

SECURE ATTACHMENT, WELL-BEING, AND PSYCHOPATHOLOGY: THE
MEDIATION ROLE OF INTERPERSONAL EMOTION REGULATION

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ABSTRACT

SECURE ATTACHMENT, WELL-BEING, AND PSYCHOPATHOLOGY: THE MEDIATION ROLE OF INTERPERSONAL EMOTION REGULATION

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Secure attachment refers to the capability to establish healthy and secure relationships along with the capability to act autonomously. Extensive research has consistently documented the advantages of secure attachment in mental health outcomes, including well-being and psychopathology. People with secure attachment tend to employ adaptive emotion regulation strategies in dealing with stressful situations. While intrapersonal emotion regulation has been researched vastly in the literature, the interpersonal aspect needs to be addressed since emotion regulation is learned by people through their interactions with others. In the present study, we aimed to examine the mediating role of interpersonal emotion regulation (i.e., "enhancing positive affect, perspective taking, soothing and social modeling") in the relationship between secure attachment and well-being as well as secure attachment and psychopathology. The study sample consisted of 282 participants through convenience sampling. This study used the Warwick-Edinburgh Mental Well-Being Scale, The Brief Symptom Inventory, the Relationships Scales Questionnaire, and the Interpersonal Emotion Regulation Questionnaire. To test the hypotheses, mediation analyses were conducted. The findings revealed that utilizing a perspective-taking strategy was associated with increased well-being while using a soothing strategy was linked with decreased well-being. In addition, enhancing positive affect mediates the relationship between secure attachment and well-being. The mediating role of interpersonal emotion regulation between secure attachment and psychopathology was insignificant. The findings suggest that the link between enhancing positive affect is an adaptive strategy that securely attached individuals utilize to increase their well-being.

Keywords: Secure Attachment, Interpersonal Emotion Regulation, Mental Well-Being, Psychopathology

ÖZ

BAĞLANMA, MENTAL İYİ OLUŞ VE PSİKOPATOLOJİ: KİŞİLERARASI DUYGU DÜZENLEMENİN ARACI ROLÜNÜN ARAŞTIRILMASI

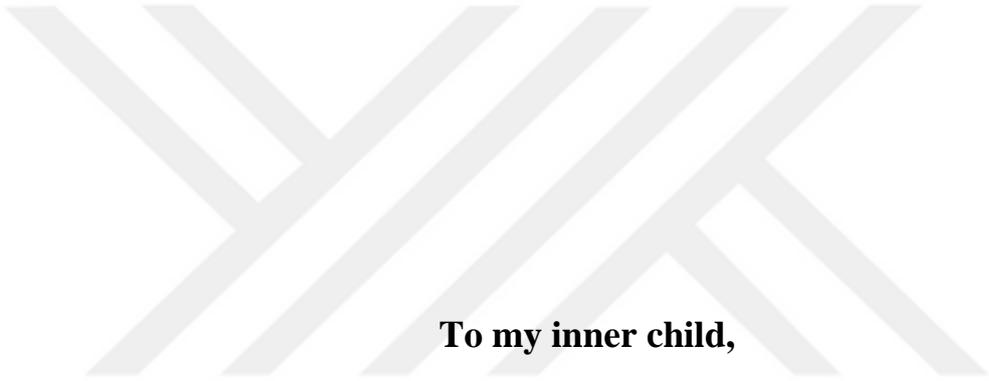
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Güvenli bağlanma özerk hareket etme becerisini kaybetmeden diğer insanlarla sağlıklı ve güvenli ilişki kurabilme becerisi olarak tanımlanmaktadır. Güvenli bağlanmanın zihinsel sağlık üzerinde birçok faydası bulunmaktadır. Güvenli bağlanmaya sahip bireyler, stresli durumlarla başa çıkarken uyumlu duygu düzenleme stratejileri kullanma eğilimi göstermektedirler. Bu kişilerde zihinsel sağlığı yordayan faktörleri anlamak için duygu düzenleme becerilerini incelemek önemlidir. Literatürde içsel duygu düzenleme becerisi geniş çapta incelenmiş olmasına karşın, kişilerarası duygu düzenleme görece daha az çalışılmıştır. Bu araştırmanın amacı kişilerarası duygu düzenlemenin (olumlu duyguları artırma, bakış açısı edinme, yatıştırma ve sosyal model alma) güvenli bağlanma ile iyi oluş arasındaki aracı rolünü araştırmaktır. Çalışmanın bir diğer amacı ise kişilerarası duygu düzenleme stratejilerinin güvenli bağlanma ve psikopatoloji arasındaki aracı rolünün araştırılmasıdır. Araştırmanın örneklemini 282 katılımcı oluşturmuştur. Araştırmada Warwick-Edinburgh Mental İyi Oluş Ölçeği, Kısa Semptom Envanteri, İlişkiler Ölçekleri Anketi, Kişilerarası Duygu Düzenleme Ölçeği kullanılmıştır. Bulgular bakış açısı edinme stratejisinin mental iyi oluşu artırdığını, yatıştırılma stratejisinin ise mental iyi oluşu azalttığını ortaya çıkarmıştır. Ek olarak, olumlu duyguları artırma stratejisinin güvenli bağlanma ile iyi oluş arasındaki ilişkide aracılık etkisi bulunmuştur. Güvenli bağlanma ile psikopatoloji arasındaki kişilerarası duygu düzenleme stratejilerinin aracılık etmediği bulunmuştur. Bulgulara göre olumlu duyguları artırma stratejisi güvenli bağlanmaya sahip bireylerin iyi oluşlarını artırmak için kullandıkları bir stratejidir.

Anahtar Kelimeler: Güvenli Bağlanma, Kişilerarası Duygu Düzenleme, İyi Oluş, Psikopatoloji



To my inner child,

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CHAPTER I

INTRODUCTION

The majority of the research in the literature, specifically in clinical psychology, predominantly focuses on psychopathologies to comprehend mental health. However, mental health is a much broader concept than the mere absence of psychological disorders. Positive psychology posits that examining the situational contexts and processes facilitating the individual's functioning is also essential to mental health as well as mental illness. Therefore, to understand the mental health positive mental health should not be neglected.

Attachment theory states that one of the significant factors effecting the mental health is the relational bond quality that individuals form with significant others. Attachment bonds begin shortly after birth with the caregivers and continue throughout life. According to this theory, having a secure attachment has several advantages compared to having an insecure attachment type. There is extensive research in the literature documenting the relationship between secure attachment and positive contributions to our lives. However, the nature of this relationship is still vague. To comprehend the association between secure attachment and well-being, as well as the inverse relationship between secure attachment and psychopathology, it is essential to explore the role of emotion regulation. It consists of two processes which are intrapersonal and interpersonal. Interpersonal emotion regulation focuses on regulating emotions with the help of others. In the literature, the relationship between secure attachment and intrapersonal emotion regulation is studied. however, to our

knowledge, interpersonal emotion regulation and secure attachment were not studied yet. We can try to understand the mechanisms through how secure attachment affects mental well-being and psychopathology by studying the role of interpersonal emotion regulation.

The current study aims to scrutinize the relationship between secure attachment, well-being, and psychopathology and the mediating role of interpersonal emotion regulation. Firstly, the literature review will start with brief information on attachment theory. Following this, the relationship between secure attachment, well-being, and psychopathology will be covered. Subsequently, the concept of interpersonal emotion regulation (i.e., enhancing positive affect, perspective-taking, soothing and social modeling) will be broadly covered., The association between interpersonal emotion regulation and secure attachment will be elaborated. Lastly, the relationship between interpersonal emotion regulation, well-being, and psychopathology will be discussed. To conclude the literature review section, the present study's aims and hypothesis will be articulated.

The method section will include sample characteristics, measurements, and procedures. Following this, the result section, which include statistical analysis and studies' findings will be presented. Consequently, the discussion section will be elaborated on the results, strengths, and clinical implications. Moreover, the studies' limitations and recommendation for future studies will be presented.

CHAPTER II

LITERATURE REVIEW

2.1. Attachment Theory

Bowlby developed attachment theory in 1977. This theory posits that humans have an innate inclination to form deep emotional relationships with significant others. The attachment bond starts in infancy. Bowlby (1977) stated that attachment is a psychobiological system which includes a set of infants' instinctual behaviors, such as sucking, clinging, or smiling. These innate behaviors of the infant aim to facilitate the attachment bond and maintain proximity to a caregiver (Bowlby, 1969). Bowlby (1989) stated that the behavioral attachment system aims to enhance the infant's chances of survival. The infant is protected from external threats by increasing the caregiver's behaviors in providing safety and protection.

Ainsworth et al. (1978) designed experiments to observe child-mother interactions and how attachment theory affects the relationship among them. These experiments, known as the "stranger situation" further expanded theory. The strange situation experiment was developed to observe attachment-related behaviors and provided empirical support for Bowlby's attachment theory. In these experiments, infants and mothers were systematically separated, with a stranger in the room. After a brief period, the infants were reunited with their mothers, and the infants' reactions were observed in both situations. On the basis of these observations, Ainsworth et al. (1978) identified attachment styles that are secure, avoidant, and anxious.

The study found that most infants, 70% of the infants, were grouped as *secure attachment style*. When they were in the room with their mother, these infants

demonstrated a strong interest in exploring their environment while also seeking closeness and proximity to their mother. When the mother temporarily left the room, the infants exhibited signs of separation anxiety. Securely attached infants demonstrated friendliness to strangers while concurrently displaying cautious and avoidant behavior. After they were united, these infants were easily calmed, and their emotional state quickly returned to a state of happiness.

Moreover, %15 of the participants in the study were organized as *anxious attachment style*. These infants exhibited anxiety even when mothers were in the room with them and demonstrated hesitancy toward exploring the room. When their mothers temporarily left the room, their anxiety levels intensified further. In this situation, they exhibited fear and apprehension toward the stranger in the room. Upon their mother's return, these infants are found to be challenging to soothe and exhibit resistance toward their mother. They demonstrated a limited interest in engaging in exploratory behavior in the room.

In contrast, infants were classified as *avoidantly attached*, which consisted of 15% of the participants. Avoidantly attached infants showed a minimal focus on their mothers, directing their attention primarily towards toys or objects in the environments. In the case of the mother's absence, these infants did not display signs of anxiety and continued to engage with the toys. When mothers came back, they showed little interest in them, did not actively look for physical closeness, and did not seek proximity. They demonstrated limited distress and anger and appeared emotionally independent from their mothers. In 1986, Main and Solomon added the disorganized attachment style to the attachment literature. This category was established to capture the behaviors of children who did not fit into the original three

attachment styles. These children often display a sense of confusion or freezing behavior when their mothers enter the room during the experiments.

Cultural norms often ascribe the role of an attachment figure to mothers. However, as Cummings (1980) argued, any caregiver who consistently provides care and responds to an infant's needs can be an attachment figure. Additionally, infants are not limited to forming attachments to their primary caregivers. They are capable of forming attachments to multiple individuals.

Bowlby suggested that attachment continues from "the cradle to the grave" (1977, p.203), and early interactions build the foundation for future intimate relationships. Additionally, Ainsworth (1989) argued that people form an attachment to others when the relationship is persistent, unique, characterized by a strong emotional bond, as well as a desire to maintain the relationship, and distress regarding separation. Colin (1996) stated that adults could form attachments to romantic partners, close friends, or relatives. As an individual matures, the number of attachment objects increases, and the attachment hierarchy naturally evolves (Ainsworth, 1989; Mikulincer & Shaver, 2004). While primary caregivers are initially the most important attachment figures for infants, as children grow older, they develop attachments to various individuals, adding or removing attachment figures along the way (Ainsworth, 1989).

The attachment bond between the infant and the attachment object significantly affects future relationships. Soygüt (2004) stated that the attachment bond forms established belief systems and attitudes toward future relationships. Bowlby (1988) explains this process by highlighting how children internalize their early experiences with caregivers, subsequently influencing their perception of others regarding trustworthiness. This internalization process also affects children's perception of self and self-worth. A model based on this theory was developed for adult attachment

(Bartholomew & Horowitz, 1991). They proposed that adult attachment can be explained by the models of the self and others. The model is characterized by the image of self-worth and the perception of others' trustworthiness and availability. These concepts are defined as either positive or negative. They identified four attachment styles: secure, preoccupied, dismissing, and fearful.

Bartholomew and Horowitz (1991) defined self-image as individuals' perceived value of themselves and their perspective on their worthiness of love and support. Likewise, the concept of others' image refers to perceiving others as trustworthy or available. These concepts of self and others are classified as positive or negative and contribute to the emerging attachment styles. Secure attachment typifies a sense of worthiness and perceives others as embracing and responsive. A preoccupied attachment style signifies feeling low worthiness and perceiving people as accepting and sensitive. Individuals with this attachment style seek embracement from others to attain self-acceptance. Fearful attachment indicates feeling unworthy and perceiving others as untrustable. Thus, fearfully attached individuals tend not to engage in close relationships. In contrast, dismissing attachment style reflects self-worthiness. They perceive others as unreliable. Therefore, dismissing attachment is linked with avoiding intimate relations through evading disappointment and sustaining a sense of autonomy and invulnerability (Bartholomew & Horowitz, 1991).

Insecure attachments have been associated with several health outcomes that are generally considered negative, such as poorer physical health (Pietromonaco & Beck, 2019), increased social anxiety (Manning et al., 2017), reduced coping flexibility (Schmidt et al., 2002), and increased vulnerability to depression and anxiety (Jinyao et al., 2012). Shayer and Hazan (1987) indicated that individuals with insecure attachments stated more negative experiences and less positive memories of their

childhood. Also, they were less accepting of others and experienced more self-doubt than the secure group (Feeney & Noller, 1990). In contrast, researchers found that secure attachment is related to many favorable outcomes, which consist of s increased self-esteem (Leondari & Kiosseoglou, 2000), more functional emotion regulation (Cooper et al., 1998), greater identity achievement (Arseth et al., 2009), improved communication and conflict resolution ability (Domingue & Mollen, 2009) and improved physical health (Feeney et al., 2000). Hence, secure attachment is consistently linked with efficient social, emotional, and physical functioning.

2.2. The Concept of Well-being

Before World War II, mental health literature had mainly focused on treating mental disorders. The overall perspective at the time viewed well-being and mental illness as opposite constructs, suggesting that individuals fell into either the mentally ill or mentally healthy category (Keyes, 2005; Ryff, 1989). However, researchers later have begun to explore the concept of positive mental health as distinct from the absence of mental illness. Several studies found that the lack of mental illness and positive mental health do not represent the two extremes of a single continuum (Keyes, 2005; Huppert & Whittington, 2003).

