2,510 | 1,259 | -,111 | -1,994 | ,047 |

N=443, R= ,780; R² = ,608, F=112,60, p<.05

According to the results of multiple regression analysis, it was found that the self-compassion scale explained 60% of the variance in emotion regulation difficulties (R= .780; R² = .608, F=112.60, p<.05). Self-sensitivity (β = -.14, p < .05), self-judgment (β = -.11, p < .05), Isolation (β = -.29, p < .05) Consciousness (β = -.21, p < .05) and overidentification (β = -.11, p < .05) were found to predict emotion regulation difficulty significantly negatively.

CHAPTER V

CONCLUSION AND DISCUSSION

In this section, the results of the findings obtained from the research on the predictive power of university students' childhood traumas and self-compassion levels on emotion regulation difficulties and the discussion are presented. The findings were discussed in light of the relevant literature. In this section, the results of the findings obtained from the research on the predictive power of university students' childhood traumas and self-compassion levels on emotion regulation difficulties and the discussion are presented.

5.1. Discussion of the Findings on the Relationships between Difficulty of Emotions Regulation and Sociodemographic Variables

According to the findings related to gender, there was no significant difference between the participants' difficulty in emotion regulation and their gender, but there was a difference between the awareness score of the subscales and gender. The mean awareness of male students $\bar{x} = (13.03)$ is higher than that of female students $\bar{x} = (12.04)$. It showed that the effect of the gender variable on the mean scores of awareness, which is the sub-dimension of difficulty in emotion regulation, was small. Giromini, Ales, Campora, Zennaro, and Pignolo (2017) reported that difficulty in emotion regulation tends to decrease with increasing age, while gender has a low level of effect. Those who score high on the emotion regulation difficulty scale are considered to have emotion regulation difficulties (Rugancı & Gençöz, 2010). In other words, in this study, male participants had a higher emotional dysregulation score than female participants.

When the literature on emotion regulation difficulty and gender is examined, great importance has been attached to the link between emotion dysregulation and gender in Turkey and abroad. It was determined that the level of difficulty in emotion regulation of university students did not differ significantly according to the gender variable. According to Süsen (2017), Budak (2017), Yılmaz and Cenkseven Önder (2020), Özkapu (2020), Tüccaroğlu (2021), Ünal (2021), Saruhan and Yüksel (2021), and Çini (2022), there was no difference between the and gender regarding emotion regulation. On the other hand, studies have shown that there are significant relationships between difficulty in emotion regulation and some sub-dimension scores of the gender variable (Hoeksema & Aldao 2010; Yumuşak, 2019).

Garniefski and Kraaij examined the differences between men and women in terms of emotion regulation strategies and depressive symptoms. It has been observed that women have more difficulty in emotion regulation skills than men (Garniefski, Kraaij &, 2018). In another study, an interaction effect between age and gender was found in emotion regulation difficulty scores in a study conducted with adolescents. It has been found that girls tend to score higher than boys when they are younger and lower than boys when they are older (Sanchis, Grau, Moliner, & Murillo, 2020). Considering the difficulty in emotion regulation and gender, it is seen that our study findings and other research findings support each other. The existence of multiple studies that support and do not support the findings regarding gender suggests that this differentiation may be due to the characteristics of the sample group.

Findings related to birth order, which is the other variable, reveal that total emotion regulation difficulty levels do not differ significantly according to birth order. However, when we look at the sub-dimensions of difficulty in emotion regulation, the strategy of not accepting differs significantly according to birth order. When we look at the studies on university students, no significant difference was found in the total difficulty of emotion regulation according to the birth order variable (Saruhan, 2018; Yumuşak, 2019; Özkapu, 2020). In the other study, 156 female and 164 male high school students aged between 14 and 17 participated in a study conducted with a different sample of adolescents. There was no difference according to the difficulty of emotion regulation in the birth order variable (Erzi & Ekşi, 2021).

When we examined the studies that showed differences in the subscales of difficulty in emotion regulation according to the birth order variable, a total of 260 university students, 160 female and 100 male, participated. As a result of the analysis, there is a significant difference between the participants' emotion regulation difficulty and the sub-dimension of not accepting according to their birth order (Yumuşak, 2019). Therefore, this result is consistent with previous studies. Adler argued that birth order is an important factor in determining personality and behavior. According to Adler's theory, firstborns are more authoritarian, traditional and have leadership characteristics, middle children tend to compete with other siblings, while last children face difficulties in being independent because they are pampered and loved by family members. The lack of significant results in the current study can be explained by the fact that the majority of the participants were collected during the first and second births (Adler, 1964; Horner, Andrade, Delva, Grogan & Castillo, 2012).

According to emotion regulation difficulty, the scores of the students having a psychological disorder were found to be statistically significantly higher than the scores of not having a psychological diagnosis. Again, according to the results of the analysis, participants with psychological disorders have difficulties in the sub-dimensions of emotion regulation such as openness, impulses, not accepting emotions, using goals, and functional strategies. This situation is compatible with the literature, as research findings have been obtained that the risk of developing psychological symptoms is higher in individuals with emotion regulation difficulties (Gross & Thompson, 2007; Berking, 2008; Aldao, 2013).

