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**DEVELOPMENTAL FOCUSED CLINICAL CHILD AND ADOLESCENT
PSYCHOLOGY**

**MODERATING ROLES OF FATHER INVOLVEMENT AND FAMILY
PROTECTIVE FACTORS ON THE RELATIONSHIP BETWEEN
MATERNAL EARLY MALADAPTIVE SCHEMAS AND PSYCHOLOGICAL
SYMPTOMS OF CHILDREN**

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MODERATING ROLES OF FATHER INVOLVEMENT AND FAMILY
PROTECTIVE FACTORS ON THE RELATIONSHIP BETWEEN MATERNAL
EARLY MALADAPTIVE SCHEMAS AND PSYCHOLOGICAL SYMPTOMS OF
CHILDREN

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

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ABSTRACT

MODERATING ROLES OF FATHER INVOLVEMENT AND FAMILY PROTECTIVE FACTORS ON THE RELATIONSHIP BETWEEN MATERNAL EARLY MALADAPTIVE SCHEMAS AND PSYCHOLOGICAL SYMPTOMS OF CHILDREN

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Development of psychopathology has been investigated for many years from different perspectives. Amongst others, effects of parents have been counted as a significant environmental condition on the psychosocial development of offspring. However, most of the studies focuses on the relationship between maternal factors and child's well-being, while only a limited number of research has examined the buffering impacts of different family units on the proposed relation. Accordingly, the current study investigated whether family protective factors and father involvement had a buffering effect on the relation between psychopathology susceptibility of mothers and children psychological symptoms. While the psychopathology susceptibility of the mothers was measured in terms of early maladaptive schemas, psychopathology of child was investigated with regard to psychological symptoms.

One hundred fifty-three mother-late adolescent dyads participated to the current study. Late adolescents filled out Father Involvement Scale, The Inventory of Family Protective Factors, The Symptom Check List and Difficulties in Emotion Regulation Scale, while their mothers filled out The Inventory of Family Protective Factors and Young Schema Questionnaire- Short Form-3. Obtained results indicated that early maladaptive schemas of mothers significantly predicted their children's psychological symptoms, and emotion regulation skills of children mediated the proposed relation. The impact of mothers' maladaptive schemas on children psychological symptoms through emotion regulation skills accentuated when paternal involvement was low or moderate. However, family protective factors did not moderate the relationship between mother's early maladaptive schemas and children's psychopathology through children's emotion regulation. Obtained results were discussed in relation to Family System perspective and related psychosocial interventions.

Keywords: Early Maladaptive Schemas (EMS), Father Involvement, Family Protective Factors, Psychological Symptoms, Emotion Regulation

ÖZET

BABA KATILIMI VE AİLESEL KORUYUCU FAKTÖRLERİN ANNELERİN ERKEN DÖNEM UYUMSUZ ŞEMALARI VE ÇOCUKLARININ PSİKOLOJİK BELİRTİLERİ ARASINDAKİ İLİŞKİDEKİ DÜZENLEYİCİ ROLÜ

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Çocuklarda psikopatoloji gelişimi, psikoloji alan yazınında uzun yıllardır farklı bakış açıları çerçevesinde çalışılmaktadır. Diğer faktörler içerisinde, ebeveyn etkisinin çocukların psiko-sosyal gelişiminde önemli bir rol oynadığı görülmektedir. Genellikle birincil bakım veren olarak değerlendirilen annelerin, çocuk psikopatolojisi üzerindeki rolü hakkında bir çok araştırma bulunmasına karşın, bu etki üzerinde koruyucu olabilecek, özellikle ailenin ve baba katılımının koruyucu etkilerine odaklanan çalışmaların oldukça sınırlı sayıda olduğu görülmektedir. Dolayısıyla bu çalışmada, baba katılımı ve ailesel koruyucu faktörlerin, annenin psikopatoloji yatkınlığı ve çocuk ruh sağlığı arasındaki ilişkideki biçimleyici rolleri incelenmiştir. Annelerin psikopatolojiye yatkınlığı erken dönem uyumsuz şemalar çerçevesinde incelenirken, çocuk ruh sağlığı psikolojik belirtiler çerçevesinde çalışılmıştır. Araştırmaya, yaşları 18 ile 25 arasında değişen 153 genç yetişkin ve anneleri katılmıştır. Genç yetişkinler, Duygu Düzenleme Güçlüğü Ölçeği, Baba Katılımı Ölçeği, Ailedeki Koruyucu Etkenler Ölçeği ve Psikolojik Belirti Tarama

Testini; anneleri ise Ailedeki Koruyucu Etkenler Ölçeği ve Young Şema Ölçeği Kısa Formu'nu doldurmuştur. Araştırma sonuçları, annelerin erken dönem uyumsuz şemalarıyla çocukların psikolojik semptomları arasında anlamlı bir ilişki olduğunu ve bu ilişkide çocukların duygu düzenleme becerilerinin aracı rol oynadığını ortaya koymuştur. Ayrıca, baba katılımı düşük ya da orta derecede olduğunda, annelerin uyumsuz şemalarının çocuk duygu düzenleme stratejileri ve psikolojik belirtiler üzerindeki olumsuz etkisinin arttığı gözlemlenmiştir. Öte yandan. Ailesel koruyucu faktörlerin koruyucu etkisine rastlanmamıştır. Elde edilen sonuçlar Aile Sistemi perspektifiyle değerlendirilerek, psiko-sosyal önleme ve müdahale programlarına ilişkin önerilerde bulunulmuştur.