Keyes (2005) conducted a study on the relationship between mental illness and well-being. This study conceptualized mental health as affectional, psychological, and social well-being, while mental illness is assessed by major depressive episodes, anxiety, and alcohol dependence. He indicated that mental illness and mental health were associated with unipolar dimensions. Keyes (2005) argues that the absence of depression did not necessarily lead to happiness; thus, mental health could not be defined in opposition to psychopathology.

Well-being is a multifaceted concept that includes both emotions and psychological functioning. Within the literature, there are primarily two views on the definition of well-being: hedonic and eudaimonic. The hedonic view states that well-being includes subjective happiness and experiencing pleasure rather than mental and physical displeasure (Kubovy, 1999; Kahneman et al., 1999). However, the eudaimonic perspective defines well-being as a separate construct from happiness. This perspective focuses on emotions accompanying behaviors reaching and conjunction with one's potential (Waterman, 1984). In another word, the hedonic view focuses on satisfaction in life and experiencing favorable emotions, while the eudaimonic view embodies a broader range of life-related constructs.

The concept of “positive mental health” is frequently utilized interchangeably with the term mental well-being in the literature. Mental well-being encompasses and hedonic perspectives (Tennant et al., 2006). Additionally, The World Health Organization (2004) referred to mental well-being as a positive affect and personality traits, including self-esteem, sensing control, resilience, and the capability to cope with stressful situations. Mental well-being transcends mere happiness and emphasizes the significance of living fulfilling for oneself and others.

Positive well-being has been linked with several health and social outcomes (Huppert, 2004), such as life quality, psychological and physical health (Keyes, 2002; Keyes et al., 2010). In the scope of physical health, greater well-being has been linked with a more robust immune system (Solomon et al., 1997) and increased life expectancy (Danner et al., 2001). From a psychological perspective, well-being is related to enhanced creativeness (Staw et al., 1994), increased prosocial behavior (George, 1991), and increased productivity in the workplace (Staw et al., 1994).

Positive mental health is also related to socioeconomic status, including income, education, and working status. For example, socioeconomic status has been recently considered an important indicator of diseases (Zhang et al., 2011). There were several studies that stated a positive relationship between economic output and well-being (Deaton, 2008) as well as life satisfaction (Stevenson & Wolfers, 2008). In addition, Syren et al. (2020) also stated a significant association between household income and mental well-being. Furthermore, education is another important factor affecting several factors, from working status and wage to wealth (Mirowsky & Ross, 2005; Phelan & Link, 2005). In addition, level of education is positively linked with well-being (Zhang et al., 2011). Lastly, studies posited that being unemployed decreases an individual's well-being (Creed & Macintyre, 2001). For instance, Stam et al. (2016) indicated that retired individuals reported higher well-being than unemployed individuals.

2.2.a. The Relationship between Attachment and Mental Well-being

Attachment theory offers a valuable frame to comprehend variations in functioning adaptively among individuals, including well-being (Bowlby, 1982; Mikulincer & Shaver, 2007). This association between attachment and psychological adjustment across different developmental stages, including infancy, childhood, and adulthood, has been supported by several studies (Mikulincer & Shaver, 2015; Homan, 2018; Leak & Cooney, 2001).

Various research has consistently indicated that secure attachment is correlated with positive affectivity, including positive experiences, moods, and well-being (Marrero-Quevedo et al., 2019; Karreman & Vingerhoets, 2012). For instance, a study involving 1,403 adults discovered a positive correlation between well-being and secure

attachment, while insecure attachments (anxious and avoidant attachment) were adversely correlated (Marrero-Quevedo et al., 2019). Furthermore, another study indicated similar results: securely attached individuals reported higher well-being than those with insecure attachment styles (Leek & Cooney, 2001). Peng et al. (2023) examined young women's attachment styles and well-being, indicating that anxious and avoidant attachments were negatively linked with well-being.

It is essential to consider that not all insecure attachment styles have the same effect on well-being. For example, fearful attachment was not significantly linked with well-being, whereas dismissing attachment showed a positive relationship (Karreman & Vingerhoets, 2012). Interestingly, dismissing attachment displayed different outcomes than other insecure types regarding well-being despite being classified as an insecure attachment type. Bartholomew and Horowitz (1991) suggested that dismissing individuals inclined to report higher levels of well-being while reporting fewer depressive symptoms due to their positive self-view in contrast to the anxious and avoidant attachment. Subsequent research has supported the relationships between dismissing attachment and well-being (Ibrahim et al., 2018). In addition, this study reveals that preoccupied and fearful attachment correlated negatively with well-being (Ibrahim et al., 2018), which can be attributed to an adverse view of oneself (Bartholomew & Horowitz, 1991).

The effect of peer and parent attachment on adolescent well-being is examined, and the findings revealed that both peer and parent attachment is linked with psychological well-being. Also, adolescents with secure attachment reported greater satisfaction with themselves and a tendency to seek social support than their non-secure counterparts. They also reported fewer symptoms in response to stressful events (Armsden & Greenberg, 1987). Another study also highlighted that the quality of peer

activities affected well-being in adolescence. However, the primary source of well-being continued to depend on parent attachment quality (Allen et al., 2018).

Moreover, a study compared younger adults to older ones regarding attachment effects on well-being. The participants were adults aged between 18 and 66, divided into two age categories. It was found that anxious attachment was associated with well-being in younger adults but not older ones. This could be related that anxious attachment, irritability, and trait anxiety were more prevalent in younger adults than in older individuals. (Kafetsios & Sideridis, 2006; Mickelson et al., 1997). Conversely, avoidant attachment was found to be only linked to older adults' well-being. Perceived satisfaction with social support was more vigorously associated with well-being than attachment types in older adults (Kafetsios & Sideridis, 2006).

Well-being and secure attachment could be related through several mechanisms, such as self-compassion, gratitude, emotion regulation, and resilience. First, Homan (2018) reported that secure individuals exhibit higher self-compassion, including kindness and acceptance toward oneself, scores that improve well-being. These individuals tended to be more compassionate and patient with their deficiencies, acknowledging and managing painful emotions with less intensity. Another study found that gratitude was a mediator between secure attachment and well-being in a collectivist culture such as Iran. It is suggested that gratitude implicates closeness and dependence on others (Nourialeagha et al., 2020). In addition, other mediators have been identified as emotion regulation strategy (i.e., reappraisal) and resilience, which partly mediated the relationship, indicating that secure individuals who utilize reappraisal or be resiliency reported greater well-being (Karreman & Vingerhoets, 2012).

2.3. Attachment and Psychopathology

Attachment theory states that the earlier emotional bond between the child and caregivers establishes a foundation regarding later relationships. In situations where caregivers are insensitive, unreliable, and inconsistent, the children's ability to develop a secure and stable mental foundation interferes. As a result, the attachment system cannot fulfill its primary function of protecting the infant reducing distress or fear, and fostering a sense of security. Their capability to cope with challenging situations diminishes, and the risk of mental disorders increases (Bowlby, 1980). Attachment theory posits that the early attachment relationship between infant and caregiver could have prolonged mental health outcomes on the infant, such as depression (Wei et al., 2004), anxiety (Adam et al., 2004), obsessive-compulsion disorder (Myhr et al., 2004), post-traumatic stress disorders (Kanninen et al., 2003).

In cases of secure attachment, the caregiver is characterized as supportive and available, eliciting positive emotions in the child. Such caregivers serve as role models for psychological resources during stressful times, influencing future relationships (Bretherton & Munholland, 1999). Fonagy et al. (2000) posited that the secure internal model of the caregiver creates a stable and positive self-perception. This perception enables individuals to broaden their comfort zones and amplify the scope of social interaction. A positive self-image bolsters their capacity to manage their emotions without relying solely on the externalization or internalization of their emotional states. In addition, compared to those with insecure attachments, securely attached individuals manage stress more effectively and demonstrate a faster recovery from distress (Mikulincer & Shaver, 2012). In addition, secure attachment is suggested to provide a buffering effect when dealing with significant life stressors (Mikulincer et al., 1993; Hammen et al., 1995).

Mikulincer and Shaver (2012) developed an experimental design to study the connection between secure attachment and mental health indicators, labeled security priming. In these experiments, secure attachments were primed by using visual cues, names, or guided discovery methods with the goal of enhancing the availability and supportiveness of the attachment objects, thereby fostering a sense of security. Admoni (2006) conducted a study on participants diagnosed with eating disorders, increasing security priming using the Stroop task. This study found that priming security objects of each participant reduced two eating disorder symptoms: distorted body perception and increased accessibility to food items.

A study also utilized security priming and found that security-primed individuals reported improved moods in threatening situations, and the effects of threat were eliminated on positive moods (Mikulincer et al., 2001). Besides, another study on a non-clinical sample revealed that security priming helped alleviate cognitive symptoms of post-traumatic stress disorder (Mikulincer et al., 2006). Within a psychotherapy context, Zuroff and Blatt (2006) pointed out that the client's perceptions of the therapist's behaviors, such as supportiveness, sensitivity, or appraisal, predicted a reduction in depressive symptoms and sustained therapeutic benefits after 18 months. These studies emphasize the benefits of security priming and secure attachment in mental health and resilience.

Numerous research has scrutinized the link between attachment and several psychopathologies, encompassing depression, post-traumatic stress disorder (PTSD), substance abuse disorder, and anxiety. In the context of depression, Bowlby (1980), as a pioneer in recognizing the connection between depression and insecure attachment, posited that insecure attachment might cultivate a sense of pessimism and endorse the idea of a hopeless representation of the self, other and world. Consequently,

individuals with insecure attachments were more susceptible to developing depression symptoms. Bowlby's proposition regarding the relationship between depressive symptoms and adult attachment insecurity has been corroborated by a considerable amount of work (Wei et al., 2004; Besser & Priel, 2003). A meta-analysis demonstrated that preoccupied attachment is linked with elevated levels of depressive symptoms compared to secure attachment (Dagan et al., 2018). Additionally, individuals with unresolved attachment who did not categorize in traditional attachment orientations reported higher depression than those with organized attachment types. An important distinction was also noted between individuals with preoccupied and dismissing attachment styles, with those who were preoccupied showing a stronger correlation with depression than individuals with dismissing attachment styles (Dagan et al., 2018).

Bowlby (1973) was among the first scholars to point out that there could be a link between insecure attachment and anxiety disorders. Subsequent studies have been supported his suggestions. (Adam et al., 2004; Esbjørn et al., 2013; Marganska et al., 2013). Bowlby (1973) also posited that individuals with insecure attachment styles could resort to maladaptive coping mechanisms in response to the distress. These mechanisms fail to promote positive adaptation (Mikulincer & Florian, 1998) and could intensify responses to threats and increase the tendency to avoid anxiety-provoking situations, which are signs of anxiety disorders (American Psychiatric Association, 2013).

Bosquet and Egeland's (2006) longitudinal study, which followed 155 individuals from infancy through adolescence, indicated that individuals with attachment anxiety are more likely to experience anxiety-related symptoms throughout their development, from emotion dysregulation to anxiety disorders (Bosquet &

Egeland, 2006). On the other hand, the findings on the association between attachment avoidance and anxiety symptoms have been mixed. Some studies suggest a positive link between attachment avoidance and anxiety symptoms (Muris & Meesters, 2002; Wei et al., 2003). However, other studies did not reach a significant finding regarding attachment avoidance and anxiety (Sheehan & Noller, 2002; Costa & Weems, 2005; Adam et al., 2004;). For instance, The Minnesota study, a longitudinal study that began in the 1970s and tracked participants from 3 months to 34 years, reported that children with attachment anxiety were more prone than infants with secure attachment to develop anxiety disorders by the age of 17. However, other studies did not find a significant link between attachment avoidance and anxiety (Warren et al., 1997; Sroufe et al., 2005).

Regarding PTSD, a study conducted with a Palestinian sample found that individuals with insecure attachment who had trauma experiences such as physical torture and ill-treatment were prone to develop PTSD compared to secure individuals subjected to the same traumatic conditions (Kanninen et al., 2003). Besides, a separate study focusing on US veterans who served in Iraq or Afghanistan indicated that those classified with insecure attachment were more prone to develop PTSD symptoms, particularly those with avoidant attachment styles (Clark & Owens, 2012). While insecure attachment elevates the risk of developing symptoms of PTSD, secure attachment seems to be a protective function. For instance, research comprising 328 participants indicated that secure attachment has been linked to low levels of PTSD symptoms among young adults (O'Connor & Elklit, 2008).

Moreover, a positive connection between insecure attachment and schizophrenia compared to the control group is reported by several studies (Dozier et al., 1994; Dozier, 1990; Dozier et al., 1991). For instance, a study reported a link

between insecure adult attachment style and psychosis (Berry et al., 2008). For nonclinical sample, studies have reported avoidant and anxious individuals to be associated with paranoia (MacBeth et al., 2008; Pickering et al., 2008), although some studies suggest that only anxious attachment was correlated (Meins et al., 2008). The differences among studies could be attributed to the statistical analysis utilized in each study (Korver-Nieber et al., 2014).

Moreover, a study examines the relationship between obsessive-compulsive disorder and insecure attachment in 36 individuals in the clinical group and 26 individual control groups. The study found that attachment insecurity was more prevalent in the clinic group than control group (Myhr et al., 2004).

Consistent with findings related to other psychopathologies, several studies have reported a positive link between insecure attachment and somatic symptoms. For example, a study involving over 2,000 patients reported that those with insecure attachment styles tend to report somatic symptoms with no identifiable physical aetiology (Taylor et al., 2000). Similarly, another study also reported a robust link between insecure attachment styles and somatic symptoms compared to secure individuals. Particularly, there were a significant difference between fearful attachment and secure attachment in terms of greater symptom reporting (Ciechanowski et al., 2002). In another study conducted on 162 participants in a general medical clinic, insecure attachment, particularly fearful attachment, was linked with increased somatization symptoms (Noyes et al., 2003). According to a study, securely attached adolescents to their parents indicated fewer somatic symptoms and fewer negative moods (i.e., anger, disgust, fear) and perceived less stress (Monaco et al., 2019).

