THE EFFECTS OF MATERNAL ACCEPTANCE-REJECTION ON PSYCHOLOGICAL DISTRESS OF ADOLESCENTS: THE MEDIATOR ROLES OF EARLY MALADAPTIVE SCHEMAS

A THESIS SUBMITTED TO
THE GRADUATE SCHOOL OF SOCIAL SCIENCES
OF
MIDDLE EAST TECHNICAL UNIVERSITY

BY

DİLEK SARITAŞ

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR
THE DEGREE OF MASTER OF SCIENCE
IN
PSYCHOLOGY

JANUARY 2007

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ABSTRACT

THE EFFECTS OF MATERNAL ACCEPTANCE-REJECTION ON PSYCHOLOGICAL DISTRESS OF ADOLESCENTS: THE MEDIATOR ROLES OF EARLY MALADAPTIVE SCHEMAS

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January, 2007, 105

The purpose of the present study was to investigate the relationships between perceived maternal rejection and psychological distress of adolescents. In addition to that, mediator roles of early maladaptive schemas in this relationship were explored. A total of 356 second-grade high school students (198 females and 158 males) were participated in the study. Participants ranged in age from 15 to 18 ($\underline{M}$ = 16.17, SD= 0.53). Data was collected by a questionnaire packet consisting Demographic data form, Young Schema Questionnaire (YSQ), Parental Acceptance and Rejection Questionnaire (PARQ) , trait part of the State-Trait Anxiety Inventory (STAI-T), trait part of State-Trait Anger Inventory (ANG-T) Positive and Negative Affect Schedule (PANAS). Preceding the main analyses, factor analysis for YSQ was performed. It yielded three higher-order factors for YSQ as Impaired Limits- Exaggerated Standards, Disconnection-Rejection, and Impaired Autonomy-Other Directedness. Following factor analysis, ANOVAs were employed to assess differences between adolescents perceiving high acceptance and high rejection in terms of psychological distress measures (i.e., anger, positive affect, negative affect, and anxiety). It was found that adolescents perceiving high rejection were more likely to experience anger, negative affect, and anxiety than those perceiving high acceptance. In order to test whether Impaired Limits-Exaggerated Standards, Disconnection-Rejection, and Impaired Autonomy-Other Directedness mediate the relationship between

perceptions of maternal rejection and adolescents' anger, positive affect, negative affect, and anxiety respectively, separate hierarchical regression analyses were conducted as suggested by Baron and Kenny (1986). Mediation analyses revealed in general that both maternal rejection and schema domains had main effects on psychological distress measures. However, none of the schema domains did mediate the relationship between maternal rejection and psychological distress measures except for the disconnection-rejection schema domain. The result revealed that disconnection-rejection schema domain mediated the relationship between maternal rejection and anger. These findings were discussed with reference to the relevant literature. Future research topics were suggested and therapeutic implications of the study were discussed.

Keywods: Maternal Acceptance-Rejection, Early Maladaptive Schemas, Anger, Positive Affect, Negative Affect, Anxiety, Adolescence

ÖZ

ANNE KABUL-RED ALGISININ ERGENLERİN PSİKOLOJİK SIKINTILARINA ETKİSİ: ERKEN DÖNEM UYUMSUZ ŞEMALARIN ARACI ROLÜ

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Ocak, 2007, 105 Sayfa

Bu çalışmanın amacı anne kabul-red algısı ile ergenlerin psikolojik sıkıntıları arasındaki ilişkiyi araştırmaktır. Aynı zamanda, Erken Dönem Uyumsuz Şemalar'ın bu ilişkideki aracı rolünün araştırılmasıdır. Çalışmaya 198'i kız, 158'i erkek olmak üzere, toplam 356 lise 2. sınıf öğrencisi katılmıştır. Katılımcıların yaşları 15 ile 18 arasında değişmektedir. Data toplama aracı olarak demografik bilgi formu, Young Şema Ölçeği, Ebeveyn Kabul-Red Ölçeği, Süreklilik Kaygı ölçeği ve Süreklilik Öfke Ölçeği kullanılmıştır. Temel analizler öncesinde, ergenler için şema ölçeği üzerinde faktör analiz işlemleri uygulanmıştır. Bu analizler sonucunda, şema ölçeği; Sınır Tanımama-Yüksek Standartlar, Ayrılma-Reddedilme ve Özerkliğini Kaybetme-Başkalarının Güdümüne Girme olmak üzere üç genel alt gruba ayrılmıştır. Öfke, Olumlu ve olumsuz duygu durumu, kaygı gibi psikolojik stress ölçümleri açısından, annesi tarafından kabul edildiğini düşünen ve reddedildiğini düşünen ergenler arasındaki farklılıkları değerlendirmek için varyans analizleri uygulanmıştır. Analiz sonuçları red algılayan ergenlerin, kabul algılayanlara kıyasla öfke, olumsuz duygu hali ve kaygı durumlarını daha çok yaşadıklarını göstermiştir. Sınır Tanımama-Yüksek Standartlar, Ayrılma-Reddedilme ve Özerkliğini Kaybetme-Başkalarının Güdümüne Girme gibi şemaların anne kabul-red algısı ile ergenlerin psikolojik sıkıntıları ilişkisinde aracı rolünü araştırmak için Baron ve Kenny'in (1986) belirttiği şekilde hiyerarşik regresyon analizleri yapılmıştır. Regresyon analizleri sonucunda genel olarak anne red algısının ve şemaların ergenlerin psikolojik sıkıntıları üzerinde

temel etkileri olduğu bulunmuştur. Ancak, ayrılma-reddedilme dışındaki şemaların aracı rolü olmadığı görülmüştür. Araştırma, ayrılma-reddedilme şemasının, anne red algısı ve öfke arasında aracı rol oynadığını göstermiştir. Bu bulgular literatür desteği ile tartışılmış, ileride yapılabilecek araştırma konuları önerilmiş ve bu çalışmaların sonuçlarının terapi sürecine katkıları tartışılmıştır.

Anahtar Kelimeler: Anne Kabul Red, Erken Dönem Uyumsuz Şemalar, Öfke, Olumlu Duygu Durumu, Olumsuz Duygu Durumu, Kaygı

To my memory…

ACKNOWLEDGEMENTS

I would like to offer my greatest appreciation and thanks to my dear supervisor Associate Professor Tülin Gençöz. Your guidance, quick solutions you found when I felt hopeless, and the most difficult conversation we made enabled this difficult process to be more easy and enjoyable for me. It has been a delight to work with you.

To Associate Professor Gonca Soygüt, I would like to thank you for your guidance and the most valuable feedback, which has made such a significant difference in my thesis; it was a pleasure to work with you. Your positive attitude was very much appreciated.

To Professor Dr. Nuray Karancı, I would like to thank you for your support and encouragement throughout my academic life. Your feedback was very important for me.

To my dear family, I would like to thank you for relying on me everything I do, respecting my decision, and doing your best to make me feel comfortable.

Ayşe Altan Atalay, you were not just one-semester classmate for me, but an elder sister who listens, guides, supports, and encourages me. I would like to thank you for everthing you do. Welcome to my life.

E. Lale Aydemir, you were the only person who witnessed my mood changes and my emotional outbursts. You made my days so much brighter by reaching from Istanbul to Ankara via your callings. I would like to thank you for being in my life.

Esra Akkaya, I would like to thank you for trusting me. Just the decision made in a moment had a reinforcing effects on this enjoyable process.

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CHAPTER I

1. INTRODUCTION

Adolescence is a stressful phase of development, which makes adolescents vulnerable for psychological difficulties (Petersen & Hamburg, 1986). Adolescent's level of adjustment and his whole personality organization are dependent to a large degree on the attitudes of their parents, and psychological and social climate of their home environment (Horrocks, 1962). Stott (1939) conducted a study in order to examine significant factors in family life that affect personality development of children in the family. In this study confidence, affection, and companionability pattern and the patterns of family discord and parental misconduct were found to be important (cited in Horrocks, 1962). Similarly, Lamborn, Mounts, Steinberg, and Dornbusch (1991) demonstrated that adolescents' adjustment and psychological functioning were mostly affected from their parents' parenting style. Particularly, the quality of relationship between children and their primary caregivers was crucial for psychological adjustment of adolescents (Rohner, 1986). Moreover, the importance of negative cognitive styles were emphasized in the relationship between early life experiences with significant others and development of anxiety and depression (Alloy, 2001; Chorpita & Barlow, 1998). Therefore, in the first part of introduction, parenting styles will be described. In the next part, anger, depression, and anxiety -as measures of psychological distress-, and the effects of parental rearing practices on each psychological distress measure will be explained. Afterwards, Parental Acceptance-Rejection Theory (PARTheory) will be explored. In the next part, early maladaptive schemas of adolescents and their effects on psychological distress will be discussed. Finally, the aims of the study will be stated.

1.1 Parenting Style

Classification of parenting style is based on two common approaches. The former is the dimensional approach, focusing on discrete parenting behaviors. The

latter is typological approach, including patterns of parenting behaviors (Darling & Steinberger, 1993). Studies examining the effects of parental behavior on psychological wellbeing of children indicate that, three main central elements of parenting are common to both approaches which are (1) consistent and supportive relationship with parents, (2) fair and consistent limits placed on their behavior, and (3) valuation and expression of their own thoughts and emotions, leading to development of a stable sense of self and identity (Barber, 1997; Rollins & Thomas, 1979; Steinberg, 1990). Similarly, Amato and Fowler (2002) concluded that classification of parenting style is based on some central dimensions of parental behavior and attitudes, which are important for emotional, social, and psychological development of children. Early conducted studies emphasized two broad dimensions of parenting styles which were parental control and parental acceptance, although different terms were also used by different researchers in similar meanings (Barber, 2001). Baumrind (1968) defined these two dimensions of parenting as demandingness and responsiveness in which the former includes direct confrontation, monitoring, and discipline of children, the latter involves affective warmth, cognitive responsiveness, attachment and bonding, unconditional acceptance, involvement, and reciprocity.

According to Amato (1990), parental control was defined as parental supervision over their children, taking decision instead of children about their activities with friends, holding rules for their children; whereas, parental warmth was defined as parents' interest and involvement in children's activities, expression of praise with their success, and showing affection and love towards children. Maccoby and Martin (1983) stated that both parental control and support dimensions were associated with psychological development of children. In other words, children who are supported by their parents are more likely to have high self-esteem, advanced cognitive ability, academic success, internal locus of control, advanced moral development, and general psychological adjustment. On the other hand, parents' use of coercion is associated with negative outcomes for children.

Suchman, Rounsaville, DeCoste, and Luthar (2006) investigated the associations of parental control and parental warmth, respectively, with children's

behavioral and psychological adjustment. It was found that parental warmth was strongly associated with psychological adjustment of children while parental control was associated with children's behavioral adjustment. Similarly, Josselsan, Greenberger, and McConochie (1977) indicated that psychological adjustment of adolescents was better when they had close, non-conflictive parent-child relationships. Repetti, Taylor, and Seeman (2002) revealed that healthy family environment was crucial to provide children with a sense of emotional security, physical safety, and well-being. Families having high level of conflict, aggression and hostility were often lacking in acceptance, warmth, and support which were associated with mental health risks like depression, suicidal behaviors, and anxiety disorders.

1.2 Psychological Distress

1.2.1 Anger

Anger is defined as a subjective and a negative state which includes emotional experiences, behavioral patterns, and cognitive phenomena (Sukhodolsky, Kasinove, & Gorman, 2004). The role of parental rearing behaviors on occurrence of anger and hostility was explored by several research studies. Houston and Vavak (1991) asked adults to describe their parents' behavior. It was found that individuals who were less accepted, more harshly controlled, and more interfered were more likely to experience high level of hostility. Furthermore, Meester, Muris and Esselink (1995) investigated perceived parental rearing style and individual differences in hostility. They revealed that highly hostile individuals perceived more rejection and control while they perceived less emotional warmth from their parents than low hostile individuals did.

The study conducted with adolescents gave comparable results as well. In other words, it was found that children coming from less supportive families scored high on hostility and anger (Woodoll & Matthews, 1989). In addition to that, Muris, Meesters, Morren, and Moorman (2004) investigated the relationship between self-reported parental rearing behaviors and anger /hostility in adolescents. It was found

that low levels of emotional warmth and high levels of rejection, control, and inconsistency were associated with high levels of anger and hostility.

Factor analytical model of Spielberger (1988) distinguished anger into two factors. The first is called as anger experience, which is defined as subjective experience of anger varying in duration and intensity. The latter is called as anger expression in which individuals may show it outwardly, suppress it, or cope with it actively (cited in Sukhodolsky, et al., 2004). Clay, Anderson, and Dixon, (1993) investigated the relationship between anger expression and depression. It was revealed that depression has been very much related to suppressing anger but not to outward anger. In addition to that, anger expression and anger experience of clinical sample were compared with normal sample by Riley, Treiner, and Woods (1989). They found that depressed people reported high level of anger experience and suppressed anger more than the normal sample. These findings indicate that when individuals suppress their anger rather than expressing it outwardly, anger turned inward- the dynamic explanation for depression- and these individuals are more likely to experience depression.

Considering gender difference in experience of anger, it is claimed that anger is more related to a masculine expressive style. Therefore, males are expected to express their anger outwardly. On the other hand, expressing anger is not appropriate for female gender role. Therefore, females are expected to repress their feelings of anger and express it in the form of depressive symptoms (Sharkin, 1993). However, Newman, Gray, and Fuqua (1999) found no gender differences in terms of experiencing anger. Therefore, it was concluded that males and females get angry to similar things in the same intensity and express their anger in similar ways. The only difference is that although both males and females experience anger in the same level, internalized anger plays a prominent role among women than man.

1.2.2 Depression and Anxiety

Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, American Psychiatric Association [APA], 1994) describes major depression as loss of pleasure or depressed mood and reduction in daily life activities. In addition to that, at least

four of the following symptoms must occur: a significant weight loss or weight gain, insomnia or hypersomnia, psychomotor retardation or agitation, loss of energy or fatigue, feeling guilty and worthlessness, problems associated with concentration and indecisiveness, and suicidal ideation. These symptoms must be present at least for a two weeks period in order to be diagnosed as depressed According to Beck, Rush, Shaw, and Emery (1979), depressive people have a tendency to perceive themselves as defective, the world as offering difficulties, and the future as pessimistic and hopeless.

Depressive feelings become more prevalent in adolescence since it is the transitional period involving major changes in physical development, cognitive abilities, emotional adjustment, and self-esteem (Weissman & Shaffer, 1998). Adolescents grown up in a conflicting and rejecting home environment are more vulnerable to feelings of depression (Nilzon & Palmerus, 1997). Lau and Kwok (2000) investigated the relationship between family environment and depression of adolescents in Hong-Kong. It was concluded that adolescent's depression was related to perceived family environment. However, the retrospective reports can be confusing since it is possible that depressive mood negatively affect recall of parenting behaviors (Lewinsohn & Rosenbaum, 1987). Burge and Hammen (1991) provided convincing evidence for the relationship between parenting behavior and depression. They videotyped interactions of mothers and their children while discussing a topic of discord. It was found that the affective quality of interaction between mother and child during this discussion predicted depressive symptoms of the child 6 months later.

Anxiety was described as perception of uncertainty and threat concerning future events and increased autonomic activity (Feldman, 1993). Watson and Kendall (1989) indicate that comorbidity rate of depression and anxiety is very high. That is, people having high level of depression are more likely to experience anxiety. Similarly, individuals experiencing anxiety have a tendency to experience depression (Foa & Foa, 1982). However, anxious people tend to perceive ambiguous situations as more threatening than depressed people. On the other hand, depressed people are more likely to experience failure (Butler & Matthews, 1983). According to a two-

factor model of Watson and Tellegen (1985), both depression and anxiety involve a negative affect factor referring to feelings of upset and unpleasant arousal (e.g. being distressed, fearful, hostile). However, depressive people seem to experience positive affect, defined as pleasurable experiences (e.g. being excited, enthusiastic, elated) less than anxious people. Similarly, Clark and Watson (1991) stated that both positive affect and negative affect were able to discriminate depression and anxiety. That is, while negative affect is the shared component of anxiety and depression, low positive affect is relatively specific to depression. Gencoz (2002) investigated the effects of low positive affect on depression symptoms. It was revealed that low positive affect predicted changes in depression symptoms but not changes in anxiety. In congruence with the literature, NA is found to be the shared characteristics of both depression and anxiety.

Vulic-Prtoric and Macuka (2006) stated that both anxiety and depression are strongly correlated with perceived parental rejection, but it appears that depressive children perceive their families less pleasant to live with, and particularly, their parents to be less accepting, supporting, and approving, and more rejecting and controlling than anxious children. Through a meta-analytical study, Gerlsma, Emmelkamp, and Arrindell (1990) investigated perceived parental rearing practices in depressed and anxious patients. The psychometric and validational properties of questionnaires measuring perceptions of parental rearing styles were examined and only studies using satisfactory measures were included in this meta-analysis. It was concluded that different types of anxiety disorders were related to parental rearing style of less affection and more control. However, findings of this study related to depression were not consistent which may be explained by different diagnostic criteria.

In conclusion, studies indicated that family environment which fails to provide supportive and facilitative interactions is associated with both depression and anxiety symptoms (Carr, 1999; Harrington, 1993). Similarly, Rohner and Britner (2002) reported that depression and anxiety are inversely related to the level of support and approval provided by the family environment. Parental Acceptance-Rejection Theory conceptualized by Rohner (1986) and consequences of parental

acceptance-rejection on the children's psychological development will be explained in the next section.

When a gender difference is taken into account, it is seen that, during childhood results are not consistent. Vulic-Prtoric and Macuka (2006) found no gender differences between children in terms of depression and anxiety. Previous studies conducted by Vulic-Prtoric and Macuka (2003) and Vulic-Prtoric and Soric (2001) revealed that depressive and anxiety symptoms were common in both adolescent girls and boys (cited in Vulic-Prtoric & Macuka, 2006). Nelson, Politano, Finch, Wendel, and Mayhall (1987) did not find gender differences in depressive symptom intensity in a large sample of participants aged between 6 and 18. However, a marked increase in the prevalence of anxiety and depression symptoms of girls begins to be seen between the ages of 13 and 15 or even later (Cicchetti & Toth, 1998).

1.3 Parental Acceptance and Rejection Theory

Rohner (1986) developed Parental Acceptance-Rejection Theory (PARTheory), which was an evidence-based theory of socialization and lifespan development. PARTheory aims to predict and explain major antecedents and consequences of parental acceptance-rejection all over the world. Within this perspective PARTheory is divided into three sub-theories. The first is personality sub-theory which tries to answer the questions of whether children everywhere give same reactions when they perceive that their parents reject them, to what degree do the effects of childhood rejection extend into adulthood and old age. The second is coping sub-theory, attempting to find answers to questions of what gives some children and adults the resilience to emotionally cope more effectively than most others, with the experience of childhood rejection and why some parents are warmer than others. The third and the last one is socio-cultural systems sub-theory, investigating how parental acceptance and rejection affect preferences of children in the future (Rohner, 1986, 2004).