Anahtar Sözcükler: Ailedeki Koruyucu Etkenler, Baba Katılımı, Erken Dönem Uyumsuz Şemalar, Duygu Düzenleme Güçlüğü, Psikolojik Belirti

To my daughter

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LIST OF ABBREVIATIONS

AÇEV	Mother Child Education Foundation
DERS-16	Difficulties in Emotion Regulation Scale-Brief Form
EMS	Early Maladaptive Schemas
ER	Emotion Regulation
FIS	The Father Involvement Scale
HREC	TED University Human Research Ethics Committee
IFPF	The Inventory of Family Protective Factors
LGBTI	Lesbian Gay Bisexual Transsexual Intersex
SCL-90	The Symptom Check List
YSQ-S3	Young Schema Questionnaire Short Form Version 3

CHAPTER 1

INTRODUCTION

Development of psychopathology among offspring has been a frequently studied topic in the field of clinical and developmental psychology. Since mothers are still assumed to be the primary caregivers (e.g., Main et al., 1985; Suess et al., 1992; Verschueren, K., & Marcoen, 1999), impacts of maternal factors on psychosocial development of children have been studied extensively. These studies demonstrated a considerable link between mothers' psychological vulnerabilities and offspring psychopathology (Burt et al., 2005; Goodman & Gotlib, 1999; Schul et al., 2020; Suveg et al., 2011; Weijers et al., 2018). Nevertheless, underlying mechanisms of mothers' susceptibility to psychopathology and children psychological symptoms are still not clear particularly with respect to the impacts of different family units on the proposed relation. According to Family Systems perspective, each units of the family dynamically influence each other (Becvar & Stroh Becvar, 2017; Olson, 1990). Hence, only focusing on maternal factors would fail to capture dynamic impacts of other family units on child mental health. Accordingly, the current thesis was set out to examine whether maternal maladaptive schemas affected offspring psychological symptoms through children's emotional regulation strategies, and whether paternal involvement and family protective factors prevented this relation.

In the following section, importance of emotion regulation skills and maternal maladaptive schemas on child mental health were discussed with respect to Family Systems perspective. Then, how family functioning and father involvement might

contribute to children's well-being was inspected. Finally, importance and aims of the current study were highlighted in relation to proposed models.

1.1. Emotion Regulation and Psychological Symptoms

Emotions are necessary for biological and psychosocial adaptation (Thompson & Calkins, 1996). They are functional in terms of understanding our needs and motivate us to have an action and escape from threatening situations (Cicchetti et al., 1995; Leahy et al., 2011: 1). Emotional process is usually mobilized in response to external situations and as a consequence of anticipation of a possible threat. At this point, it is possible to mention that emotions have three core features (Gross, 2013). Firstly, how people appraise a situation led us to feel and behave in differential ways. Those appraisals might operate both implicitly and explicitly, and they can be either complex or simple. Secondly, emotions are multifaceted and described as a whole-body phenomenon including subjective experience (feelings), behavior and central and peripheral physiology (Mauss et al., 2005). Last but not least, emotions are by nature malleable. Malleability refers the ability of the modulation of emotions. The malleability feature is the most important feature as it helps emotion regulation.

Emotion regulation is clinically defined as adaptive ways of responses to emotionally distressing situations (Gratzs & Tull, 2010, p.111). As an umbrella term, it includes strategies to reduce, maintain or intensify feelings, behaviors and psychological responses (Gross, 2001). This regulation process could operate automatically and

effortfully depending on whether it is intrinsic (regulation of one's own emotions) or extrinsic (soothing another person's emotions) (Leahy et al., 2011).

Emotion regulation strategies have an important role for intrapersonal and interpersonal dynamics. To have adaptive functioning and wellbeing, use of functional regulation of emotion strategies is necessary (Garnefski et al., 2001). Many research have shown that emotional dysregulation is a potent risk factor for various psychological problems including personality disorders, substance abuse, criminal activities, maladaptive behavior or internalizing problems (Cicchetti et al., 1995; Cole et al., 1994; Conklin et al., 2006; Gratz & Roemer, 2004; Suveg et al., 2007; Tice & Bratslavsky, 2000; Yap et al., 2008).