According to Mikulincer and Shaver (2012), the most significant mechanisms explaining the association between attachment orientations and psychopathology are emotion regulation, self-presentation, and interpersonal relationships. Attachment theory suggests that a child's capability to manage their emotions is learned through interactions with their attachment objects. Secure attachment relationships facilitate learning emotional regulation by fostering the acknowledgment and display of emotions in socially appropriate ways (Cassidy, 1994). Contrary to individuals with secure attachment, individuals with avoidant and anxious attachment orientations tend to adopt distinct emotion regulation strategies, potentially leading to developing psychopathologies. Those with avoidant attachment often disassociate their emotions from their thoughts and behaviors, impeding their ability to cope effectively with stress and seek social support during stressful times (Berant et al., 2008). In contrast, those with anxious attachments tend to amplify and overemphasize their negative feelings, such as anger, sadness, or worry (Mikulincer & Shaver, 2010).

Attachment orientations also affect interpersonal relationships. Studies found that secure individuals indicate fewer interpersonal problems as expected, unlike avoidant and anxious individuals, who reported greater difficulties such as loneliness and social isolation (Horowitz et al., 1988; Larose & Bernier, 2001). Anxious individuals are prone to emotional dysregulation, while those with avoidant attachment often encounter interpersonal issues due to being more competitive, introverted, or cold (Horowitz et al., 1988).

Like well-being, psychopathology is also influenced by socioeconomic status (SES), including education, income, and employment status. A longitudinal study reported that low SES increases the likelihood of developing psychopathology and reduces the likelihood of seeking medical health care (Wadsworth & Achenbach,

2005). Peverill et al. (2021) conducted a meta-analysis and stated that children who grow up with low socioeconomic status are linked with greater psychopathology. In extreme, low-SES parents could not afford healthcare, housing, or even food (Slopen et al., 2010; Zilanawala & Pilkauskas, 2012). In addition, Goodman et al. (2003) reported that the relationship tends to persist among middle- and high-income families. Also, another study indicated that low income was linked with internalizing psychopathologies (South & Krueger, 2011).

2.4. The Concept of Emotion Regulation and Interpersonal Emotion Regulation

Emotion regulation has emerged as a widely researched concept over the past two decades. It has been used as an umbrella term that refers to how individuals manage and modify their emotions. According to Gross (2014), individuals can regulate emotions by which emotions they will feel, the situations in which these emotions will arise, how much they sense them, and how they will show their emotions. In addition, Gross also stated that understanding the situation in emotion has occurred was also an important component of emotion regulation. Expression of the emotion was also found essential. Essentially, individuals have the ability to amplify, maintain, or diminish their emotions (Uphill et al., 2009). Individuals generally tend to reduce the intensity of unfavorable effects (Gross et al., 2006) while endeavoring to increase favorable ones (Quoidbach et al., 2010). However, most individuals seek to regulate the intensity of negative emotions as opposed to positive emotions (Aldao & Nolen-Hoeksema, 2013).

The literature extensively has documented various strategies: “suppression, acceptance, rumination, problem-solving, avoidance, and reappraisal” (Hofmann et al., 2009; Aldao & Nolen-Hoeksema, 2010;), in which some of the strategies are

considered adaptive or maladaptive. Adaptive strategies differ from maladaptive strategies by being flexible during stressful or novel situations. (Bridges et al., 2004). For instance, the acceptance strategy, which refers to acknowledging the emotion without judgment or attempting to alter the emotions is recognized as an adaptive strategy (Hofmann et al., 2009). In other words, adaptive strategies are positively linked with positive outcomes and negatively associated with distress, especially if appropriately used (Hoffman et al., 2009). Conversely, maladaptive strategies are generally not flexible and inhibit goal-directed behavior under distress (Robertson et al., 2012). Suppression is considered as a maladaptive strategy to regulate emotions (Dennis, 2007; Aldao et al., 2010; Campbell-Sills, 2006). It refers to blocking out negative emotions (Gross, 2002).

The research on the intrapersonal aspect of regulating emotions has been extensive in the literature, whereas the interpersonal perspective has been largely neglected. Recently, studies have highlighted the essential role of social interactions in regulating emotions since people are considered social beings who experience emotions in the context of others (Beckes & Coan, 2011; Levenson et al., 2014; Zaki & Williams, 2013; Hofmann, 2014). For example, individuals generally seek the comfort of others and share their emotional experiences (Rimé, 2009).

Furthermore, emotion regulation skills begin in childhood. Children learn to regulate their emotions through observing and learning the caregiver's verbal and nonverbal cues, expressions toward the children's emotions and by discussing emotions with them (Eisenberg et al., 2010; Posner & Rothbart, 2000). Parents, who serve as a role of attachment figures, play an essential role in teaching emotion regulation. They help children by soothing and regulating children's emotions and providing a model for how to regulate emotions. As children reach adolescence or

adulthood, the attachment relationship remains essential in terms of being a model for regulating emotions (Hughes et al., 2012; Rimé, 2009). Hence, given that emotion regulation is learned by social interactions, it becomes evident that emotion regulation cannot be understood solely as an intrapersonal process. Hence, researchers have started to examine the interpersonal aspect. Some scholars have developed frameworks to understand how it processes (Hofmann, 2014; Zaki & Williams, 2013; Levenson et al., 2014).

Interpersonal emotion regulation is generally defined as regulating one's emotions with the aid of others. Zaki and Williams (2013) posited a model for interpersonal emotion regulation that encompasses two distinct dimensions. The first dimension includes two facets: regulating one's emotions by utilizing others (intrinsic) and regulating the emotions of others (extrinsic). For example, looking for comfort from other individuals during a stressful time can be given as an example of intrinsic emotion regulation, whereas providing emotional support to a distressed friend is an example of extrinsic emotion regulation.

Zaki and Williams (2013) posited that the second dimension emphasizes the importance of response-dependent and response-independent processes. In response-dependent processes, the content of feedback from others is an essential factor for regulating one's emotions. For instance, when sharing positive news, the level of enthusiasm expressed by the recipient can significantly impact the enhancement of the positive effect. If the recipient does not display any enthusiasm, the increase in positive emotions does not occur (Gable & Reis, 2010). Contrary, in response-independent processes, the feedback of others is not essential in regulating emotions since sharing the emotions itself can be effective in regulating emotions, such as labeling the

emotions as well as appraisal of the situation and emotions (Lindquist & Barrett, 2008; Kross et al., 2005).

These two dimensions can be represented by a 2x2 matrix, wherein both intrinsic and extrinsic emotion regulation can occur through response-dependent and response-independent processes. Relying on the specific social interaction and the importance of the feedback they receive from others, individuals can use a variety of interpersonal emotion regulation strategies that falls into these categories (Zaki & Williams, 2013).

Moreover, Hofmann and colleagues (2016) constructed a valid and reliable measurement to assess intrinsic interpersonal emotion regulation (IER) strategies, which cover both response-dependent and response-independent processes. The measurement is constructed using a qualitative data analytic perspective to create items and establish a four-dimensional model. The first dimension, enhancing positive emotions, refers to the tendency to increase positive emotions by seeking the company of others. The second dimension, perspective taking, involves controlling one's emotions, such as worry or sadness, by thinking that others may be in a worse situation. The third dimension, soothing, pertains to looking for compassion and sympathy from others to manage negative feelings. Lastly, social modeling involves seeking others as models for how to manage a specific emotional situation. Enhancing positive emotions is the only strategy in the model to amplify positive emotions more than other interpersonal emotion regulation strategies.

2.4.a. Attachment and Interpersonal Emotion Regulation

The relationship between caregivers and infants during early development significantly impacts children's neurobiological and temporal development,

consequently shaping their future emotion regulation strategies (Field et al., 2006; Posner et al., 2007). In the initial stages, infants' emotions are regulated with a substantial reliance on parental regulation. When they grow, this regulation is distributed evenly between the caregivers and the child, particularly in cases of a secure relationship. Cassidy (1994) proposed that an individual's attachment style can affect their choice of emotion regulation strategy. Securely attached infants often develop a more adaptive and accepting attitude towards their emotions rather than suppressing them. In contrast, insecurely attached infants tend to express their emotions vaguely, seeking attention while avoiding comfort. This discrepancy might stem from inconsistent care from their caregivers. This behavior may be attributed to the incoherent care provided by caregivers, which results in inconsistent emotion regulation by children (Isabella & Belsky, 1991). William and colleagues (2018) argued that early experiences could impact the utilization and effectiveness of emotion regulation strategies. In addition to parents, older siblings have been identified as significant contributors to developing emotion regulation skills. If siblings' relationships are developed efficiently, elder siblings are able to provide security and support to siblings who are younger than them (Bedford & Volling, 2004).

Attachments to friends and romantic interests become increasingly significant factors for emotion regulation, complementing their relationships with their parents. Kullik and Petermann (2013) emphasized that these attachments are antecedents to intrapersonal and interpersonal emotion regulation. In some situations, interpersonal emotion regulation was stated to be more efficient compared to intrapersonal emotion strategies. For instance, it has been found that interpersonal emotion regulation is more effective in reducing stress for romantic partners than employing intrapersonal emotion regulation strategies (Levy-Gigi & Shamay-Tsoory, 2017). In addition,

romantic partners can significantly impact interpersonal emotion regulation; even a simple act of physical touch can boost positive emotions and psychological functioning (Debrot et al., 2013).

The research to date has tended to focus on insecure attachment and interpersonal emotion regulation, with less emphasis on secure attachment. The findings related to insecure attachment present mixed results concerning interpersonal emotion regulation. According to Hoffman et al. (2016), people with an anxious attachment style more like to use all interpersonal emotion regulation strategies. Koç et al. (2019) stated similar findings that anxious attachment was significantly correlated with interpersonal emotion regulation, except for enhancing positive affect. In addition, it was reported that avoidant attachment style was positively linked to enhancing positive affect. Altan-Atalar's research (2019) further supported this finding, indicating a significant link among avoidant attachment and enhancing positive affect. Moreover, insecure attachment is also positively associated with soothing and social modeling (Altan-Atalay, 2019). On the other hand, there is not much research on the association among secure attachment and interpersonal emotion regulation indicating. A gap in the literature exist about how individuals with secure attachment employ interpersonal emotion regulation strategies.

2.4.b. Well-being and Interpersonal Emotion Regulation

Emotion regulation is considered an essential component of well-being. Each emotion regulation strategy operates differently depending on whether it is adaptive or maladaptive. For example, suppression, an intra-emotion regulation strategy, entails restraining emotional expression in the face of emotional arousal. This strategy is considered maladaptive and linked to reduced interpersonal functioning (Butler et al.,

2003), diminished positive emotions (Gross & Levenson, 1997), and decreased well-being (Gross & John, 2003). On the other hand, cognitive reappraisal involves the intentional reevaluation of emotional triggers with the aim of altering their emotional impact. As an adaptive strategy, cognitive reappraisal has been found to positively affect well-being (Gross & John, 2003) and diminish negative emotions (Butler et al., 2003). These instances emphasize the significance of understanding the various strategies of emotion regulation and how they affect well-being separately.

Limited research explores the link between interpersonal emotion regulation strategies and well-being. Hawkey and Cacioppo (2010) stated that interpersonal emotion regulation might explain how social relationships affect mental health. For instance, Marroquín (2011) stated that interpersonal emotion regulation could be an instrumental in explaining how social support reduced depressive symptoms. Williams et al. (2018) stated that emerging adults who utilize interpersonal emotion regulation strategies had elevated levels of well-being. Also, these individuals reported greater social connectedness and formed more supportive relationships during their university years compared to other students.

There are limited studies examining the association between interpersonal emotion regulation and well-being. As in intrapersonal emotion regulation, interpersonal emotion regulation also differs in terms of strategies. For instance, Chan and Rawana (2021) stated that enhancing positive affect is positively associated with well-being. Similarly, Temiz and Elsharnouby (2022) also found a connection between enhancing positive affect and well-being.

Moreover, there are mixed results on perspective-taking and well-being. A study indicated that an increased perspective-taking strategy was associated with improved well-being (Chan & Rawana, 2021). This aligns with Temiz and

Elsharnouby 's study (2022), which found that this ability to adopt another's viewpoint moderates the relationship between relationship satisfaction and positive emotions. However, Hofmann et al. (2016) indicated that perspective-taking was positively related to anxiety and depression. Chan and Rawana (2021) suggested that this discrepancy could be attributed to cross-cultural differences, as their study was conducted in collectivistic cultures, whereas Hofmann et al. (2016) focused on individualistic cultures. Another study on collectivistic culture reported that perspective-taking was negatively correlated with depression and anxiety (Altan-Atalay & Sarıtaş-Atalar, 2019).

On the other hand, soothing has negatively correlated with well-being (Chan & Rawana, 2021). According to a study by Sarısoy-Aksüt and Gençöz (2020), greater emotion regulation was linked to frequent usage of soothing, which suggests that these individuals may have limited resources to manage their emotions by themselves and need to other individuals who provide comfort and assurance. While utilizing IER may yield short-term benefits, in the longer term, it could reduce self-efficacy in regulating emotions, leading to lower well-being (Hofmann, 2014).

2.4.c. Psychopathology and Interpersonal Emotion Regulation

A growing body of research has explored the relationship between emotion regulation and psychopathology. Social context is essential in many mental disorders, particularly depression and anxiety (Hofmann, 2014). Therefore, Hofmann (2014) posited that interpersonal emotion regulation could have a role of protective function against mental disorders. However, emotion regulation strategies could also be related with developing mental disorders or maintaining the existing disorder. Frequent utilization of IER could reduce the individual's perception of control over their emotional experience. Consequently, interpersonal emotion regulation could be

adaptive and maladaptive, mainly when individuals are not capable of regulating their emotions with external support from others or social groups (Hofmann, 2014). Similarly, Dixon-Gordon et al. (2015) suggested that IER may maintain psychopathology, as individuals who rely on others to regulate their emotions may develop an over-dependence on others. The over-dependence could hinder the capability of self-regulation.

The association between each interpersonal emotion regulation strategy and psychopathology has produced different implications. Enhancing positive affect, for instance, is often considered an adaptive interpersonal emotion regulation strategy since previous research has suggested an adverse association with depression (Koç, et al., 2019) as well as anxiety (Altan-Atalay & Saritas-Atalar, 2019). Also, Chan and Rawana (2021) stated that enhanced positive affect is negatively correlated with internalizing behaviors as assessed by depressive symptoms and anxiety symptoms, in addition to perceived stress scores. Conversely, Hofmann et al. (2016) found no significant relationship between these variables in their study conducted in an individualistic culture. To explain these discrepancies, Chan and Rawana (2021) propose that the relationship between specific IER strategies and psychopathology varies across collectivist or individualist cultures. Cross-cultural differences, such as varying emphasis on interpersonal bonds or autonomy, may affect the use and outcomes of IER strategies. Kağıtçıbaşı (2007) notes that collectivist cultures promote emotional interdependence and interpersonal intimacy in relationships, while individualistic cultures prioritize autonomy.