Difficulty in regulating emotions brings with it emotional reactivity and some psychological disorders. When we examine the literature, there is a significant difference in the analysis results between the sub-dimensions of the emotion regulation difficulty scale and the total score averages of the participants with and without psychological disorders in the studies conducted in Turkey. When the table was examined, it was seen that the average score of the participants without psychological disorders was low (Yumuşak, 2019; Çobanoğlu, 2021; Ergin, 2022). When we look at the literature, it has been emphasized that individuals who have difficulty in regulating their emotions manifest themselves in anxiety and mood disorders, and may even be seen in post-traumatic stress disorder, substance use, generalized anxiety disorder, and mental disorders. In addition, difficulties in emotion regulation or emotional regulation have been found to be associated with various cognitive and behavioral problems such as depression, eating disorders, borderline personality disorder, and self-harming behavior. (Berking, 2008; Lavender & Anderson, 2010; Gross & Jazaieri, 2014; Joormann & Stanton, 2016).

Since one of the points addressed in the current thesis study is that university students, if they have a psychological disorder, are associated with difficulty in emotion regulation, there are studies supporting this assumption. When we examine the difficulty of emotion regulation in terms of psychiatric disease; It has been found that participants with psychiatric illness have more difficulty in emotion regulation. Again, according to the results of the analysis, participants with psychiatric disorders have difficulties in the sub-dimensions of emotion regulation such as acting purposefully, using functional strategies, and accepting emotions (Karakurt, 2022). According to the psychiatric diagnosis history variable in another study, it was found that the emotional regulation difficulties scores of the participants who stated that they had a previous psychiatric diagnosis were at a statistically significant level.

A similar result is that the total score of emotion regulation difficulties differs statistically significantly according to the psychiatric diagnosis status (Ergin, 2022). It has been observed that the total score of emotional dysregulation differs significantly according to whether the individual has a psychiatric diagnosis or not. According to the findings, the emotional dysregulation scores of those with psychiatric diagnoses are significantly higher than those without a psychiatric diagnosis (Aras, 2022).

The total score of participants' emotion regulation difficulty levels does not differ significantly according to class level, which is another socio-demographic variable compared. The sub-dimensions of the difficulty in emotion regulation scale do not show a significant difference according to the education level of the participants ($p > .05$). In a study conducted with 395 university students to evaluate this result, it was found that the total score and sub-dimensions of emotional regulation difficulties of psychological counselor candidates did not show a significant difference according to the grade level variable (Özkapu, 2020). Another study about the grade level in the literature consists of a total of 330 students, 141 female, and 179 male, randomly selected from the adolescents attending the 9th, 10th, 11th, and 12th grades.

As a result of the analyzes made on the relationship between grade level and emotion regulation sub-dimensions, it was seen that none of the averages of emotion regulation sub-dimensions showed a statistically significant difference depending on this variable (Brieskorn & Eker, 2019). The last research on the grade level variable in the literature was conducted with 442 university students. As a result of the research, it was seen that the difficulty in emotion regulation did not differ significantly according to the grade level. When the literature is examined, some studies support the results of the research (Atalay & Özyürek, 2021). This finding, which was obtained due to the scarcity of studies dealing with the class variable in the literature, may be due to the fact that the majority of the participants participating in the research were students from the Guidance and Psychological Counseling Department and Psychology students. The reason for this is thought to be due to the fact that students have more awareness about the emotion regulation difficulty, which is examined as a result of the education they receive, and changes in their thoughts and behaviors.

Another sociodemographic variable examined is socio-economic status. When we look at the findings about this variable, it is revealed that the difficulty levels of emotion regulation differ significantly according to the socio-economic status of the participants. The sub-dimensions of the difficulty in emotion regulation scale differ significantly according to the socio-economic levels of the participants. As a result of the analysis, it was determined that the emotional dysregulation scores of the participants whose economic level was lower-medium were significantly higher than the scores of the participants with middle and upper-middle-high levels. When we examine the studies in the literature that show differences in emotion regulation difficulties according to economic level, some results have been reached. When the results of the analysis were evaluated in terms of income level, it was found that the participants with low-income level had higher emotional dysregulation compared to those with middle and high income. In addition, the impulse, strategies, goals, and rejection sub-dimensions of emotion regulation also differed according to income level and were most common in low-income individuals. Based on the results of the research, it has been determined that low income is a risk factor for problems in emotion regulation. As a result of a study conducted abroad, it was concluded that the reason for the higher difficulty in emotion regulation of participants with poor economic status was related to their childhood traumas and that children with families with poor economic status had more traumatic experiences. (Cicchetti & Toth, 2005).

In this context, it is emphasized that the higher difficulty in emotion regulation in people with poor economic status may be related to exposure to more traumatic experiences in childhood (Gross, 1998). The economic situation affects the situations and events encountered in daily and social life. Studies in the literature show the effects of economic status on mood and emotion regulation. The findings emphasize that the difficulties of growing up in a home full of socioeconomic risks negatively affect the development of emotion regulation in adolescence and have an important role in the emotional context, which is a process (Herd, Casas, & Spoon, 2020). Atalay (2021) found in their research that parents with low socio-economic status behave more harshly towards their children and display controlling behaviors.

Although there was a significant difference in this context in the study, when the studies in the literature were examined, it was found that the scores of emotion regulation difficulties did not show a statistically significant difference in terms of the income level variable. In a similar study conducted with psychological counselor candidates, it was determined that there was no significant difference according to socio-economic level variables (Özkapu, 2020).

When we look at the literature, it was seen that the difficulty of emotion regulation did not differ significantly according to the socio-economic level variables in the studies according to Akhun (2012) and Saruhan (2019). Which examined the emotion regulation difficulties in terms of the variables mentioned in a study conducted on women, it was concluded that difficulty in emotion regulation was not affected by the economic situation (Zorzella, Muller, Cribbie, Bambrah, & Classen, 2020). It was thought that the reason for the difference in the obtained study may be that people with a low socio-economic level of the family have a higher rate of emotion regulation difficulties, and that family may be deprived of their basic needs and emotional competencies.