It has been well-established that recognition of emotions and use of adaptive emotion regulation strategies are greatly shaped through first years of the life and during early childhood period (Calkins & Marcovitch, 2010; Cole et al., 2009; John & Gross, 2004). In normative emotional development, emotional regulation skills, seem to progress with social interactions, especially with initial parental and caregiver relationships (Saarni, 1993). Although distinguishing modeling and socialization process is though, the extensive theory and research showed that modeling is a deterministic factor for the development of emotional regulation strategies (Baker et al., 2011; Brobhy- Herb et al., 2012; Dunsmore and Halberstadt, 1997). Particularly, children take their parents as a reference point and acquire information with respect to handling stressful situations (Baker et al., 2011; Emde et al., 1991; Morris et al., 2007). If parents display a wide array of situation appropriate emotions, their children tend to display functional emotion regulation strategies (Denham, 2007;

Denham et al., 1997). In that regard, responsive and warm parenting increase children's ability to recognize emotions and also encourage them to improve problem solving strategies (Gottman et al., 1996; Denham & Kochanoff, 2002; Saritaş et al.; 2013; Von Suchodoletz et al.; 2011). This kind of emotional coaching is found have a relation with children's emotional regulation abilities and vagal tone (parasympathetic indicator of regulation), as well (Gottman et al., 1996). Additionally, lack of parental coaching during childhood is related with emotional dysregulation in the adulthood years (Hoffman et al., 2006). Additionally, sensitive and supportive parenting attitudes lead to more effective emotion regulation processes among children (Grusec, 2011; Moilanen et al.; 2018; Ramsden & Hubbard, 2002). Yet, if parents express punitive and negative responses, children's emotional arousal is increased disproportionately and children tend to employ improper emotional regulation strategies such as escape or revenge-seeking (Eisenberg & Fabes, 1992; Eisenberg & Fabes, 1994; Gross & Levenson, 1993; Jones et al., 2002; Lynch et al., 2001). Emotional climate of the family is another determinant factor for children's emotional regulation process. Parental suppression of emotional expression and insecure parenting usually compromise children's functional emotional regulation process which later associated with psychological symptoms and distress (Marcks & Woods, 2005; Morris et al., 2007; Rugancı, 2008).

As can be seen, extensive research has shown that children's emotion regulation strategies are greatly influenced by parental attitudes and parents' own emotion regulation skills. Yet, there is little published data on how general family atmosphere and paternal involvement influence children's emotion regulation process and development of psychological problems. Employing a family system perspective, the

current thesis focused on understanding both impacts of each family unit and general family functioning on the child emotion regulation strategies and psychological symptoms. Accordingly, we aimed to understand the multifaceted relations among mother's emotional cognitive vulnerabilities, mother's emotion regulation skills, child's emotional regulation strategies, child's psychological symptoms, father involvement and general family protective factors.

1.1.1. Family Systems Perspective in Relation to Emotion Regulation

As a social system, families assign different roles for each member, employ different kinds of communication styles and develop their own strategies for problem solving. Family Systems Theory posited that all family members are interrelated, affecting each other and are affected by any other members. Accordingly, one cannot understand one member's psychological health by isolating any part of the family. Instead, the whole system should be examined to capture various contributing and maintaining factors. Research findings focusing on the relationship between family factors and emotional regulation could be examined under three domains, which are (1) the relationship between parents and child, (2) inter-parental relationship and (3) whole family process (Fosco & Grych, 2013). Nevertheless, most of the existing research mainly centered upon parenting practices alone (Morris et al., 2007) rather than examining inter-parental relationships and family context. Still, few available research have showed that inter-parental conflict has a link with emotional dysregulation of children (Koss et al., 2011), and interpersonal relationship between parents have an indirect effect on children regulation skills (Erel & Burman, 1995; Fosco & Grych, 2013). More specifically, dysfunctional family atmosphere and

conflictual inter-parent relations are both associated with poorer emotional regulation process for children (Fosco & Grych, 2010; Fosco & Grych, 2013; Lindahl et al., 2004).

Another important aspect influencing emotion regulation process of the children is the general family emotional climate. Family emotional climate refers to the quality, frequency and intensity of positive and negative emotional expressiveness among family members. Positive and cohesive family environment lead to acceptance of a variety of emotions whereas negative and hostile family climate might discourage children to fulfill their emotional needs (Fosco & Grych, 2007; Gross & Thompson, 2007, p. 3-24; Herd et al., 2020). To illustrate, one study examining the impact of parental psychopathology and unfavorable family environment on child psychological symptoms (i.e., social phobia) has found that both factors are strong predictors of children's mental health problems (Knappe et al., 2009). By contrast, Fosco and Grych (2013) yielded that positive family climate and maternal warmth/sensitivity are associated with functional emotion regulation among children.

Surprisingly, only a few studies have so far discussed children's emotional regulation strategies and psychological problems in the context of the Family Systems Theory. Amongst those studies, the ones with a focus on the buffering impacts of protective familial factors are even more limited. Still, available studies have so far suggested that family emotion socialization, cohesion and adaptation are associated with greater emotion regulation skills and fewer internalizing and externalizing problems among children (Benson & Buehler, 2012; Crandall et al., 2016; Crawford et al., 2011; Henry, 1994; Henry et al., 1996; Henneberger et al., 2016; Lunkenheimer et al.,

2012). As can be inferred, family functioning has significant impacts on psychological health of children. Yet, the relationship between parent and child psychopathology is not deterministic, and the mediators/moderators of the relationship still have not been known totally (Suveg et al., 2011). Lately, focusing on strengths of families follows an increasing trend (DeFrain & Aray; 2007) and provides us a better understanding in terms of the indeterministic relationship between parent and child with regard to psychological symptoms. Hence, the current study aims to understand emotion regulation skills and psychological problems of children from a resiliency perspective through integrating protective familial factors as a buffering variable.