Furthermore, the relationship between perspective-taking and psychopathology has yielded inconsistent findings. For instance, Chan and Rawana (2021) examined the association between internalizing behavior and perspective

taking and reported that individuals who engaged in more perspective-taking strategy tended to report fewer internalizing symptoms. (Chan & Rawana, 2021). Similarly, another study involving 433 participants stated that perspective-taking and depression were negatively correlated. (Altan-Atalay & Sarıtaş-Atalar, 2019). Also, Koç et al. (2019) reported a negative relationship between these variables. However, some studies have not found a significant relationship. For instance, Gökdağ et al. (2019) stated that there is not an significant association between perspective-taking, depression, and anxiety. Likewise, Pruesnner et al. (2019) also researched the German population and reported no significant association between depression and perspective-taking. In addition, another study conducted on Italian participants reported no significant relationship between psychopathology and perspective-taking (Messina et al., 2022).

Furthermore, regarding the IER strategy of soothing, a plethora of work shows that soothing has significant links to psychopathology. Numerous studies provide evidence supporting the positive relationship. For instance, Ray-Yol and Altan-Atalay (2022) conducted a study that revealed a significant positive correlation, suggesting that utilizing soothing was linked with psychological distress. Similarly, Koç et al. (2019) stated a significant relationship between social and state anxiety. Chan and Rawana (2021) indicated a positive relationship between soothing and internalizing behaviors, suggesting that people who reported high levels of using soothing tended to report higher internalizing behaviors. In a study of 467 participants, researchers studied the relationship between depression, anxiety, and stress in a Turkish sample, reporting that the soothing dimension was related significantly with depression, anxiety, and stress (Gökdağ et al., 2019). In addition, Hofmann et al. (2016) posited that soothing was significantly positively related to depression and anxiety in the US

population. Messina et al. (2022) also posited a significant link between psychopathology and soothing. According to a study conducted on adolescents, soothing was the only strategy positively related to psychological distress (Ray-Yol et al., 2022).

Similarly, social modeling is posited as a maladaptive strategy that has been linked to psychopathology in various studies (Ray-Yol & Altan-Atalay, 2022; Koc, et al., 2019; Altan-Atalay & Saritas- Atalar, 2019). For instance, Gökdağ and Naldöken (2020) investigated a study investigating the link between psychopathology and social modeling and found a significant relationship between two variables. Building on this, another study conducted in Italy also reported a significant positive association between social modeling and psychopathology. More specifically, Koray and Akkuş (2022) reported a positive relationship between social modeling and social anxiety disorder. This implies that individuals with social anxiety disorder tend to rely on social modeling as an IER strategy. Reinforcing these findings, social modeling is also related to internalizing symptoms (Chan & Rawana, 2021). Further to these positive associations, other studies failed to report a significant link between social modeling and psychopathology (Gökdağ et al., 2018; Koç et al., 2019; Altan-Atalay & Saritas- Atalar, 2019).

2.5. Aims of the Study

As informed earlier in the text, secure attachment has been linked with increased well-being and decreased psychopathology. Secure attachment could have as protective function as opposed to psychopathology compared to other attachment types. Although the relationship between them studied vastly, the underlying mechanism remains unclear. One of the important concepts that would mediate the

relationship, is emotion regulation. Emotion regulation have a critical role in both well-being and psychopathology since both concepts are intermingled with emotional experiences.

Securely attached individuals tend to utilize strategies that effectively reduce negative emotions and increase positive ones. Despite the critical role of social interaction in emotion regulation, interpersonal emotion regulation remains relatively unexplored regarding well-being, and psychopathology. Thus, possible mediators between secure attachment, well-being and psychopathology could be interpersonal emotion regulation strategies: “enhancing positive affect, perspective-taking, soothing and social modeling”. The present research aims to explore and extend our understanding of interpersonal emotion regulation, its interaction with secure attachment, and the subsequent impacts on well-being and psychopathology.

Hypotheses:

1. Secure attachment and interpersonal emotion regulation (i.e., enhancing positive affect, perspective-taking, soothing and social modeling) would predict mental well-being scores.
2. Secure attachment and interpersonal emotion regulation (i.e., enhancing positive affect, perspective-taking, soothing and social modeling) would predict psychopathology scores.
3. Interpersonal emotion regulation strategies (i.e., enhancing positive affect, perspective-taking, soothing and social modeling) would mediate the relationship between secure attachment and mental well-being.
4. Interpersonal emotion regulation strategies (i.e., enhancing positive affect, perspective-taking, soothing and social modeling) would mediate the relationship between secure attachment and psychopathology.

CHAPTER III

METHOD

3.1. Participants

A total of 282 individuals participated in this study through convenience sampling. Of these participants, 199 (70.6%) were self-identified as female, while 83 (29.4%) were identified as male. The mean age of the participants was 30.22 years old (SD=10.8 with a range of 18 to 62). Among the participants, 97 (34.4%) reported being high school graduates, 158 (56%) reported having earned an undergraduate degree, and 27 (9.6%) said having earned a master's degree. Residential data indicated that most of the participants (n = 225, 79.8%) were from a metropolis, with 29 (10.3%) from a city, 29 (10.3%) from a town, and 3 (1.1%) from a village (for detailed information on demographic information see Table 3.1).

	<i>n</i>	<i>%</i>	<i>Mean</i>	<i>SD</i>	<i>Range</i>
Age	282		30.22	10.8	44
Gender					
Female	199	70.6			
Male	83	29.4			
Marital Status					
Single	180	63.8			
Married	89	31.6			
Divorced	8	2.8			
Other	5	1.8			
Urban/rural living status					
Metropolis	225	79.8			
City	29	10.3			
Town	25	8.9			
Village	3	1.1			
Education Level					
High school	97	34.4			
Undergraduate degree	158	56.0			
Graduate degree	27	9.6			
Employment status					
Employed	174	61.7			
Unemployed	106	37.6			
Retired	2	.7			
Self-reported monthly income level					
Very low	3	.7			
Low	40	14.2			
Average	149	52.8			
Above average	75	26.6			
High	16	5.5			

Table 3.1. Socio-demographic Characteristics of the Sample.

3.2. Measures

The instruments utilized for this research consisted of a demographic information form, Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), The Brief Symptom Inventory (BSI), the Relationships Scales Questionnaire (RSQ) and Interpersonal Emotion Regulation Questionnaire (IERQ).

3.2.a. The Demographic Information Form

The demographic information was designed by the researcher with the aim of eliciting information related to the participant's gender, age, highest education status, occupational status, residential information, and income status.

3.2.b. Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

Tennant and his colleagues (2007) developed The Warwick-Edinburg Mental Well-Being Scale (WEMWBS) to assess participants' mental well-being. WEMWBS is a self-reporting measurement with 14 items. The scale is rated on a 5-point Likert-type scale ranging from 1 (“none of the time”) to 5 (“all of the time”). Tennant et al. (2007) demonstrated that the scale exhibited high levels of internal consistency and coefficient alpha of .89. Furthermore, the test-retest reliability for the scale was considered as acceptable ($r = .83$).

Keldal (2005) adapted WEMWBS to Turkish sample. In this study, the scale's reliability analysis showed that Cronbach's alpha was .92. In contrast, the test-retest reliability was reported to be .83. For the current study, the internal consistency reliability of the total inventory, as measured by Cronbach alpha value, was .93.

3.2.c. The Brief Symptom Inventory (BSI)

The Brief Symptom Inventory (BSI) is designed to measure levels of psychopathology and was developed by Derogatis and Melisaratos (1983). This instrument is developed from the Revised Symptom Checklist-90 (SCL-90-R). The scale has 53 items and is rated on a 5-point Likert-type scale ranging from 1 ("*not at all*") to 4 ("*extremely*"). BSI has nine subscales: "somatization, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism". The BSI also has three global indices: "global severity index (GSI), positive symptom total (PST), and positive symptom distress index (PSDI)". The psychometric properties of the scale indicated satisfactory levels of reliability, with Cronbach alpha values ranging between .71 and .85. The test-retest reliability coefficient of the nine subscales is measured using Pearson correlation coefficient ranged from .68 to .91. For the global indices, the test-retest reliability ranges between .87 and .90 (Derogatis, 1992).

Şahin and Durak (1994) adapted the BSI into Turkish. Their factor analysis identified five factors compared to 9 factors in the original instrument stated above. The subscales were "Somatization", "Negative self-concept", "Depression", "Anxiety", and "Hostility". Şahin and Durak (1994) have constructed a total score that reflects the overall level of psychological symptoms by summing up all these subscales; the reliability coefficients for these factors ranged between .75 and .87, while the Cronbach alpha for the total score is .96. For the current sample, Cronbach's alpha values for internal consistency of the entire inventory, somatization, negative self-concept, depression, anxiety, and hostility were .97, .83, .89, .91, .89, .81, respectively.

3.2.d. Relationships Scales Questionnaire (RSQ)

The Relationships Scale Questionnaire (RSQ) is developed by Bartholomew and Horowitz (1991) to measure attachment styles. The RSQ has 30 items for the self-report measure. Items were rated on a 7-point Likert-type scale ranging from 1 (“*not at all like me*”) to 7 (“*very much like me*”). The scale has four subtypes: “secure, preoccupied, dismissing, and fearful”. The internal consistencies of the subscales range from .31 to .75. Bartholomew (1994) indicated: “... this follows neither from the low number of items making up each prototype score nor from some accidental psychometric flaw in the construction of the scales. Instead, the internal consistencies of the RSQ scales can be low because two orthogonal dimensions (self-model and other model) are being combined” (p. 27). Although low-reliability scores, the scale’s validity demonstrated convergent validity in the studies which used extensive attachment interviews and other self-report assessments. (Griffin & Bartholomew, 1994). In addition, other studies also indicated an acceptable test-retest reliability coefficient, which is above .63 (Fraley & Shaver, 1997). That is why RSQ as a measure of attachment is used in the present thesis. Sümer and Güngör adapted the scale to Turkish in 1999. The Cronbach's alpha values for internal consistency range from .27 to .61. The test-retest reliability coefficient of the subscales was indicated between .54 to .69 in four weeks of the test-retest interval. For the current study, Cronbach’s alpha for the secure attachment in the present study’s sample was measured as .24.

3.2.e. Interpersonal Emotion Regulation Questionnaire (IERQ)

The interpersonal Emotion Regulation Questionnaire (IERQ) is a self-report measurement tool created by Hofmann and his colleagues (2016) and has 20 items. It is developed to assess interpersonal emotion regulation. It consists of four subscales:

“enhancing positive affect, soothing, social modeling, and perspective taking”, each comprising five items. The scale is rated on a 5-point Likert type ranging from 1 (strongly disagree) to 5 (strongly agree). The IERQ has demonstrated good psychometric properties. Internal reliability analysis in the study found that Cronbach α is .87, .85, .89, and .91, in order of enhancing positive affect, perspective taking, soothing, social modeling,

The measurement is adapted to Turkish by Sarisoy-Aksüt and Gençöz (2020). The Cronbach’s alpha for the scale was .90. Cronbach's alphas were found to be between .79 and .89 for the subscales. For the current study, the Cronbach alpha value of the whole scale was .93, while it was .89, .81., .87, and .92 in order of enhanced positive affect, perspective-taking, soothing and social modeling.

3.3. Procedure

The TOBB Economy and Technology University, Human Research Evaluation Board, approved the current research. Data were collected via an online survey platform, Google Forms. Before the data collection, participants received an informed consent form that stated their involvement in the study was voluntary and that they had the freedom to leave the study without consequence. The ones who volunteered for participation in the study and gave their consent filled out the demographic form and Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), The Brief Symptom Inventory (BSI), Relationships Scales Questionnaire (RSQ) and Interpersonal Emotion Regulation Questionnaire (IERQ). The order in which the questionnaires were displayed was randomized by the software. Completing all measures required spending approximately 20 minutes.

CHAPTER IV

RESULTS

4.1. Statistical Analysis

The current study used the Statistical Package of Social Sciences (SPSS) version 29 for Windows for data analysis. The mediation analysis was done via the PROCESS Macro for IBM SPSS (Hayes, 2018). Before the analysis, the accuracy of the dataset was controlled by examining missing values and data entries. In addition, Mahalanobis distance was calculated to evaluate multivariate outliers in the data. In addition, Cook's distance and leverage value were calculated as an additional outlier analysis. Thus, 23 participants were deleted from the study. For each scale, Cronbach's alpha coefficients were employed to measure the internal consistency, which is given in the method section. In addition, descriptive statistics were analyzed.

Afore the hypothesis testing, the normality and the assumptions of the multivariate analysis were controlled. It is concluded that the data were normally distributed and met the requirements for multivariate analysis, including independence of observations, linearity, and homoscedasticity of residuals.

Before the hypothesis testing, bivariate correlations of variables were analyzed, and the potential effects of demographic variables were tested on dependent variables (i.e., well-being and psychopathology) and scrutinized using the Kruskal-Wallis test. Kruskal-Wallis, which is a non-parametric test, was utilized for this study since the assumptions of the parametric test did not meet for demographic variables. Subsequently, mediation analyses were conducted to explore the mediating effects of interpersonal emotion regulation in the relationship between secure attachment and

well-being. Additionally, mediation analyses were performed to examine the mediating effects of interpersonal emotion regulation between secure attachment and psychopathology.

4.2. Descriptive Statistics

Table 4.1 presents the descriptive statistics, including mean of the scales and subscales, standard deviation, and range, an minimum and maximum scores of the variables.

Measure	Mean	SD	Min	Max
RSQ total score	20.09	4.81	6	35
IERQ				
Enhancing emotion regulation	19.79	4.6	5	25
Perspective Taking	12.09	4.78	5	25
Soothing	14.43	5.34	5	25
Social Modeling	14.43	5.64	5	25
WEMWBS total score	49.56	10.91	14	70
BSI total score	51.33	38.08	0	177

Table 4.1. Descriptive Statistics of the Variables of the Study

Note. RSQ= Relationship Scale Questionnaire, IERQ = Interpersonal Emotion Regulation Questionnaire, WEMWBS= Warwick Edinburgh Mental Wellbeing Scale, BSI = Brief Symptom Inventory.

To decide which control variables should be entered into analysis, Kruskal Wallis test was performed demographic variables (i.e., income level, education level, working status, urban/rural living status) and well-being. Test results indicated that there were significant differences in the scores of mental well-being between levels of

education level and working status. Table 4.2 provides a comprehensive result of Kruskal Wallis test outcomes for categorical variables.