Another variable of this research is the education level of the parents. According to the total scores and sub-dimensions of emotional regulation difficulty of university students, it was observed that there was no significant difference according to the education level of the parents. When we look at the literature, there are studies on the educational status of parents in Turkey and abroad. Considering the studies supporting this finding, the study for university students was examined according to the sub-dimensions of the Difficulty in Emotion Regulation Scale and the educational status of the parents. As a result of the examination, it was determined that the scores obtained according to the educational status of the parents did not differ (Atalay & Özyürek, 2021).

In the study conducted by Akhun (2012) on university students, it was stated that difficulty in emotion regulation did not show a significant difference in terms of the mother's educational status variable. As a result of examining similar studies, it was determined that the total scores of difficulty in emotion regulation did not differ according to the educational status of the parents (Fabes, Leonard, Kupanoff, & Martin, 2001; Gelgör, 2016; Gülmez,2019; İnce,2020; Çini, 2022). When we examine the literature, although it is stated that there is no difference according to the education level of the parents, there are studies that differ. When we look at these studies, Saruhan (2019) concluded that while the emotion regulation difficulty of university students did not differ according to the education level of the mother, it showed a significant difference according to the education level of the father.

As the educational status of mothers increases, they respond more appropriately to their children's negative emotions and behaviors and can be better role models for their children in regulating their emotions. In the study conducted by Özyürek and Tezel Şahin (2005), it was stated that as the educational status of mothers increased, their democratic attitudes towards their children increased and their disciplined and overprotective attitudes decreased. In the study conducted by Çalışkan (2017), a significant difference was found in some of the sub-dimensions of difficulty in emotion regulation according to the mother's educational status variable. Accordingly, it was thought that the children of parents with a low level of education may also show a lower level of development in emotion regulation skills. According to the educational status of the mother, it was determined that the level of difficulty in emotion regulation was higher in those whose mothers were high school graduates than those whose mothers graduated from primary school. (Ugur, 2018).

For this reason, it may be important for parents to have a high level of education to support their children and reduce the intensity of their emotions. It is thought that as the educational status of the parents increases, they contribute to their democratic attitudes and the emotional development of their children. Accordingly, it was thought that the children of parents with a low level of education may also show a lower level of development in emotion regulation skills. In the current study, it is thought that the reason why the difficulty in emotion regulation did not differ according to the education level of the parents may be related to the fact that the education level of the medium or high and the low number of illiterate parents. These findings are in line with our expectation that the difficulty in emotion regulation will decrease as the level of education increases.

Another important concept in emotion regulation is parental attitudes. The relationship between another variable, mother and father attitudes, and emotional regulation difficulty total scores were examined separately. As a result of the examinations, no significant difference was found in the mother's attitude according to the emotion regulation difficulty score. On the contrary, a significant difference was found between the levels of difficulty in emotion regulation and the subscales in the perceived father attitude. The effect of perceived father attitude variable on emotion regulation difficulty total score average was found to be moderate.

When the literature is examined, there are studies supporting this research. The sample of the research conducted for psychological counselor candidates consists of university students. As a result of the research, it was determined that emotion regulation skills differ significantly according to the perceived parental attitude level variable (Özkapu, 2020). When the total and sub-dimensions of the Emotion Regulation Difficulty Scale are examined, no differentiation is observed according to the perceived parental attitudes, except for the awareness sub-dimension. In the awareness sub-dimension, the average rank of the democratic family was higher than the others, while the mean rank of the authoritarian family was lower than the others (Artan, 2019).

In another study, it was determined that patients who encountered neglected maternal attitudes during childhood had more emotional regulation difficulties (Tekin, 2020). Bahçivan, Saydam, and Gençöz (2005), in a study conducted with high school students aged 14-17, found that children who adopt democratic attitudes and grow up with an understanding family are more successful in recognizing and controlling their emotions. Repressive and authoritarian attitudes cause children to adopt more passive and introverted structures in defining and controlling their emotions.

There are studies abroad on emotional regulation difficulties and parental attitudes. It can be said that young people who cannot meet their emotional needs, reject their feelings by refusing to accept their feelings. These parents are unable to fulfill their parental responsibilities, which causes their children to be emotionally neglected. Rubin et al. (1998), a mother's behavior may be an indicator of her child's aggressive tendencies. According to the research, children of oppressive, intrusive, and overly controlling mothers exhibit more violent and externalizing behaviors. Crockenberg, Leerkes, and Jó (2008) found a negative relationship between encouraging and caring maternal attitude and aggression, in contrast to finding a positive correlation between indifferent maternal attitude and aggression.

In the other study, parents who adopt a democratic parenting mindset can better relate to and understand their children's emotions, help them learn how to control them, encourage the development of these skills, and help them find practical solutions when a problem arises. (Cizrelioğulları & Kilili, 2021). In conclusion, parental attitudes have a very important place in a child's personal development. It was discovered that difficulty in emotion regulation mediates the link between parental attitudes. In future studies, supportive findings were found for further investigation of this variable.

5.2. Discussion the Results Regarding the Variables Predicting Difficulty in Emotion Regulation

In this study, multiple regression analysis was performed to examine the common predictive effects of childhood psychological traumas and self-compassion on emotion regulation difficulties. According to the results of multiple regression analysis, childhood traumas significantly and positively predicted the emotion regulation difficulties of university students. On the other hand, self-compassion levels significantly and negatively predicted the emotion regulation difficulty levels of university students. As a result of the analysis made on total scores, it was seen that childhood psychological traumas and self-compassion explained 60.1% of emotion regulation difficulties.