1.1.2. Maternal Factors, Child's Emotion Regulation and Psychological Problems

Extensive research has suggested that children's emotion regulation strategies are mostly shaped by mothers, who is usually referred as the primary caregiver. Maternal negative behavior (Calkins et al., 1998; Yap et al., 2010), maternal psychological control and hostility (Cui et al., 2014; Luebbe et al., 2014; Manzeske & Stright, 2009; Morris et al., 2002), maternal insensitivity and mother reactions to negative emotions of children (Eisenberg & Faber, 1994; Halligan et al., 2013; Maller et al., 2010) are associated with psychological problems. Particularly, reactions of mothers to emotionally provoking circumstances could have an impact on what kind of strategy children uses to regulate their emotions. While maltreating mothers have poorer ability to employ effective coping strategies (Shipman & Zeman, 2001), problem-focused reactions of mothers is positively related with constructive coping strategies

adopted by children (Eisenberg et al., 1996; Gudmundson & Leerkes, 2012; Stanton et al., 2000). Additionally, maternal psychopathology might undermine children's use of functional emotion regulation strategies, as well. Especially children whose mothers are depressed have dysregulation of emotions and behavioral problems (Feng et al., 2008; Hoffman et al., 2006; Maughan 2006; Silk et al., 2006). In fact, depressed mothers who are less responsive and sensitive might impair emotion regulation development of their child (see, e.g., Garber et al., 1991; Silk et al, 2006).

In the last two decades, Early Maladaptive Schemas (EMSs) have been proposed as significant vulnerability factors for various psychological symptoms (Rafaeli et al., 2011; Young et al., 2006). These cognitive-emotional structures particularly exerted their impacts in close relationships. Accordingly, mothers' EMSs were counted as a susceptibility factor for child dysfunctional emotion regulation skills and psychological symptoms in the current thesis.

1.1.2.1. Maternal Early Maladaptive Schemas and Child's Emotion Regulation

Young and his colleagues (2006) indicated that we all have emotional needs including secure attachment, autonomy, freedom to express needs and emotions, spontaneity and realistic limits. When core emotional needs are not met due to toxic early childhood experiences, Early Maladaptive Schemas (EMSs) develops. EMSs usually serve for survival in early childhood, yet they become self-defeating emotional and cognitive patterns in adulthood. Considering EMSs, five domains are explained below which are (1) Disconnection and Rejection, (2) Impaired Autonomy

and Performance, (3) Impaired Limits, (4) Other Directedness, and (5) Over vigilance and Inhibition, respectively.

Firstly, Disconnection and Rejection domain is characterized with problems in forming secure and stable attachments to significant others. This domain contains five Early Maladaptive Schemas including “Abandonment/Instability”, “Mistrust/Abuse”, “Emotional Deprivation” “Defectiveness/Shame” and “Social Isolation/ Alienation”. These EMSs usually results from unstable, abusive, cold, rejecting and isolated family climate during childhood. The second domain, Impaired Autonomy and Performance, is characterized with lack of perceived ability to function independently. This domain contains four EMSs including “Dependence/Incompetence”, “Vulnerability to Harm or Illness”, “Enmeshment/Undeveloped Self”, and “Failure”. These EMSs have been supposed to develop in response to enmeshed, overprotective families or the opposite. The third domain, Impaired Limits, is characterized with inadequate internal limits in the context of reciprocity or self-discipline. The domain contains two EMSs which are “Entitlement/Grandiosity” and “Insufficient Self Control/ Self Discipline”. These EMSs have their origins in indulgent and permissive parenting styles. Fourthly, Other-Directedness domain simply refers to prioritizing needs of others over one’s own needs. The domain contains three EMSs including: “Subjugation”, “Self-Sacrifice” and “Approval-Seeking/Recognition Seeking”. These EMSs could develop as a consequence of conditional acceptance received from parents in which parental love and affection have a price for the child. Last but not least, Over vigilance and Inhibition domain refers to suppressing spontaneous feelings and

includes four EMSs domain which are “Negativity/Pessimism”, “Emotional Inhibition”, “Unrelenting Standards/ Hyper criticalness and “Punitiveness”.

A number of cross sectional studies suggested an association between maternal EMSs, child’s emotion regulation strategies and psychological symptoms. Particularly, maternal EMSs affect parent-child interaction negatively and give rise to development of both dysfunctional coping styles and psychological symptoms among children (Hammen et al., 2012; Rasic et al., 2014; Sundag et al., 2018; Verhage et al., 2016; Zeynel & Uzer 2020). Nevertheless, majority of these research have a tendency to focus on maternal EMSs and child psychosocial functioning. Only recently, some studies started to investigate how paternal EMSs and father involvement affect the relationship among mothers EMSs, child emotion regulation skills and psychological symptoms. Even fewer studies have investigated how family factors influence the associations among mother’s EMS, child’s EMS and psychological problems. Hence, the current thesis aimed to include these two relatively less researched variable, family protective factors and father involvement, to clarify the proposed relations between maternal and child factors.