Variables and Categories	N	Mean Rank	χ^2	<i>p</i>
Education Level			16.80	<.001
High School	97	115.99		
Undergraduate degree	158	151.10		
Graduate degree	27	176.94		
Income Level			3.75	.63
Very low	2	139.75		
Low	40	122.88		
Average	149	145.83		
Above average	75	147.01		
High	16	122.16		
Working Status			34.66	<.001
Employed	174	163.96		
Unemployed	106	104.89		
Retired	2	128.25		
Urban/rural living status			.89	.83
Village	3	163.50		
Town	25	130.00		
City	29	137.00		
Metropolis	225	143.06		

Table 4.2. Kruskal-Wallis Test Results for Categorical Variables for Psychopathology

Moreover, Kruskal Wallis was also conducted to test the effects of income level, education level, working status and urban/rural living status on psychopathology. It was found that there were significant differences in participants'

scores of psychopathologies in terms of education level, income level, and levels of working status (see Table 4.3).

Variables and Categories				
	N	Mean Rank	χ^2	<i>p</i>
Education Level				
			26.51	<.001
High School	97	172.57		
University	158	130.77		
Master's Degree	27	92.65		
Income Level				
			13.45	<.01
Low	2	235.50		
Medium-Low	40	150.80		
Medium	149	133.58		
High Medium	75	136.98		
High	16	201.41		
Working Status				
			32.162	<.001
Employed	174	120.29		
Unemployed	106	176.96		
Retired	2	107.50		
Urban/rural				
Living status				
			.46	.92
Village	3	138.00		
Country	25	139.88		
City	29	151.14		
Metropolis	225	140.48		

Table 4.3. Kruskal-Wallis Test Results for Categorical Variables for Well-being

4.3. Bivariate Correlations among the Variables

In the analysis, there are two dependent variables: well-being and psychopathology. The results indicated that well-being was positively correlated to secure attachment ($r = .31, p < .01$). As for interpersonal emotion regulation strategies,

well-being was positively associated with enhanced positive affect ($r = .22, p < .01$), perspective taking ($r = .24, p < .01$).

The second dependent variable, psychopathology, indicated that psychopathology demonstrated a negative and significant correlation with secure attachment ($r = -.37, p < .01$). Furthermore, among the interpersonal emotion regulation strategies, only perspective-taking was negatively and significantly related to psychopathology ($r = -.16, p < .01$).

Results indicated that the independent variable, the secure attachment, was positively associated with only one interpersonal emotion regulation strategy, enhancing positive affect ($r = .17, p < .001$).

Regarding interpersonal emotion regulation strategies, enhancing positive affect was positively linked with perspective-taking ($r = .32, p < .001$), soothing ($r = .52, p < .001$), and social modeling ($r = .47, p < .001$). Perspective-taking were significantly linked with soothing ($r = .55, p < .001$) and social modeling ($r = .65, p < .001$). In addition, soothing was positively and significantly correlated to social modeling ($r = .67, p < .001$).

In addition, age was significantly associated to secure attachment ($r = .16, p < .001$). In addition, age was negatively related to psychopathology ($r = -.34, p < .001$) and positively correlated with mental well-being ($r = .34, p < .001$). Also, age was positively correlated with perspective-taking ($r = .22, p < .001$).

The bivariate correlation between all the variables of the present study is demonstrated in Table 4.5.

Variables	1	2	3	4	5	6	7	8
1. Secure attachment	--							
2. Mental Well-being	.31**	--						
3. Psychopathology	-.37**	-.63**	--					
4. Enhancing positive affect	.17**	.22**	.03	--				
5. Perspective taking	.09	.24**	-.16**	.32**	--			
6. Soothing	-.01	.04	.06	.52**	.55**	--		
7. Social modeling	-.05	.09	-.01	.47**	.65**	.67**	--	
8. Age	.16**	.34**	-.34**	-.01	.22**	-.01	-.03	--

Table 4.5. Bivariate Correlations Between Variables of the Study

Note. ** $p < .001$, * $p < .01$

4.4. Mediation Analyses

The current study includes two different dependent variables. Hence, two different mediation analyses are performed. Within each mediation analysis, four potential mediators (i.e., enhancing positive affect, perspective taking, soothing and social modeling) were simultaneously entered into the model while age, working status, and educational status were controlled. Utilizing the bootstrapping test from Hayes's SPSS macro, 5000 bootstraps were conducted for the analysis, and % a 95-confidence interval of the or indirect effect. The direct and indirect effects were examined with a significance alpha of .05.

4.5. Mediation Analysis for Secure Attachment and Well-being

In the first mediation analysis, secure attachment was the predictor, while well-being was the outcome. Enhancing positive affect, perspective-taking, soothing and

social modeling was the mediator. The results indicated that secure attachment was a significant predictor for enhanced positive affect ($b = -.17$, $SE = .06$, 95% CI [.05, .28], $\beta = .18$, $p < .001$). On the other hand, the results showed that secure attachment was not a significant predictor for perspective-taking, soothing, and social modeling.

In addition, enhancing positive affect ($b = .52$, $SE = .15$, 95% CI [.22, .82], $\beta = .22$, $p < .001$), perspective taking ($b = .44$, $SE = .17$, 95% CI [.05, .28], $\beta = .19$, $p = .01$), and soothing ($b = -.37$, $SE = .16$, 95% CI [-.68, -.06], $\beta = .18$, $p = .01$) significantly predicted well-being (see Figure 3.1). Social modeling ($b = -.00$, $SE = .16$, 95% CI [-.32, .31], $\beta = .00$, $p = .98$) did not predict well-being. Secure attachment significantly predicts well-being after controlling the mediating effects of interpersonal emotion regulation strategies ($b = .43$, $SE = .13$, 95% CI [.18, .68], $\beta = .19$, $p < .001$), which demonstrated that enhanced positive affect only partially mediates the relationship between secure attachment and mental well-being. Thus, the model with the mediators indicated 21% of the variance ($R^2 = .21$, $F(6, 275) = 11.95$, $p < .001$).

The indirect effects of enhancing positive affect were calculated with 5000 samples using bootstrap estimation. The findings revealed the indirect effect of interpersonal emotion regulation strategies ($b = .09$, $boot SE = .39$, 95% CI [.03, .21]). The mediation indicated a significant total effect of secure attachment on mental well-being while enhancing positive affect affected the relationship indirectly. Despite the mediation variables being entered into the equation, a direct effect of secure attachment was still evident in mental well-being. Therefore, the findings revealed that enhancing positive effects partially mediate the relationship between secure attachment and well-being.

4.6. Mediation Analysis for Secure Attachment and Psychopathology

In the current mediation analysis, secure attachment was the predictor, while psychopathology was the outcome, and the mediators enhanced positive affect, perspective-taking, soothing and social modeling. For the bootstrapping test, 5000 bootstrap re-samples were used for the analysis. The results revealed that secure attachment was a significant predictor for enhancing positive affect ($b = .17$, $SE = .06$, 95% CI [.05, .28], $\beta = .17$, $p < .001$). Also, the secure attachment was not a significant predictor for perspective taking ($b = -.05$, $SE = .06$, 95% CI [-.07, .16], $\beta = .05$, $p = .42$), soothing ($b = -.02$, $SE = .07$, 95% CI [-.15, .11], $\beta = .01$, $p = .76$), social modeling ($b = -.07$, $SE = .16$, 95% CI [-.22, .06], $\beta = -.06$, $p = .30$).

The results indicated that the relationship between psychopathology and interpersonal emotion regulation strategies, enhancing positive affect ($b = .75$, $SE = .53$, 95% CI [-.28, 1.77], $\beta = .09$, $p = .15$), perspective taking ($b = -1.09$, $SE = .59$, 95% CI [-2.24, .06], $\beta = -.14$, $p = .06$), soothing ($b = .96$, $SE = .54$, 95% CI [-.10, 2.01], $\beta = -.14$, $p = .08$) and social modeling ($b = -.36$, $SE = .55$, 95% CI [-1.44, .73], $\beta = -.05$, $p = .52$) were not significant. The direct effect of secure attachment on psychopathology was significant ($b = -2.31$, $t = -5.34$, $p < .001$).

The indirect effects of enhancing positive affect, perspective taking, soothing and social modeling were calculated with 5000 samples using the bootstrapping method. The results showed that the indirect effects for enhancing positive affect ($b = .13$, 95% CI [-.05, .36], perspective taking ($b = -.05$, 95% CI [-.22, .10]), soothing ($b = -.02$, 95% CI [-.20, .13] and social modeling ($b = .03$, 95% CI [.03, .07]) were not significant. In conclusion, the findings of the mediation analysis showed that interpersonal emotion regulation strategies did not mediate the relationship between

secure attachment and psychopathology. The direct effects tested for all the mediation analyses can be seen in Table 4.6 and Table 4.7.



<i>Antecedent</i>	<i>Consequent</i>														
	Enhanced Positive Affect			Perspective Taking			Soothing			Social Modeling			Mental Well-Being		
	Coefficient	SE	<i>p</i>	Coefficient	SE	<i>p</i>	Coefficient	SE	<i>p</i>	Coefficient	SE	<i>p</i>	Coefficient	SE	<i>p</i>
Secure Attachment	<i>a</i> 0.17	0.06	<.01	0.04	1.79	<.001	-0.02	0.07	0.75	-0.08	0.07	0.29	<i>c'</i> 0.43	0.13	<.001
Enhanced Positive Affect													<i>b</i> 0.52	0.15	<.001
Perspective Taking													<i>b</i> 0.44	0.17	<.05
Soothing													<i>b</i> -0.37	0.16	<.05
Social Modeling													<i>b</i> -.00	0.16	0.97
Age	-0.01	0.03	0.84	0.09	0.06	0.46	-0.02	0.04	0.64	-0.03	0.04	0.42	0.2	0.07	<.01
High School Degree	0.35	1.14	0.76	-1.25	0.03	<.01	-0.83	1.33	0.54	-2.77	1.4	<.05	-1.17	2.4	0.63
Undergrad. degree	0.5	0.96	0.6	0.28	0.98	0.77	1.04	1.12	0.36	-0.15	1.18	0.9	-0.82	2.01	0.68
Employed	0	0.79	0.99	0.28	0.98	0.44	-0.38	0.93	0.68	-0.87	0.97	0.37	3.11	1.66	0.06
Retired	-5.71	3.39	0.09	-0.54	3.48	0.88	-1.66	3.98	0.68	-1.53	4.17	0.71	-0.92	7.14	0.9
Constant	<i>i</i> ₁ 16.25	1.75	<.001	<i>i</i> ₁ 9.13	1.79	<.001	<i>i</i> ₁ 15.35	2.05	<.001	<i>i</i> ₁ 19.48	2.14	<.001	<i>i</i> ₂ 23.77	4.35	<.001
	<i>R</i> ² = .04			<i>R</i> ² = .07			<i>R</i> ² = .02			<i>R</i> ² = .04			<i>R</i> ² = .27		
	<i>F</i> (6, 275) = 2.07, <i>p</i> = .06			<i>F</i> (6, 275) = 3.35, <i>p</i> <.01			<i>F</i> (6, 275) = 1.04, <i>p</i> = .40			<i>F</i> (6, 275) = 1.80, <i>p</i> = .10			<i>F</i> (10, 271) = 2.07, <i>p</i> < .001		

Table 4.6. Parallel Mediation Analyses with Direct Effects between Secure Attachment and Mental Well-being.

Antecedent	Consequent																	
	Enhanced Positive Affect			Perspective Taking			Soothing			Social Modeling			Psychopathology					
	Coefficient	SE	<i>p</i>	Coefficient	SE	<i>p</i>	Coefficient	SE	<i>p</i>	Coefficient	SE	<i>p</i>	Coefficient	SE	<i>p</i>			
Secure Attachment	<i>a</i> 0.17	0.06	<.01	<i>a</i> 0.05	0.06	0.42	<i>a</i> -0.02	0.07	0.76	<i>a</i> -0.07	0.07	0.3	<i>c'</i> -2.31	0.43	<.001			
Enhanced Positive Affect													<i>b</i> 0.75	0.53	<.001			
Perspective Taking													<i>b</i> -1.09	0.59	0.15			
Soothing													<i>b</i> 0.96	0.54	0.06			
Social Modeling													<i>b</i> -0.36	0.55	-0.65			
Age	0.01	0.03	0.75	0.11	0.03	<.01	<.01	0.04	0.88	-0.02	0.04	0.7	-0.41	0.24	0.09			
High School Degree	0.85	1.15	0.46	-0.96	1.18	0.42	-0.34	1.34	0.8	-2.41	1.42	0.09	16.38	8.38	0.05			
Undergraduate degree	0.88	0.97	0.37	0.47	0.99	0.63	1.44	1.13	0.2	0.15	1.19	0.9	6.92	6.97	0.05			
Employed	0.02	0.8	0.98	-0.54	0.82	0.51	-0.38	0.93	0.67	-0.87	0.98	0.38	-10.02	5.74	0.08			
Retired	-5.7	3.38	0.09	-0.68	3.46	0.84	-1.77	3.94	0.66	-1.65	4.17	0.62	-12.93	24.41	0.59			
Very-Low Income	-0.44	3.44	-0.13	-3.62	3.51	0.3	-5.57	4	0.17	-3.98	4.23	0.35	13.79	24.78	0.56			
Low Income	-0.83	1.37	0.54	-3.42	1.4	0.01	-3.38	1.59	0.03	-2.42	1.68	0.15	-13.5	9.94	0.18			
Average Income	-0.87	1.22	0.48	-2.51	1.25	<.05	-2.66	1.42	0.06	-1.62	1.51	0.28	-20.11	8.87	0.02			
High Average Income	1.27	0.56		-1.61	1.29	0.21	-0.91	1.48	0.54	-0.39	1.56	0.8	-21.05	9.14	0.02			
Constant	<i>i₁</i> 15.77	2.02	<.001	10.59	2.07	<.001	16.40	2.36	<.001	20.02	2.50	<.001	<i>i₂</i> 114.80	16.64	<.001			
	<i>R</i> ² = .06			<i>R</i> ² = .09			<i>R</i> ² = .06			<i>R</i> ² = .04			<i>R</i> ² = .31					
	<i>F</i> (10, 271) = 1.88, <i>p</i> .05			<i>F</i> (10, 271) = 2.84, <i>p</i> <.01			<i>F</i> (10, 271) = 1.70, <i>p</i> = .08			<i>F</i> (6, 275) = 1.80, <i>p</i> = .10			<i>F</i> (14, 267) = 8.49, <i>p</i> <.001					

Table 4.7. Parallel Mediation Analyses with Direct Effects between Secure Attachment and Psychopathology



CHAPTER V

DISCUSSION

This study aimed to scrutinize the mediating role of interpersonal emotion regulation strategies (i.e., “enhancing positive affect, perspective-taking, soothing and social modeling”) in the relationship between secure attachment and both well-being and psychopathology. Accordingly, this study hypothesized that secure attachment and the aforementioned strategies would predict well-being and psychopathology scores while controlling demographic variables. Additionally, it is hypothesized that enhancing positive affect, perspective-taking, soothing and social modeling would mediate the relationship between secure attachment, both well-being, and psychopathology.