According to the current research findings, the types of childhood trauma that significantly predicted emotion regulation difficulties were determined as emotional neglect. In addition, it was determined that the variable with the highest predictive power among these trauma types was emotional neglect. When we look at the literature, it has been seen that there are studies showing that the childhood trauma sub-dimension with the highest predictive power is emotional neglect, as in this study. As a result of the study conducted with university students, it was found that emotional neglect, among the sub-dimensions of childhood traumas, abuse, and neglect types, predicts difficulty in emotion regulation (Erol, 2021). When other related studies supporting the current study are examined, it is seen that emotional neglect experiences before the age of 18 significantly predict problems in emotion regulation, which is consistent with the findings in the literature (Burns, Jackson, & Harding, 2010; Karagöz & Dağ, 2015; Alpay, Aydın, & Bellur, 2017).

According to the current research findings, self-compassion sub-dimensions that significantly and negatively predict emotion regulation difficulties were determined as self-compassion, self-judgment, isolation, awareness, and over-identification. In addition, it was determined that the variables with the highest predictive power among these self-compassion types were isolation and consciousness. When we look at the literature, it has been found that there are studies showing that the self-compassion sub-dimension with the highest predictive power is isolation and consciousness, as in this study (Çelik, 2022).

In a study conducted by Aktaş and Şahin (2018), the relationship between self-compassion and emotion regulation difficulties was examined, and the findings of the study revealed that there is a negative relationship between emotion regulation difficulties and self-compassion. In a study conducted in our country, childhood trauma was found to be effective in emotion regulation strategies. Traumas experienced in childhood can negatively affect the acquisition of emotion regulation skills. Emotion regulation skills, which begin to develop in childhood, affect identity development in the future. Difficulty in emotion regulation plays a predictive role in the relationship between emotional abuse and identity seeking, which is one of the childhood traumas (Dereboy et al., 2018). Another similar supporting research was the relationship between childhood traumas and self-compassion level and difficulty in emotion regulation in university students, and a predictive study was conducted. As a result of hierarchical regression analysis, the common predictive effects of childhood psychological traumas and self-compassion on emotion regulation difficulties were examined. As a result of the analysis made of the total scores, it was seen that childhood psychological traumas and self-compassion explained 54.8% of emotion regulation difficulties. It was found that the level of self-compassion had a negative predictive effect on difficulty in emotion regulation, while childhood traumas predicted a positive and significant level (Ünal, 2021).

When we look at the studies conducted abroad, a study conducted by Lisa C. Vettese et al. (2011) examined the predictive role of self-compassion between exposure to childhood maltreatment and difficulty in emotion regulation. The results showed that there is a negative relationship between self-compassion and difficulty in emotion regulation. Likewise, in a study examining the mediating role of emotion regulation between self-compassion and reactions to trauma, it was concluded that stressful life events have an important role in the level of self-love (Scoglio, Rudat, Garvet, Jarmolovsk, Jackson, & Herman, 2018). Marusak et al. (2015), it was found that emotional regulation skills of children and adolescents exposed to trauma were impaired, similar to the findings obtained in our study. (Marusak, Martin, Aktif, & Thomason, 2015). Dutcher et al. (2017), it was reported that there is an indirect relationship between exposure to negative life experiences in childhood and the severity of alcohol use in the last month, through emotional regulation difficulties. The researchers explained the results they obtained as the use of alcohol as a coping method since individuals exposed to trauma could not adequately regulate their emotions. (Dutcher, Vujanovic, Paulus, & Bartlett, 2017).

Burns et al. (2010) with the participation of 910 university student women, it was concluded that women who were exposed to sexual, physical, and emotional abuse experienced more emotional regulation difficulties than those who did not. According to the study, emotional abuse was found to be the most important predictor of emotion regulation difficulties (Burns, Jackson, & Harding, 2010).

Considering the general findings of our study and the literature, it is thought that the level of self-compassion may be low in individuals with childhood trauma, and this may be due to inadequacy in emotion regulation skills. The results of our research and the findings in the literature indicate that less self-love may cause difficulties in accepting and making sense of challenging emotions. The results of our research and the literature show consistency with the fact that negative experiences in childhood can be counted among the reasons why individuals have difficulty in emotion regulation. Because emotion regulation skills are shaped by the environment in which the child grows up from the first years of life. The realization of secure attachment in early childhood is the most important condition for the development of emotion regulation skills of the child. These results suggest that self-compassion studies may have a positive effect on emotion regulation in individuals exposed to childhood trauma.

5.3. The Summary of Results

The results obtained in the research are discussed below.

1. According to male and female participants, there is no significant difference between emotional regulation difficulties scores and gender. It was found that the total scores of emotional dysregulation were higher in male participants than in females.
2. There is a significant difference between emotional regulation difficulties and psychological discomfort. It has been determined that individuals with psychological disorders have a higher experience of emotion regulation difficulties than individuals without.
3. It reveals that the difficulty levels of emotion regulation of the participants do not differ significantly according to their grade levels. It was found that the emotional regulation difficulty levels of the participants whose grade level was 1. were higher than those whose grade level was preparedness.