1.3.1 The Warmth Dimension of Parental Acceptance-Rejection

According to Rohner's PARTheory, (Rohner, 1986, 2004; Rohner & Khaleque, 2005) the warmth dimension of parenting, which refers to the affection and behavioral quality between parents and adolescents, ranges from parental acceptance to parental rejection depending on the quality of relationship. As shown in Figure 1, parental acceptance; the warmth, affection or simply love could be expressed by parents or other caregivers in two ways: physical and verbal. Physical expressions of warmth and affection consist of hugging, fondling, caressing, approving glances, kissing, smiling, and other indications of concern, support, and care. Expressions of verbal warmth and affection consist of praising, complimenting, and saying nice things to children or about children. Parental rejection is the absence or significant withdrawal of warmth, affection, care, comfort, concern, nurturance, and support, and presence of a variety of physically and psychologically hurtful behaviors and emotions. Cross-culturally conducted studies reveal that children and adults everywhere experience parental rejection in one or combination of four different ways. The first is *the cold and unaffectionate way*, the opposite of being warm and affectionate; that is, the absence of physical, verbal, and symbolic affection (the use of culturally specific gestures). The second is *the hostile and aggressive way*. The former includes the feelings of anger, resentment, and enmity toward the child and the latter includes any behavior where there is the intention of hurting someone, something or oneself either physically like hitting, biting, pushing, shaking, and so on or verbally like sarcasm, cursing, belittling, and denigrating. The third is *indifferent and neglecting way*, which is physical and psychological unavailability of the parent. That is, parents not only fail to provide the comfort, the material and physical needs of children but also fail toattend appropriately to children's social and emotional needs. The last is *undifferentiated rejecting way*, which refers to individuals' beliefs that their parents do not really care about them or love them without clearly observable indicators of rejection being present (Rohner, 1975, 1986; Rohner & Cournoyer, 1994)

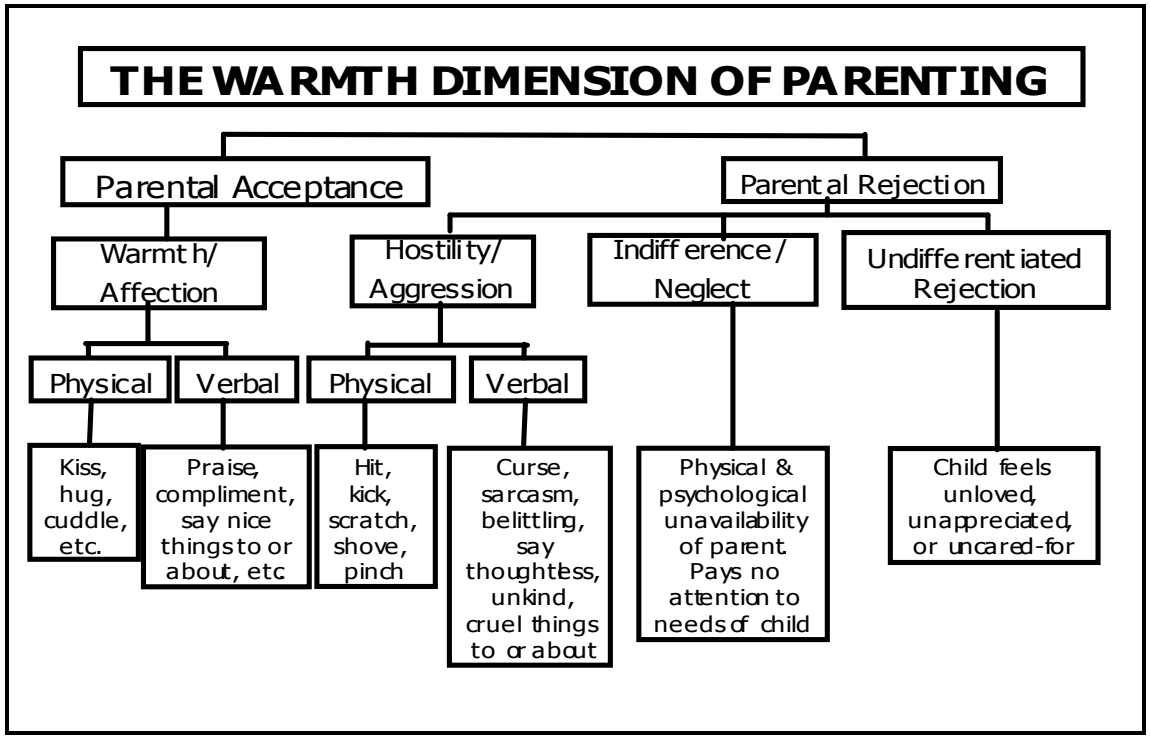

Figure 1. The Warmth Dimension of Parenting

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Parental acceptance and rejection can be viewed in two different perspectives: as subjectively experienced by the individuals or as objectively assessed by others. The effects of parental behavior on children may change according to their perception and inferences. Therefore, studies based on objective assessment by others may fail to take into account children's experiences with their parent's action and may lead to different conclusions, than those subjectively experienced by individuals.

As a result, PARTheory gives greater emphasis on individuals' subjective experiences and perceptions of parenting behaviors. That is, in spite of the fact that an outside observer may fail to detect any explicit indicators of parental rejection, a child may feel unloved by significant others. Alternatively, a child may not feel any rejection, but an outside observer may detect parental aggression or neglect towards child (Rohner, 1986). Little cross-generational evidence and convergent validity were reported by Tein, Roosa, and Michaels (1994) on five scales of Child's Report of Parental Behavior Inventory (CRPBI). That is, quite low correlation between parents and child reports was found in that parents reported more parental acceptance compared to the children. Tein et al. (1994) also identified several factors affecting agreement between parent and children reports of parental behavior. These are, child's age, family size, and child's psychological well-being. Similarly, Aquilino (1999) reported low to moderate correlation between parent and child reports. That is, parents were more likely to report significantly favorable relationships with their children than did children. In order to predict the necessity of effective parenting, the discrepancy between parents' and children's reports of parenting behavior should be discovered. Similarly, children are influenced by their perception of their parents' behaviors not the actual parental behaviors reported by parents (Demo, Small, & Savin –Williams, 1987). Rohner et al. (2005) conducted a study in order to show cross-cultural generalizability of previous findings related to low level of agreement between parents and children in terms of parental acceptance and rejection. Pakistan and Finland two very different cultures were selected. The former has a more traditional islamic tradition, whereas the latter has the Western Judeo-Christian tradition. Results of this study indicated significant agreements between the reports

of mothers and children in accepting families. However, this agreement between mothers and children turned into disagreement in rejecting families both in Finland and Pakistan.

1.3.2 Personality Sub-theory of Parental Acceptance and Rejection

As constructed in PARTheory, children are in need of positive response from the significant other who is any person with whom a child has a relatively long-lasting emotional tie, who is uniquely important to the individual, and who is interchangeable with no one else. Because of the fact that a child's psychological, social and emotional well-being depends on the quality of relationship formed with parents, they are uniquely important for the child. In addition to that, this theory also postulates that the degree of adults' psychological, social, and emotional well-being is dependent on the perceived quality of relationships with intimate partners or other attachment figures. When this need is not satisfied adequately by significant others, children or adults are more likely to develop social, behavioral, and emotional problems (Rohner, 2004). Studies completed since the 1930s on parental acceptance and rejection indicate that parental rejection has serious and unfavorable effects on personality development and personality functioning of children and adults, like different forms of psychopathology, behavior problems, psychological adjustment problems, substance abuse, attachment disorders, academic problems, psycho-physiological reactions, and troubled personal relationships (Rohner & Britner, 2002). PARTheory focuses on seven personality dispositions that seem to characterize rejected children and adults all around the world. These dispositions subsume dependence or defensive independence, depending on the degree of rejection; emotional unresponsiveness; hostility, aggression, passive aggression, or problems to overcome aggression; negative self-esteem; negative self-adequacy; negative worldview; and emotional instability. The term dependence in PARTheory refers to emotional reliance of a person on significant others for emotional support, care, comfort, attention, and nurturance. Children seek emotional comfort, attention, and approval by clinging, becoming anxious and insecure when separated from parents. Older children or adults may also express their dependency by seeking

reassurance, approval or support with comfort, affection, and solace from people who are most important to them but in more varying degrees. However, independent people are those who do not trust others for emotional support, encouragement, reassurance, comfort and so on. Up to a certain point individuals try hard to get attention, approval, and reassurance from significant others. Nevertheless, after a while, rejected children protect themselves from the hurt of further rejection by acting defensively independent, and by becoming emotionally unresponsive, thereby denying wishes and needs of positive responses from significant others or showing aggressive and hostile reactions either directly or indirectly towards their parents. In addition to dependence or defensive independence, individuals who perceive rejection from parents may develop feelings of impaired self-esteem and impaired self-adequacy. Because of the fact that rejected children believe attachment figures do not love them, they are likely to feel themselves to be unlovable, perhaps even unworthy of being loved. Furthermore, individuals believing to be unworthy of love make generalizations about their incompetence and inability. They are less likely to cope with stress when faced with stressful situations since anger, negative self-feelings and other consequences of perceived rejection tend to diminish individuals' capacity to deal effectively with stress. In other words, children who perceive rejection tend to view others as untrustworthy, hostile, unfriendly, emotionally unsafe, threatening or dangerous; therefore, they develop a negative worldview that often bullies them throughout life. These personality dispositions constitute a measure of psychological adjustment/ maladjustment varying directly and universally with the experience of parental acceptance-rejection (Khaleque & Rohner, 2002).

1.3.3 Parental Acceptance- Rejection and Psychological Adjustment

A number of methodologies have been used in PARTheory research in order to provide compelling evidence concerning the mental health correlates of parental acceptance-rejection in a wide range of nations and in ethnic groups. These are interviews, timed and setting-sampled behavioral observations in natural setting, and self-report questionnaires. However, the most frequently used method among them is

self-report questionnaires which are available in more than 30 languages for assessing perceived parental acceptance-rejection along with the seven personality dispositions postulated to emerge from perceived rejection (Rohner & Khaleque, 2005). Nearly 2.000 cross-cultural studies provide converging evidence for the conclusion that parental acceptance-rejection was associated with the proposed personality dispositions (Rohner & Britner, 2002).

A meta-analytical study conducted by Khaleque and Rohner (2002) with 43 worldwide studies using Parental Acceptance-Rejection Questionnaire (PARQ) and Personality Assessment Questionnaire (PAQ) revealed that parental acceptance-rejection was significantly associated with children's psychological adjustment specified in personality sub-theory. Furthermore, this meta-analysis also indicated that regardless of culture, ethnicity or geographic location, about 26 % of the variability in children's psychological adjustment and 21% of the variability in adults' psychological adjustment is accounted for by parental acceptance-rejection.

Similarly, Cournoyer, Sethi, and Cordero (2005) investigated the relationship between parental acceptance-rejection and psychological adjustment of Ukrainian students. It was found that there was a significant relationship between parental acceptance-rejection and psychological adjustment. That is, Ukrainian students who perceived more parental acceptance experienced more psychological adjustment. However, no gender differences in perceived acceptance-rejection were observed.

A study conducted by Simons, Johnson, and Conger (1994) pointed out to a the controversy on the negative effects of corporal punishment on psychological adjustment of children. Although harsh punishment was associated with high level of aggressive behavior (Howes & Elderedge, 1985), Baumrind (1994) postulated that it was effective in reducing unwanted behavior without evoking aggression when used within a loving family environment. Furthermore, Simons et al. (1994) found that parental support and involvement were more important factors for psychological adjustment of children than harsh punishment. Therefore, Rohner, Baurque, and Elordi (1996) examined the mediating role of parental acceptance-rejection between physical punishment and psychological adjustment. They found that physical punishment was associated with poor psychological adjustment only when it is seen

as a form of caretaker rejection by children. Furthermore, the study conducted with 427 Turkish youths between the ages of 10 to 18 supported this finding. That is, parental punishment by itself no longer explained the variance in youth's psychological adjustment when the effects of perceived parental acceptance-rejection were controlled. In addition to that, it was shown that neither youths' gender nor age was associated with either perceived parental acceptance or punishment (Erkman & Rohner, 2006).

According to PARTheory, rejected children who are not able to establish a successful friendship throughout developmental experiences are more likely to become dependent or defensively independent; emotionally unresponsive; hostile and aggressive adults, and they may suffer lack of self esteem and self-adequacy; have negative worldview and become emotionally unstable than those who have been accepted as children (Rohner, 1986). That is, the quality of relationship between parents and children influences their interpersonal relationships, especially intimate relationships in adulthood. Therefore, Parmar and Rohner (2005) conducted a study in order to explore the relation between perceived partner acceptance and psychological adjustment of young adults in India. They also investigated the mediating role of remembered childhood experiences of maternal and paternal acceptance between current partner acceptance and young adults' psychological adjustment. The result of this study supported PARTheory's theoretical expectation that perceived rejection was associated with the individuals' psychological maladjustment. Similarly, individuals who perceived their current intimate partners as rejecting were psychologically more maladjusted than those perceiving their current intimate partner as accepting. It was found that remembered paternal acceptance -not maternal acceptance- in childhood partially mediated the relation between partner acceptance and men's psychological adjustment. It was also found that perceived paternal acceptance moderate the relation between partner acceptance and psychological adjustment. That is, the effects of perceived partner acceptance on men's psychological adjustment were dependent on to a significant degree on the level of perceived paternal acceptance in childhood. Similar results were found in a study of 88 American women; that is, perceived partner acceptance-rejection

explained 16 % of the variance in women's psychological adjustment (Rohner & Khaleque, 2005). Furthermore, remembered childhood paternal acceptance -not maternal acceptance- made unique contribution to psychological adjustment of women. In addition to that, Varan (2005) investigated the effects of perceived parental acceptance-rejection in childhood on perceived partner acceptance-rejection in adulthood in Turkey. It was found that remembered parental acceptance was significantly related to current partner acceptance for males but not females. A stepwise regression analysis revealed that mother acceptance predicted current partner acceptance for males more strongly than father acceptance.

The inconsistency of results concerning the effects of past experiences on adult psychological adjustment could be explained by Gerlsma's (2000) suggestions. He stated that individuals' style of re-evaluating their past experiences affected their current relational satisfaction. That is, individuals who abstained from the re-evaluation of their past experiences with parents were more satisfied with current relationship, but those who continuously ruminate past experiences with parents were less satisfied with their current relationship.

In addition to these studies, researchers also conducted studies in order to discover the influence of paternal and maternal rejection on psychological adjustment. Contrary to the general beliefs concerning the substantial role of mothers on children's development, studies conducted in 1990s showed that paternal warmth had significant effects on children's social and educational development (Lamb, 1997; Rohner, 1998; Hosley & Montemayor, 1997, cited in Veneziano, 2000). Similarly, Fox, Kimmerly, and Schafer (1991) concluded that paternal warmth and support was as important for children as maternal warmth and nurturance (cited in Veneziano, 2000). However, few studies investigated the effects of maternal and paternal love and nurturance on children's well-beings in diverse cultural settings. Therefore, Veneziano (2000) conducted a study to examine the role of maternal and paternal acceptance-rejection on psychological adjustment of children within and across African American and European American families. The result of this study revealed that perceived paternal acceptance was at least as important as youths'

psychological adjustment and the relationship among perceived maternal and paternal acceptance, and psychological adjustment varies across ethnic groups.

Maintenance of psychological problems once established are provided by different types of personal factors, which are self-efficacy beliefs, cognitive distortions, dysfunctional attributions, immature defense mechanisms and dysfunctional coping strategies (Carr, 1999). Beck et al. (1979) theorize that adverse early life experiences lead to development of negative cognitive styles which constitute a framework for how individuals interpret and evaluate interactions during adolescence and adulthood.

1.3.4 Mental representation

Personality dispositions described in PARTheory like negative worldview, negative self-esteem, negative self-adequacy, and so on constitute mental representation of rejected persons. That is, previous experiences with significant others construct more or less organized thoughts and feelings about self, others, and the world. Once constructed, these organized thoughts and feelings about self and others shape the way individuals perceive and respond to new experiences including interpersonal relationships (Rohner, 1986). PARTheory predicts that children who perceive parental rejection develop distorted mental representation of self, significant others, and the world (Rohner, 2004). For instance, individuals having negative childhood experiences with parents and perceiving the world as hostile and rejecting tend to interpret new experiences with others in the light of previous experiences. That is, they seek hostility and deliberate rejection in unintended acts of significant others. Similarly, early childhood experiences may lead individuals to perceive interpersonal relationships as unpredictable, untrustworthy, and hurtful thereby reflecting these thoughts and feelings into new relationships. These people generally seek and perceive experiences, situations, and behaviors consistent with their mental representation about self, others, and the world but avoid situations which are inconsistent with their experiences (Rohner, Khaleque, & Cournoyer, 2005).

Studies indicate that negative cognitions about self, such as believing self-worthlessness are associated with negative perceptions of parent-child relationships

(Whisman & Kwon, 1992; McCranie & Bass, 1984). Ohannessian, Lerner, Eye, and Lerner (1996) conducted a longitudinal study with 214 young adolescents in order to investigate mediator role of perceptions of self between perceived parental acceptance-rejection and emotional adjustment like depression and anxiety. Furthermore, they examined gender differences. The results of this study revealed that parental acceptance was directly related to emotional adjustment. It was also found that girls were more likely to report anxiety and depression than boys were. In addition to that, mediation analyses indicated that none of the self-competence measures like academic, social, athletic, physical attractiveness, and self-worth mediates the relation between perceived parental acceptance and emotional adjustment. Nonetheless, parental acceptance was found to be related to self-confidence especially for girls. Muris, Schmidt, Lambrichs, and Meesters (2001) investigated protective and vulnerability factors in the development of depression in normal adolescent population. They found that negative parental rearing behavior was one of the primary sources of depression. In addition to that, negative coping styles of adolescents mediate this relationship. Muris et al. (2001) claimed that it is unavoidable to establish negative cognitive style with-in the family environment involving consistent parental rejection and lack of emotional warmth. Similarly, Macphee and Andrews (2006) examined risk factors for depression in early adolescence among a group of common predictors. It was found that perceived parental rejection was an important predictor among the others. However, explained variance was lower than expected. It was indicated that self esteem partially mediate this relationship. Therefore, it was concluded that negative parental rearing behavior leads to impairment in self-view of adolescent, which in turn causes depression.

1.4 Early Maladaptive Schemas

Schemas are the collection of organized past behaviors and experiences and this cohesive and persistent body of knowledge later guides our subsequent perceptions (Segal, 1988). According to Young (1999, p. 9), Early Maladaptive Schemas (EMS) are “extremely stable and enduring theme that develop during childhood, elaborated throughout an individual’s lifetime, and dysfunctional to a

significant degree". EMSs are thought to reflect approval / disapproval experiences of childhood thereby self-perpetuating and highly resistant to change. Since these schemas are developed during childhood and elaborated throughout individual's lifetime, they constitute individual's self-concept; therefore, they are familiar, comfortable, and unconditional to individuals. That is, they are maintained by exaggerating information that confirm the schemas and by minimizing information that are inconsistent with the schemas. Early maladaptive schemas appear because of unmet core emotional needs of children. It is proposed that there are five core emotional needs for human beings which are secure attachments to significant others; autonomy, competence and sense of identity; independence to express needs and emotions; spontaneity and play; and realistic limits and self control (Young, Klosko, & Weishaar, 2003). Young (1991) proposed that there are sixteen schemas within six higher order functioning areas (cited in Young, 1999). However, in his 1999 revision Young stated that there are 18 EMSs classified under five schema domains.

The first domain is "Disconnection and Rejection" in which needs for acceptance, security, safety, stability, nurturance, empathy, sharing of feelings and so on are not provided by parents in a predictable way. Generally, family environment is cold, rejecting, abusive, unpredictable, and explosive. Disconnection and rejection domain includes schemas of *abandonment/instability* that is perceived instability or unreliability of those available for support and connection; *mistrust/abuse* that is the expectation that others are unworthy of trust and will abuse, hurt and humiliate, lie to, cheat or manipulate; *emotional deprivation* that is the expectation that one's emotional needs are unattainable and can not be met by others; *defectiveness* that is the feeling that one is defective, bad, unwanted, inferior, or invalid in important respect; *social isolation* that is the feeling that one is isolated from the rest of the society.

The second domain is "Impaired Autonomy and Performance". People are in need of separate identity in order to be competent and self-confident. However, overprotective parents obstruct children from functioning independently and performing successfully. Impaired autonomy and performance domain involves schemas of *dependency,* which is the belief that one is unable to deal with everyday

responsibilities in a competent way; *vulnerability to harm or illness,* which is the exaggerated fear that unavoidable things will happen at any time; *enmeshment/undeveloped self,* which is the excessive emotional involvement and closeness with one or more significant others at the expense of full individuation or normal social development; *failure,* which is the belief that one is fundamentally inadequate relative to others thereby not achieving in school, career and sports.

The third schema domain is "Impaired Limits" in which people have trouble in fulfilling responsibilities towards others and in respecting the rights of others since internal limits concerning reciprocity and self-discipline are not evolved. Parents are generally overindulgent and permissive, and also they give no direction, limits and discipline to their children. Impaired limits domain comprises schemas of *entitlement / grandiosity* that is the expectation that one should be able to act without regard for others; *insufficient self-control* that is the expectation that self-discipline is unimportant, and emotions and impulses require little restraint.

The forth schema domain is "Other Directedness" in which ones give top priority to meet the needs of other people at the expense of their own needs. They do this in order to gain approval, maintain emotional connection or avoid discrimination. Love is based on conditions within families. That is, children must suppress their needs and feelings in order to gain acceptance from parents. Other directedness schema domain consists of schemas of *subjugation* in order to avoid rejection individuals submit their desires to those of others; *self sacrifice* that is excessive focus on voluntarily meeting the needs of others in daily situations; *approval seeking* that is excessive emphasis on gaining approval and recognition.

The last schema domain is "Over-vigilance and Inhibition" in which people suppress their spontaneous feelings and impulses, instead follow strict and internalized rigid rules and expectations at the expense of happiness, self-expression, and relaxation and close relationships. Parents are generally rigid, perfectionist and highly demanding. Over-vigilance and inhibition schema domain involves in schemas of *negativity / pessimism* that is expectation that one can not prevent the negative aspects of life; *emotional inhibition* that is the expectation that emotional expression will lead to negative consequences such as embarrassment and harm to

others; *unrelenting high standards* that is expectation that one must meet unrealistically and impossibly high standards; *punitiveness* that is the belief that one should be harshly punished for making mistakes (Young et al., 2003).

Early Maladaptive Schemas are thought to increase individual's vulnerability for psychological disorders in situations that activate these schemas. Therefore, identification of these schemas is crucial in order to detect and correct cognitive distortions thereby reducing psychological symptoms (Welburn, Coristine, Dagg, Pontefract, and Jordan, 2002). Young (1990) developed a 205-item Schema Questionnaire (YSQ), a self-report inventory, in order to assess Young's proposed EMSs (cited in Young et al., 2003).