The researcher initially examined the intercorrelations among all variables. Subsequently, mediation analyses were conducted to test the possible mediating roles of enhancing positive affect, perspective-taking, soothing and social modeling between secure attachment and well-being, as well as secure attachment and psychopathology.

This section will discuss the study’s findings and the current literature. Furthermore, the strengths and clinical implications of the study will be presented. Lastly, the study’s limitations will be addressed, and recommendations for future studies will be suggested.

5.1. Findings Related to Correlations between Measures of the Study Secure Attachment, Well-being, and Psychopathology

The study revealed a robust relationship between secure attachment and well-being. To put it differently, individuals who stated elevated levels of secure attachment also stated higher well-being scores. The positive relationship between secure attachment and well-being is well-studied (Marrero-Quevedo et al., 2019; Karreman & Vingerhoets, 2012). For instance, in a study with 632 participants, secure attachment was found to be linked with higher well-being (Karreman & Vingerhoets, 2012). Moreover, a study conducted with a Turkish sample demonstrated a positive link between secure attachment and well-being (Demirtaş, 2019). These findings are consistent with the present study's results, further bolstering the literature on the positive relation between secure attachment and well-being.

As expected, the results of this study demonstrated that secure attachment was adversely linked with psychopathology, confirming the prevailing consensus in the literature on the negative link between these variables (Pielage et al., 2005; Ciocca et al., 2020., Shen et al., 2021). For instance, a study conducted on 1129 participants reported that secure attachment acts as a small yet protective function against psychopathology (Ciocca et al., 2020). Similarly, Pielage et al. (2005) indicated that secure attachment was negatively linked with depression and loneliness. Furthermore, existing literature has demonstrated that people with insecure attachments were reported to be linked to increased psychological stress compared to people with secure attachments (Mallinckrodt & Wei, 2005). These early associations were consistent with the current study's hypothesis that secure well-being and psychopathology.

5.2. Secure Attachment and Interpersonal Emotion Regulation

Relationships between secure attachment and interpersonal emotion regulation strategies indicated that only enhancing positive affect was positively associated with secure attachment among interpersonal emotion regulation strategies. In other words, participants who stated greater levels of secure attachment showed elevated levels of enhancing positive affect.

Enhancing positive affect differs from other interpersonal emotion regulation strategies by focusing on regulating positive emotions, whereas other strategies predominantly regulate negative emotions (Hofmann et al., 2016). The association between enhancing positive affect and secure attachment could be explained by that individuals with secure attachment actively engage in behaviors that capitalize their positive emotions. In addition, Shaver and Mikulincer (2008) posited that secure individuals tend to exhibit and experience more positive affect than people with insecure attachments. Studies have indicated that securely attached individuals engage in activities that increase their positive affect, such as reflecting on positive effects and employing cognitive and behavioral strategies to emphasize the positive side of an adverse event (Pereg & Mikunlincer, 2004), seeking to take positive feedback from other individuals (Cassidy et al., 2003), reduce stress (Mikulincer & Florian, 2001). Furthermore, securely attached individuals tend to employ strategies to increase their positive emotions, such as sharing with others or thinking about their positive experiences by themselves (Gentzler et al., 2010).

In contrast, interpersonal emotion regulation strategies (including perspective-taking, soothing, and social modeling) did not significantly correlate with secure attachment. According to the literature, there was only one study explored the association between secure attachment and interpersonal emotion regulation.

Soleimani et al. (2016) reported that all interpersonal emotion regulation strategies were significantly linked with secure attachment. Also, they reported that enhancing positive affect exhibits a stronger correlation with secure attachment than other interpersonal emotion regulation strategies.

A possible explanation for insignificant associations between other interpersonal emotion regulation strategies and secure attachment could be related to intrapersonal emotion regulation. Attachment theory posits that securely attached caregivers teach their children about their emotions, how to regulate them, and how to utilize functional strategies for regulating emotions (Contreras & Kerns, 2000). Consequently, securely attached individuals tend to have an increased ability for emotional recognition (Brumariu et al., 2012). They are more likely to freely express their feelings and demonstrate better management of negative emotions than insecurely attached ones (Contreras & Kerns, 2000). Securely attached individuals also possess the capacity to utilize adaptive intrapersonal emotion regulation strategies independently, without needing to depend on attachment figures to regulate their emotions (Brumariu, 2015). Thus, compared to perspective-taking, social modeling, or soothing, securely attached individuals could generally employ adaptive intrapersonal emotion regulation strategies.

Another potential explanation for the non-significant correlation between secure attachment and interpersonal emotion regulation strategies (except for enhancing positive affect) could be linked to the low reliability score of the Relationship Scale Questionnaire (RSQ) utilized to measure secure attachment (Bartholomew & Horowitz, 1991). Bartholomew (1994) stated: "... this follows neither from the low number of items making up each prototype score nor from some accidental psychometric flaw in the construction of the scales. Instead, the internal

consistencies of the RSQ scales can be low because two orthogonal dimensions (self-model and other model) are being combined" (p. 27). The RSQ, widely employed in the literature to assess attachment types and the scale, demonstrated acceptable levels of convergent validity and test-retest reliability. However, the findings should be cautiously examined, considering the low reliability scores on secure attachment.

5.3. Interpersonal Emotion Regulation and Mental Well-Being

The findings regarding the association between interpersonal emotion regulation and well-being indicate a significant correlation between well-being and enhancing positive affect. Enhancing positive affect refers to increasing positive emotions by seeking others' company (Hofmann et al., 2016). These results align with the current literature, although only two studies examined the relationship between interpersonal emotion regulation and well-being (Temiz & Elsharnouby, 2022; Chan & Rawana, 2021). Temiz and Elsharnouby's (2022) study focused on interpersonal emotional regulation throughout the COVID-19 pandemic. This study stated that enhancing positive affect was linked to improved well-being. In other words, individuals who stated increased usage of enhancing positive affect reported increased levels of well-being. Similarly, Chan and Rawana (2021) reported a positive link between enhancing positive affect and well-being. People who share their positive emotions with others tend to engage with others and have a more positive affect compared to those who do not share their feelings (William et al., 2018; Langston, 1994), especially when the recipient behaves actively and constructively with the receiver (Gable et al., 2004).

Another interpersonal emotion regulation strategy, perspective-taking, has been indicated to be significantly associated with well-being in this study. Perspective-

taking is defined as regulating one's emotions by considering the circumstances of others who may be in more challenging situations than themselves. In essence, participants who stated elevated levels of perspective-taking tend to have higher scores in well-being. Similarly, Chan and Rawana (2021) reported that perspective-taking was linked with well-being, fewer internalizing behaviors, and higher relationship quality. Moreover, considering an outsider's perspective on subjects was helpful to emerging adults (Levy-Gigi & Shamay-Tsoory, 2017). This perspective-taking assists individuals in reappraising situations, thereby diminishing the adverse effects of the situation, which implies increased well-being.

Furthermore, they also stated that a greater tendency to employ soothing, which refers to seeking compassion and sympathy to cope with negative emotions, was significantly linked with lower well-being (Chan & Rawana, 2021). Contrarily, in the current study, soothing was not significantly linked with well-being. Although soothing and well-being did not correlate, mediation analysis indicated that individuals who tend to utilize soothing are likely to have lower well-being. According to Hofmann (2014), utilizing soothing was likely to lower negative emotions in the short term. However, frequent utilization of this strategy may affect individuals' self-efficacy by lowering the belief in regulating their emotions, thus affecting their overall well-being. Similarly, Ray-Yol et al. (2020) posited that soothing itself could not be enough to reduce the negative emotions if the individual also employs maladaptive strategies such as rumination or catastrophizing. In the current study, the relationship between intrapersonal and interpersonal emotion regulation has not been evaluated. Therefore, more research is needed to understand how the relationship between soothing and maladaptive intrapersonal emotion regulation strategies affects mental well-being.

Lastly, for social modeling, it has been found that there is no significant relationship with well-being. This finding complies with other research results which consistently found an insignificant association between social modeling and well-being (Chan & Rawana, 2021; Temiz & Elsharnouby, 2022). Social modeling pertains to seeking others to learn how they deal with negative affect (Hofmann et al., 2016). Ray-Yol and Altan-Atalay (2020) posited that individuals learn how to regulate their emotions by acquiring new skills in emotion regulation by utilizing the strategy of social modeling. Newly acquired emotion regulation skills learned through social modeling could be adaptive or maladaptive (Chan & Rawana, 2021). For instance, Hamilton and DeHart (2017) stated that individuals could learn to drink alcohol as a maladaptive coping skill to regulate their emotions through influencing one another, especially individuals with limited skills in emotion regulation (Aurora & Klaneck, 2016). Other emotion regulation skills, including reappraisal and problem-solving, are considered adaptive (Hu et al., 2014; Aldao & Nolen-Hoeksema, 2010). Learning these strategies could be beneficial to the individual's psychological functioning. For instance, Pogrebtsova et al. (2022) indicated that an increase in the usage of cognitive reappraisal strategy and stated that higher levels of cognitive reappraisal were related to higher levels of well-being. To understand the role of social modeling, the nature of the newly acquired skills also should be investigated to reach a consensus. These scholars explained the difference in results, suggesting that cultural differences between populations could affect the relationship between interpersonal emotion regulation and well-being. Hence, the role of social modeling should be investigated in more detail to understand the nature of its effects on mental health.

5.4. Interpersonal Emotion Regulation and Psychopathology

The findings regarding interpersonal emotion regulation and psychopathology indicated that among the strategies of interpersonal emotion regulation, only perspective-taking was negatively and significantly related to psychopathology. To clarify, participants who stated elevated levels of perspective-taking also reported low levels of psychopathology. These findings are congruent with the findings of Chan and Rawana (2021), who demonstrated a significant negative relationship between perspective-taking and internalizing behaviors as measured by depression, anxiety, and perceived stress scores.

Likewise, Koç et al. (2019) revealed a negative link between perspective-taking and depression. However, their study reported that perspective-taking was positively and significantly correlated to social anxiety. Regarding depression, Hofmann et al. (2016) indicated a positive link with perspective-taking. In this study, the majority of the sample was Caucasian. A possible explanation for this discrepancy between finding could be the cultural differences between the studies' populations. Previous studies that found an adverse relationship between perspective-taking and psychopathology (Chan & Rawana, 2021; Koç et al., 2019) were conducted within collectivistic cultures. In contrast, Hofmann et al. (2016) conducted within an individualistic culture reported a positive relationship between perspective-taking and psychopathology.

The cultural differences between these studies' samples may contribute to the variations in results (Ray-Yol et al., 2020; Altan-Atalar & Saritas-Atalar, 2019) as the effectiveness of emotion regulation strategies varies significantly through different cultures (Bonanno & Burton, 2013). The differences between cultures in the studies

can be accounted for by the self-construal concept. The concept of self-construal refers to how people conceptualize the self in relation to others.

Cultural psychology posits that self-construal is critical to apprehend cultural discrepancies affecting cognitions and emotions (De Leer Snyder et al., 2013; Markus & Kitayama, 2010). For instance, European cultures, typically characterized as individualistic, tend to emphasize an individualist, autonomous concept of the self. Individuals in individualistic cultures place a high value on personal autonomy and self-advancement. They often rely on their unique self-perception as a crucial factor affecting their behavior and emotions (Gore & Cross, 2010; Markus & Kitayama, 2010). On the other hand, non-Western cultures, commonly identified as collectivistic cultures, tend to uphold a collectivistic view of the self, emphasizing interdependency over independence. In these cultures, the primary motivation has been social responsibility and harmony in guiding behavior and emotions (Cross et al., 2011).

The current study was conducted with a Turkish sample, generally identified as a collectivist culture (Göregenli, 1995). According to Hofstede (1984), in individualistic assessment, Turkey score was 37 which indicates that Turkey has collectivistic characteristics. Some scholars indicated that Turkey also resembles individualistic features as well (İmamoğlu, 1987; İmamoğlu & Gültelin, 1993). For example, young generations who have higher education and live in urban areas tend to have individualistic characteristics (Göregenli, 1997; Uskul, 1998). According to Kağıtçıbaşı (1996), changing countries in terms of social values such as Turkey, keep could their social relatedness and values while gaining individualistic values. It is important to note that Turkey has collectivist and individualist cultural characteristics and should not be considered as purely collectivistic culture.

Therefore, both cultures hold different values on how to regulate emotions. For instance, Kuo (2011) found that interrelatedness and having a close relationship with one another was essential for coping in collectivistic cultures. Hofmann (2014) posited a model for anxiety and mood disorders in the scope of utilizing interpersonal emotion regulation strategies and stating that individuals who depend on others to manage their emotions could be more vulnerable to developing anxiety or depression symptoms. However, in collectivistic cultures, relying on others to regulate their emotions could be not maladaptive to develop psychopathology as our findings also demonstrated. In addition, as in the case of perspective-taking, it could be adaptive since individuals build their self dependently on other people in society (Gore & Cross, 2010; Markus & Kitayama, 2010), which could lead them to think they are in a better situation than others. According to Sue et al. (2012), collectivist cultures were more likely to take others' perspectives, and interpersonal emotion regulation may be more suited to the sociocultural context. Liddell and Williams (2019) conducted an experimental study to examine the differences between cultures. They reported that collectivistic cultures tend to utilize higher perspective-taking than individualistic cultures. In addition, perspective-taking is indicated as beneficial in stressful situations.