4. It reveals that the levels of emotion regulation difficulty differ significantly according to the socio-economic status of the participants. It has been determined that the emotional regulation difficulty level of the participants whose financial income is Lower-Middle income is higher than those whose financial income is Middle-High.
5. It reveals that the emotional regulation difficulty levels of the participants do not differ significantly according to birth order. It was found that among the participants, those whose birth order was an only child had higher emotional regulation difficulties than the median child.
6. It reveals that the emotional regulation difficulty levels of the participants do not differ significantly according to the mother's education level. It was determined that the emotion regulation difficulty levels of the university graduate mothers were significantly higher than the average of the postgraduate graduates and illiterate mothers.
7. It reveals that the emotional regulation difficulty levels of the participants do not differ significantly according to the father's education level. It was found that the difficulty level of emotion regulation of illiterate fathers was significantly higher than the average of primary school graduate and secondary school graduate fathers.
8. It reveals that the emotional regulation difficulty levels of the participants do not differ significantly according to their maternal attitudes. It was found that the emotional regulation difficulty level of the participants with the authoritarian-oppressive mother attitude was significantly higher than the participants with the democratic mother attitude.
9. It reveals that the difficulty levels of emotion regulation differ significantly according to the paternal attitudes of the participants. It was determined that the difficulty level of emotion regulation of the participants with the disinterested father attitude was significantly higher than the participants with the overly permissive father attitude.
10. It was determined that the total score of Self-Compassion negatively predicted difficulty in emotion regulation in a significant way.
11. It was determined that the total score of childhood traumas positively predicted difficulty in emotion regulation.

12. It was determined that emotional neglect, which is the sub-dimensions of childhood trauma, predicted the strength of emotion regulation in a positive way. It was determined that the variables with the highest predictive power among trauma types were emotional neglect.

13. It has been found that self-compassion sub-dimensions such as self-sensitivity, self-judgment, isolation, consciousness, and hyper-identification negatively predicted difficulty in emotion regulation. It was determined that the variables with the highest predictive power among the sub-dimensions of self-compassion were isolation and consciousness.

5.4. Limitations of the Study

The findings obtained as a result of our research should be evaluated considering their limitations. One of the limitations of the current research is related to the sample. When the sample of the study is examined, it is seen that the male and female participants are not equally distributed. The number of female participants is higher than the number of male participants. The limited number of samples and the fact that they only consist of individuals studying at universities in Istanbul limit the generalizability of the results. In addition, the limitation of the study is that all of the scales are based on self-report, because some of the participants may have had difficulty remembering their past experiences and traumatic experiences related to childhood traumas. In addition, the majority of the participants include students from the Psychological Counseling and Guidance Department, which is a limitation of the study. Because the students' knowledge about emotion regulation difficulties may have made a difference in their survey attitudes. In addition to these, when socio-demographic variables are examined, the distribution of the participants in variables such as psychological disorder, parental education level, and socio-economic level shows a more one-sided distribution. Finally, face-to-face interviews could not be made with the participants, and the data were obtained online. This is among the limitations of the study.

5.5. Suggestions

In this section, there are suggestions for the studies to be done in line with the findings of the research. Suggestions were examined under two separate headings as suggestions for researchers and suggestions for practitioners.

5.5.1 Suggestions Related to the Academic Studies

Considering the limitations of this study, it is recommended that the study be conducted with a wider participant group and different sample groups throughout Turkey. In addition, in this study, the predictive power of childhood trauma and self-compassion level in emotion regulation difficulties in university students was examined, but it was not investigated which variable affected the other. More comprehensive qualitative research can be conducted to gain a deeper understanding of emotion regulation difficulties. Multiple regression analysis was performed in this study, but it is recommended to look at the level of relationship between the variables. Apart from the socio-demographic variables in this study, it is recommended to conduct a current study with different variables. Finally, there are many studies on childhood traumas and self-compassion levels in Turkey, but it can be said that it would be beneficial to conduct more research on different populations including emotion regulation difficulties. Suggestions made to improve this situation may be useful for future studies.

5.5.2 Suggestions Related to the Practice

It is important for mental health professionals and primarily for the Psychological Counseling and Guidance units in universities to carry out studies that improve emotion regulation skills and increase awareness of emotions for students. In addition, it is recommended that they do studies that develop self-compassion. To minimize the negative effects of childhood traumas and emotional regulation difficulties, the frequency of psychological counseling given at universities should be increased and improved. After the process is determined, group psychological counseling or group guidance can be established for university students who score high on emotion regulation difficulties, so that they may not feel lonely by realizing that there are many people who have emotion regulation difficulties like them. According to the process in group counseling, some students with childhood trauma should be included in individual counseling. Psychoeducational groups are important in how to deal with the effects of childhood trauma. It is thought that if these planned interventions are implemented efficiently, the effects of childhood traumas will decrease and their negative effects on emotion regulation difficulties will decrease. Considering the results obtained, a strong relationship was found between childhood traumas, Self-compassion level, and Emotion regulation difficulty. Seminars and conferences can be organized at universities to increase awareness about these concept.

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APPENDICES

Appendix 1: Personal Information Form

Değerli Katılımcı,

Bu çalışma, Yeditepe Üniversitesi Rehberlik ve Psikolojik Danışmanlık Tezli Yüksek Lisans Programı öğrencisi Ayşenur Aksu tarafından, Dr. Öğr. Üyesi Burcu Aykaç danışmanlığında, Yüksek Lisans Tezi kapsamında yürütülmektedir. Çalışmanın amacı, Üniversite öğrencilerinin Çocukluk Çağı Travmaları ve Öz Şefkat Düzeyinin Duygu Düzenleme Güçlüğüne Yordayıcı Rolünü incelemektedir.

Çalışmaya katılım yaklaşık 10 dakika sürmektedir ve tamamen gönüllük esasına dayanmaktadır. Çalışmada sizden kimlik belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacaktır. Çalışma sonucunda sağlıklı bilgiler edinilebilmesi için soruların samimi bir şekilde doldurulması ve boş bırakılmaması oldukça önemlidir. Çalışma genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Fakat katılım sırasında sorulardan ya da herhangi başka bir sebepten dolayı kendinizi rahatsız hissederseniz cevaplama işini sonlandırabilirsiniz. "Bilgilendirilmiş Gönüllü Olur Formundaki" tüm açıklamaları okudum.