1.4.1 Studies Conducted on Psychometric Properties of Young Schema Questionnaire (YSQ)

A considerable amount of studies have been conducted so as to investigate psychometric properties of Young Schema Questionnaire (YSQ). Schmidt, Joiner, Young, and Telch (1995) administered the schema questionnaire to both a student sample and a clinical sample. The factor analysis of the data from the student sample revealed that twelve EMSs, which were incompetence /inferiority, emotional deprivation, defectiveness, insufficient self-control, mistrust, self-sacrifice, unrelenting standards, abandonment, enmeshment, vulnerability, dependency, emotional inhibition, as constructed by Young emerged as separate factors. Fear of losing control, not hypothesized by Young emerged as a separate factor as well. However, four EMS proposed by Young, which were social undesirability, social isolation/ alienation, subjugation, entitlement did not emerge as separate factors. The analyses failed to support the five domains proposed by Young (1990) and suggested three higher order schemas: The first is "Disconnection" including schemas of abandonment, defectiveness, emotional deprivation, emotional inhibition, mistrust, and fear of losing control. The second is "Over-connection" consisting schemas of dependency, enmeshment, vulnerability, and incompetence/inferiority. The third is "Exaggerated Standards" involving schemas of self-sacrifice and unrelenting standards. Factor analysis with patient sample indicated that fifteen EMS

hypothesized by Young emerged as separate factors, only social undesirability did not emerge as a separate factor. The difference between student sample and patient sample is explained as the fact that schemas are present in normal populations but become more exaggerated and extreme in symptomatic individuals (Young & Klosko, 1994).

Since the patient sample size was small in this study, Lee, Taylor, and Dunn (1999) conducted a study with a larger clinical sample so as to replicate the findings of Schmidt et al. (1995). The Schema Questionnaire was applied to 356 Australian patients receiving an axis II diagnosis and 135 patients receiving an axis I diagnosis. The results of this study showed that all EMSs described by Young emerged as separate factors except social undesirability and emotional inhibition. The similarity between findings of Lee et al., 1999 and Schmidt et al., 1995 indicated both internal consistency and universality of the YSQ. Similar to the findings of Schmidt et al. (1995) this study also failed to support the five domains proposed by Young and provided four higher order schema domains. The first is "Impaired Autonomy" including schemas of dependency, enmeshment, failure, subjugation, and vulnerability. The second is "Disconnection" involving schemas of abandonment, defectiveness, emotional deprivation, emotional constriction, mistrust, and social isolation. The third is "Impaired Limits" consisting schemas of entitlement and fear of loss of control. The last is "Over Control" including schemas of self-sacrifice and unrelenting standards.

For research purposes, Young and Brown (1999) developed a 75-item short form of the 205-item YSQ by including the five highest loading items for each schema as reported by Schmidt et al., 1995 (cited in Cecero, Nelson, & Gillie, 2004). Welburn et al. (2002) investigated the factor structure of YSQ-Short form with a sample of patients in a psychiatric day treatment program. Factor analysis pointed out the consistency between long form and short form of SQ. In other words, 15 EMS emerged with adequate to very good internal consistency coefficients similar to Lee et al. (1999) and Schmidt et al. (1995). However, Welburn et al. (2002) did not investigate the higher order structure of EMSs. Therefore, Calvete, Estevez, Arroyabe, & Ruiz (2005) conducted a study in order to show higher order factor

structure of the Spanish version of the YSQ short form by using confirmatory factor analysis. This study confirmed the proposed 15-factor structure of Spanish version of YSQ short form thereby providing evidence for the universal nature of schemas across different cultures. However, the analysis was not able to support the five domains hypothesized by Young (1999) and offered a three second order factor solution. The first schema domain consists of schemas of Dependence, Enmeshment, Vulnerability to Harm, Failure, Subjugation, and Insufficient Self-Control similar to "Impaired Autonomy" schema domain described by Lee et al. (1999). Abandonment schema was added to the first domain in the study of Calvete et al. (2005) as well. The second schema domain contains schemas of Emotional Inhibition, Deprivation, Social Isolation, Defectiveness and Mistrust, which are identical to those obtained by Lee et al. (1999). Finally, the third schema domain is loaded with schemas of Unrelenting standards, Self-Sacrifice, and Entitlement, which are comparable with Lee et al. (1999) as well.

Similar to Welburn et al. (2002) and Calvete et al. (2005) the factor structure of YSQ was investigated by Cecero et al. (2004). Results of this study supported 14 of the 15 EMSs constructed by Young (1990) apart from defectiveness schema. In addition to that, second order-factor analysis revealed four higher order factors. The first schema domain consists of schemas of emotional inhibition, social isolation, emotional deprivation, and mistrust. The second schema domain includes schemas of abandonment, enmeshment, subjugation, failure, vulnerability to harm. The third schema domain involves schema of entitlement. The last schema domain includes schemas of dependence, self-sacrifice, unrelenting standards, and insufficient self control.

Psychometric properties of the French version of the SQ-SF were investigated by Chevallet, Mauchand, Cottraux, Bouvard, and Martin (2006) with 263 non-clinical samples. The results of factor analysis revealed that 13 factors proposed by Young emerged as separate factors, all of which demonstrated moderate to good internal consistency. Furthermore, the fact that there is a consistency between the results of current study and those of previous studies based on English version of SQ-SF, suggest structural stability of the YSQ across cultures and clinical status. The

reliable factor structure of 15 EMSs were supported by Nordahl, Holthe, and Haugum (2005) and Hoffart et al. (2005) as well.

Waller, Meyer, and Ohanian (2001) conducted a study in order to compare YSQ-L with YSQ-S and to determine the psychometric properties of it among bulimic and comparison groups. It was found that internal consistency of YSQ-S version is very close to YSQ-L version. Similarly, they have comparable discriminant validity. In other words, both forms were able to differentiate bulimics from comparison group.

Hoffart et al. (2005) claimed that since EMSs included common characteristics like negative beliefs about self, negative self image and so on, they were redundant thereby being reducible to the higher order domains. However, factor analysis studies conducted on the factor structure of schema domains give different results. Although Young (1999) proposed that there were five primary functioning areas, Lee et al. (1999) described four schema domains and Schmidt et al. (1995) indicated three schema domains. Because of the fact that exclusive use of exploratory factor analysis leads to elimination of some factors in the first order factor analysis, the obtained different results have been expected. Therefore, a confirmatory factor analysis is required in order to determine which model best represents the EMS in the YSQ (Hoffart et al., 2005). It was found that among the second order models analyzed, the four higher order factor model of Lee et al. (1999) were the best one, compared to Young's (1990) five higher order factor model and Schmidt's (1995) three higher order factor model.

1.4.2 Early Maladaptive Schemas and Psychological Distress

Young et al. (2003) proposed that the origin of Early Maladaptive Schemas was based on frustrated or traumatic experiences with significant others. Richardson (2005) used the Young Schema Questionnaire to investigate the presence of EMS in the sample of British adolescent sexual abusers having history of sexual victimization and non-victimization. They pointed out that Social Isolation and Emotional Inhibition schemas were more prevalent. Furthermore, there was a significant difference between sexual abusers having history of sexual victimization

and non-victimization in that Abandonment / Instability and Defectiveness / Shame schemas were higher in the former, Emotional Inhibition and Entitlement / Self-Centeredness were higher in the latter group.

Cecero et al. (2004) also conducted a study using non-clinical sample in order to validate the relationship between retrospective reports of childhood experiences and EMSs in current. They indicated that childhood emotional abuse or neglect leads to the development of beliefs that one's primary needs will not be met by others (Emotional Deprivation) that one will be abused or mistrusted by others (Mistrust / Abuse) that one must inhibit emotions and impulses (Emotional Inhibition). In addition to that they explored the association between EMSs and styles of interpersonal relationships and stated that Abandonment /Instability Schema positively predicted preoccupied attachment style. Emotional Deprivation and Social Isolation / Alienation were good predictors of dismissing attachment style. Mistrust / Abuse and Emotional Inhibition strongly predicted fearful attachment style.

Similarly, Mason, Platts, and Tyson (2005) found that EMSs could discriminate different attachment styles in clinical samples. Discriminant function analysis revealed that fearful individuals had the greatest degree of EMSs which were Emotional Inhibition, Mistrust / Abuse, Social Isolation, Defectiveness / Shame, Dependence / Incompetence, and Subjugation compared to others. In addition to that, fearful group had the greatest distress, depression and the greatest difficulties in social and close relationships.

Young (1999) proposed that there was a clear link between certain EMSs and symptoms of depression, anxiety, anger and so on. Therefore, in order to show correlation between EMSs and symptoms of affective disorders and to investigate construct validity of Young schema questionnaire several studies were conducted using both long form and short form of SQ. Schmidt et al. (1995) indicated that EMSs were associated with both Axis I and Axis II symptomatology. They concluded that schemas of vulnerability, incompetence, and emotional inhibition predicted anxiety while schemas of dependency and defectiveness predict depression.

Harris and Curtin (2002) examined the mediating role of EMSs in the

relationship between retrospective reports of parenting and depressive symptoms. It was found that there was a significant relationship among low perceived parental care, Defectiveness / Shame, Insufficient Self Control, Incompetence/ Inferiority, Vulnerability to harm schemas and depression. Similarly, the relationship among perceived parental overprotection, depressive symptoms and Defectiveness / Shame, Insufficient Self Control, Vulnerability to Harm schemas were found to be significant. In addition to that, it was found that these four EMSs partially mediate the relationship between perception of parenting and depressive symptoms.

Similarly, Shah and Waller (2000) demonstrated mediating role of core beliefs between perceived parental bonding in childhood and depression in adulthood by comparing depressed individuals with non-depressed individuals. It was found that Defectiveness, Self-Sacrifice, and Insufficient Self Control schemas could discriminate depressed group from non-depressed group. While Dependence / Incompetence, Emotional Inhibition, Failure to Achieve, Unrelenting Standards and Vulnerability to Harm schemas mediated the relationship between parental bonding and levels of depression in depressed group, Vulnerability to Harm schema partially mediated this relationship in none-depressed group.

McGinn, Cukor, and Sanderson (2005) investigated the relationship between early childhood environment and current symptoms of depression and anxiety, and examined mediating role of dysfunctional cognitive styles on this relationship as well. They used five schema domains proposed by Young (1999) as measures of dysfunctional cognitive styles. It was found that dysfunctional cognitive style mediated the relationship between negative parenting and psychopathology. In other words, individuals recalling their mothers as uncaring had higher levels of dysfunction in the Disconnection-Rejection Domain; whereas, those remembering their mothers as more overprotective exhibited greater dysfunction in Overvigilance and Other Directedness Domain. Furthermore, individuals perceiving their mothers as being abusive had higher level of dysfunction in three of the five domains, which were Disconnection, Impaired Autonomy, and Impaired Limits.

Welburn et al. (2002) examined the correspondence between EMSs and psychiatric disorders like anxiety, depression, and paranoia by using short form of

SQ. The significant relationship between EMSs and psychiatric disorders confirmed the construct validity of SQ. It was found that Vulnerability to Harm, Abandonment, Failure, Self-Sacrifice, and Emotional Inhibition schemas were predictors of anxiety. Abandonment and Insufficient Self-Control schemas predicted depression, and Mistrust, Vulnerability to Harm, Self-sacrifice and Insufficient Self-Control were predictors of paranoia. Furthermore, it was found that there was a significant difference between males and females in terms of EMS, females were more vulnerable to Self-Sacrifice, Enmeshment, Failure, Abandonment, and Defectiveness schemas whereas males were more vulnerable to entitlement schemas.

Glaser, Campbell, Calhoun, Bates, and Petrocelli (2002) also conducted a study in order to show construct validity of EMSQ-SF in clinical sample. They examined how EMSs would predict other measures of general symptomatology like depression and anxiety. It was found that Abandonment / Instability, Social Isolation /Alienation, and Vulnerability to Danger schemas significantly contributed to the explained variance of the Global Severity Index (GSI). In other words, this study pointed out that there was an association between perceived instability and unreliability of significant others for support and connection, isolation from other people, exaggerated fear and the occurrence of depression and anxiety. Cognitive content specific theory claims that each psychological disorder contains specific cognitive content compared to others. For instance, depression includes loss, deprivation, failure; anxiety includes harms and dangers (Beck, Brown, Steer, Eidelson, & Riskind, 1987). However, it seems that there is no specific content that differentiate emotional disorders from each other in previous studies.

Therefore, Calvete et al. (2005) conducted a study in order to differentiate the cognitive characteristics of affective disorders. In addition to that, it is examined whether there is a consistency between core cognitive beliefs and more superficial thoughts. The result of this study revealed that Failure, Defectiveness / Shame, and Self- Sacrifice schemas were associated with depression. Mistrust schema was associated with anger, and Subjugation, Failure, and Abandonment / Instability schemas were associated with anxiety. Furthermore, this study showed an association between automatic thoughts and cognitive schemas. Enmeshment, Failure, and

Social Isolation schemas were associated with Dissatisfaction Thoughts; Failure, Defectiveness, and Subjugation were associated with Negative Self-concept thoughts; Vulnerability to Harm, Entitlement and dependence were associated with Anxious Thoughts; Mistrust and Entitlement was associated with Angry Thoughts.

The consistency between automatic thoughts and core beliefs was questioned by Stopa and Waters (2005). They investigated YSQ as to whether it measures permanent underlying constructs or more temporary negative thoughts by looking at the response pattern of participants to SQ in depressed mood, happy mood, and neutral mood. The results revealed that Emotional Deprivation and Defectiveness schemas were influenced by depressed mood condition, whereas Entitlement schema was affected by happiness mood. It means that, although there was a considerable degree of stability in most schemas measured by YSQ in non-clinical sample, some others are influenced by mood.

Nordahl, Holthe, and Haugum (2005) examined the relationship between various EMSs and personality disorder characteristics and assessed both individuals with and without Personality Disorders. They also investigated the predictive power of EMS for therapeutic outcome. The results revealed that schemas like Mistrust, Defectiveness, and Emotional Deprivation were associated with paranoid, dependent, and borderline personality traits, schemas like Entitlement and Insufficient Self-Control were related to obsessive and passive-aggressive personality traits. While narcissistic personality traits were associated with Vulnerability to Harm, Emotional Inhibition, and Insufficient Self-Control, patients with antisocial, schizoid and schizotypal personality traits were related to no EMSs. The comparison between patients with and without PD indicated severity of EMS in patients with PD. Furthermore; this study showed that changes in EMS after treatment predicted symptomatic relief.

Studies revealed inconsistent associations between certain schemas and symptoms of psychological distress. For instance, Schmidt et al. (1995) showed that Dependence and Defectiveness were associated with depression, but Welburn et al. (2002) found that Abandonment and Insufficient Self Control was associated with depression. According to Calvete et al. (2005) slight differences between studies

could be due to using either long form of SQ or short form of SQ. In addition to that, the number or composition of the first order schemas used in studies might lead to differences between studies. The nature of subjects might also affect the result of study. Schmidt et al. (1995) revealed that schemas were present in normal populations but has become more exaggerated and extreme in symptomatic individuals.

1.5 The Aim of the Present Study

The literature points out the relationships between parental rejection and psychological distress of adolescents. In addition to that, EMSs have been found to be related to psychological distress of individuals both within clinical and non-clinical samples. However, to the best of our knowledge, no study has examined both schemas of adolescents and the effects of EMSs together on psychological distress of adolescents yet. Hoffart et al. (2005) claimed that EMSs included common characteristics like negative beliefs about self, negative self-image and so on. Therefore, it is reasonable to reduce them to the higher order schema domains.

Thus, the aims of this study are:

1. To examine factor structure of Young Schema Questionnaire with a Turkish adolescent sample.
2. To examine group differences between adolescents perceiving high acceptance and high rejection in terms of psychological distress measures like anger, anxiety, positive affect, and negative affect.
3. To examine gender differences in terms of psychological distress measures like anger, anxiety, positive affect, and negative affect.
4. To examine group differences between adolescents perceiving high acceptance and high rejection in terms of schema domains.
5. To examine mediator role of Schema Domains between perceived maternal rejection and psychological distress measures like anger, anxiety, positive affect and negative affect.

CHAPTER II

2. METHOD

2.1 Sample

Participants of this research were 356 second-grade high school students (198 females and 158 males) from six different high schools in Ankara. Out of these participants, 18.3 % (n = 65) were from Esenevler High School, 19.9 % (n = 71) were from Aydınlıkevler High School, 20.5 % (n = 73) were from Kılıçaslan High School, 9.8 % (n = 35) were from Pursaklar High School, 19.4 % (n = 69) were from Ayrancı High School, and 12.1 % (n = 43) were from Etlik High School. Participants ranged in age from 15 to 18 (M= 16.17, SD= .53).

With respect to the education levels of the mothers, 2.2 % (n = 8) of mothers were illiterate, 2 % (n = 7) were literate, 36.2 % (n = 129) were primary school, 18.5% (n = 66) were secondary school, 25 % (n = 89) were high school, 15.7% (n = 56) were university graduates, and 0.3 % (n = 1) was post-graduates. Regarding fathers' education levels, 0.6% (n = 2) were literate, 23.9% (n = 85) were primary school, 18.8% (n = 67) were secondary school, 30.6 % (n = 109) were high school, 21.9% (n=78) were university graduates, and 4.2 % (n = 15) were post-graduate.

Among all participants, 5.9 % (n = 21) had no sibling, 47.3 % (n = 167) had one sibling, 30 % (n = 106) had two siblings, 11 % (n = 39) had three siblings, 4 % (n = 14) had four siblings, and 5.7% (n = 20) had more than four siblings (see Table 1. for socio-demographic characteristics of the sample).

Participants living apart from their parents, due to losing either mother or father, or having divorced parents, were not included in this study. In other words, living with both mother and father was the inclusion criteria.

Table 1 The Socio-Demographic Characteristics of the sample

Demographic Variable	Mean/ Frequency	Standard Deviation/ Percentage
Gender		
Female	198	55.6 %
Male	158	44.4 %
Age (Years)	16.17	0.53
Schools		
Esenevler High School	65	18.3 %
Aydınlıkevler High S	71	19.9 %
Kılıçaslan High School	73	20.5 %
Pursaklar High School	35	9.8 %
Ayrancı High School	69	19.4 %
Etlik High School	43	12.1 %
Mother's level of education		
Illiterate	8	2.2 %
Literate	7	2.0 %
Primary School	129	36.2 %
Secondary School	66	18.5 %
High School	89	25 %
University	56	15.7 %
Postgraduate	1	.3 %
Father's level of education		
Literate	2	.6%
Primary School	85	23.9 %
Secondary School	67	18.8 %
High School	109	30.6 %
University	78	21.9 %
Postgraduate	15	4.2 %
Number of siblings		
1	21	5.9 %
2	167	47.3 %
3	106	30.0 %
4	39	11.0 %
More than 4	20	5.7 %

2.2 Instruments

Data were collected by a questionnaire packet consisting of two parts. The first part was a socio-demographic information form. This form was prepared by the investigator in order to obtain information about socio-demographic characteristics of the sample, such as gender, age, parents' level of education and marital status, income, number of siblings they have, and whether they currently live with their parents or not (see Appendix A for demographic questionnaire sheet).

The second part of the questionnaire packet consisted of five scales. These scales were Young Schema Questionnaire (YSQ) assessing EMSs, Parental Acceptance and Rejection Questionnaire (PARQ) measuring children's perception of their parents' acceptance and rejection, trait form of the State-Trait Anxiety Inventory (STAI-T) to measure the level of trait anxiety of the participants, trait form of State Trait Anger Inventory (ANG-T) to assess intensity of anger experienced, and Positive and Negative Affect Schedule (PANAS) to measure the positive and negative affects of the participants.

2.2.1 The Young Schema Questionnaire (YSQ)

A 90-item short form of the original Young Schema Questionnaire (YSQ-S3) measuring 18 early maladaptive schemas (EMS) was used in this study (Young & Brown 2006). Young and Brown (1990, revised in 1991) developed YSQ in order to measure 15 EMSs.

The Original Young Schema Questionnaire is a 205-item, self report instrument. On this instrument, participants are asked to rate each statement on a 6-point Likert scale (1= "not true at all" to 6= "this describes me perfectly"). The factor structure and psychometric properties of this measure were investigated by Schmidt et al. (1995) and by Lee et al. (1999). A factor analysis using non-clinical sample indicated similar sets of primary factors that was clinically developed by Young (1999). In addition to that, internal consistency coefficients ranged from .83 (Enmeshment/Undeveloped self) to .96, (Defectiveness/ Shame), and the test-retest reliability coefficients ranged from .50 to .82 for the EMSs (Schmidt et al., 1995). In this study, YSQ was demonstrated to have good convergent and discriminant validity

on measures of psychological distress, self-esteem, depression, and personality disorders. In the study of Lee et al. (1999), factor analysis was conducted with Australian clinical population and it was found that YSQ had 15 EMSs as hypothesized by Young (1990). Furthermore, this study confirmed that EMS had good internal consistency coefficients and its primary factors were consistent across clinical samples for two different countries.