1.1.3. Paternal Factors, Emotion Regulation and Psychological Problems

The main focus of research which examines the development of emotion regulation skills is the role of the mothers as a primary caregiver in the child’s emotion regulation skills. Yet, since late 1960s and early 1970s, research addressing child development have begun to direct its attention to the father’s impacts on child and

family functioning, as well (Dette- Hagenmeyer et al., 2014). Increasing awareness in regard to paternal function mainly resulted from women's participations in work life leading to a notable change in the culture of fatherhood. The 'New Fathers' of today have started to spend more time with their children, develop more emotional bonds when compared with past generations (Pleck & Masciadrelli, 2004). Nevertheless, mothers are still perceived as the primary caregivers, supposedly taking more responsibility and spending more time with their children while fathers' time dominantly involves play and leisure activities (Craig, 2006; Pleck, 1997). Existing research have shown that father involvement is affected by various factors such as child temperament (e.g., Boyce et al., 2006), father's economic, social and cultural characteristics (e.g., Cabrera & Bradley, 2012; Hofferth, 2003; Lerman & Sorensen, 2000; McGill, 2014), father's identity about fatherhood (e.g., McGill, 2014; McLaughlin & Muldoon, 2014; Pleck & Masciadrelli 2004), father's residency (e.g., Leite & McKenry, 2002; Stewart, 2003), maternal gatekeeping (e.g., Allgood et al., 2012; Fagan & Barnett, 2003; McBride et al., 2005; Pekel-Uludağlı, 2018) and family functioning (e.g., Buswell et al., 2012).

Emerging findings have emphasized that paternal impacts cannot be excluded since they have a dynamic and profound impact on child development (Bariola et al, 2011; Brand & Klimes-Dougan, 2010; Han et al., 2015; Kiel & Kalomiris, 2015). To illustrate, Eiden and her colleagues (2007) have shown that paternal responsiveness has a direct effect on child emotion regulation skills particularly in the presence of maternal warmth and sensitivity. That is, if maternal warmth and sensitivity is high, father's warmth and sensitivity mediated the relationship between father's alcohol problems and child self-regulation (Eiden et al.,2007). Similarly, a recent study

confirmed that interaction between parent's dysregulation and supportive reactions to negative emotions of children affects child emotion regulation (Han et al., 2015) and fathers dysregulation leads to externalizing problems on children through modeling (Carrère & Bowie, 2012). Father involvement might also have impacts on positive child outcomes. It seems to contribute functional cognitive and social development, emotional well-being, social adjustment, self-control, self-esteem, life satisfaction and academic achievement (Allgood et al., 2012; Cabrera et al., 2000; Dette-Hagenmeyer et al., 2014; Flouri & Buchanan, 2004; Kume, 2015; Kuzucu & Özdemir, 2013; Leidy et al., 2013; McWayne et al., 2013; Sarkadi et al., 2008; Stewart 2003). Father's absence or not involvement, on the other hand, have debilitating impacts on psychosocial functioning of children. Studies have shown that children become inclined to display internalizing (e.g., depression, anxiety) and externalizing behaviors (e.g., aggression, bullying, substance use) in the absence of paternal involvement (Demidenko et al., 2015; Flouri & Buchanan 2003; Kuzucu & Özdemir, 2013; Levant et al., 2014; Profe & Wild, 2017; Ramchandani et al., 2013; Sarkadi et al., 2008; Yoon et al., 2018). Additionally, several research indicated that the effects of paternal involvement persist from childhood to adulthood; in other words, its effects continue throughout the life span (Adamsons & Johnson, 2013; Mallers et al., 2010; Seiffge-Krenke et al., 2010).

1.2. The Aim of The Present Study

In the light of spillover hypothesis, it is known that especially mothers' psychopathology affects children's psychosocial functioning negatively (Canino et al., 1990; Cummings et al., 2010; Vostanis et al., 2006). Many studies have indicated

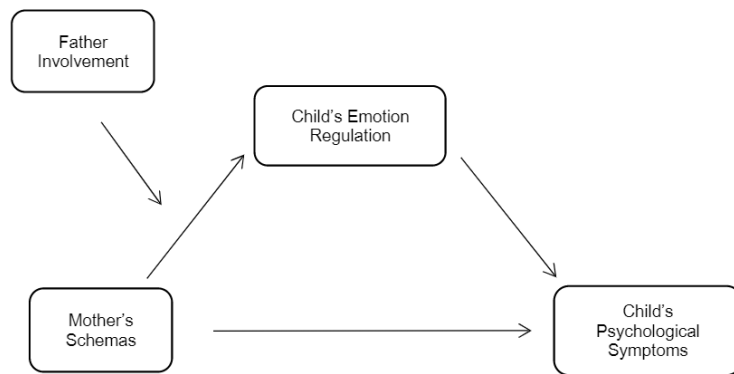
that there is a robust association between maternal EMSs and child's psychopathology (Bosman et al, 2010; Carr & Francis, 2010; Dale et al., 2010; Harris & Curtin, 2002; Lewis et al., 2015; Saritas et al., 2013; Saritaş-Atalar & Altan-Atalay, 2018). Additionally, it was found that parenting styles are associated both with parental and child's EMSs (Breux et al., 2016; Kooraneh & Amirsardari, 2015; Pellerone et al., 2017; Thimm, 2010). Nevertheless, there is a paucity of research regarding how paternal involvement and family protective factors moderate the relationship among maternal EMSs, child's emotion regulation strategies and psychological problems. In that respect, the current study aims to examine the relationship between mother's EMSs, child's emotional regulation and psychological problems via the impacts of family protective factors and father involvement. Accordingly, the hypotheses of the study were formed as followed:

a-) The relationship between maternal EMSs and child's psychological symptoms would be mediated via offspring's' emotion regulation skills (M).