Araştırmaya Katılmayı:

Kabul ediyorum. Kabul etmiyorum.

Yaşınız:

Üniversite Adı:

Bölümünüz:

Sınıf Düzeyi: 1 2 3 4 Diğer

Cinsiyetiniz: Kadın Erkek

Doğum Sıranız: Tek Çocuk İlk Çocuk Orta Çocuk Son Çocuk

Şu anda herhangi bir psikolojik/psikiyatrik rahatsızlığınız var mı? Evet Hayır

Anne Eğitim Düzeyi: Okur-Yazar Değil İlkokul Ortaokul Lise Üniversite
 Lisansüstü

Baba Eğitim Düzeyi: Okur-Yazar Değil İlkokul Ortaokul Lise Üniversite
 Lisansüstü

Algılanan Anne Tutumu: Aşırı Koruyucu Aşırı İzin Verici Mükemmeliyetçi Otoriter Demokratik İlgisiz

Algılanan Baba Tutumu: Aşırı Koruyucu Aşırı İzin Verici Mükemmeliyetçi Otoriter Demokratik İlgisiz

Algılanan Sosyo-Ekonomik Gelir Düzeyi: Alt Alt-Orta Orta Orta-Üst Üst

Appendix 2: Childhood Trauma Questionnaire (CTQ-33)

Her bir madde için aşağıdaki seçeneklerden birini işaretleyiniz:

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

Çocukluğumda ya da ergenliğimde...

| | | | | | | |
|----|---|---|---|---|---|---|
| 1 | Yeterli yemeğim olurdu. | 1 | 2 | 3 | 4 | 5 |
| 2 | Gündelik bakım ve güvenliğim sağlanıyordu. | 1 | 2 | 3 | 4 | 5 |
| 3 | Anne ya da babam kendilerine layık olmadığımı ifade ederlerdi. | 1 | 2 | 3 | 4 | 5 |
| 4 | Fiziksel ihtiyaçlarım tam olarak karşılanırdı. | 1 | 2 | 3 | 4 | 5 |
| 5 | Ailemde sorunlarımı paylaşabileceğim biri vardı | 1 | 2 | 3 | 4 | 5 |
| 6 | Üst baş açısından bakımsızdım. | 1 | 2 | 3 | 4 | 5 |
| 7 | Sevildiğimi hissediyordum. | 1 | 2 | 3 | 4 | 5 |
| 8 | Anne ya da babam kendimden utanmama neden olurdu. | 1 | 2 | 3 | 4 | 5 |
| 9 | Ailemden birisi bana öyle kötü vurmuştu ki doktora ya da hastaneye gitmem gerekmişti. | 1 | 2 | 3 | 4 | 5 |
| 10 | Ailemde değiştirmek istediğim şeyler vardı. | 1 | 2 | 3 | 4 | 5 |
| 11 | Ailedekiler bana o kadar şiddetle vuruyorlardı ki vücudumda morartı ya da sıyrıklar oluyordu. | 1 | 2 | 3 | 4 | 5 |
| 12 | Kayış, sopa, kordon ya da başka sert bir cisimle vurularak cezalandırılıyordum. | 1 | 2 | 3 | 4 | 5 |
| 13 | Anne ya da babam fikirlerimi önemserdi. | 1 | 2 | 3 | 4 | 5 |
| 14 | Ailedekiler bana kırıcı ya da saldırganca sözler söylerlerdi. | 1 | 2 | 3 | 4 | 5 |
| 15 | Fiziksel bakımdan hırpalanmış olduğuma inanıyorum. | 1 | 2 | 3 | 4 | 5 |
| 16 | Çocukluğum mükemmeldi. | 1 | 2 | 3 | 4 | 5 |
| 17 | Bana o kadar kötü vuruluyor ya da dövülüyordum ki öğretmen, komşu ya da bir doktorun bunu fark ettiği oluyordu. | 1 | 2 | 3 | 4 | 5 |
| 18 | Ailemde birisi benden nefret ederdi. | 1 | 2 | 3 | 4 | 5 |
| 19 | Ailedekiler kendilerini birbirlerine yakın hissederlerdi. | 1 | 2 | 3 | 4 | 5 |
| 20 | Biri bana cinsel amaçla dokunmaya ya da kendisine dokundurtmaya çalıştı. | 1 | 2 | 3 | 4 | 5 |
| 21 | Kendisi ile cinsel ilişki kurmadığım takdirde bana zarar vermekle tehdit eden biri vardı. | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|----|---|---|---|---|---|---|
| 22 | Benim ailem dünyanın en iyisiydi. | 1 | 2 | 3 | 4 | 5 |
| 23 | Birisi beni cinsel şeyler yapmaya ya da cinsel şeylere bakmaya zorladı. | 1 | 2 | 3 | 4 | 5 |
| 24 | Birisi bana cinsel tacizde bulundu. | 1 | 2 | 3 | 4 | 5 |
| 25 | Ailemdelikler bana karşı suçlayıcıydı. | 1 | 2 | 3 | 4 | 5 |
| 26 | İhtiyacım olduğunda beni doktora götürecek birisi vardı. | 1 | 2 | 3 | 4 | 5 |
| 27 | Cinsel istismara uğradığım kanısındayım. | 1 | 2 | 3 | 4 | 5 |
| 28 | Ailem benim için bir güç ve destek kaynağı idi. | 1 | 2 | 3 | 4 | 5 |
| 29 | Ailemdelikler yaşlıtlarımla ve arkadaşlarımla görüşmemi kısıtlardı. | 1 | 2 | 3 | 4 | 5 |
| 30 | Ailemdelikler her şeyime karıştırdı. | 1 | 2 | 3 | 4 | 5 |
| 31 | Anne ve babam bir işi kendi başıma yapmama fırsat verirlerdi. | 1 | 2 | 3 | 4 | 5 |
| 32 | Ailemdelikler rahat vermeyecek derecede peşimdeydiler. | 1 | 2 | 3 | 4 | 5 |
| 33 | Anne ya da babam beni kontrol etmek için kişisel eşyalarımı benden habersiz karıştırdı. | 1 | 2 | 3 | 4 | 5 |