For research purposes, Young and Brown (1994) developed a 75-item short form of the 205-item YSQ by including the five highest loading items for each schema as reported by Schmidt et al. (1995). Factor structure of this measure was conducted by Welburn et al. (2002) with patients, and provided strong support for the hypothesized internal structure of the questionnaire, which resulted in 15 factors. In addition to that, internal reliability coefficient for each of the 15 subscales (ranging from .79 to .93) indicated moderate to good internal consistency coefficients.

YSQ was translated and adapted into Turkish by Karaosmanoglu et al. (2005). The reliability study was performed with 338 psychiatric patients and internal consistency coefficients were found to be as .93 for Failure, .89 for Emotional Deprivation, .87 for Abandonment, .86 for Emotional Inhibition, .84 for Self-Sacrifice, .83 for Vulnerability, .83 for High Standards, .84 for Enmeshment, .88 for Defectiveness, .85 for Subjugation, .83 for Mistrust, .79 for Entitlement, .84 Dependence, .83 for Social Isolation, .75 for Insufficient Self Discipline (Karaosmanoğlu et al., 2005) (see Appendix B for YSQ-S3).

The present study investigated internal consistency reliabilities of EMSs and factor structure of Schema Domains for adolescents (see the Result Section for details).

2.2.2 Parental Acceptance-Rejection Questionnaire: Child version (Child PARQ).

Perceived maternal acceptance-rejection was assessed by the Mother form of the Child Parental Acceptance-Rejection Questionnaire (Child PARQ) (Rohner, 1990). Child PARQ is a 60-item self-report questionnaire including four dimensions:

1) Parental warmth and affection

2) Aggression and Hostility

3) Indifference and Neglect

4) Undifferentiated rejection.

Items are rated from 1 “almost never true” to 4 “almost always true” on a 4 point likert-like scale. Overall measure of perceived acceptance and rejection is produced by summing up scores on the four scales. Therefore, scores are ranging from the lowest score of 60, indicating maximum perceived love and acceptance, to the highest score of 240, indicating maximum perceived rejection. Internal consistency reliability (alpha coefficients) for Child PARQ ranged from .72 to .90 (Rohner, 1990, cited in Rohner & Khaleque, 2005).

Child PARQ was translated and adapted into Turkish by Erdem (1990). The reliability study was performed with 344 students and internal consistency coefficients were found to be ranging from .78 to .90 for subscales and .95 for the whole scale. Test-retest reliability coefficients ranged from .48 to .64 for subscales, and it was .70 for the total scale (see Appendix C for Child-PARQ).

In the current study, internal reliability coefficients for the subscales of the Parental Acceptance and Rejection Questionnaire were found to be .92 for Warmth and Affection scale, .88 for Aggression and Hostility scale, .84 for Indifference and Neglect scale, .82 for Undifferentiated Rejection scale, and .96 for the total scale as well.

2.2.3 Trait Anxiety form of State-Trait Anxiety Inventory (STAI-T)

STAI is a 40-item self-report scale; Spielberger, Gorsuch, and Lushene (1970) designed the scale, which has two forms, as state and trait anxiety inventories. In the present study, only trait anxiety inventory, that has 20-item on which people rate a number of anxiety-related symptoms with reference to how they feel in general has been employed. Items are rated from 1 “never” to 4 “always” on a 4-point likert-type scale. Total score in this scale ranges from 20 to 80.The test-retest reliability ranged from .73 to .86, and internal consistency varied between .86 and .92 for the trait anxiety inventory. Furthermore, construct and criterion validity values were reported to be sufficient (Spielberger, Gorsuch, and Lushene, 1970).

State-Trait Anxiety Inventory (STAI) was translated and adapted to Turkish by Öner and Le Comte in 1985. Öner and Le Comte (1985) conducted adaptation study of STAI by using both a normal sample and a sample of psychiatric patients. Test-retest reliability was found to be between .71 and .86, and internal consistency ranged from .83 to .87 for trait anxiety inventory. Furthermore, criterion and construct validity outcomes were demonstrated to be satisfactory and consistent with the original measurement of Spielberger, Gorsuch, and Lushene (See Appendix D for STAI-T).

In the current study, internal consistency coefficient was found as .80 for trait anxiety inventory.

2.2.4 Positive and Negative Affect Schedule (PANAS)

Positive and Negative Affect Schedule (PANAS) has been developed by Watson, Clark, and Tellegen (1988), and includes 20 items rated from 1 "very slightly or not at all" to 5 "extremely", on a 5-point likert type scale. The PANAS assesses positive affect (PA; the extent to which a person is attentive, alert, excited, enthusiastic, inspired, proud, determined, strong and active) and negative affect (NA; the extent to which a person is distressed, upset, hostile, irritable, scared, afraid, ashamed, guilty, nervous and jittery). Scores for the PA and NA subscales can range from 10 to 50. Watson et al., (1988) have extensively demonstrated the scales' validity and reported coefficient alphas in the range of .86 to .90 for PA, and .84 to .87 for NA.

Psychometric properties for the Turkish form of the scale were studied by Gençöz (2000). Internal consistency coefficients were found to be .83 for the positive affect subscale and .86 for the negative affect subscale; and test-retest reliability coefficients were found to be .40 and .54 respectively for positive and negative affect. Furthermore, criterion-related validity of Turkish version of this scale indicated negative correlation of Positive Affect Scale with Beck Depression Inventory and with Beck Anxiety Inventory; positive correlation of Negative Affect Scale with Beck Depression Inventory and with Beck Anxiety Inventory (see

Appendix E for PANAS). In the current study, internal consistency coefficients were found to be .82 and .78 for the positive and negative affect subscales, respectively

2.2.5 Trait Form of State Trait Anger Inventory (ANG-T)

State Trait Anger Inventory (ANG) developed by Spielberger (1983) to measure the intensity of experienced anger and the way this anger expressed. ANG consists of four subscales and 34 items rated from 1 "none" to 4 "totally" on a four-point likert type scale. For the purpose of this study, the trait anger subscale, including the first ten items, was used. Coefficient alpha values of the subscales range from .73 to .93. Furthermore, construct and criterion validity values were reported to be satisfactory (Spielberger, cited in Newman et al., 1999).

The adaptation of ANG to Turkish was performed by Özer (1994). According to this study, the alpha coefficients of trait anger ranged from .62 to .92. In addition to that, criterian validity of the Turkish version of this scale was found to be good (see appendix F for ANG-T).

In the current study, internal consistency was found to be .81 for the trait anger subscale.

2.3 Procedure

Permission was taken from Ministry of National Education for the application of questionnaire packet to second grade high school students. According to both availability and size of the classes, two classes were selected by Psychological Counseling and Guidance Experts in each high school. Students signed an informed consent form. Confidentiality was assured. Students were administrated a booklet containing the above questionnaires as well as a form of obtaining demographic information related to age, gender, mothers' and father's education level, and number of siblings. It took students about an hour to complete the questionnaires, which were presented in a random order.

2.4 Statistical Analysis

In the current study, the variables were examined through SPSS programs for accuracy of data entry, missing values, fit between distributions, and the assumptions of multivariate analysis, including normality, linearity, homogeneity of variance and regression. Participants missing more than 10% of the items on the instruments were excluded from the analyses. Considering that the pattern of missing data was random, for the remained participants missing data were recoded as the case mean for each instrument. Of the 360 participants, 4 participants were excluded from the study since they were identified as multivariate outliers.

Prior to main analysis, factor analysis was performed for The Young Schema Questionnaire Short Form and its factor structure was examined, after that four separate two-way Analysis of Variance Analyses (ANOVA) were run in order to observe gender and perceived maternal acceptance-rejection differences on anger, positive and negative affect, and anxiety. Then Multivariate Analysis of Variance (MANOVA) was employed in order to see gender and perceived maternal acceptance-rejection differences on three identified factors. Finally mediation analyses were employed via hierarchical multiple regression.

CHAPTER III

3. RESULTS

3.1 Factor Analysis of Young Schema Questionnaire Short Form (YSQ-SF)

To examine the primary factors of the YSQ-SF, the items of YSQ-SF were subjected to a Principal Component Factor Analyses. Based on the scree-plot and eigen values both 3 and 4 factor solutions were examined, however none of these solutions gave an interpretable distribution. That is, the factors were composed of mixed items which made it difficult to name these factors in a meaningful way. Hence, as an alternative solution, we decided to examine the internal consistency coefficients of the 18 original factors (i.e., maladaptive schemas) proposed by Young (1999). For these 18 original factors, the Cronbach's Alpha coefficients were found to be ranging from .36 to .73. Though some of these coefficients were acceptable, some others were quite low. More specifically, the internal consistency coefficients for the 18 original factors were as follows: It was .71 for Emotional Deprivation, .54 for Abandonment, .67 for Mistrust and Abuse, .55 for Social Alienation, .58 for Defectiveness, .73 for Failure, .53 for Dependency and Incompetence, .61 for Vulnerability to Harm, .36 for Enmeshment, .56 for Subjugation, .58 for Self-Sacrifice, .58 for Emotional Inhibition, .49 for Unrelenting Standards, .59 for Entitlement, .51 for Insufficient Self Control, .59 for Approval Seeking, .67 for Pessimism, and .40 for Punitivism.

Considering that the mean internal consistency was .57 for these 18 original factors, and our attempt to find out the primary factor structure of the scale failed, we decided to proceed with these 18 original factors. Thus, higher order factor structure of the YSQ-SF were undertaken by using these 18 original factors, see the classification of these factors under the schema domains (i.e.,second order factors). For this second-order factor analysis, Principle Component Factor Analysis with varimax rotation was employed. Number of factors was determined by examining the scree plot, eigenvalues, and residual correlation matrix as suggested by Tabachnick

& Fidell, (2001). On the basis of these criteria, three higher-order factor-solution was preferred, and these factors totally accounted for 54.72 % of the total variance. These three factors separately accounted for 21.28 %, 17.32 %, and 16.12 % of the total variance, respectively. Furthermore, two main inclusion criteria were established for the items to be considered under a particular factor: (1) having an item loading of .40 or higher, (2) if an item loading was .40 or higher on more than one factor, the item's content was examined, and considering the theoretical congruence the factor under which the item would be accepted was decided. As can be seen from Table 2. two of the 18 schemas were cross-loaded on more than one factor. Mistrust / Abuse schema was loaded on both factor 1 (factor loading of .62) and factor 2 (factor loading of .44). This schema was kept under factor 2 given the theoretical congruence (Young, 1990). Similarly, the other cross-loaded factor was Self-Sacrifice schema, which had similar loadings on both factor 1 (factor loading of .41) and factor 2 (factor loading of .44). This schema was preferred to be kept under factor 3 taken theoretical congruence into account. Entitlement, Approval Seeking, Unrelenting Standards, Pessimism, Punitiveness, and Insufficient Self Control were classified under the first factor and named as "Impaired Limits-Exaggerated Standards"; Emotional Deprivation, Social Isolation, Emotional Inhibition, Mistrust/Abuse, Failure And Defectiveness / Shame were clustered under second factor and defined as "Disconnection-Rejection"; and Subjugation, Self Sacrifice, Dependency, Enmeshment, Abandonment, and Vulnerability to Harm were classified under third factor and defined as "Impaired Autonomy-Other Directedness". These three higher-order factors present some similarities and discrepancies with previous findings (see Studies of Lee et al., 1999; Schmidt et al., 1995; Calveta et al., 2005; also see "studies conducted on Psychometric Properties of Young Schema Questionnaire [YSQ]" subtitle in the introduction section).

Internal reliability coefficients were calculated for each of the three higher-order factors. Cronbach's alpha coefficients were found as .81 for factor one, .81 for factor two, and .79 for factor three. The resulting factor structure, including eigenvalues, percent of variance accounted for by each factor, internal reliability estimates for each factor, and factor loadings are presented in Table 2.

Table 2 Young Schema Questionnaire Short Form: PCA with Varimax Rotation

Factors explained	**%variance**	**Cronbach's Alpha**	**Factor I Loading**	**Factor 2 Loading**	**Factor 3 Loading**
Factor 1 (Impaired Limits-Exaggerated Standards)	21.28	.81			
Entitlement			**.80**	.20	-.01
Approval seeking			**.73**	-.01	.17
Unrelenting standards			**.73**	.12	.01
Pessimism			**.65**	.18	.43
Insufficient self control			**.50**	.21	.24
Punitiveness			**.51**	.01	.33
Factor 2 (Disconnection-Rejection)	17.32	.81			
Emotional deprivation			.01	**.76**	.17
Social isolation			.33	**.78**	.01
Defectiveness/shame			.01	**.64**	.47
Emotional inhibition			.28	**.67**	.10
Mistrust /abuse			.62	**.44**	.25
Failure			-.01	**.55**	.45
Factor 3 (Impaired Autonomy-Other Directedness)	16.12	.79			
Subjugation			.12	.32	**.75**
Dependency/ incompetence			-.01	.44	**.59**
Enmeshment			.38	-.01	**.57**
Vulnerability to harm			.40	.24	**.55**
Abandonment/ instability			.39	.32	**.50**
Self sacrifice			.41	.10	**.44**

For these factors, item-total correlations were also quite high. For the first factor, item-total correlations ranged between .50 and .63, for the second one these correlations ranged between .48 and .69, finally for the last factor they ranged between .44 and .64. As can be seen, from these item-total correlations, the lowest coefficient was .44 which is quite satisfactory for the item-total correlation.

3.2 Descriptive Analyses of the Measures of the Study

Means, standard deviations, and ranges for the Young Schema Questionnaire (YSQ); Impaired Limits-Exaggerated Standards (IL-ES), Disconnection-Rejection (DS), Impaired Autonomy-Other Directedness (IA-OD), Parental Acceptance and Rejection Questionnaire (PARQ), trait form of the State-Trait Anxiety Inventory (STAI-T), trait form of State Trait Anger Inventory (ANG-T), Positive and Negative Affect Schedule (PANAS) are presented in Table 3.

Table 3 Descriptive Characteristics of the Measures of the study

Variables	N	Mean	SD	Min-Max
YSQ				
IL-ES	347	3.31	0.72	1-6
DS	350	2.32	0.70	1-6
IA-OD	350	2.56	0.64	1-6
PARQ	346	1.68	0.47	1-4
ANG-T	346	2.48	0.59	1-4
STAI-T	344	2.21	0.40	1-4
PANAS-NA	340	2.17	0.70	1-5
PANAS-PA	341	3.48	0.74	1-5

Note: Mean values were calculated by dividing the total score with number of items for each measure.

3.3 Perceived Mother Acceptance-Rejection and Gender Differences on Anger, Positive and Negative Affect, and Anxiety

In order to assess if there are significant perceived maternal acceptance-rejection and gender differences on measures of psychological distress, separate 2 (Acceptance-Rejection) X 2 (Gender) between subjects ANOVAs were conducted. For these analyses, perceptions of highly accepting and highly rejecting mothers were identified according to the scores obtained from mother PARQ. Scores below

the 40th percentile (i.e., scores below 88.25) were defined as "high acceptance" and scores above 60th percentile (i.e., scores above 102.25) were defined as "high rejection". The mean Mother PARQ score was 75.50 (SD = 6.62) for the "highly accepted group" and there were 135 participants in that group; and the mean Mother PARQ score was 129.24 (SD = 22.18) for the "highly rejected" group and there were 139 participants in that group.

3.3.1 Perceived Maternal Acceptance-Rejection and Gender Differences for Anger

In order to find out if there were perceived maternal acceptance-rejection and gender differences on Anger, 2 (Acceptance-Rejection) X 2 (Gender) between subjects ANOVA was performed. As can be seen in Table 4., there was a significant main effect of perceived maternal rejection on Anger, F (1, 261) = 9.23, $p < .01$. According to this effect, participants who perceived high maternal rejection experienced more anger (M = 2.57) than those who perceived high maternal acceptance, (M= 2.35). Gender main effect and the interaction effect were not significant.

Table 4 Analysis of Variance for Anger

Source	df	SS	MS	F
Level of Rejection	1	3.05	3.05	9.23*
Gender	1	0.80	0.80	2.41
Level of Rejection X Gender	1	0.24	0.24	0.71
Error	261	86.31	0.33	

* $p < .01$

3.3.2 Perceived Maternal Acceptance-Rejection and Gender Differences for Positive Affect

In order to find out if there were perceived maternal acceptance-rejection and gender differences on Positive Affect, 2 (Acceptance-Rejection) X 2 (Gender) between subjects ANOVA was performed. As can be seen in Table 5., there is a significant main effect of perceived maternal rejection on Positive Affect, F (1, 258)

= 17.53, p < .001. According to this effect, participants who perceived high maternal acceptance had higher Positive Affect (M = 3.70) than those who perceived high maternal rejection (M = 3.31). Gender main effect and the interaction effect were not significant.

Table 5 Analysis of Variance for Positive Affect

Source	df	SS	MS	F
Level of Rejection	1	9.71	9.71	17.53*
Gender	1	1.49	1.49	2.68
Level of Rejection X Gender	1	0.24	0.24	0.43
Error	258	142.99	0.55	

* p < .001

3.3.3 Perceived Maternal Acceptance-Rejection and Gender Differences for Negative Affect

In order to find out if there were perceived maternal acceptance-rejection and gender differences on Negative Affect, 2 (Acceptance-Rejection) X 2 (Gender) between subjects ANOVA was performed. As can be seen in Table 6., there was a significant main effect of perceived maternal rejection on Negative Affect, F (1, 257) = 26.78, p < .001. According to this effect, participants who perceived high maternal rejection had higher Negative Affect (M = 2.42) than those who perceived high maternal acceptance (M = 1.98). Gender main effect and the interaction effect were not significant.

Table 6 Analysis of Variance for Negative Affect

Source	Df	SS	MS	F
Level of Rejection	1	12.48	12.48	26.78*
Gender	1	.85	.85	1.81
Level of Rejection X Gender	1	.23	.23	.49
Error	257	119.78	.47	

* p < .001

3.3.4 Perceived Maternal Acceptance-Rejection and Gender Differences for Anxiety

In order to find out if there were a significant differences between perceived maternal acceptance-rejection and gender in terms of Anxiety, 2 (Acceptance-Rejection) X 2 (Gender) between subjects ANOVA was performed. As can be seen in Table 7., there was a significant main effect of perceived maternal rejection on anxiety, F (1, 259) = 36.49, $p < .001$. According to this effect, participants who perceived high rejection were more anxious (M = 2.34) than those who perceived high acceptance (M = 2.06). Similarly, there is a significant main effect of gender on anxiety, F (1, 259) = 22.89, $p < .001$. That is, females reported more anxiety, (M = 2.31) than males, (M = 2.09). The interaction affect was not significant.

Table 7 Analysis of Variance for Anxiety

Source	Df	SS	MS	F
Level of Rejection	1	4.76	4.76	36.49*
Gender	1	2.98	2.98	22.89*
Level of Rejection X gender	1	.04	.04	.27
Error	259	33.76	.13	

* $p < .001$

3.4 Perceived Mother Acceptance-Rejection and Gender Differences for Three Higher-Order Factors of YSQ

A 2 (Acceptance-Rejection) X 2 (Gender) between-subjects multivariate analysis of variance (MANOVA) was performed on three higher factors of YSQ as the dependent variables: Impaired Limits-Exaggerated Standards, Disconnection-Rejection, and Impaired Autonomy-Other Directedness.

As can be seen in Table 8., MANOVA results indicated a significant perceived maternal rejection main effect, F (3, 260) = 15.90, $p < .001$. There was a modest association between perceived maternal acceptance-rejection scores and the combined DVs, $n^2 = .16$. Gender main effect, F (3, 260) = 2.25, $p > .05$ and the interaction main effect were not significant, F (3, 260) = 1.98, $p > .05$.

For the Acceptance-Rejection main affect, univariate analyses were examined. These analyses indicated rejection main effect for "Disconnection-

Rejection" and "Impaired Autonomy-Other Directedness" schema domains, (F (1, 262) = 46.01, $p < .001$, F (1, 262) = 15.30, $p < .001$, respectively), but not for the "Impaired Limits-Exaggerated Standards" schema domain, (F (1, 262) = 3.49, $p > .05$). According to these results, participants who perceived high maternal rejection experienced more Disconnection-Rejection (M = 2.62, SD = 0.57) than those perceiving high maternal acceptance (M = 2.06, SD= 0.58). Similarly, participants who perceived high maternal rejection experienced more Impaired Autonomy-Other Directedness (M = 2.69, SD= 0.50) than those perceiving high acceptance (M = 2.41, SD= 0.51).

Table 8 Manova results for schemas of perceived acceptance-rejection and their interaction

IV	**DV**	**Univariate F**	**df**	**Multivariate F**	**Df**
Acceptance-rejection					
	IL-ES	3.49	1/262	15.90*	3/260
	DS	46.01*	1/262		
	IA-OD	15.30*	1/262		
Gender				2.25	3/260
Acceptance-rejection by gender interaction				1.98	3/260

Note: * $p < .001$, IL-ES = Impaired Limits-Exaggerated Standards, DS = Disconnection-Rejection, IA-OD = Impaired Autonomy-Other Directedness

3.5 Inter-correlations between Anger, Anxiety, Positive-Negative Affect, Schema Domains, and Perceived Maternal Acceptance-Rejection.