b-) Father involvement would moderate the relationship between mother's EMSs and psychological symptoms of child through the ability of emotion regulation (see Figure 1).

Figure 1

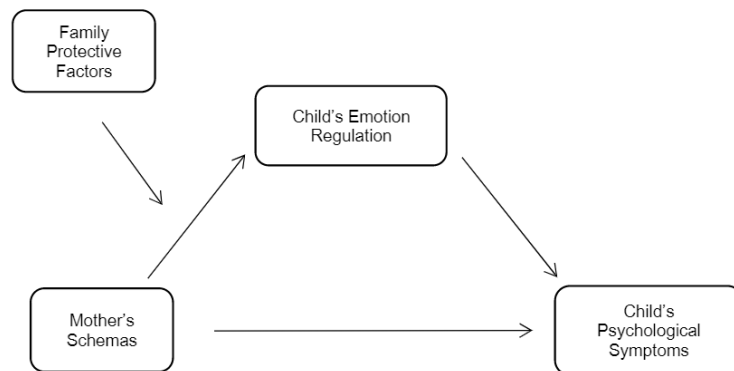
Moderated Mediation Model with Father Involvement



c-) Family protective factors would moderate the relationship between mother's EMSs and psychological symptoms of child through the ability of emotion regulation (see Figure 2).

Figure 2

Moderated Mediation Model with Family Protective Factors



1.3. The Importance of The Present Study

The science of psychology provides us with an extensive knowledge of understanding regarding humans' mental and behavioral processes. This area, where theoretical research usually used in the clinical applications, sheds light on the prevention and solutions of psychological problems. In this context, we think that focusing especially on protective features will contribute to both applied areas of psychology and policy development. Therefore, this study focused on the protective effects of family and father involvement on the relationship between mothers' EMSs, offspring emotion regulation and psychological symptoms. Buffering impacts of both factors, family functioning and father involvement, are recently studied areas in the related literature. Accordingly, this study opens a whole new field in terms of examining the protective effect of family and father involvement on the relationship between mother's early maladaptive schemas and child's psychopathology. We hope that this study will have important implications for preventing negative effects of mothers' early schemes on psychosocial development of children.

CHAPTER 2

METHOD

2.1. Participants

Initially, 229 mothers and 314 late adolescents had been reached via study announcements. Yet, only 183 mothers and 273 late adolescents completed 90 % and above of the total questions. Besides, 30 mother-child data was excluded due to inconsistency in their nicknames that would be used to pair mother-children data sets. Accordingly, the final sample of the current study consisted of 153 mother-late adolescent dyads . Mean age of the mothers was 44.06 and 70 % had graduated from high school or above. Of 153 late adolescents, 121 were female (% 79) and 30 were male (% 19). There was one LGBTI individual and one participant who did not prefer to state gender. Late adolescent participants were mostly university students. The only exclusion criterion of the study was the death of mother. No criteria regarding fathers' status had been set out since father involvement data was obtained retrospectively based on childhood perceptions. Demographic characteristics of the sample were demonstrated in Table 1.

Table 1

Socio-demographic Characteristics of the Participants

	N	%	M	SDs
Gender of Late Adolescents				
Male	30	19.6		
Female	121	79.1		

LGBTI	1	.7		
Unwilling to report	1	.7		
Age of Adolescents	153			
18-25	153	100		
Ages of Mothers	143		44.06	.59
31-40	8	5.2		
41-50	81	52.9		
51-60	55	35.9		
61+	1	.7		
Not reported	8	5.2		
Ages of Father	153		47.39	.64
31-40	0			
41-50	60	39.2		
51-60	78	51.0		
61+	15	9.8		
Economic Status of Family	153			
500 TL and below	34	22.2		
501 TL- 1000 TL	6	3.9		
1001 TL- 1500 TL	5	3.3		
1501 TL- 3000 TL	31	20.3		
3001 TL- 5000 TL	37	24.2		
5001 TL and above	40	26.1		
Education Level of Mother	153			
Literate	2	1.3		
Primary school	27	17.6		
Secondary school	14	9.2		
High school	45	29.4		
University	51	33.3		
Post graduate	14	9.2		
Education Level of Father	153			
Literate	2	1.3		
Primary school	13	8.5		
Secondary school	14	9.2		

High school	53	34.6
University	59	38.6
Post graduate	12	7.8
Loss of Father	3	2.0
Parents' Marital Status	153	
Divorced	24	16.7
Married	126	82.4
Number of Children	153	
1	36	23.5
2	76	49.7
3	27	17.6
4	13	8.5
5	1	.7

2.2. Materials

In the current study, youngsters completed Demographic Information Form (See Appendix C), Difficulties in Emotion Regulation Scale- Brief Form (See Appendix F), The Inventory of Family Protective Factors (See Appendix G), Father Involvement Scale) (See Appendix H) and Symptom Check List (See Appendix I). Additionally, Demographic Information Form (See Appendix D), Young Schema Questionnaire- Short Form 3 (See Appendix E) and The Inventory of Family Protective Factors (See Appendix G) were filled out by mothers.