Appendix 3: Difficulties Emotion Regulation Scale (DERS-36)

Aşağıda insanların duygularını kontrol etmekte kullandıkları bazı yöntemler verilmiştir. Lütfen her durumu dikkatlice okuyunuz ve her birinin sizin için ne kadar doğru olduğunu içtenlikle değerlendiriniz.

1-Hemen hemen hiç (%0-%10) 2-Bazen (%11-%35) 3-Yaklaşık yarı yarıya (%36-%65) 4-Çoğu zaman (%66-%90) 5-Hemen hemen her zaman (%91-%100)

| | | | | | | |
|----|--|---|---|---|---|---|
| 1 | Ne hissettiğim konusunda netimdir. | 1 | 2 | 3 | 4 | 5 |
| 2 | Ne hissettiğimi dikkate alırım. | 1 | 2 | 3 | 4 | 5 |
| 3 | Duygularım bana dayanılmaz ve kontrolsüz gelir | 1 | 2 | 3 | 4 | 5 |
| 4 | Ne hissettiğim konusunda net bir fikrim vardır. | 1 | 2 | 3 | 4 | 5 |
| 5 | Duygularıma bir anlam vermekte zorlanırım. | 1 | 2 | 3 | 4 | 5 |
| 6 | Ne hissettiğime dikkat ederim. | 1 | 2 | 3 | 4 | 5 |
| 7 | Ne hissettiğimi tam olarak bilirim. | 1 | 2 | 3 | 4 | 5 |
| 8 | Ne hissettiğimi önemserim. | 1 | 2 | 3 | 4 | 5 |
| 9 | Ne hissettiğim konusunda karmaşa yaşarım. | 1 | 2 | 3 | 4 | 5 |
| 10 | Kendimi kötü hissetmeyi kabullenebilirim. | 1 | 2 | 3 | 4 | 5 |
| 11 | Kendimi kötü hissettiğimde böyle hissettiğim için kendime kızarım. | 1 | 2 | 3 | 4 | 5 |
| 12 | Kendimi kötü hissettiğim zaman utanırım. | 1 | 2 | 3 | 4 | 5 |
| 13 | Kendimi kötü hissettiğimde işlerimi bitirmekte zorlanırım. | 1 | 2 | 3 | 4 | 5 |
| 14 | Kendimi kötü hissettiğimde kontrolden çıkmaya başlarım. | 1 | 2 | 3 | 4 | 5 |
| 15 | Kendimi kötü hissettiğimde uzun süre böyle kalacağıma inanırım. | 1 | 2 | 3 | 4 | 5 |
| 16 | Kendimi kötü hissetmemin yoğun depresif duyguyla sonuçlanacağına inanırım. | 1 | 2 | 3 | 4 | 5 |
| 17 | Kendimi kötü hissettiğimde duygularımın yerinde ve önemli olduğuna inanırım. | 1 | 2 | 3 | 4 | 5 |
| 18 | Kendimi kötü hissederken başka şeylere odaklanmakta zorlanırım. | 1 | 2 | 3 | 4 | 5 |
| 19 | Kendimi kötü hissederken kontrolden çıktığım duygusu yaşarım. | 1 | 2 | 3 | 4 | 5 |
| 20 | Kendimi kötü hissediyor olsam da yine de işlerimi yapabilirim. | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|----|--|---|---|---|---|---|
| 21 | Kendimi kötü hissettiğimde bu duygumdan dolayı kendimden utanırım. | 1 | 2 | 3 | 4 | 5 |
| 22 | Kendimi kötü hissettiğimde eninde sonunda kendimi daha iyi hissetmenin bir yolunu bulacağıma inanırım. | 1 | 2 | 3 | 4 | 5 |
| 23 | Kendimi kötü hissettiğimde zayıf biri olduğum duygusuna kapılırım. | 1 | 2 | 3 | 4 | 5 |
| 24 | Kendimi kötü hissettiğimde de davranışlarım kontrolümün altındadır. | 1 | 2 | 3 | 4 | 5 |
| 25 | Kendimi kötü hissettiğimde, böyle hissettiğim için suçluluk duyarım. | 1 | 2 | 3 | 4 | 5 |
| 26 | Kendimi kötü hissettiğimde konsantre olmakta zorlanırım. | 1 | 2 | 3 | 4 | 5 |
| 27 | Kendimi kötü hissettiğimde davranışlarımı kontrol etmekte zorlanırım. | 1 | 2 | 3 | 4 | 5 |
| 28 | Kendimi kötü hissettiğimde daha iyi hissetmem için yapacağım hiç bir şey olmadığına inanırım. | 1 | 2 | 3 | 4 | 5 |
| 29 | Kendimi kötü hissettiğimde böyle hissettiğim için kendimden rahatsız olurum. | 1 | 2 | 3 | 4 | 5 |
| 30 | Kendimi kötü hissettiğimde kendim için çok fazla endişelenmeye başlarım. | 1 | 2 | 3 | 4 | 5 |
| 31 | Kendimi kötü hissettiğimde kendimi bu duyguya bırakmaktan başka çıkar yol olmadığına inanırım. | 1 | 2 | 3 | 4 | 5 |
| 32 | Kendimi kötü hissettiğimde davranışlarım üzerindeki kontrolümü kaybederim. | 1 | 2 | 3 | 4 | 5 |
| 33 | Kendimi kötü hissettiğimde başka bir şey düşünmekte zorlanırım. | 1 | 2 | 3 | 4 | 5 |
| 34 | Kendimi kötü hissettiğimde duygumun gerçekte ne olduğunu anlamak için zaman ayırırım. | 1 | 2 | 3 | 4 | 5 |
| 35 | Kendimi kötü hissettiğimde bu duygunun geçmesi çok uzun zaman alır. | 1 | 2 | 3 | 4 | 5 |