Pearson's correlation analyses were conducted on anger, anxiety, positive-negative affect, schema domains, and perceived maternal acceptance-rejection. Results yielded significant positive correlations between Impaired Limits Exaggerated Standards and Disconnection-Rejection (r =.50, $p < .01$), between Impaired Limits-Exaggerated Standards and Impaired Autonomy-Other Directedness (r = .60, $p < .01$), and between Disconnection-Rejection and Impaired Autonomy-Other Directedness (r = .68, $p < .01$). Similarly, results indicated positive correlations between Impaired Limits-Exaggerated Standards and Anger (r = .36, $p < .01$),

Negative affect (r = .36, p < .01) and Anxiety (r = .35, p < .01). Positive correlations were observed between Disconnection-Rejection schema domain and Anger (r = .32, p < .01), Negative affect (r = .44, p < .01), and Anxiety (r = .47, p < .01), and a negative correlation between Disconnection-Rejection and Positive Affect (r = -.19, p < .01). Moreover, positive correlations between Impaired Autonomy-Other Directedness and Anger (r = .28, p < .01), Negative Affect (r = .38, p < .01), and anxiety (r = .46, p < .01) were observed. Perceived Maternal Acceptance-Rejection was found to be positively correlated with Impaired Limits-Exaggerated Standards (r = .19, p< .01), Disconnection-Rejection (r = .42, p < .01), and Impaired Autonomy-Other Directedness (r = .27, p< .01). In addition to that, Perceived Maternal Acceptance-Rejection was positively correlated with Anger (r = .22, p< .01), Negative Affect (r = .37, p< .01), and Anxiety (r = .35, p< .01); whereas, negatively correlated with positive affect (r = -.21, p< .01) (see Table 9. for Pearson Correlations among variables).

Table 9 Pearson Correlations between YSQ subscales, Perceived Parental Acceptance-Rejection, Anger, Positive-Negative Affect,

Variables	DS	IA-OD	PARQ	ANG-T	NA	PA	STAI-T
IL-ES	.50**	.60**	.19**	.36**	.36**	.07	.35**
DS		.68**	.42**	.32**	.44**	-.19**	.49**
IA-OD			.27**	.28**	.38**	-.09	.46**
PARQ				.22**	.37**	-.21**	.35**
ANG-T					.33**	.01	.32**
NA						-.11*	.52**
PA							-.30**

Note: * p < .05, ** p < .01, PARQ = Parental Acceptance-Rejection Questionnaire, ANG-T = Trait form of State Trait Anger Inventory, NA = Positive and Negative Affect Schedule-Negative Affect, PA = Positive and Negative Affect Schedule-Positive Affect, STAI-T = Trait form of State-Trait Anxiety Inventory, IL-ES = Impaired Limits-Exaggerated Standards, DS = Disconnection-Rejection, IA-OD = Impaired Autonomy-Other Directedness

3.6. Inter-correlations between Schema Domains, and subscales of Parental Accaptance and Rejection Questionnaire

Pearson's correlation analyses were conducted between schema domains, namely Impaired Limits-Exaggerated Standards, Disconnection-Rejection, Impaired

Autonomy-Other Directedness; and subscales of Parental Acceptance-Rejection Questionnaire which were Warmth and Affection, Hostility and Aggression, Indifference and Neglect, and Undifferentiated Rejection. Results indicated significant positive correlations between Disconnection-Rejection and Hostility-Aggession (r = .37, p< .01), Indifference-Neglect (r = .37, p< .01), and Undifferentiated Rejection (r = .41, p< .01), but a negative correlation between Disconnection-Rejection and Warmth-Affection (r = -.36, p< .01). Similarly, positive correlations were observed between Impaired Autonomy-Other Directedness and Hostility-Aggression (r = .28, p< .01), Indifference-Neglect (r = .22, p< .01), and Undifferentiated Rejection (r = .32, p< .01), and a negative correlation between Impaired Autonomy-Other Directedness and Warmth-Affection (r = -.21, p< .01). Furthermore, Impaired Limits-Exaggerated Standards was positively correlated with Hostility-Aggression (r = .24, p< .01), Indifference-Neglect (r = .11, p< .05), and (r = .29, p< .01). (see Table 10. for Pearson Correlations among variables).

Table 10 Pearson Correlations between YSQ subscales, and Parental Acceptance-and Rejection subscales

Variables	DS	IA-OD	WA	HA	IN	UR
IL-ES	.50**	.60**	-.09	.24**	.11*	.29**
DS		.68**	-.36**	.27**	.37**	.41**
IA-OD			-.21**	.28**	.22**	.32**
WA				-.61**	-.80**	-.63**
HA					.67**	.83**
IN						.70**

Note: * p < .05, ** p < .01, IL-ES = Impaired Limits-Exaggerated Standards, DS = Disconnection-Rejection, IA-OD = Impaired Autonomy-Other Directedness, WA = Warmth and Affection, HA = Hostility and Aggression, IN = Indifference and Neglect, UR = Undifferentiated Rejection

3.7 Mediation Analyses

As the main analyses, mediator roles of the schema domains, namely Impaired Limits-Exaggerated Standards, Disconnection-Rejection, and Impaired Autonomy-Other Directedness between the relationships of Perceived Maternal Acceptance-Rejection with Anger, Positive Affect, Negative Affect, and Anxiety were examined. In order to test whether Impaired Limits-Exaggerated Standards,

Disconnection-Rejection, and Impaired Autonomy, as measured by YSQ-SF, mediate the relationship of Perceived Parental Acceptance-Rejection (Predictor) with Anger, Positive Affect, Negative Affect, and Anxiety (Outcome Variables) respectively, four separate mediation analyses were employed as suggested by Baron and Kenny (1986). According to Baron and Kenny, three criteria are necessary for demonstrating the mediating effects of these factors. First, the variability in predictor should account for a significant portion of variability in outcomes. Second, the variability in predictor should account for variability in mediators. Third, when the relationship between mediators and outcome variable is controlled, previously significant relationship between predictor and outcome variable should no longer be significant or should significantly decrease its strength. These criteria were examined to test for the mediator roles of the schema domains. Thus, for each psychological distress scale (i.e., Anger, Anxiety, Positive Affect, and Negative Affect), potential mediator roles of three different schema domains were tested via 12 separate analyses.

3.7.1 Mediator Roles of Schema Domains between Perceived Maternal Acceptance- Rejection and Anger Relationship

Three different mediation analyses were conducted to examine the mediator roles of "Impaired Limits-Exaggerated Standards", "Disconnection-Rejection", and "Impaired Autonomy-Other Directedness" schema domains, respectively. Hierarchical regression analyses were performed to see whether these three schema domains mediate Perceived Maternal Acceptance-Rejection and Anger relationship, or if there was a main effect of Maternal Acceptance-Rejection on Anger. For this regression equation, Anger served as the dependent variable. In the first step, gender, numbers of siblings, education level of mother and of father were hierarchically suggested into the regression equation in order to control for the potential variance accounted for by these control variables. Perceived Maternal Acceptance-Rejection was entered in the second step, and finally one of the schema domains was entered into the regression equation on the third step.

3.7.1.1 Mediator Role of "Impaired Limits-Exaggerated Standards" Schema Domain

Considering the mediator role of "Impaired Limits-Exaggerated Standards" schema domain between Perceived Maternal Acceptance-Rejection and Anger relationship, the result of the regression analysis (see Table 11.) revealed no significant association between control variables and Anger, thus none of the control variables entered into the equation. Hence, Perceived Maternal Acceptance-Rejection was the first variable entered into the equation, and explained 5 % of the variance (F [1, 326] = 16.11, p< .001), and had a significant association with Anger (pr = .22, β = .22, t [326] = 4.01, p< .001). On the second step "Impaired Limits-Exaggerated Standards" entered into the equation and the explained variance increased to 16 % (F_{change} [1, 325] = 42.94, p< .001), and this schema domain had a significant association with Anger (pr = .34, β = .34, t (325) = 6.55, p< .001). After controlling for the "Impaired Limits-Exaggerated Standards" schema domain, Perceived Maternal Acceptance-Rejection still revealed a strongly significant association with Anger (pr= .17, β= .16, t (325) = 3.06, p< .05). Therefore, the mediator role of Impaired Limits-Exaggerated Standards schema domain between Perceived Maternal Acceptance-Rejection and Anger was not supported. However, both Perceived Maternal Acceptance-Rejection and Impaired Limits-Exaggerated Standards schema domain were found to have significant main effects on Anger.

Table 11 Summary of Regression Models Testing for Impaired Limits-Exaggerated-Standards as Mediator between Perceived Maternal Acceptance-Rejection and Anger

Model: Independent Variable	Dependent Variable	df	F	β	T	pr	R^2
Mediator: IL-ES							
1. PARQ	ANG-T	1, 326	16.11**	.22	4.01**	.22	.05
2. IL-ES	ANG-T	1, 325	42.94**	.34	6.55**	.34	.16
(PARQ)		325	-	.16	3.06*	.17	

Note: * p< .05, ** p< .001, PARQ = Parental Acceptance and Rejection Questionnaire, ANG-T = Trait form of State-Trait Anger Inventory, IL-ES = Impaired Limits-Exaggerated Standards

3.7.1.2 Mediator Role of "Disconnection-Rejection" Schema Domain

Considering the mediator role of "Disconnection-Rejection" schema domain between perceived Maternal Acceptance-Rejection and Anger relationship, the result of the regression analysis (see Table 12.) revealed no significant association between control variables and Anger, thus none of the control variables entered into the equation. Hence, Perceived Maternal Acceptance-Rejection was the first variable entered into the equation, and explained 5 % of the variance (F [1, 328] = 16.37, p< .001), and had a significant association with Anger (pr= .22, β= .22, t [328] = 4.05, p< .001). On the second step "Disconnection-Rejection" entered into the equation and the explained variance increased to 12 % (F_{change} [1, 327] = 28.20, p< .001), and this schema domain had a significant association with Anger (pr= .28, β= .30, t (327) =5.31, p< .001). After controlling for the "Disconnection-Rejection" schema domain, Perceived Maternal Acceptance-Rejection lost its significance (pr= .09, β= .10, t (327) = 1.69, p> .05). The sobel test confirmed this significant decrease (z= 4.50, p < .001), thus the mediator role of "Disconnection-Rejection" between Perceived Maternal Acceptance-Rejection and Anger relationship was supported.

To further support the mediator role of "Disconnection-Rejection", it should also have a significant association with Perceived Maternal Acceptance Rejection. Thus, to examine this association another regression analysis was conducted, in which "Disconnection-Rejection" was the dependent variable, and Perceived Maternal Acceptance Rejection entered into the equation. As a result of this analysis 18 % of the variance was explained by Perceived Maternal Acceptance-Rejection, (F [1, 338] = 73.47, p< .001), and it revealed a significant association with "Disconnection-Rejection" (pr= .42, β= .42, t (338) = 8.57, p< .001).

These two regression analyses, together with the sobel test indicated that "Disconnection-Rejection" mediates Perceived Maternal Acceptance-Rejection and Anger relationship. Therefore, it is suggested that the observed association between Perceived Maternal Acceptance-Rejection and Anger maintained by "Disconnection -Rejection" domain, and when the variance accounted for by this domain was controlled, previously observed association has diminished. The mediator role of

Disconnection-Rejection between perceived maternal rejection and anger is depicted in Figure 2.

Table 12 Summary of Regression Models Testing for Disconnection-Rejection as Mediator between Perceived Maternal Acceptance-Rejection and Anger

Model: Independent Variable	Dependent Variable	df	F	β	T	pr	R^2
PARQ	DS	1, 338	73.47*	.42	8.57*	.42	.18
Mediator: DS							
1. PARQ	ANG-T	1, 328	16.37*	.22	4.05*	.22	.05
2. DS	ANG-T	1, 327	28.20*	.30	5.31*	.28	.12
(PARQ)		327	-	.10	1.69	.09	

Note: * p< .001, PARQ = Parental Acceptance and Rejection Questionnaire, ANG-T = Trait form of State-Trait Anger Inventory, DS = Disconnection-Rejection

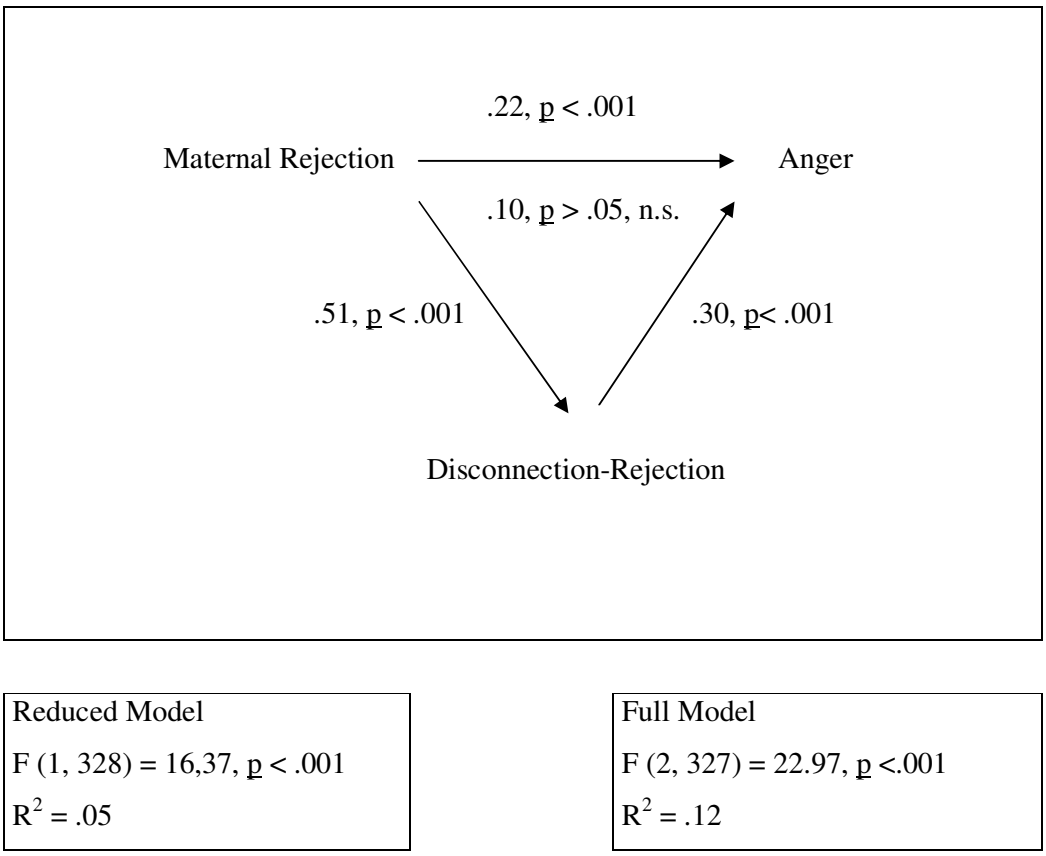

Figure 2. Mediator role of Disconnection-Rejection between Perceived Maternal Rejection and Anger

Note: Summary of mediating regression analysis for the Anger including beta-weights, F values, and R^2's for the model before Disconnection-Rejection is included (Reduced Model) and after the inclusion of Disconnection-Rejection, which is the mediator (Full Model). The initial path between maternal Rejection and Anger is indicated by beta-weight (and p values) on the top of the line connecting these variables, while the beta-weight (and p values) after Disconnection Rejection is included as the mediator is indicated by the value directly under the path.

3.7.1.3 Mediator Role of "Impaired Autonomy-Other Directedness" Schema Domain

Considering the mediator role of "Impaired Autonomy-Other Directedness" schema domain between Perceived Maternal Acceptance-Rejection and Anger relationship, the result of the regression analysis (see Table 13.) revealed no

significant association between control variables and Anger, thus none of the control variables entered into the equation. Hence, Perceived Maternal Acceptance-Rejection was the first variable entered into the equation, and explained 5 % of the variance (F [1, 328] = 16.37, p< .001), and had a significant association with Anger (pr = .22, β = .22, t [328] = 4.05, p< .001). On the second step "Impaired Autonomy-Other Directedness" entered into the equation and the explained variance increased to 11 % (F_{change} [1, 327] = 23.81, p< .001), and this schema domain had a significant association with Anger (pr = .26, β= .26, t (327) = 4.88, p< .001). After controlling for the "Impaired Autonomy-Other Directedness" schema domain Perceived Maternal Acceptance-Rejection still revealed a strongly significant association with Anger (pr = .16, β = .15, t (327) = 2.79, p < .05. Therefore, the mediator role of Impaired Autonomy schema domain between Perceived Maternal Acceptance-Rejection and Anger was not supported. However, both Perceived Maternal Acceptance-Rejection and Impaired Autonomy schema domain were found to have significant main effects on Anger.

Table 13 Summary of Regression Models Testing for Impaired Autonomy-Other Directedness as Mediator between Perceived Maternal Acceptance-Rejection and Anger

Model: Independent Variable	Dependent Variable	df	F	B	T	pr	R^2
Mediator: IA-OD							
1. PARQ	ANG-T	1, 328	16.37**	.22	4.04**	.22	.05
2. IA-OD	ANG-T	1, 327	23.81**	.26	4.88**	.26	.11
(PARQ)		327	-	.16	2.79*	.16	

Note: * p< .05, **p< .001, PARQ = Parental Acceptance-Rejection Questionnaire, ANG-T = Trait form of State-Trait Anger Inventory, IA-OD = Impaired Autonomy-Other Directedness

3.7.2 Mediator Roles of Schema Domains between Perceived Maternal Acceptance-Rejection and Negative Affect Relationship

Three different mediation analyses were conducted to examine the mediator roles of "Impaired Limits-Exaggerated Standards", "Disconnection-Rejection", and

"Impaired Autonomy" schema domains, respectively. Hierarchical regression analyses were performed to see whether these schema domains mediate Perceived Maternal Acceptance-Rejection and Negative Affect relationship, or if there was a main effect of Maternal Acceptance-Rejection on Negative Affect. For this regression equation, Negative Affect served as the dependent variable. In the first step, gender, numbers of siblings, education level of mother and of father were hierarchically suggested into the regression equation in order to control for the potential variance accounted for by these variables. Perceived Maternal Acceptance-Rejection was entered in the second step, and finally one of the schema domains was entered into the regression equation on the third step.

3.7.2.1 Mediator Role of "Impaired Limits-Exaggerated Standards" Schema Domain

Considering the mediator role of "Impaired Limits-Exaggerated Standards" schema domain between Perceived Maternal Acceptance-Rejection and Negative Affect relationship, the result of the regression analysis (see Table 14.) revealed no significant association between control variables and Negative Affect, thus none of the control variables entered into the equation. Hence, Perceived Maternal Acceptance-Rejection was the first variable entered into the equation, and explained 13 % of the variance (F [1, 321] = 46.94, p< .001), and had a significant association with Negative Affect (pr = .36, β = .36, t [321] = 6.85, p< .001). On the second step "Impaired Limits-Exaggerated Standards" entered into the equation and the explained variance increased to 21 % (F_{change} [1, 320] = 34.82, p< .001), and this schema domain had a significant association with Negative Affect (pr = .31, β = .30, t (320) = 5.90, p< .001). After controlling for the "Impaired Limits-Exaggerated Standards" schema domain, Perceived Maternal Acceptance-Rejection still revealed a strongly significant association with Negative Affect (pr= .32, β= .30, t (320) = 5.96, p< .001). Therefore, the mediator role of Impaired Limits-Exaggerated-Standards schema domain between Perceived Maternal Acceptance-Rejection and Negative Affect was not supported. However, both Perceived Maternal Acceptance-

Rejection and Impaired Limits-Exaggerated Standards schema domain were found to have significant main effects on Negative Affect.

Table 14 Summary of Regression Models Testing for Impaired Limits-Exaggerated-Standards as Mediator between Perceived Maternal Acceptance-Rejection and Negative Affect

Model: Independent Variable	Dependent Variable	df	F	B	t	pr	R^2
Mediator: IL-ES							
1. PARQ	NA	1, 321	46.94*	.36	6.85*	.36	.13
2. IL-ES	NA	1, 320	34.82*	.30	5.90*	.31	.21
(PARQ)		320		.30	5.96*	.32	

Note: * p< .001, PARQ = Parental Acceptance-Rejection Questionnaire, NA = Negative Affect, IL-ES = Impaired Limits-Exaggerated Standards

3.7.2.2 Mediator Role of "Disconnection-Rejection" Schema Domain

Considering the mediator role of "Disconnection-Rejection" schema domain between Perceived Maternal Acceptance-Rejection and Negative Affect relationship, the result of the regression analysis (see Table 15.) revealed no significant association between control variables and Negative Affect, thus none of the control variables entered into the equation. Hence, Perceived Maternal Acceptance-Rejection was the first variable entered into the equation, and explained 13 % of the variance (F [1, 323] = 48.24, p< .001), and had a significant association with Negative Affect (pr = .36, β = .36, t [323] = 6.95, p< .001). On the second step "Disconnection-Rejection" entered into the equation and the explained variance increased to 23 % (F_{change} [1, 322] = 43.64, p< .001), and this schema domain had a significant association with Negative Affect (pr =.35, β = .35, t (322) = 6.61, p< .001). After controlling for the "Disconnection-Rejection" schema domain, Perceived Maternal Acceptance-Rejection still revealed a strongly significant association with Negative Affect (pr= .22, β= .22, t (322) = 4.12, p<.001). Therefore, the mediator role of Disconnection-Rejection schema domain between Perceived Maternal Acceptance-Rejection and Negative Affect was not supported. However, both Perceived Maternal

Acceptance-Rejection and Disconnection-Rejection schema domain were found to have significant main effects on Negative Affect.