2.2.1. Demographic Information Form-Youngsters

The form was constructed by the researchers to collect information regarding demographic characteristics of the late adolescents (e.g., age, education, monthly income and health problems). Additionally, demographic information regarding fathers was also taken from late adolescents.

2.2.2. Demographic Information Form- Mothers

Mother version of demographic information form was constructed by the researchers to obtain information about age, education, job situation and marital status of the mothers.

2.2.3. Young Schema Questionnaire Short Form Version 3 (YSQ-S3)

Young Schema Questionnaire (YSQ-S3) was developed by Young and his colleagues (2003) to examine early maladaptive schemas (EMSs). The original questionnaire included 90 items with 5 domains and 18 early maladaptive schemas. The items are rated on a 6-point Likert type scale (1= *entirely true of me*, 6= *describes me perfectly*). Soygüt et al., (2009) performed the Turkish adaptation and reached 5 domain which were Impaired Autonomy, Disconnection, Unrelenting

Standards, Other Directedness and Impaired Limits with 14 different maladaptive schemas. In the Turkish version of the questionnaire, the Cronbach's alpha coefficients for the domains ranged between .53 and .81. While the Cronbach alpha coefficients were between .63 and .80 for the subscales, the test-retest reliability ranged between .66 and .82.

Sarıtaş and Gençöz (2015) did also performed the Turkish adaptation of the YSQ-S3 with late adolescents. Factor analyses results indicated 3 factors for 18 early maladaptive schemas which are 'Disconnection-Rejection', 'Impaired Autonomy-Other Directedness' and 'Impaired Limits- Exaggerated Standards'. The internal consistency coefficients were .80, .86 and .80 respectively. The schemas in Disconnection-Rejection domain are emotion deprivation, punitiveness, social isolation, mistrust, emotional inhibition and defectiveness. The Impaired Autonomy-Other Directedness domain includes schemas of dependency, failure, subjugation, enmeshment, abandonment and vulnerability to harm. Finally, Impaired Limits- Exaggerated Standards domain contains pessimism, entitlement, unrelenting standards, self-sacrifice, approval seeking and insufficient self-control schemas. As the sample characteristics of the current study fairly matched with that of the latter adaptation, Sarıtaş and Gençöz (2015)'s 3 domain factor structure had been utilized. The Cronbach alpha value of total YSQ-S3 was .95; .91 for Disconnection-Rejection; .88 for Impaired Autonomy- Other Directedness and, .85 for Impaired Limits- Exaggerated Standards in the present study.

2.2.4. Difficulties in Emotion Regulation Scale-Brief Form (DERS-16)

Difficulties in Emotion Regulation Scale-Brief Form (DERS-16) was developed by Gratz and Roemer (2004) in an attempt to evaluate difficulties in emotion regulation. Bjureberg and his colleagues (2016) finalized the scale consisting of 16-items and 5 subscales namely clarity, goals, impulse, non-acceptance and strategies. The Cronbach alpha coefficient ranged between .91 and .95. The test-retest reliability was found .88 for the total scale. Turkish adaptation was performed by Yiğit and Guzey Yiğit in 2019 based on the reliability and validity results of a previous study conducted by Rugancı and Gençöz (2010). In Turkish version of DERS-16, each subscale includes 5 items which are rated from 1 (*Almost Never* – 0-10%) to 5 (*Almost Always* – 91-100%). The Cronbach alpha coefficient was .92 for the overall scale. Particularly, internal coefficient scores were .84 for clarity, .84 for goals, .87 for impulse, .78 for non-acceptance and .87 for strategies. The Cronbach alpha value of the total scale was .93 for the current study.

2.2.5. The Inventory of Family Protective Factors (IFPF)

Gardner et al. (2008) developed Inventory of Family Protective Factors (IFPF) to measure protective factors of family system. The inventory consists of 16 items and items are rated on a 5-point Likert-type scale (1= *Not at all like my family* to 5= *All like at my family*). While the Cronbach alpha coefficients were between .77 and .88,

the test-retest reliability of the total scale was .82. The Turkish version of the scale was adapted by Gökler Danışman and Köksal in 2011. While Cronbach alpha coefficient was .85 for the total scale, Cronbach alpha coefficient scores were .88 for compensating experiences and adaptable appraisals; .89 for social support and .58 for fewer stressors. Cronbach alpha value of the total scale was found to be .89 for mother sample and .90 for late adolescent sample in the present study.