Appendix 4: Self-Compassion Scale (SCS-26)

Sizden istenilen bu ifadeleri okuduktan sonra kendinizi değerlendirmeniz ve sizin için en uygun seçeneğin karşısına çarpı (X) işareti koymanızdır. Her sorunun karşısında bulunan; (1) Hiç bir zaman (2) Nadiren (3) Sık sık (4) Genellikle ve (5) Her zaman anlamına gelmektedir.

| | | | | | | |
|----|---|---|---|---|---|---|
| 1 | Bir yetersizlik hissettiğimde, kendime bu yetersizlik duygusunun insanların birçoğu tarafından paylaşıldığını hatırlatmaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 2 | Kişiliğimin beğenmediğim yönlerine ilişkin anlayışlı ve sabırlı olmaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 3 | Bir şey beni üzdüğünde, duygularıma kapılıp giderim. | 1 | 2 | 3 | 4 | 5 |
| 4 | Hoşlanmadığım yönlerimi fark ettiğimde kendimi suçlarım. | 1 | 2 | 3 | 4 | 5 |
| 5 | Benim için önemli olan bir şeyde başarısız olduğumda, kendimi bu başarısızlıkta yalnız hissederim. | 1 | 2 | 3 | 4 | 5 |
| 6 | Zor zamanlarımda ihtiyaç duyduğum özen ve şefkati kendime gösteririm. | 1 | 2 | 3 | 4 | 5 |
| 7 | Gerçekten güç durumlarla karşılaştığımda kendime kaba davranırım. | 1 | 2 | 3 | 4 | 5 |
| 8 | Başarısızlıklarımı insanlık halinin bir parçası olarak görmeye çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 9 | Bir şey beni üzdüğünde duygularımı dengede tutmaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 10 | Kendimi kötü hissettiğimde kötü olan her şeye kafamı takar ve onunla meşgul olurum. | 1 | 2 | 3 | 4 | 5 |
| 11 | Yetersizliklerim hakkında düşündüğümde, bu kendimi yalnız hissetmeme ve dünyayla bağlantımı koparmama neden olur. | 1 | 2 | 3 | 4 | 5 |
| 12 | Kendimi çok kötü hissettiğim durumlarda, dünyadaki birçok insanın benzer duygular yaşadığını hatırlamaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 13 | Acı veren olaylar yaşadığımda kendime kibar davranırım. | 1 | 2 | 3 | 4 | 5 |
| 14 | Kendimi kötü hissettiğimde duygularıma ilgi ve açıklıkla yaklaşmaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 15 | Sıkıntı çektiğim durumlarda kendime karşı biraz acımasız olabilirim. | 1 | 2 | 3 | 4 | 5 |
| 16 | Sıkıntı veren bir olay olduğunda olayı mantıksız biçimde abartırım. | 1 | 2 | 3 | 4 | 5 |
| 17 | Hata ve yetersizliklerimi anlayışla karşılarım. | 1 | 2 | 3 | 4 | 5 |
| 18 | Acı veren bir şeyler yaşadığımda bu duruma dengeli bir bakış açısıyla yaklaşmaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 19 | Kendimi üzgün hissettiğimde, diğer insanların çoğunun belki de benden daha mutlu olduklarını düşünürüm. | 1 | 2 | 3 | 4 | 5 |
| 20 | Hata ve yetersizliklerime karşı kınayıcı ve yargılayıcı bir tavır takınırım. | 1 | 2 | 3 | 4 | 5 |
| 21 | Duygusal anlamda acı çektiğim durumlarda kendime sevgiyle yaklaşırım. | 1 | 2 | 3 | 4 | 5 |
| 22 | Benim için bir şeyler kötüye gittiğinde, bu durumun herkesin yaşayabileceğini ve yaşamın bir parçası olduğunu düşünürüm. | 1 | 2 | 3 | 4 | 5 |
| 23 | Bir şeyde başarısızlık yaşadığımda objektif bir bakış açısı takınmaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| 24 | Benim için önemli olan bir şeyde başarısız olduğumda, yetersizlik duygularıyla kendimi harap ederim. | 1 | 2 | 3 | 4 | 5 |

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|----|---|---|---|---|---|---|
| 25 | Zor durumlarla mücadele ettiğimde, diğer insanların daha rahat bir durumda olduklarını düşünürüm. | 1 | 2 | 3 | 4 | 5 |
| 26 | Kişiliğimin beğenmediğim yönlerine karşı sabırlı ve hoşgörülü değilimdir. | 1 | 2 | 3 | 4 | 5 |