Table 15 Summary of Regression Models Testing for Disconnection-Rejection as Mediator between Perceived Maternal Acceptance-Rejection and Negative Affect

Model: Independent Variable	Dependent Variable	df	F	B	T	Pr	R^2
Mediator: DS							
1. PARQ	NA	1, 323	48.24*	.36	6.95*	.36	.13
2. DS	NA	1, 322	43.64*	.35	6.61*	.35	.23
(PARQ)		332	-	.22	4.12*	.22	

Note: * p< .001, PARQ = Parental Acceptance and Rejection Questionnaire, DS = Disconnection-Rejection, NA = Negative Affect

3.7.2.3 Mediator Role of "Impaired Autonomy-Other Directedness" Schema Domain

Considering the mediator role of "Impaired Autonomy-Other Directedness" schema domain between perceived Maternal Acceptance-Rejection and Negative Affect relationship, the result of the regression analysis (see Table 16.) revealed no significant association between control variables and Negative Affect, thus none of the control variables entered into the equation. Hence, Perceived Maternal Acceptance-Rejection was the first variable entered into the equation, and explained 13 % of the variance (F [1, 323] = 48.24, p< .001), and had a significant association with Negative Affect (pr = .36, β= .36, t [323] = 6.95, p< .001). On the second step "Impaired Autonomy-Other Directedness" entered into the equation and the explained variance increased to 21 % (F_{change} [1, 322] = 35.17, p< .001), and this schema domain had a significant association with Negative Affect (pr = .31, β= .30, t (322) =5.93, p< .001). After controlling for the "Impaired Autonomy-Other Directedness" schema domain, Perceived Maternal Acceptance-Rejection still revealed a strongly significant association with Negative Affect (pr = .29, β= .28, t (322) = 5.56, p<.001). Therefore, the mediator role of Impaired Autonomy-Other Directedness schema domain between Perceived Maternal Acceptance-Rejection and

Negative Affect was not supported. However, both Perceived Maternal Acceptance-Rejection and Impaired Autonomy-Other Directedness schema domain were found to have significant main effects on Negative Affect.

Table 16 Summary of Regression Models Testing for Impaired Autonomy-Other Directedness as Mediator between Perceived Maternal Acceptance-Rejection and Negative Affect

Model: Independent Variable	Dependent Variable	df	F	B	T	Pr	R^2
Mediator: IA-OD							
1. PARQ	NA	1, 323	48.24*	.36	6.95*	.36	.13
2. IA-OD	NA	1, 322	35.17*	.30	5.93*	.31	.21
(PARQ)		322	-	.28	5.56*	.29	

Note: *p< .001, PARQ = Parental Acceptance-Rejection Questionnaire, NA = Negative Affect, IA-OD = Impaired Autonomy-Other Directedness

3.7.3 Mediator Roles of Schema Domains between Perceived Maternal Acceptance- Rejection and Positive Affect Relationship

The mediation analysis was conducted to examine the mediator role of "Disconnection-Rejection" schema domains. Hierarchical regression analysis was performed to see whether this schema domain mediate Perceived Maternal Acceptance-Rejection and Positive Affect relationship, or if there was a main effect of Maternal Acceptance-Rejection on Positive Affect. Since bivariate correlations with positive affect were none significant, "Impaired Limits-Exaggerated Standards" and "Impaired Autonomy-Other Directedness" schema domains are not included in this analysis. For this regression equation Positive Affect served as the dependent variable. In the first step, gender, numbers of siblings, education level of mother and of father were hierarchically suggested into the regression equation in order to control for the potential variance accounted for by these variables. Perceived Maternal Acceptance-Rejection was entered in the second step, and finally one of the schema domains was entered into the regression equation on the third step.

3.7.3.1 Mediator Role of "Disconnection-Rejection" Schema Domain

Considering the mediator role of "Disconnection-Rejection" schema domain between perceived Maternal Acceptance-Rejection and Positive Affect relationship, the result of the regression analysis (see Table 17.) revealed no significant association between control variables and Positive Affect, thus none of the control variables entered into the equation. Hence, Perceived Maternal Acceptance-Rejection was the first variable entered into the equation, and explained 4 % of the variance (F [1, 324] = 13.24, p< .001), and had a significant association with Positive Affect (pr = -.20, β= -.20, t [324] = -3.64, p< .001). On the second step "Disconnection-Rejection" entered into the equation; however, explained variance did not change significantly (F_{change} [1, 323] = 2.95, p> .05), and this schema domain had no significant association with Positive Affect (pr =-.10, β= -.10, t (323) =-1.72, p>.05). Therefore, the mediator role of Disconnection-Rejection schema domain between Perceived Maternal Acceptance-Rejection and Positive Affect was not supported. However, Perceived Maternal Acceptance-Rejection was found to have significant main effect on Positive Affect.

Table 17 Summary of Regression Models Testing for Disconnection-Rejection as Mediator between Perceived Maternal Acceptance-Rejection and Positive Affect

Model: Independent Variable	Dependent Variable	df	F	B	T	pr	R^2
Mediator: DS							
1. PARQ	PA	1, 324	13.24**	-.20	-3.64**	-.20	.04
2. DS	PA	1, 323	2.95	-.10	-1.72	-.10	.04
(PARQ)		323	-	-.16	-2.66*	-.15	

Note: * p< .05, ** p< .001, PARQ = Parental Acceptance-Rejection Questionnaire, DS = Disconnection-Rejection, PA = Positive Affect

3.7.4 Mediator Roles of Schema Domains between Perceived Maternal Acceptance- Rejection and Anxiety Relationship

Three different mediation analyses were conducted for "Impaired Limits-Exaggerated Standards", "Disconnection-Rejection", and "Impaired Autonomy"

schema domains, respectively. Hierarchical regression analyses were performed to see whether these schema domains mediate Perceived Maternal Acceptance-Rejection and Anxiety relationship, or if there was a main effect of Maternal Acceptance-Rejection on Anxiety. For this regression equation Anxiety served as the dependent variable. In the first step, gender, numbers of siblings, education level of mother and of father were hierarchically suggested into the regression equation in order to control for the potential variance accounted for by these variables. Perceived Maternal Acceptance-Rejection was entered in the second step, and finally one of the schema domains was entered into the regression equation on the third step.

3.7.4.1 Mediator Role of "Impaired Limits-Exaggerated Standards" Schema Domain

In order to examine the mediator role of "Impaired Limits-Exaggerated Standards" schema domain between Perceived Maternal Acceptance-Rejection and Anxiety relationship, a similar method was pursued. As for the first step control variables, only gender by itself explained 9 % of the variance (F [1, 323] = 32.34, p< .001, and had revealed a significant association with Anxiety (pr = -.30, β = -.30, t [323] = -5.69, p< .001), implying that females reported higher anxiety symptoms. Acceptance-Rejection entered into the equation explained variance increased to 20 % (F_{change} [1, 322] = 44.49, p< .001), and significantly associated with anxiety (pr = .35, β = .33, t [322] = 6.67, p< .001). On the final step Impaired Limits-Exaggerated Standards entered into the equation and explained variance increased to 26 % (F_{change} [1, 321] = 25.41, p< .001), and had revealed significant association with Anxiety (pr = .27, β = .25, t [321] = 5.04, p< .001) Furthermore, at this final step Perceived Maternal Acceptance-Rejection did not lose its strength (pr = .31, β = .29, t [321] = 5.90, p< .001) (see Table 18.). Thus, this analysis indicated that being female, perceiving rejection from mothers, and having Impaired Limits-Exaggerated Standards" schema domain tended to increase the anxiety symptoms of the adolescents. Moreover, the mediator role of Perceived Maternal Acceptance-Rejection was not supported. However, both Perceived Maternal Acceptance-

Rejection and Impaired Limits-Exaggerated Standards schema domain were found to have significant main effects on Anxiety.

Table 18 Summary of Regression Models Testing for Impaired Limits-Exaggerated-Standards as Mediator between Perceived Maternal Acceptance-Rejection and Anxiety

Model: Independent Variable	Dependent Variable	df	F	B	T	Pr	R^2
Mediator: IL-ES							
1. Gender	STAI-T	1, 323	32.34*	-.30	-5.69*	-.30	.09
2. PARQ	STAI-T	1, 322	44.49*	.33	6.67*	.35	.20
3. IL-ES	STAI-T	1, 321	25.41*	.25	5.04*	.27	.26
(PARQ)		321		.29	5.90*	.31	

Note: * p< .001, PARQ = Parental Acceptance-Rejection Questionnaire, STAI-T = Trait form of State-Trait Anxiety, IL-ES = Impaired Limits-Exaggerated Standards

3.7.4.2 Mediator Role of "Disconnection-Rejection" Schema Domain

In order to examine the mediator role of "Disconnection-Rejection" schema domain between Perceived Maternal Acceptance-Rejection and Anxiety relationship, a similar method was pursued. As for the first step control variables, only gender by itself explained 9 % of the variance (F [1, 326] = 33.07, p< .001, and revealed a significant association with Anxiety (pr = -.30, β = -.30, t [326] = -5.75, p< .001), implying that females reported higher anxiety symptoms. Perceived Maternal Acceptance-Rejection entered into the equation and on the second step explained variance increased to 20 % (F_{change} [1, 325] = 45.10, p< .001), and was significantly associated with anxiety (pr = .35, β = .33, t [325] = 6.72, p< .001). On the last step Disconnection-Rejection entered into the equation and explained variance increased to 32 % (F_{change} [1, 324] = 60.77, p< .001), and revealed significant association with anxiety (pr = .40, β = .39, t [324] = 7.80, p< .001). After controlling for the "Disconnection-Rejection" schema domain, Perceived Maternal Acceptance-Rejection did not lose its strength (pr= .19, β= .17, t (324) = 3.45, p< .05) (see Table 19.) Thus, this analysis indicated that being female, perceiving rejection from

mothers, and having Disconnection-Rejection schema domain tended to increase the anxiety symptoms of the adolescents. Moreover, the mediator role of Perceived Maternal Acceptance-Rejection was not supported. However, both Perceived Maternal Acceptance-Rejection and Disconnection-Rejection schema domain were found to have significant main effects on Anxiety.

Table 19 Summary of Regression Models Testing for Disconnection-Rejection as Mediator between Perceived Maternal Acceptance-Rejection and Anxiety

Model: Independent Variable	Dependent Variable	df	F	β	T	pr	R^2
Mediator: IL-ES							
1. Gender	STAI-T	1, 326	33.07**	-.30	-5.75**	-.30	.09
2. PARQ	STAI-T	1, 325	45.10**	.33	6.72**	.35	.20
3. DS	STAI-T	1, 324	60.77**	.39	7.80**	.40	.32
(PARQ)		324		.17	3.45*	.19	

Note: * p< .05, ** p< .001, PARQ = Parental Acceptance-Rejection Questionnaire, STAI-T = Trait form of State-Trait Anxiety, DS = Disconnection-Rejection

3.7.4.3 Mediator Role of "Impaired Autonomy-Other Directedness" Schema Domain

In order to examine the mediator role of "Impaired Autonomy-Other Directedness" schema domain between Perceived Maternal Acceptance-Rejection and Anxiety relationship, a similar method was pursued. As for the first step control variables, only gender by itself explained 9 % of the variance (F [1, 326] = 33.07, $p<$ .001, and revealed a significant association with Anxiety (pr= -.30, β= -.30, t [326] = -5.75, $p<$ .001), implying that females reported higher anxiety symptoms than males. Acceptance-Rejection entered into the equation and on the second step explained variance increased to 20 % (F_{change} [1, 325] = 45.10, $p<$ .001), and it was significantly associated with anxiety (pr = .35, β= .33, t [325] = 6.72, $p<$ .001). On the final step after Impaired Autonomy-Other Directedness entered into regression equation, explained variance increased to 31 % (F_{change} [1, 324] = 51.83, $p<$ .001), and revealed significant association with Anxiety (pr = .37, β = .35, t [324] = 7.20, $p<$ .001). Furthermore, at this final step Perceived Maternal Acceptance-Rejection did not lose

its strength (pr = .27, β= .24, t [324] = 5.07, p< .001) (see Table 20.). Thus, this analysis indicated that being female, perceiving rejecting attitudes from parents, and having "Impaired Autonomy-Other Directedness" schema domain tended to increase anxiety symptoms of the youngsters. Moreover, the mediator role of Perceived Maternal Acceptance-Rejection was not supported. However, both Perceived Maternal Acceptance-Rejection and Impaired Autonomy-Other Directedness schema domain were found to have significant main effects on Anxiety.

Table 20 Summary of Regression Models Testing for Impaired Autonomy-Other Directedness as Mediator between Perceived Maternal Acceptance-Rejection and Anxiety

Model: Independent Variable	Dependent Variable	df	F	B	T	pr	R^2
Mediator: IA-OD							
1. Gender	STAI-T	1, 326	33.07*	-.30	-5.75*	-.30	.09
2. PARQ	STAI-T	1, 325	45.10*	.33	6.72*	.35	.20
3. IA-OD	STAI-T	1, 324	51.83*	.35	7.20*	.37	.31
(PARQ)		324		.24	5.07*	.27	

Note: * p< .001, PARQ = Parental Acceptance-Rejection Questionnaire, STAI-T = Trait form of State-Trait Anxiety, IA-OD = Impaired Autonomy-Other Directedness

Summary of mediation analyses were presented in Table 21. This table summarizes the main effects of schema domains (i.e. Impaired Limits-Exaggerated Standards, Disconnection-Rejection, and Impaired Autonomy-Other Directedness) and Perceived Maternal Rejection on Anger, Negative Afect, Positive Affect, and Anxiety Furthermore, possible mediator roles of the schema domains between perceived maternal rejection and psychological distress measures (i.e. Anger, Negative Afect, Positive Affect, and Anxiety) were also indicated.

Table 21 Summary Table for the Mediation Analyses

		ANG-T	**NA**	**PA**	**STAT-T**
Main Effects	**PARQ**	Yes	Yes	Yes	Yes
	IL-ES	Yes	Yes	-	Yes
	DS	Yes	Yes	No	Yes
	IA-OD	Yes	Yes	-	Yes
Mediating Effects	**IL-ES**	No	No	-	No
	DS	Yes	No	No	No
	IA-OD	No	No	-	No

Note: PARQ = Parental Acceptance-Rejection Questionnaire, ANG-T = Trait form of State Trait Anger Inventory, NA = Positive and Negative Affect Schedule-Negative Affect, PA = Positive and Negative Affect Schedule-Positive Affect, STAI-T = Trait form of State-Trait Anxiety Inventory, IL-ES = Impaired Limits-Exaggerated Standards, DS = Disconnection-Rejection, IA-OD = Impaired Autonomy-Other Directedness

3.8 Additional Analyses

In the present study perceived maternal acceptance-rejection levels were assessed through PARQ-Child version. On this version of the questionnaire the relationship between children and mothers in the present was asked for not the experience with the mothers in the past. Moreover, the design of the study was cross-sectional, thus it could be argued that schema domains might have influenced the perception of maternal attitudes which inturn influenced psychological distress. Therefore, in order to examine this possibility, the mediator role of perceived maternal rejection between schema domains like Impaired Limits-Exaggerated Standards, Disconnection-Rejection, and Impaired Autonomy-Other Directedness and psychological distress measures like Anger, Negative Affect, Positive Affect, and Anxiety, twelve seperate mediation analyses were performed.

The results of these analyses indicated that perceived maternal rejection did not mediate the relationship between any of the schema domains and psychological distress except for the relationship between Disconnection-Rejection and Positive Affect. These results indicated that perceived maternal rejection mediated the relationship between Disconnection-Rejection and Positive Affect. Before the entrance of the mediator (i.e. perceived maternal rejection) Disconnection-Rejection

schema domain was significantly associated with Positive Affect (pr= -.16, β= -.16, t [327] = -3.00, p< .01); however, following the inclusion of the mediator into the regression equation this association was no longer significant (pr= -.10, β= -.10, t [326] = -1.68, p> .05). Nevertheless, Sobel test did not confirm this decrease (z = 0.50, p> .05.

CHAPTER IV

4. DISCUSSION

The present study aimed to investigate the relations between perceived maternal acceptance-rejection, EMSs, and psychological distress. Since EMSs occur primarily as a result of childhood experiences with parents, this study aimed to examine EMSs in adolescents. Another aim of this study was to examine differences between adolescents perceiving their mothers as highly accepting and those perceiving their mothers as highly rejecting in terms of both EMSs and psychological distress measures. Gender difference was considered in this perspective as well. In addition to that, mediating roles of schema domains between perceived maternal rejection and psychological distress of adolescents were investigated. Therefore, in this part, first the findings of the present study will be discussed. Then limitations of the study will be stated. This will be followed by therapeutic implications of the present study and suggestions for future research.

4.1 Psychometric Quality of the Young Schema Questionnaire

A considerable number of studies have been conducted in order to investigate the psychometric properties of Young Schema Questionnaire. Factor analysis with the undergraduate student sample revealed that twelve EMSs proposed by Young emerged as separate factors; whereas, factor analysis with clinical sample indicated fifteen EMSs as separate factors (Schmidt et al., 1995). Lee et al. (1999) conducted a study with large clinical sample and replicated the findings of Schmidt et al. (1995). Similarly, Welburn et al. (2002) investigated the factor structure of YSQ-Short Form with a sample of patients in a psychiatric day treatment program. It was found that fifteen schemas emerged with adequate to good internal consistency similar to Schmidt et al. (1995) and Lee et al. (1999). A study conducted with Calvete et al. (2005) also confirmed the proposed fifteen factor-structure of Spanish version of YSQ-Short Form thereby providing evidence for the universal nature of schemas

across different cultures. Similarly, Chevallet et al. (2006) stated that there was a consistency between French version of YSQ-SF and those of previous studies based on English version of YSQ-SF and suggested structural stability of YSQ across cultures and clinical status. Furthermore, the reliable factor structure of fifteen EMS was supported by Cecero et al. (2004), Nordahl et al. (2005) and Hoffart et al. (2005) as well.

In the present study, Principle Component Factor Analysis was employed in order to examine primary factors of the YSQ-SF. However, none of these solutions gave an interpretable distribution. Regarding the primary factor structure of the schemas, several reasons may account for the difference between current study and previous studies. Firstly, the current study was conducted with adolescents (Mean Age = 16.17, SD = 0.53). To the best of our knowledge, this is the first study examining EMSs in adolescents; therefore, findings of the present study cannot be compared with the previous ones. In order to investigate critical stages for the development of schemas and whether adolescents present with the same schemas identified in adults or not, longitudinal studies should be conducted. Secondly, studies conducted with non-clinical sample and clinical sample have revealed different conclusions. That is, Schmidt et al. (1995) administered YSQ to both undergraduate student sample and patient sample. They concluded that while factor analysis with student sample revealed twelve EMSs, factor analysis with patient sample indicated that fifteen EMSs hypothesized by Young (1999) emerged as separate factors. Lee et al. (1999) also replicated the findings of Schmidt et al (1995). Therefore, it is concluded that the nature of the sample may lead to differences in the factor structure of the EMS. That is, schemas are present in normal population but in a weaker form (Welburn et al., 2002). As a result, since this study was undertaken with a non-clinical, adolescent group, it would be useful to compare these findings with a clinical group referred to a child and adolescent mental health service.

Hoffart et al. (2005) claimed that since EMSs included common characteristics like negative beliefs about self, negative self-image and so on, they were redundant thereby being reducible to the higher order schema domains. Therefore, present study carried out second order factor analysis with the original

factors (i.e., EMSs originally proposed by Young 1999). Although studies using first order factor analysis (e.g. Schmidt et al., 1995; Lee et al., 1999; Welburn et al., 2002; Calvete et al., 2005; Cecero et al., 2004; Nordahl et al., 2005; & Hoffart et al., 2005) confirmed fifteen EMS proposed by Young, studies using second order factor analysis conducted on the factor structure of schema domains failed to support five schema domains constructed by Young (1990). In other words, factor analytic studies conducted on factor structure of schema domains gave different results. While Schmidt et al. (1995) suggested three higher order schemas, Lee et al. (1999) proposed four higher order schemas with long form of Schema Questionnaire. Studies conducted with short form of Schema Questionnaire gave different results than the long one. That is, although Calvete et al. (2005) offered three higher order schemas with short form of Schema Questionnaire, Cecero et al. (2004) suggested four higher order schemas. Similarly, the present analysis failed to support the five schema domains proposed by Young and suggested a three-factor solution. This solution presents some similarities and discrepancies in comparison with previous findings (Schmidt et al., 1995; Lee et al., 1999).