In addition, our study found that enhancing positive affect was not linked to psychopathology. This finding was inconsistent with several findings (Chan & Rawana, 2021; Altan-Atalay & Saritaş-Atalar, 2019; Soleimani et al., 2018). Nevertheless, it is crucial to consider that the literature has a range of findings regarding the link between enhancing positive affect and psychopathology. For example, Koç et al. (2019) stated that enhancing positive affect was correlated to lower levels of anxiety, depression, and loneliness. However, several studies reported no significant relationship between enhancing positive affect and psychological distress

(Ray-Yol & Altan-Atalar, 2022; Gökdağ et al., 2018). Along the same line, Gökdağ and Naldöken (2020) stated no link between enhancing positive affect and psychopathology. Therefore, our results are in alignment with those studies which also failed to find associations between enhancing positive affect and psychopathology.

In our study, soothing was not significantly related to psychopathology. This finding was inconsistent with previous studies (Gökhan & Naldöken, 2020; Hofmann et al., 2016; Gökdağ, 2021). For instance, Gökhan and Naldöken (2020) indicated that soothing linked with general psychopathology symptoms. In addition, Chan and Rawana (2021) stated that soothing was significantly linked to higher internalizing symptoms. Hofmann et al. (2016) also reported that utilizing soothing was associated with depression and anxiety. Furthermore, soothing was also found to be linked with emotion regulation difficulty (Gökdağ et al., 2019; Sarısoy-Aksüt & Gençöz, 2020). In addition, Altan-Atalay and Sarıtaş-Atalar (2019) also reported a weak significant relationship between soothing, depression, and anxiety. Conversely, Ray-Yol et al. (2020) found a negative association between soothing and depressive symptoms in individuals who reported low levels of maladaptive emotion regulation. It is stated that soothing could be an adaptive emotion regulation strategy in people who do not utilize maladaptive cognitive emotion regulation strategies. Further research is needed to understand the role of soothing on psychopathology.

Moreover, social modeling did not associate to psychopathology in the current study. Studies on the associations between social modeling and adjustment outcomes are mixed. Hofmann et al. (2016) reported moderate associations between social modeling, depression, and anxiety. In addition, Koç et al. (2019) stated a positive connection between social anxiety and social modeling, yet depression and anxiety were not associated. Chan and Rawana (2021) stated a positive link among social

modeling and internalizing behaviors. In contrast, in a similar construct to social modeling, advice-seeking was negatively correlated with depressive symptoms (Aldao & Dixon-Gordon, 2014). Several studies also found no associations between social modeling and psychopathology (Gökdağ & Naldöken, 2020; Altan-Atalay & Sarıtaş-Atalay; Gökdağ, 2021). A possible reason for mixed results in the literature could be understood by the nature of social modeling, which is referred to as learning how to manage negative emotions by looking at others' coping with their negative emotions (Hofmann et al., 2016). However, the acquired emotion regulation strategy's adaptiveness, whether adaptive or maladaptive, could be considered depending on the nature of the strategy (Chan & Rawana, 2021). Thus, future examination is required to comprehend the relationship between social modeling and psychopathology.

As highlighted earlier, cultural differences may affect the association between interpersonal emotion regulation and psychopathology. The adaptiveness of emotion regulation strategies can depend on cultural interpretation and implications (Ford & Gross, 2019). For instance, within the Turkish population, values are placed on emotional dependence and closeness. These individuals often use others to regulate emotions (Ray-Yol & Altan-Atalay, 2022). In addition, Sarıtaş-Atalay and Altan-Atalay (2017) discovered that dependence on others in a distress situation is linked with better outcomes. Ray-Yol and Altan-Atalay (2022) suggested that utilizing others to regulate emotions in stressful times may not be maladaptive as in individualistic cultures. There could be a difference between individualistic and collectivistic cultures regarding the relationship between interpersonal emotion regulation and psychopathology. Therefore, maladaptive interpersonal emotion regulation strategies for individualistic cultures may not be maladaptive in collectivistic ones.

5.5. The Role of Interpersonal Emotion Regulation Strategies in the Association between Secure Attachment, Well-Being, and Psychopathology

To grasp a better comprehension of the link between secure attachment and well-being, the mediating effects of interpersonal emotion regulation, including strategies of enhancing positive affect, perspective-taking, soothing and social modeling, are examined. Thus, the current study hypothesized that enhancing positive affect, perspective-taking, soothing and social modeling will mediate the relationship between secure attachment and well-being.

The mediation analysis revealed that only enhancing positive affect mediates the link between secure attachment and well-being among interpersonal emotion regulation strategies. People with greater scores of secure attachment are inclined to utilize higher levels of enhancing positive affect, resulting in higher well-being. A possible reason for that association might be that individuals with secure attachments tend to capitalize on their positive emotions (Gentzler et al., 2010). Thus, securely attached individuals tend to use enhancing positive affect to increase their positive emotions; hence, their well-being is also increased.

Other interpersonal emotion regulation strategies did not significantly mediate the relationship between secure attachment and well-being. The mediation analysis also revealed that perspective-taking positively and significantly predicted well-being. In other words, individuals who use increased levels of perspective-taking tend to have greater scores of well-being. In addition, the mediation analysis also revealed that soothing negatively and significantly predicted well-being. To clarify, people who utilize soothing more likely to state low well-being scores. The reason why this interpersonal emotion regulation strategy did not mediate the relationship between secure attachment and well-being could be related to how individuals with secure

attachment regulate their negative emotions. According to attachment theory, with the help of a sensible and flexible caregiver, children learn about the range of emotions and how to regulate them adaptively. It is found that secure attachment is associated to greater emotion recognition (Brumariu et al., 2012) and utilizing adaptive intrapersonal emotion regulation strategies without relying on others to regulate negative emotions (Brumariu, 2015). Therefore, securely attached individuals may not be use interpersonal emotion regulation strategies to regulate their negative emotions.

5.6. The Role of Interpersonal Emotion Regulation Strategies in the Association between Secure Attachment and Psychopathology

The present study aimed to examine the linked between secure attachment and psychopathology by hypothesizing that interpersonal emotion regulation strategies will mediate the link between secure attachment and psychopathology. The mediation analysis demonstrated a significant total effect of secure attachment on psychopathology. However, interpersonal emotion regulation strategies (“enhancing positive affect, perspective-taking, soothing, and social modeling”) did not mediate the association between secure attachment and psychopathology. Although secure attachment predicts enhancing positive affect, the relationship between enhancing positive affect and psychopathology was reported to be non-significant.

The reason why interpersonal emotion regulation failed to mediate the relationship between secure attachment and psychopathology could be related to several things. Firstly, there could be other important factors like biological or socio-cultural variables playing a role in the relationship between secure attachment and psychopathology, such as stressful events, maltreatment, and birth order (Mikulincer & Shaver, 2012; Lewis, 1984; Cicchetti & Doyle, 2016). In addition, securely attached

children tend to have a relationship that constitutes the children's physiological regulation and bio-behaviors. Attachment theory indicates infant's attachment relationships along with their parents affect their emotion regulation skills and behaviors and also affect their neurobiological and cognitive capabilities. (Cicchetti & Doyle, 2016). A secure attachment bond constitutes feeling of safety, and sets off positive affect including feelings of relief, gratitude, and love. In addition, attachment bond also imparts psychological resource to cope with adversities. Furthermore, securely attached individuals tend to regulate their emotions without the help of their attachment figures when they are grown up (Brumariu, 2015). In stressful situations, securely attached individuals tend to exhibit unperturbed and more expedited recovery, which affects their resilience to mental health. For these reasons, secure individuals may not use interpersonal emotion regulation strategies to regulate their negative emotions since securely attached individuals has psychological resources to regulate their emotions without getting external aid.

5.7. Strengths and Clinical Implications of the Study

The present study has several strengths. According to our knowledge, no study examined the relationship between secure attachment and interpersonal emotion regulation strategies. Thus, this thesis constitutes pioneering research of the potential links between secure attachment and interpersonal emotion regulation. Additionally, this study is the first to examine mediator role of enhancing positive affect on the relationship between secure attachment and well-being.

Moreover, in the literature, there are mixed results on the relationship between interpersonal emotion regulation and both well-being and psychopathology. Therefore, this study contributed to the literature by examining the mechanism through

which interpersonal emotion regulation impacts both well-being and psychopathology within the collectivistic cultural framework. Given the cultural differences between societies, this study's findings raise further questions on how interpersonal emotion regulation, well-being, and psychopathology interacts within specific cultural contexts.

Furthermore, interpersonal emotion regulation is a relatively new concept compared to the broader body of literature on emotion regulation. Although several studies examined interpersonal emotion regulation on mental health, there is no study that examines interpersonal emotion regulation in the relationship between secure attachment and well-being and psychopathology. Thus, this study became the first to provide preliminary findings for interpersonal emotion regulation between secure attachment and well-being and psychopathology.

Moreover, in the current literature, most of the studies were focused predominantly on insecure attachment and the negative consequences of these attachment types. However, it is essential to acknowledge that mental health includes more than psychopathology (Keyes, 2005). Therefore, this thesis contributes to the positive psychology literature by providing a basis for future research with preliminary findings.

Regarding clinical implication, the finding of this study emphasized interpersonal emotion regulation and its impacts on well-being and psychopathology, which could be beneficial to clinical psychologists. The findings especially demonstrated that enhancing positive affect and perspective-taking was related to higher well-being levels. Clinical psychologists could be advised to encourage the client to use enhancing positive affect and perspective-taking. In contrast, soothing was related to lower levels of well-being. Clinical psychologists could be advised to

reduce the reliance on soothing to increase the client's well-being since soothing may be linked with lower levels of well-being. Clinical psychologists should also be aware of the cultural differences since interpersonal emotion regulation strategies' effects could vary across different contexts. Nonetheless, it is important to note that further studies are essential to clarify interpersonal emotion regulation strategies and their implication for mental health since there should be more evidence on the relationship between interpersonal emotion regulation, well-being, and psychopathology to reach a robust conclusion.

5.8. Limitations of the Current Study and Directions for Future Research

The present study has several limitations that should be paid regard to evaluating the findings. Firstly, the gender distribution of the data was unequal. Therefore, the majority of the participants consisted of females. This imbalance between genders may delimitate the results' generalizability. In order to increase the external validity of the findings, future research should focus on a more balanced representation between genders. In addition, the data were collected through self-report and, therefore, could be biased in the scope of responses to questions due to social desirability. Future studies could use multiple assessment methods, including experimental studies, to minimize the social desirability effects.

A major limitation is the reliability of the secure attachment in the present study. Secure attachment was linked utilizing the Relationship Scale Questionnaire (Bartholomew & Horowitz, 1991), but the scale's reliability was found to be low in the present study. Nonetheless, our results align with the findings of the adaptation study by Sümer and Güngör (1999), which also reported low-reliability scores; despite the low-reliability scores of the RSQ, the scale's convergent validity indicated as

acceptable. The RSQ also demonstrated acceptable test-retest reliability (Fraley & Shaver, 1997). Bartholomew (1994) posited that the scale's low-reliability scores were associated to the construct of attachment styles which have two dimensions (self-model and other model), not to a psychometric flaw. The current study utilizes the RSQ due to the restricted availability of assessment tools to measure secure attachment in adults. Future studies focusing on the Turkish population should consider adapting a scale that assesses secure attachments in adults. Finally, future studies should focus on the effect of cultural differences on different interpersonal emotion regulation strategies and their possible effects on well-being and psychopathology.

CHAPTER VI

CONCLUSION

In social science literature, attachment theory is one of the most important concepts. While most scholars have studied the relationship between insecure attachment and its negative consequences on why insecure individuals are more prone to develop psychopathology, the association between secure attachment and positive mental health has been neglected. This study examined the relationship between secure attachment, well-being, and psychopathology, focusing on the role of interpersonal emotion regulation.

The findings stated that individuals with secure attachment more likely to utilize enhancing positive affect as a strategy to capitalize on their positive emotions by sharing with others, which in turn, contributes to their well-being. However, the study did not find significant associations between perspective-taking, soothing, and well-being; individuals with secure attachments could not use these strategies to achieve enhanced well-being. These results suggest that there may be other mechanisms involved in the relationship. It is important to consider that this study provided preliminary findings for the relationship between secure attachment and interpersonal emotion regulation. However, most of the study's hypotheses needed future research to clarify the relationship between the role of interpersonal emotion regulation, well-being, and psychopathology. Future studies can build upon these findings or explore deeper acknowledgments of the mechanisms between secure attachment and mental health outcomes and emotion regulation between secure attachment, well-being, and psychopathology.



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APPENDIX



APPENDIX A

INFORMED CONSENT AND INFORMATION FORM

(Araştırmacının Açıklaması)

“Bağlanma, Öznel İyi Oluş ve Psikopatoloji: Kişilerarası Duygu Regülasyonunun Aracı Rolünün Araştırılması” başlıklı bir araştırma yapmaktayız. Sizin de bu araştırmaya katılmanızı öneriyoruz. Ancak hemen söyleyelim ki bu araştırmaya katılıp katılmamakta serbestsiniz. Çalışmaya katılım gönüllülük esasına dayalıdır. Kararınızdan önce araştırma hakkında sizi bilgilendirmek istiyoruz. Bu bilgileri okuyup anladıktan sonra araştırmaya katılmak isterseniz formu imzalayınız.

Bu araştırma TOBB ETÜ Fen Edebiyat Fakültesi, Psikoloji Bölümü öğretim elemanı Dr. İlknur Dilekler Aldemir ve Klinik Psikoloji yüksek lisans öğrencisi Ezgi Deniz Yılmaz tarafından gerçekleştirilecektir. Bu araştırmayı yapmak istememizin amacı, kişilerarası ilişkilerin bireylerin psikolojik işlevselliği arasındaki ilişkiyi incelemektir. Bu çalışmaya katılımınız araştırmacının başarısı için önemlidir. Eğer araştırmaya katılmayı kabul ederseniz, demografik bilgi formunu doldurmanız ve yaklaşık 15 dakikalık çevrimiçi bir ankette yer alan soruları yanıtlamanız beklenmektedir. Bu çalışmaya katılmanız için sizden herhangi bir ücret istenmeyecektir. Çalışmaya katıldığınız için size ek bir ödeme de yapılmayacaktır.

Bu çalışmaya katılmayı reddedebilirsiniz. Bu araştırmaya katılmak tamamen isteğe bağlıdır. Çalışmanın herhangi bir aşamasında onayınızı çekme hakkına da sahipsiniz.

(Katılımcının Beyanı)

Dr. İlknur Dilekler Aldemir ve Ezgi Deniz Yılmaz tarafından TOBB ETÜ Fen Edebiyat Fakültesi Psikoloji Bölümünde bir araştırma yapılacağı belirtilerek bu araştırma ile ilgili yukarıdaki bilgiler bana aktarıldı. Bu bilgilerden sonra böyle bir araştırmaya “katılımcı” olarak davet edildim.