In the present study, the first schema domain contained Entitlement, Approval Seeking, Unrelenting Standards, Pessimism, Punitiveness, and Insufficient Self Control. Since YSQ, including 18 EMSs, has been suggested recently by Young (2006), most of the previous studies were conducted with 15 EMSs, which did not include Approval Seeking, Pessimism, and Punitiveness. In the present study, these three EMSs, together with Entitlement, Unrelenting Standards, and Insufficient Self-Control constituted the first higher order factor and named as Impaired Limits-Exaggerated Standards. This schema domain seems to be similar to the schema domains suggested by Schmidt et al. (1995) and Lee et al. (1999) labeled as Exaggerated Standards and Over Control, respectively. This schema domain indicates people who have excessive emphasis on gaining approval, recognition and attention from others at the expense of developing a secure and true sense of self (approval seeking) which leads to internalized motivation to obtain success and to be the best (setting unrelenting standards), exaggerated expectation in a wide range of situations (pessimism), rigid beliefs of being harshly punished when the performance

does not meet one's expectations or standards (punitiveness) at the expense of self-expression, relaxation and having close relationship. This is very congruent with the perception of one's self as a special person who deserves special rights (entitlement) and inability to tolerate frustration (insufficient self-control).

The second schema domain included Emotional Deprivation, Social Isolation, Emotional Inhibition, Mistrust/ Abuse, Defectiveness/ Shame, and Failure. First five schemas (i.e., Emotional Deprivation, Social Isolation, Emotional Inhibition, Mistrust/ Abuse, Defectiveness/ Shame) involved in this schema domain were almost identical to the one obtained by Lee, et al., (1999), Calvete, et al., (2005) and Hoffart et al., (2005) but Failure schema was also incorporated into the second domain in the current study. It loaded on the Impaired Autonomy domain in the above studies. However, the analysis of the items included in the schemas of this domain indicates that individuals feel that they do not belong to any group thereby feeling different from others since they do not receive social support and express emotions to others; as a result feeling inadequate relative to others is inevitable.

The last schema domain included Subjugation, Self Sacrifice, Dependency, Enmeshment, Abandonment, and Vulnerability to Harm. Five schemas (i.e., Subjugation, Dependency, Enmeshment, Abandonment, and Vulnerability to Harm) included in this schema domain were almost identical to the one obtained by Calvete et al. (2005). This schema domain involves an exaggerated dependence on others, lack of assertiveness, and worry about future physical and social harms. Furthermore, the results concerning this schema domain were almost identical to Hoffart et al., (2005) except that this schema domain did not include Failure as in previous studies (Lee et al., 1999; Calvete et al., 2005; Hoffart et al., 2005).

Regarding to the hierarchical structure of the schemas, the slight differences between studies may be explained by several reasons. First, studies conducted by Schmidt et al. (1995) and Lee et al. (1999) were based on longer version of YSQ; whereas, those of Calvete et al. (2005) and Hoffart et al. (2005) were based on shorter form. Secondly, number and composition of the first order factors used in each research may have caused this discrepancy. Thirdly, the results could be influenced by the nature of the sample. Some studies were conducted with clinical

sample while some others conducted with student sample. As Lee et al. (1999) suggested students usually show relatively low level of psychopathology, thereby the structure of EMSs may vary across clinical and non-clinical sample. However, Welburn et al. (2002) suggested that schemas are present in normal populations but in a less consistent manner. Based on this information in literature, it is possible to explain slight differences between current study and previous ones. First, number and composition of the first order factors used in this research are different from the others. In other words, this was the first study conducting analysis with 18 original schemas. Therefore, findings of this study cannot be compared with previous studies in terms of Approval Seeking, Pessimism and Punitiveness Schemas. In addition to that, since the sample was drawn from a non-clinical population, schemas were expected to be still present, however in a weaker form. The last and the most important factor that may cause this discrepancy was that this was the first study conducted with adolescents.

Despite the fact that the result of the second order factor analysis did not perfectly support Young's (1999) proposed higher order schema domains, a three order factor solution was consistent with the previous studies that covered family environment and children's development. It was proposed that children should be provided with three main developmental conditions by parents which were (1) consistent and supportive relationship with parents, (2) fair and consistent limits placed on their behavior, and (3) valuation and expression of their own thoughts and emotions, leading to development of a stable sense of self and identity (Barber, 1997; Maccoby & Martin, 1983; Rollins & Thomas, 1979; Steinberg, 1990). These three basic need areas of children were also underlined in the current study. In spite of the fact that internal consistency reliabilities of the first order schemas were low, internal consistency reliabilities of three second order schemas were satisfactory, which could sufficiently indicate main needs of children, though in a more global way.

4.2 Perceived Mother Acceptance-Rejection and Gender Differences on Psychological Distress of Adolescents

PARTheory proposes that the degree of individuals' psychological, social, and emotional well-being is dependent on the perceived quality of relationships with significant attachment figures; thus, when this need is not satisfied, people are more likely to develop social, emotional, and psychological problems (Rohner, 2004). This study examined the association between perceived maternal acceptance-rejection and psychological distress measures of anger, anxiety, positive affect and negative affect as well.

The results indicated that perceived maternal rejection was correlated significantly with anger. In addition to that, there was a difference between individuals perceiving their mothers as accepting and those perceiving their mothers as rejecting in terms of anger. In other words, adolescents who perceived high maternal rejection were more likely to experience anger than those perceiving high maternal acceptance. This finding is consistent with personality sub-theory of PARTheory. That is, it was claimed that rejected children protect themselves from the hurt of further rejection by showing aggressive and hostile reactions beside other responses (Rohner, 1986). However, there was no significant difference between males and females in terms of experiencing anger. This finding is consistent with the literature claiming that males and females do not differ in the severity of anger they experience. Indeed, the studies found that males and females got angry to similar things, in similar degrees and expressed anger in similar levels and ways (Grabmeier, 1994; Newman, Gray, & Fuqua, 1999).

The result of current study also indicated that perceived maternal acceptance-rejection was correlated significantly with both negative affect and positive affect. Furthermore, there is a significant difference between individuals perceiving their mothers as accepting and those perceiving their mothers as rejecting in terms of both negative affect and positive affect. In other words, adolescents who perceived high maternal rejection were more likely to experience negative affect than those perceiving high maternal acceptance. On the contrary, adolescents perceiving high maternal acceptance experienced more positive affect than those perceiving high

maternal rejection. According to the Tripartite Model, there are differentiating and overlapping aspects of anxiety and depression; that is, positive affect and negative affect are two dominant dimensions in affective structure (Clark & Watson, 1991). Jolly, Dyck, Kramer, and Wherry (1994) indicated that high negative affect was correlated with both anxiety and depression, and conceptualized as general distress factor; whereas low positive affect was a marker of depression but not anxiety. Therefore, present findings may also indicate that highly rejected adolescents obtaining low scores on positive affect are more likely to experience depression than highly accepted adolescents obtaining high scores on positive affect. This argument was supported by PARTheory as well. That is, since rejected children believe that attachment figures do not love them, they are more likely to feel themselves as unlovable, perhaps even unworthy of being loved, thereby developing a negative worldview. Similarly, as emphasized in PARTheory, rejection leads to inability to cope with stress when confronted with stressful situation since anger, negative self-feeling and other consequences of perceived rejection tend to diminish individuals' capacity to deal effectively with stress (Rohner, 2002). These findings were also consistent with the findings of current study, indicating that highly rejected adolescents experience more negative affect than highly accepted individuals. These findings also confirmed the study of Ohannesian et al. (1996) in that perceived maternal rejection was related to depression and anxiety in adolescents. When gender difference was taken into account, current study did not reveal any differences between males and females in terms of positive affect.

Furthermore, the result of the current study indicated that perceived maternal rejection was correlated significantly with anxiety. In addition to that, there was a difference between individuals perceiving their mothers as accepting and those perceiving their mothers as rejecting in terms of anxiety. In other words, adolescents who perceived high maternal rejection were more likely to experience anxiety than those perceiving high maternal acceptance. Anxiety is defined as perceptions of threat or uncertainty with respect to future events (Feldman, 1993). Therefore, it is reasonable that highly rejected individuals tend to view others as untrustworthy, emotionally unsafe, threatening and dangerous thereby developing threatening

worldview. Although there is no difference between males and females in terms of experiencing positive affect and negative affect, it was found that males and females differ in terms of anxiety measure in the current study. This result was consistent with previous finding (Brack, et al., 1994) that adolescent girls were more likely to experience anxiety than adolescent boys were.

4.3 Perceived Mother Acceptance-Rejection and Gender Differences for three Higher Order Factors of YSQ

In the current study the relationships between Perceived Maternal Rejection and Impaired Autonomy-Other Directedness, Disconnection-Rejection, and Impaired Limits-Exaggerated Standards were found to be significant. Particularly, the correlations of Perceived Maternal Acceptance-Rejection with Disconnection-Rejection and Impaired Autonomy-Other Directedness were found to be stronger than the correlation between perceived maternal acceptance-rejection and Impaired Performance-Exaggerated Standards. In addition to that, bivariate correlations between schema domains and subscales of PARQ indicated that there were significant relationships between Disconnection-Rejection and Warmth-Affection, Hostility-Aggression, Indifference-Neglect, and Undifferentiated Rejection subscales of PARQ. Similarly, Impaired Autonomy-Other Directedness schema domain was significantly associated with Warmth-Affection, Hostility-Aggression, Indifference-Neglect, and Undifferentiated Rejection subscales of PARQ.

Moreover, MANOVA result indicated that adolescents perceiving high maternal rejection were more likely to have strong Disconnection-Rejection schema domain. Children are in need of acceptance, security, safety, nurturance, and sharing of feelings so when these basic needs are not provided by the parents, they tend to feel disconnected and rejected (Young, 1999). McGinn, et al., (2005) also concluded that low maternal care was to be significantly associated with Disconnection-Rejection Domain. In addition to that, MANOVA result revealed that adolescents perceiving their mothers as rejecting were more likely to have Impaired Autonomy-Other Directedness Schema Domain. According to Young et al. (2003), individuals experiencing Impaired Autonomy are unable to function independently and perform

successfully since their parents have overprotected them thereby failing to encourage their children to perform competently outside the family. However, Young et al. (2003) also claimed that children, at the opposite extreme, that is those hardly ever cared for or watched over were more likely to experience Impaired Autonomy-Other Directedness. Therefore, the results of current study seem to be consistent with Young Schema Model.

According to Rohner's sub-theory of PARTheory (1986), the quality of relationship between primary caregivers and children are important for children's sense of emotional security and comfort. Individuals experiencing rejection increase their bids in order to obtain emotional support, care, comfort, attention, and nurturance from attachment figures thereby becoming more dependent. However, individuals tend to yearn for positive response from significant others up to certain point, beyond that point; they tend to become defensively independent in order to protect themselves from the hurt of further rejection. Therefore, the result of the current study was consistent with PARTheory as well.

In the examination of gender differences in negative schemas, Welburn et al. (2002) revealed that females were significantly higher on schemas of Self-Sacrifice, Enmeshment, Failure, Abandonment and Defectiveness, while males were higher on the schema of Entitlement. However, whether these findings were specific to a psychiatric population and whether this pattern exists in a non-clinical population remains to be seen. In the current study, however, there was no difference between males and females. It is possible that examining gender difference in terms of schema domains will not be enough to discriminate males and females in terms of schema domains. In addition to that, since EMSs are present in a non-clinical population in a less consistent manner, it is possible that general schema domains have masked some possible gender differences in terms of specific EMSs.

4.4 Mediation Analyses

According to the mediation hypotheses, perceived maternal rejection is expected to reveal significant associations with psychological distress of adolescents. It is also expected that, EMSs of adolescents will reveal significant associations with

the adolescents' psychological distress. Moreover, perceived maternal rejection is expected to be associated with EMSs of adolescents. Based on these associations, mediation analyses were conducted in order to see whether EMSs of adolescents would play mediator roles between perceived maternal rejection and psychological distress of adolescents. That is to say, it is expected that the association between perceived maternal rejection and psychological distress will disappear or lose its strength after controlling for EMSs of the adolescents.

4.4.1 Mediator Roles of Schema Domains between Perceived Maternal Acceptance- Rejection and Anger Relationship

The result of the mediation analyses revealed that both perceived maternal rejection and three schema domains have significant main effects on anger. In other words, consistent with the literature perceived maternal rejection is associated with anger in adolescents (Woodoll et al., 1989; Muris et al., 2004). Furthermore, three schemas domains were found to be significantly related to anger. According to cognitive content-specificity theory (Beck, et al., 1987), each emotional disorder is defined by a cognitive content that is specific to that disorder. Therefore, aggressiveness related cognitions include negative perceptions of others' intentions and general discomfort (Lochman, While, & Wayland, 1991; Berkowitz, 1990, cited in Calvete, et al., 2005). In previous study conducted by Calvete et al. (2005) it was found that high level of anger was associated with Mistrust, referring to suspiciousness and the expectation that others will hurt, abuse, lie, or take advantage intentionally. In addition to that, anger was found to be associated with Insufficient Self Control and Entitlement. However, in the current study, all schema domains namely, Impaired Limits-Exaggerated Standards, Disconnection Rejection, and Impaired Autonomy-Other Directedness were found to be related to anger. In previous study, Calvete et al. (2005) examined the relationship between EMSs and anger. However, in the current study the analysis was done with schema domains. Therefore, schema domains may not be able to discriminate anger related cognitions.

Interestingly, the results of mediation analyses with three schema domains indicated that only Disconnection-Rejection schema domain among others mediated

the relationship between perceived maternal rejection and anger. In other words, it was shown that adolescents who perceived their mothers as rejecting develop Disconnection-Rejection schema domain that increased anger. Disconnection-Rejection schema domain is expected to be related to depression and since it was claimed that depression is very much related to suppressed anger (Clay, et al., 1993) and depressive people reported high level of experienced anger and suppressed anger (Riley et al., 1989), findings seem to be consistent with previous studies. Unfortunately, present study did not include a depression measure, thus this argument could not be supported with the available data.

4.4.2 Mediator Roles of Schema Domains between Perceived Maternal Acceptance- Rejection and Positive Affect-Negative Affect Relationship

The result of mediation analyses revealed that both perceived maternal rejection and three schema domains have significant main effects on negative affect. As indicated before, the Tripartite model of Clark and Watson (1991) stated that high negative affect is correlated with both anxiety and depression as a general distress factor, and Vulic-Prtoric and Macuka (2006) stated that both anxiety and depression strongly correlated with perceived parental rejection. Therefore, finding of this study was consistent with the literature in that maternal rejection is associated with negative affect in adolescents. Furthermore, three schema domains were found to be significantly related to negative affect. This finding was also consistent with literature since negative affect includes cognitions related to both depression and anxiety. Interestingly, the result of mediation analyses with three schema domains indicated that none of the schema domains mediates the relationship between perceived maternal rejection and negative affect. That is, all schema domains and perceived maternal rejection had main effects with negative affect.

The result of the mediation analyses revealed that perceived maternal acceptance has a main affect on positive affect. That is, adolescents perceiving their mothers as rejecting are less likely to experience positive affect than those perceiving their mothers as accepting. According to the literature, positive affect discriminates depression from anxiety (Watson & Tellegen, 1985). It was found that although both

depression and anxiety were associated with perceived parental rejection, depressive children perceived their parents less pleasant to live with and perceived their parents less accepting, supporting, and approving, and more rejecting than anxious children (Vulic-Prtoric & Macuka, 2006). Therefore, these arguments also were consistent with present finding. However, current study revealed that none of the schema domains was found to be significantly related to positive affect. Therefore, mediation analyses were not conducted since one of three criteria was not provided (Baron & Kenny, 1986). Although previous studies examined the relationship between schema domains and depression using first order schemas, they provided no consistent result, they concluded that defectiveness / shame to be main schema in the development of depression (Schmidt et al., 1995; Shah & Waller, 2000; Stopa et al., 2001; Harris & Curtin et al., 2002). Therefore, it was expected that Disconnection-Rejection schema domain would be related with depression thereby with positive affect; however, this expected result was not observed. It may be related with the measure utilized. Positive Affect may not be sensitive enough to assess depression, and still other plausible explanation may be the characteristics of the sample. It is possible that adolescents had not developed their schema domains consistently and strongly yet, which inhibited the possible statistical effects.

4.4.3 Mediator Roles of Schema Domains between Perceived Maternal Acceptance- Rejection and Anxiety Relationship

The result of the mediation analyses revealed that maternal acceptance-rejection and three schema domains have significant main effects on anxiety. The results were also consistent with literature (Carr, 1999; Gerlma et al., 1990; Harrington, 1993). That is, family interaction involving lack of support and affection was related to anxiety in individuals. Furthermore, three schema domains were found to be significantly related to anxiety. Previous studies investigating the relationship between EMSs and anxiety using first order schemas provided no consistent result as in other psychological distress measures. However, it was concluded that Vulnerability to Harm and Abandonment were appeared to be main schemas among others predicting anxiety (Schmidt et al., 1995; Glaser et al., 2002; Welburn et al., 2002). Therefore, Impaired Autonomy-Other Directedness schema domain was

expected to be able to discriminate anxiety. However, the result of the current study indicated that other two schema domains were also associated with anxiety as well. In addition to that, the result of this study revealed gender difference. That is, these analyses indicated that being female; perceiving rejection and having any of these three schema domains tended to increase vulnerability to experience anxiety. Interestingly, the results of the mediation analyses with three schema domains indicated that none of the schema domains mediates the relationship between perceived maternal rejection and anxiety.

In conclusion, mediation analyses conducted with three schema domains as mediators between perceived maternal acceptance-rejection and psychological distress measures (i.e., anger, positive affect, negative affect and anxiety) separately revealed in general that both maternal rejection and schema domains have main effects on psychological distress measures. However, none of the schema domains did mediate the relationship between maternal rejection and psychological distress measures except for the disconnection-rejection schema domain. The result revealed that disconnection-rejection schema domain mediated the relationship between maternal rejection and anger. In other words, the relation between maternal rejection and anger was provided by disconnection-rejection schema domain. These findings may be explained by the fact that adolescence is a time of psychological growth and change. Furthermore, constructing self-image and identity formation are main aspects of psychological development during adolescence and young adulthood. However, early adolescents tend to describe themselves using conflicting images, and formation of more consistent view of self takes place in later years (Harter & Monsour, 1992). However, empirical evidence indicates that the desire to be close to others is the basic need of adolescents and appears to be stable over this period (Waldinger, et al., 2002). Based on this information, it is possible to conclude that connection and acceptance, the basic needs of adolescents, develop early in life and appears to be stable. When this basic need is not provided by parents, individuals are more vulnerable to develop psychological difficulties.

4.5 Limitations of the present study

The main limitation of this study was that, Parental Acceptance and Rejection Questionnaire (PARQ) was employed in order to assess the quality of the relationship between children and their mothers. This questionnaire measures the warmth dimension of parenting, which ranges from parental acceptance to parental rejection depending on the quality of relationship. However, Young Schema Questionnaire (YSQ) assesses schemas including three dimensions of parenting, which are disconnection, overconnection, and traumatization. However, in the literature, the mediator roles of schemas between parenting styles and psychological problems were studied with Parental Bonding Instrument (PBI) (e.g., Shah & Waller, 2000; Harris & Curtin, 2002; McGinn et al., 2005) which has included two dimensions of parenting (i.e., care and overconnection). Thus, the use of PARQ in the present study evaluated possible connections between PARTheory and schema domains. Furthermore, it is worth to note that PARTheory has been known as reflecting mental representations toward parental attitudes, thus this study examined the mediator roles of these possible mental representations for mothers.

YSQ was administered to adolescents at only one point of time and it is not possible to assert that these thoughts pattern in adolescents are stable. Recent or specific events on the day of assessment could have led adolescents to describe themselves in such a manner. Therefore, a test-retest analysis would be required to decide if these thought patterns were consistent over time or not. In addition to that, the design of the study was cross-sectional, thus longitudional studies could be conducted in order to provide more information on the nature of the cognitive schemas in adolescents.

Target population of the present study was a non-clinical adolescent sample and it was found that schema domains were not able to discriminate various forms psychopathologies in normal sample. However, in order to determine discriminative power of schema domains, it would be useful to compare these findings with a clinical group referred to a child and adolescent mental health service.

Another limitation of this study was the use of PANAS for assessing depression. Based on literature review (Schmidt et al., 1995; Shah & Waller, 2000;

Stopa et al., 2001; Harris & Curtin et al., 2002), it was expected that disconnection-rejection schema domain would be associated with depression thereby with positive affect. However, this expected result was not observed. It may be possible that Positive Affect is not sensitive enough to assess depression or characteristics of sample leads to these findings. Therefore, not having a depression measure inhibited making clear conclusion.