Eğer bu araştırmaya katılırsam araştırmacı ile aramda kalması gereken bana ait bilgilerin gizliliğine bu araştırma sırasında da büyük özen ve saygı ile yaklaşılacağı, araştırma sonuçlarının eğitim ve bilimsel amaçlarla kullanımı sırasında kişisel bilgilerimin özenle korunacağı konusunda bana yeterli güven verildi.

Bu araştırmaya katılmak zorunda değilim ve katılmayabilirim. Araştırmaya katılmam konusunda zorlayıcı bir davranışla karşılaşmış değilim. Araştırmanın yürütülmesi sırasında herhangi bir sebep göstermeden çekilebilirim. Ancak araştırmacıları zor durumda bırakmamak için araştırmadan çekileceğimi önceden bildirmemim uygun olacağına bilincindeyim.

Araştırma için yapılacak harcamalarla ilgili herhangi bir maddi sorumluluk altına girmiyorum. Bana da bir ödeme yapılmayacaktır.

Araştırma uygulamasından kaynaklanan nedenlerle herhangi bir sorununun ortaya çıkması halinde, sorunun çözülmesi ile ilgili gerekli müdahalenin yapılacağı konusunda bana güvence verildi.

Bana yapılan tüm açıklamaları ayrıntılarıyla anlamış bulunmaktayım. Kendi başıma belli bir düşünme süresi sonunda adı geçen bu araştırma projesinde “katılımcı” olarak yer alma kararını aldım. Bu konuda yapılan daveti büyük bir memnuniyet ve gönüllülük içerisinde kabul ediyorum.

Karşılıklı imzalanan bu form kağıdının bir kopyası bana verilecektir.

APPENDIX B

Demographic Information Form

1. Yaşınız: _____
2. Cinsiyetiniz: _____
3. Eğitim durumunuz nedir? (Son aldığınız diplomaya göre)
 İlkokul Lise Lisans Yüksek Lisans Doktora
4. Çalışıyor musunuz?
 Evet Hayır
5. 7. Medeni durumunuz:
 Evli Bekâr Boşanmış Dul Diğer
6. Çalışma durumunuz:
 Çalışıyor Çalışmıyor Emekli
7. Yaşamınızın çoğunu geçirdiğiniz yer:
 Büyükşehir Şehir İlçe Köy
8. Gelir düzeyinizi nasıl değerlendirirsiniz?
 Çok düşük Düşük Orta Orta üstü Yüksek

APPENDIX C

Relationships Scale Questionnaire

Aşağıda yakın duygusal ilişkilerinizde kendinizi nasıl hissettiğinize ilişkin çeşitli ifadeler yer almaktadır. Yakın duygusal ilişkilerden kastedilen arkadaşlık, dostluk, romantik ilişkiler ve benzerleridir. Lütfen her bir ifadeyi bu tür ilişkilerinizi düşünerek okuyun ve her bir ifadenin sizi ne ölçüde tanımladığını aşağıdaki 7 aralıklı ölçek üzerinde değerlendiriniz.

1-----2-----3-----4-----5-----6-----7

Beni
tanımlamıyor

Beni kısmen
tanımlıyor

Tamamıyla beni
tanımlıyor

1. Başkalarına kolaylıkla güvenemem.
2. Kendimi bağımsız hissetmem benim için çok önemli.
3. Başkalarıyla kolaylıkla duygusal yakınlık kurarım.
4. Bir başka kişiyle tam anlamıyla kaynaşıp bütünleşmek isterim.
5. Başkalarıyla çok yakınlaşırsam incitileceğimden korkuyorum.
6. Başkalarıyla yakın duygusal ilişkilerim olmadığı sürece oldukça rahatım.
7. İhtiyacım olduğunda yardıma koşacakları konusunda başkalarına her zaman güvенеbileceğimden emin değilim.
8. Başkalarıyla tam anlamıyla duygusal yakınlık kurmak istiyorum.
9. Yalnız kalmaktan korkarım.
10. Başkalarına rahatlıkla güvenip bağlanabilirim.
11. Çoğu zaman, romantik ilişkide olduğum insanların beni gerçekten sevmediği konusunda endişelenirim.
12. Başkalarına tamamıyla güvenmekte zorlanırım.
13. Başkalarının bana çok yakınlaşması beni endişelendirir.
14. Duygusal yönden yakın ilişkilerim olsun isterim.
15. Başkalarının bana dayanıp bel bağlaması konusunda oldukça rahatımdır.
16. Başkalarının bana, benim onlara verdiğim kadar değer vermediğinden kaygılanırım.
17. İhtiyacınız olduğunda hiç kimseyi yanınızda bulamazsınız.
18. Başkalarıyla tam olarak kaynaşıp bütünleşme arzum bazen onları ürkütüp benden uzaklaştırıyor.

19. Kendi kendime yettiğimi hissetmem benim için çok önemli.
20. Birisi bana çok fazla yakınlaştığında rahatsızlık duyarım.
21. Romantik ilişkide olduğum insanların benimle kalmak istemeyeceklerinden korkarım.
22. Başkalarının bana bağlanmamalarını tercih ederim.
23. Terk edilmekten korkarım.
24. Başkalarıyla yakın olmak beni rahatsız eder.
25. Başkalarının bana, benim istediğim kadar yakınlaşmakta gönülsüz olduklarını düşünüyorum.
26. Başkalarına bağlanmamayı tercih ederim.
27. İhtiyacım olduğunda insanları yanımda bulacağımı biliyorum.
28. Başkaları beni kabul etmeyecek diye korkarım.
29. Romantik ilişkide olduğum insanlar, genellikle onlarla, benim kendimi rahat hissettiğimden daha yakın olmamı isterler.
30. Başkalarıyla yakınlaşmayı nispeten kolay bulurum

APPENDIX D

INTERPERSONAL EMOTION REGULATION QUESTIONNAIRE

Aşağıda bireylerin duygularını düzenlemek için diğer kişilerden nasıl faydalandıklarını belirten ifadeler listesi yer almaktadır. Lütfen her ifadeyi okuyunuz ve sizin için ne kadar uygun olduğunu ölçekteki 1'den (benim için hiç uygun değil) 5'e (benim için tamamen uygun) kadar olan sayılardan birini işaretleyerek belirtiniz. Lütfen bunu her bir ifade için yapınız. Doğru ya da yanlış cevap yoktur.

1-----2-----3-----4-----5
benim için hiç uygun değil biraz uygun orta derecede uygun oldukça uygun son derece uygun

	1	2	3	4	5
1. Başkalarının duygularıyla nasıl başa çıktığını öğrenmek daha iyi hissetmemi sağlar.					
2. Başkalarının olayların görüldüğü kadar kötü olmadığını ifade etmesi, depresif duygu durumumla başa çıkmama yardımcı olur.					
3. Neşemi paylaşmak için hevesli olduğumda diğer insanlarla birlikte olmak hoşuma gider.					
4. Üzgün olduğumda etrafımda bana şefkat sunacak insanlar olsun isterim					
5. Endişeli olduğumda başka bir kişinin durumun nasıl idare edileceğine dair düşüncelerini duymak bana yardımcı olur.					
6. Sevinçli olduğumda belirli kişilerle birlikte olmak bana iyi hissettirir.					
7. Üzgün olduğumda etrafımdakilerin başka kişilerin daha kötü durumlarda olduğunu hatırlatması bana yardımcı olur.					
8. Olumlu duygular hissettiğimde başka insanlarla birlikte olmayı severim çünkü bu olumlu hisleri artırır.					
9. Üzgün hissetmek genellikle bana sempati gösterebilecek kişileri etrafımda aramama sebep olur.					
10. Üzgün olduğumda, başkalarının bana durumun çok daha kötü olabileceğini fark ettirmesi daha iyi hissettirir.					
11. Hayal kırıklığına uğradığımda aynı durumu başkalarının nasıl idare ettiğini görmek bana yardımcı olur.					
12. Üzgün hissettiğimde rahatlamak için çevremde başkalarına ihtiyaç duyarım.					

13. Mutluluk bulaşıcı olduğu için, mutlu olduğumda etrafımda başkalarını ararım.					
14. Sinirim bozulduğunda etrafımdakiler endişelenmememi söyleyerek beni sakinleştirebilirler.					
15. Üzgün olduğumda, başkalarının benzer duygularla nasıl başa çıktığını duymak bana yardımcı olur.					
16. Depresif hissettiğimde, sadece sevdiğimi görebilmek için etrafımda diğer insanlara ihtiyaç duyarım.					
17. Kaygılı olduğumda, başkalarının bana endişelenmememi söylemesi beni sakinleştirir.					
18. Sevinçli hissettiğimde, başkalarını da mutlu etmek için onlara yönelirim.					
19. Üzgün hissettiğimde, başkalarından teselli beklerim.					
20. Üzgünken, başkaları benim durumumda olsa ne yapardı bilmek isterim.					

APPENDIX E

BRIEF SYMPTOM INVENTORY

Aşağıda insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyunuz. Daha sonra sizde o belirtinin **BUGÜN DÂHİL, SON BİR HAFTADIR NE KADAR VAROLDUĞUNU** yandaki bölmede uygun olan yerde işaretleyiniz. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösteriniz. Cevaplarınızı aşağıdaki ölçeğe göre değerlendiriniz.

Bu belirtiler son bir haftadır sizde ne kadar var?

0. Hiç yok 1. Biraz var 2. Orta derecede var 3. Epey var 4. Çok fazla var

	Bu belirtiler son bir haftadır sizde ne kadar var?				
	Hiç yok	Biraz var	Orta derecede var	Epey var	Çok Fazla var
1.İçinizdeki sinirlilik ve titreme hali					
2.Baygınlık, baş dönmesi					
3.Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri					
4.Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu					
5.Olayları hatırlamada güçlük					
6.Çok kolayca kızıp öfkelenme					
7.Göğüs (kalp) bölgesinde ağrılar					
8.Meydanlık (açık) yerlerden korkma duygusu					
9.Yaşamınıza son verme düşünceleri					
10.İnsanların çoğuna güvenilmeyeceği hissi					
11.İştahta bozukluklar					
12.Hiçbir nedeni olmayan ani korkular					
13.Kontrol edemediğiniz duygu patlamaları					
14.Başka insanlarla beraberken bile yalnızlık hissetmek					
15.İşleri bitirme konusunda kendini engellenmiş hissetmek					
16.Yalnızlık hissetmek					
17.Hüzünlü, kederli hissetmek					
18.Hiçbirşeye ilgi duymamak					

19.Ağlamaklı hissetmek					
20.Kolayca incinebilme, kırılmak					
21.İnsanların sizi sevmediğine, kötü davrandığına inanmak					
22.Kendini diğerlerinden daha aşağı görmek					
23.Mide bozukluğu, bulantı					
24.Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu					
25.Uykuya dalmada güçlük					
26.Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etmek					
27.Karar vermede güçlükler					
28.Otobüs, tren, metro gibi umumi vasıtalarla seyahatlerden korkmak					
29.Nefes darlığı, nefessiz kalmak					
30.Sıcak, soğuk basmaları					
31.Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak kalmaya çalışmak					
32.Kafanızın bomboş kalması					
33.Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar					
34.Günahlarınız için cezalandırılmanız gerektiği					
35.Gelecekle ilgili umutsuzluk duyguları					
36.Konsantrasyonda(dikkati birşey üzerine toplama) güçlük					
37.Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi					
38.Kendini gergin ve tedirgin hissetmek					
39. Ölme ve ölüm üzerine düşünceler					
40.Birini dövme, ona zarar verme, yaralama isteği					
41.Birşeyleri kırma, dökme isteği					
42.Diğerlerinin yanındayken yanlış birşeyler yapmamaya çalışma					
43.Kalabalıklarda rahatsızlık duymak					
44.Bir başka insana hiç yakınlık duymamak					
45.Dehşet ve panik nöbetleri					
46.Sık sık tartışmaya girmek					

47.Yalnız bırakıldığında/kalındığında sinirlilik hissetmek					
48.Başarılarınız için diğerlerinden yeterince takdir görmemek					
49.Yerinde duramayacak kadar tedirgin hissetmek					
50.Kendini değersiz görmek/değersizlik duyguları					
51.Eğer izin verirsiniz insanların sizi sömüreceği duygusu					
52.Suçluluk duyguları					
53.Aklınızda bir bozukluk olduğu fikri					



APPENDIX F

Warwick-Edinburgh Mental Well-Being Scale

(1-Hiç Katılmıyorum, 2-Katılmıyorum, 3-Biraz Katılıyorum 4- Katılıyorum 5-Tamamen Katılıyorum)

	1	2	3	4	5
1. Gelecekle ilgili iyimserim.					
2. Kendimi işe yarar (faydalı) hissediyorum.					
3. Kendimi rahatlamış hissediyorum.					
4. Diğer insanlara karşı ilgiliyim.					
5. Farklı işlere zaman ayırabilecek enerjim var.					
6. Sorunlarla iyi bir şekilde başa çıkabilirim.					
7. Açık ve net bir biçimde düşünebiliyorum.					
8. Kendimden memnunum.					
9. Kendimi diğer insanlara yakın hissediyorum.					
10. Kendime güveniyorum.					
11. Kendi kararlarımı kendim verebiliyorum.					
12. Sevdiğimi hissediyorum.					
13. Yeni şeylere karşı ilgiliyim.					
14. Neşeli hissediyorum.					

APPENDIX G

Ethics Committee Approval

Evrak Tarih ve Sayısı: 26.08.2022-E.28674



T.C.
TOBB EKONOMİ VE TEKNOLOJİ ÜNİVERSİTESİ
İnsan Araştırmaları Değerlendirme Kurulu

Sayı : E-27393295-100-28674
Konu : 2022-35 numaralı başvuru

26.08.2022

Sayın Dr. Öğr. Üyesi İlnur DİLEKLER ALDEMİR

İnsan Araştırmaları Değerlendirme Kurulu'na etik yönden değerlendirilmek üzere sunmuş olduğunuz 2022-35 kayıt numaralı "Bağlanma, Öznel İyi Oluş ve Psikopatoloji: Kişilerarası Duygu Düzenlemenin Aracı Rolünün İncelenmesi" başlığını taşıyan projeniz etik yönden uygun görülerek onaylanmasına karar verilmiştir.
Bilgilerinizi rica ederiz.

Prof. Dr. Tayyibe Nur ÇAĞLAR
Kurul Başkanı

Bu belge, güvenli elektronik imza ile imzalanmıştır.

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