4.6 Therapeutic Implications

Beck (1987) proposed that early childhood experiences lead to the construction of negative schemas about one's self, the future, and the external word. However, this issue has received limited attention. Little prospective research has been conducted with adolescents to investigate when and how these schemas established, or whether adolescents possess the same schemas identified in adults. Therefore, the present study was the first one attempting to identify schema domains in adolescents. Identification of schemas have important clinical relevance. Once identified, it may help clinicians how EMSs can be prevented and how more adaptive schemas could be promoted. In other words, during adolescence, dysfunctional patterns may be less well established thereby interventions at this age may potentially reduce vulnerability in adulthood.

The present study investigated the relationship between perceived maternal rejection and development of psychological problems. It was revealed that adolescents who perceived their mothers as rejecting were more vulnerable to experience anger, negative affect, and anxiety. Therefore, it is possible to conclude that the quality of the relationship with mothers affects psychological well-being of individuals. Thus identificaton of basic needs of adolescents and the role of mothers' acceptance in their psychological distress should be underlined while studying with adolescents.

4.7 Suggestions for Future Research

Future research would benefit from longitudinal studies which could provide more information on the nature of the cognitive schemas in adolescents. Exploring

the onset and development of cognitive schemas in young people would be helpful in identifying the age at which these thinking patterns becoming dominant, pervasive, and dysfunctional.

Previous studies suggest that mothers may exert a greater influence on the development of psychopathology in their offspring (Ingram, Overbey, & Fortier, 2001; Ingram & Ritter, 2000). Therefore, the present study was conducted to examine the relationship between perceived maternal rejection and psychological distress of adolescents. However, Turkish culture emphasizes relatedness, but not separetedness like Western culture, and mothers have closer relationship with their children than fathers do. The present study also confirmed this argument in that descriptive analysis indicated that Turkish adolescents generally perceive their mothers as accepting. However, perceived paternal acceptance-rejection was not included in the present study. Therefore, in order to see the roles of fathers on the psychological distress of adolescent and make comparison with maternal effects future studies should include perception of fathers as well.

The use of non-clinical sample as the participants was claimd as limitation of the present study. Therefore, in order to find out the discriminative power of schema domains, future research should compare the findings of non-clinical sample with clinical group referred to a child and adolescent mental health service.

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APPENDICES

APPENDIX A

Değerli Katılımcılar,

Yüksek lisans tezim kapsamında yürüttüğüm bu araştırma, gençlerin kendileri ve aileleri hakkındaki duygu ve düşüncelerini çalışmayı amaçlamaktadır. Bu nedenle, farklı bölümlerde sınıflandırılan soruları cevaplandırmanız istenmektedir. **İlk bölümde**, kendiniz ve aileniz hakkında genel bilgi almayı hedefleyen sorular yer almaktadır. **İkinci bölümde,** annenizin size karşı davranışları ile ilgili cümleler bulunmakta ve sizden, kendinize uygun olan seçeneği işaretlemeniz istenmektedir. **Üçüncü bölümde,** duygu durumunuzla ilgili ifadeler yer almakta ve size uygun olan şıkkı işaretlemeniz istenmektedir. **Dördüncü ve Beşinci bölümlerde,** kişilerin kendilerine ait duygularını anlatırken kullandıkları bir takım ifadeler belirtilmiştir ve sizden, bu ifadelerin sizin için doğruluk derecesini değerlendirmeniz istenmektedir.

Araştırmanın sonuçları açısından sağlıklı bilgiler edinilmesi için yönergelerin dikkatlice okunması, verilen cevaplarda samimi olunması ve cevaplandırılmamış soru bırakılmaması son derece önemlidir. Cevaplar grup halinde değerlendirileceği için isim belirtilmesine gerek yoktur. Cevaplarınız kesinlikle gizli tutulacak ve bu anketten elde edilen bilgiler yalnızca araştırma amacına yönelik olarak kullanılacaktır. Çalışmaya katıldığınız için teşekkür ederiz.

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Lütfen aşağıda istenilen bilgileri yazınız ve seçenekli sorularda size uygun olan seçeneğin yanındaki ( ) ile gösterilen alana **X** işareti koyarak belirtiniz.

1. Cinsiyetiniz: (K) (E)

2. Yaşınız:

3. Ailenizin aylık toplam geliri ne kadardır?.....

4. Annenizin eğitim durumu

( ) okuma yazma bilmiyor ( ) lise mezunu

( ) okuryazar ( ) üniversite mezunu

( ) ilkokul mezunu ( ) lisansüstü

( ) ortaokul mezunu

5. Babanızın eğitim durumu

( ) okuma yazma bilmiyor ( ) lise mezunu

( ) okuryazar ( ) üniversite mezunu

( ) ilkokul mezunu ( ) lisansüstü

( ) ortaokul mezunu

6. Anneniz

a. ( ) Hayatta ( ) Hayatta değil

b. ( ) Öz ( ) Üvey

7. Babanız

a. ( ) Hayatta ( ) Hayatta değil

b. ( ) Öz ( ) Üvey

8. Anne ve babanız birlikteler mi?

( ) Evet ( ) Hayır

Cevabınız 'Hayır' ise ne kadar zamandır ayrılar? .....

9. Kaç kardeşsiniz?.....

10. Şu anda ailenizle birlikte mi yaşıyorsunuz?

( ) Evet

( ) Hayır (lütfen belirtiniz) .....

APPENDIX B

Aşağıda, kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyun ve sizi ne kadar iyi tanımladığına karar verin. Emin olamadığınız sorularda neyin doğru olabileceğinden çok, sizin **duygusal olarak** ne hissettiğinize dayanarak cevap verin. Bir kaç soru, anne babanızla ilişkiniz hakkındadır. Eğer biri veya her ikisi şu anda yaşamıyorlarsa, bu soruları o veya onlar hayatta iken ilişkinizi göz önüne alarak cevaplandırın. 1 den 6'ya kadar olan seçeneklerden sizi tanımlayan en yüksek sayıyı seçerek her sorudan önce yer alan boşluğa bu sayıyı yazın.

ed: emotional deprivation
ab: abandonment
ma :mistrust/abuse
si: social isolation
ds: defectiveness/shame
fa: failure
di: dependence/incompetence
vh: vulnerability to harm
em: enmeshment
sb: subjugation
ss: self-sacrifice
ei: emotional inhibitiom
us: unrelenting standards
et: entitlement
is: insufficient self-control
as: approval seeking
pess: pessimism
pun: punitiveness

Derecelendirme

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

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

2. _____ Beni terk edeceklerinden korktuğum için yakın olduğum insanların peşini bırakmam (ab).

3. _____ İnsanların beni kullandıklarını hissediyorum (ma).

4. _____ Uyumsuzum (si).

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

6. _____ Okul hayatımda neredeyse hiçbir şeyi diğer insanlar kadar iyi yapamıyorum (fa).

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

8. _____ Kötü bir şey olacağı duygusundan kurtulamıyorum (vh).

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

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

11. _____ Genellikle yakınlarıma ilgi gösteren ve bakan ben olurum (ss).

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

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

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

15. _____ Kendimi sıradan ve sıkıcı işleri yapmaya zorlayamam (is).

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

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

18. _____ Eğer bir yanlış yaparsam, cezalandırılmayı hakkederim (pun).

19. _____ Çevremde bana koruma sağlayan sıcaklık, ve duygusal yakınlık gösteren kimsem yok (ed).

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

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

22. _____ Temel olarak diğer insanlardan farklıyım (si).

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

24. _____ İşleri halletmede son derece yetersizim (fa).

25. _____ Gündelik işlerde kendimi başkalarına bağımlı biri olarak görüyorum (di).

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

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

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

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

30. _____ Duygularımı diğerlerine açmayı utanç verici bulurum (ei).

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

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

33. _____ Eğer hedefime ulaşamazsam kolaylıkla yılgınlığa düşer ve vazgeçerim (is).

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

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

36. _____ Eğer yanlış yaparsam, bunun özrü yoktur (pun).

37. _____ Birisi için özel olduğumu hiç hissetmedim (ed).

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

39. _____ Herhangi bir anda birileri beni aldatmaya kalkışabilir (ma).

40. _____ Bir yere ait değilim, yalnızım (si).

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

42. _____ Okula başarısı konusunda birçok insan benden daha yeterli (fa).

43. _____ Doğru ile yanlışı birbirinden ayırmakta zorlanırım (di).

44. _____ Fiziksel bir saldırıya uğramaktan endişe duyarım (vh).

45. _____ Annem, babam ve ben özel hayatımızı birbirimizden saklarsak, birbirimizi aldatmış hisseder veya suçluluk duyarız (em).

46. _____ İlişkilerimde, diğer kişinin yönlendirici olmasına izin veririm (sb).

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

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

49. _____ Tüm sorumluluklarımı yerine getirmek zorundayım (us).

50. _____ İstediğimi yapmaktan alıkonulmaktan veya kısıtlanmaktan nefret ederim (et).

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

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

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

54. _____ Eğer işimi doğru yapmazsam sonuçlara katlanmam gerekir (pun).

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

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

57. _____ Diğer insanların niyetleriyle ilgili oldukça şüpheciyimdir (ma).

58. _____ Kendimi diğer insanlara uzak veya kopmuş hissediyorum (si).

59. _____ Kendimi sevilebilecek biri gibi hissetmiyorum (ds).

60. _____ Okul hayatımda diğer insanlar kadar yetenekli değilim (fa).

61. _____ Gündelik işler için benim kararlarıma güvenilemez (di).

62. _____ Ailemin tüm parasını kaybedip fakir ve zavallı duruma düşmesinden endişe duyarım (vh).

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

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

65. _____ Ben hep başkalarının sorunlarını dinleyen kişi oldum (ss).

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

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

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

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

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

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

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

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

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

75. _____ Genellikle insanların asıl veya art niyetlerini araştırırım (ma).

76. _____ Kendimi hep grupların dışında hissederim (si).

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

78. _____ Okul hayatımda diğer insanlar kadar zeki değilim (fa).

79. _____ Günlük yaşamımı tek başıma idare edebilme becerisine sahip olduğumu hissetmiyorum (di).

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

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

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

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

84. _____ Diğerleri beni duygusal olarak soğuk bulurlar (ei).

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

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

87. _____ Kararlarıma nadiren sadık kalabilirim (is).

88. _____ Bir dolu övgü ve iltifat almam kendimi değerli birisi olarak hissetmemi sağlar (as).

89. _____ Yanlış bir kararın bir felakete yol açabileceğinden endişe ederim (pess).

90. _____ Ben cezalandırılmayı hak eden kötü bir insanım (pun)

* Türkçe' ye uyarlayanlar: Karaosmanoğlu ve Soygüt ,2004. Telif hakları yazarlara aittir. Yazarların izni olmadan çoğaltılamaz, kullanılamaz

APPENDIX C

Çocuk/Ergen **EKRÖ/K**: Anne

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Bu testte, annelerin çocuklarına karşı nasıl davrandıklarıyla ilgili cümleler vardır. Her cümleyi dikkatlice okuyun ve okuduğunuz cümlenin, annenizin size olan davranışlarına uygun olup olmadığını düşünün.

Her cümlenin yanında 4 tane kutu var.

	Hemen Hemen Her zaman Doğru	Bazen Doğru	Nadiren Doğru	Hiçbir Zaman Doğru Değil
ANNENİZİN size **hemen hemen her zaman** böyle davrandığını düşünürseniz, bu kutuyu işaretleyin	X			
ANNENİZİN size **bazen** böyle davrandığını düşünürseniz, bu kutuyu işaretleyin		X		
ANNENİZİN size **nadiren** (çok az zaman böyle davrandığını düşünürseniz, bu kutuyu işaretleyin			X	
ANNENİZİN size **hiçbir zaman** böyle davranmadığını düşünürseniz, bu kutuyu işaretleyin				X

Testi, cümleler üzerinde fazla oyalanmadan, içinizden gelen cevapları işaretleyerek, hızlı bir şekilde doldurun. Cevaplarınızı, annenizden beklediğiniz davranışlara göre değil, annenizin size gerçekte gösterdiği davranışlara göre verin.

ANNEM	Her zaman Doğru	Hemen Hemen Bazen Doğru	Nadiren Doğru	Hiçbir Zaman Doğru Değil
1. Benim hakkımda güzel şeyler söyler.				
2. Kötü davrandığımda bana söylenir veya beni azarlar.				
3. Sanki ben hiç yokmuşum gibi davranır.				
4. Beni gerçekten sevmez.				
5. Planlarımız hakkında benimle konuşur ve benim söyleyeceklerimi de dinler.				
6. Onun sözünü dinlemediğim zaman beni başkalarına şikayet eder.				
7. Benimle yakından ilgilenir.				
8. Arkadaşlarımı eve çağırmam için beni cesaretlendirir ve onların güzel vakit geçirmesi için elinden geleni yapar.				
9. Benimle alay eder ve dalga geçer.				
10. Onu rahatsız etmediğim sürece benimle ilgilenmez.				
11. Kızdığı zaman bana bağırır.				
12. Benim için önemli olan şeyleri ona anlatabilmemi kolaylaştırır.				
13. Bana karşı sert davranır.				

14. Onun etrafında olmamdan hoşlanır.				
15. Bir şeyi iyi yaptığımda, kendimle gurur duymamı sağlar.				
16. Hakketmediğim zaman bile bana vurur.				
17. Benim için yapması gereken şeyleri unutur.				
18 Beni büyük bir başbelası olarak görür.				
19. Beni başkalarına över.				
20. Kızdığı zaman beni çok kötü cezalandırır.				
21. Sağlıklı ve doğru şeyleri yememe çok dikkat eder.				
22. Benimle sıcak ve sevgi dolu bir şekilde konuşur.				
23. Bana hemen kızar.				
24. Sorularımı cevaplayamayacak kadar meşguldür.				
25. Benden hoşlanmıyor gibi.				
26. Hak ettiğim zaman bana güzel şeyler söyler.				
27. Çabuk parlar ve öfkesini benden çıkarır.				
28. Arkadaşlarımın kim olduğuyla yakından ilgilenir.				
29. Yaptığım şeylerle gerçekten ilgilenir.				
30. Bana bir sürü kırıcı şey söyler.				

31. Ondan yardım istediğimde benimle ilgilenmez.				
32. Başım derde girdiğinde, hatanın bende olduğunu düşünür.				
33. Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirir.				
34. Onun sinirine dokunduğumu söyler.				
35. Bana çok ilgi gösterir.				
36. İyi davrandığım zaman benimle ne kadar gurur duyduğunu söyler.				
37. Beni kırmak için elinden geleni yapar.				
38. Hatırlaması gerekir diye düşündüğüm önemli şeyleri unutur.				
39. Şayet kötü davranırsam, beni artık sevmediğini hissettirir.				
40. Bana yaptığım şeylerin önemli olduğunu hissettirir.				
41. Yanlış bir şey yaptığımda beni korkutur veya tehdit eder.				
42. Benimle zaman geçirmekten hoşlanır.				
43. Korktuğumda ya da birşeye canım sıkıldığında, bana yardım etmeye çalışır.				
44. Kötü davrandığım zaman beni arkadaşlarımın önünde utandırır				
Benden uzak durmaya çalışır.				
46. Benden şikayet eder.				

47. Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanır.				
48. Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu düşünür.				
49. Bir plan yaparken benim de ne istediğime önem verir.				
50. Benim için önemli olan şeyleri, kendisine zorluk çıkarsa da, yapmama izin verir.				
51. Diğer çocukların benden daha akıllı ve uslu olduğunu düşünür.				
52. Bakmaları için beni hep başkalarına bırakır.				
53. Bana istenmediğimi belli eder.				
54. Yaptığım şeylerle ilgilenir.				
55. Canım yandığında veya hasta olduğumda, kendimi daha iyi hissetmem için elinden geleni yapar.				
56. Kötü davrandığım zaman benden ne kadar utandığını söyler.				
57. Beni sevdiğini belli eder.				
58. Bana karşı yumuşak ve iyi kalplidir				
59. Kötü davrandığım zaman beni utandırır veya suçlu hissettirir.				
60. Beni mutlu etmeye çalışır.				

APPENDIX D

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları bir takım ifadeler verilmiştir. Her ifadeyi dikkatlice okuyun, sonra da **genel olarak** nasıl hissettiğinizi, ifadelerin sağ tarafındaki rakamlardan uygun olanını işaretlemek suretiyle belirtin. Doğru yada yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarf etmeksizin, **genel olarak** nasıl hissettiğinizi gösteren cevabı işaretleyin.

	Hiç	Bazen	Çoğu zaman	Herzaman
1. Genellikle keyfim yerindedir.	1	2	3	4
2. Genellikle çabuk yorulurum.	1	2	3	4
3. Genellikle kolay ağlarım.	1	2	3	4
4. Başkaları kadar mutlu olmak isterim.	1	2	3	4
5. Çabuk karar veremediğim için fırsatları kaçırırım.	1	2	3	4
6. Kendimi dinlenmiş hissederim.	1	2	3	4
7. Genellikle sakin, kendime hakim ve soğukkanlıyım.	1	2	3	4
8. Güçlüklerin yenemeyeceğim kadar biriktiğini hissederim.	1	2	3	4
9.Önemsiz şeyler hakkında endişelenirim.	1	2	3	4
10. Genellikle mutluyum.	1	2	3	4
11. Her şeyi ciddiye alır ve etkilenirim.	1	2	3	4
12. Genellikle kendime güvenim yoktur.	1	2	3	4
13. Genellikle kendimi emniyette hissederim.	1	2	3	4
14. Sıkıntılı ve güç durumlarla karşılaşmaktan kaçınırım.	1	2	3	4
15. Genellikle kendimi hüzünlü hissederim.	1	2	3	4
16. Genellikle hayatımdan memnunumum.	1	2	3	4
17. Olur olmaz düşünceler beni rahatsız eder.	1	2	3	4
18. Hayal kırıklıklarını öylesine ciddiye alırım ki hiç unutmam.	1	2	3	4
19. Aklı başında ve kararlı bir insanım.	1	2	3	4
20. Son zamanlarda kafama takılan konular beni tedirgin eder.	1	2	3	4

APPENDIX E

Bu ölçek farklı duyguları tanımlayan bir takım sözcükler içermektedir. Son iki hafta nasıl hissettiğinizi düşünüp her maddeyi okuyun. Uygun cevabı her maddenin yanında ayrılan yere (puanları daire içine alarak) işaretleyin. Cevaplarınızı verirken aşağıdaki puanları kullanın.

1. Çok az veya hiç
2. Biraz
3. Ortalama
4. Oldukça
5. Çok fazla

1. İlgili 1 2 3 4 5
2. Sıkıntılı 1 2 3 4 5
3. Heyecanlı 1 2 3 4 5
4. Mutsuz 1 2 3 4 5
5. Güçlü 1 2 3 4 5
6. Suçlu 1 2 3 4 5
7. Ürkmüş 1 2 3 4 5
8. Düşmanca 1 2 3 4 5
9. Hevesli 1 2 3 4 5
10. Gururlu 1 2 3 4 5
11. Asabi 1 2 3 4 5
12. Uyanık 1 2 3 4 5
13. Utanmış 1 2 3 4 5
14. İlhamlı 1 2 3 4 5
(yaratıcı düşüncelerle dolu)
15. Sinirli 1 2 3 4 5
16. Kararlı 1 2 3 4 5
17. Dikkatli 1 2 3 4 5
18. Tedirgin 1 2 3 4 5
19. Aktif 1 2 3 4 5
20. Korkmuş 1 2 3 4 5

APPENDIX F

Bu bölümde kişilerin kendilerine ait duyguları anlatırken kullandıkları bir takım ifadeler verilmiştir. Her ifadeyi dikkatlice okuyun, sonra da **genel olarak bu durumun sizin için ne kadar doğru olduğunu düşünün** ve ifadelerin sağ tarafındaki sayılar arasında sizi en iyi tanımlayan dereceyi seçerek (X) işareti koyun. Doğru yada yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarf etmeksizin genel olarak bunun sizi ne kadar tanımladığını gösteren cevabı işaretleyiniz.

1. Beni tanımlamıyor
2. Beni biraz tanımlıyor
3. Beni oldukça tanımlıyor
4. Beni tümüyle tanımlıyor

	Hiç	Biraz	Oldukça	Tümüyle
1. Çabuk parlarım.	1	2	3	4
2. Kızgın mizaçlıyımdır.	1	2	3	4
3. Öfkesi burnunda bir insanım.		2	3	4
4. Başkalarının hataları, yaptığım işi yavaşlatınca kızarım.	1	2	3	4
5. Yaptığım iyi bir işten sonra takdir edilmemek canımı sıkar.	1	2	3	4
6. Öfkelenince kontrolümü kaybederim.	1	2	3	4
7 Öfkelendiğimde ağzıma geleni söylerim.	1	2	3	4
8. Başkalarının önünde eleştirilmek beni çok hiddetlendirir.	1	2	3	4
9. Engellendiğimde içimden birilerine vurmak gelir.	1	2	3	4
10. Yaptığım iyi bir iş kötü değerlendirildiğinde çılgına dönerim	1	2	3	4