2.2.6. Father Involvement Scale (FIS)

The Father Involvement Scale (FIS) was developed by Finley (1998) in order to evaluate the perceived emotional support offered to the children by fathers in their childhood. The scale consists of 9 items which are rated on a 5-point Likert-type scale. Internal consistency coefficients were between .88 and .90. Finley and Schwartz (2004) indicated that the scale has one factor structure. The scale was adapted to Turkish by Kuzucu and Ozdemir in 2013. While the Cronbach alpha coefficient was found .88, the test-retest reliability was found .92. The internal consistency value of FIS was .95 for the current study.

2.2.7. Symptom Check List (SCL-90)

The Symptom Check List (SCL-90) was developed to assess psychological symptom status by Derogotis and his colleagues in 1977. It contains 90 items, and each item is rated on a 5-point Likert-type scale (0 = “*not at all*” to 4= “*extremely*”). It has nine

symptom dimensions namely somatization, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic-anxiety, paranoid ideation and psychotism (Deragotis, 1977; Deragotis & Cleary, 1977).

The Turkish adaptation of the scale was performed by Dağ in 1991 and the internal consistency coefficient for the total scale was found .97. Test-retest reliability was .82 for somatization, .84 for obsessive-compulsive symptoms, .79 for interpersonal sensitivity, .78 for depression, .73 for anxiety, .79 for hostility, .78 for phobic-anxiety, .63 for paranoid ideation and .63 for psychotism. The Cronbach alpha value of the total scale was .98 for the present study.

2.3. Procedure

First of all, ethical permission was taken from TED University Human Research Ethics Committee (HREC) of TED University (See Appendix J). Due to the global Covid-19 epidemic, the scales that had planned to be given paper-based format were delivered online through Qualtrics. The announcements of the study were shared via social media and by reaching out academicians. Two different online test battery were formed for the late adolescents and their mothers. In the informed consent form, the participants were instructed to fulfill the questionnaires in a quiet and calm environment. Additionally, in the announcement, child-mother dyads were warned to fill out the scales independently. All participants were able to start to fill out questions after providing informed consent for participation. The participants who did not give consent were thanked and the survey was ended automatically. After the

informed consent, all of the participants completed the demographic information forms. To prevent carry over effect, questionnaires were given to participants in varying orders. The survey took approximately 30 minutes for the youngsters and 15 minutes for the mothers. The Qualtrics program did not allow the repetitive scale filling by checking IP addresses. Besides there is a progress bar at the online questionnaire battery in order to show the progress throughout the survey.

Since the mother and child data needed to be matched to test the hypothesis of the research, a matching nickname was created both by the youngsters and their mothers. This nickname, which is expected to be created to enable mothers and late adolescents to participate in the study included the last two letters of the late adolescent's name, the mother's date of birth and the last two letters of the mother's name. In order to avoid confusion, participants were asked to use the first name in their identity card when creating their nickname. For instance, for a hypothetical mother, whose name is Ayşe, was born in 1970 and has a daughter whose name is Zeynep, the constructed the nickname would be "ep1970şe".

CHAPTER 3

RESULTS

Data analytic process, descriptive statistics and moderated mediation results were presented respectively in the following section.

3.1. Statistical Analysis

First of all, the data set of mothers and children had been inspected for data match. Secondly, the data set was controlled for missing values and main assumptions of regression analysis (Tabachnik & Fidel, 2013). Only three participants' data (filled above %90) matched with the mean value as recommended by Tabachnick & Fidell, 2013. One participant filled out all data except for father involvement scale. This data was used only for testing the moderated effect of family protective factors but not father involvement. Apart from that, no data had been removed. Linearity, multicollinearity, homoscedasticity and normality assumptions were tested. Family protective factor scores had been calculated via obtaining mean scores of both mothers' and children's responses.

After calculating correlations among study variables, moderated mediation analysis via Process macro by Hayes (2017) was performed to investigate buffering role of

father involvement and family protective factors into the effects of mother's schemas to child psychological symptoms through child emotion regulation. Specifically, Model 7 proposed by Hayes, 2017 was employed. Firstly it was tested whether a-) child emotion regulation (M) mediated the relationship between mother's schemas (X) and child psychological symptoms (Y) and b-) father involvement (W) moderated the relationship between mother's schemas (X) and child emotion regulation (M). Secondly, it was tested whether family protection factors as moderated the same mediation model. A bias-corrected bootstrap confidence interval calculated based on 10.000 bootstrap samples was used. According to the evaluation of the indirect effects of bootstrapping procedure, confidence intervals were estimated for moderated mediation were accepted as significant as long as confidence intervals did not include zero.

3.2. Descriptive Statistics for Study Variables

Minimum and maximum values, means and SDs were calculated for the study variables and presented in Table 2.

Table 2*Descriptive Statistics of the Study*

	Mothers					Late Adolescent				
	N	Minimum	Maximum	M	SDs	N	Minimum	Maximum	M	SDs
Age	145	37	65	44,06	0,592					
Total IFPF	153	33,00	78,00	60,57	10,42	153	26,00	75,00	52,70	11,34
Total YSQ	153	16,00	69,00	37,18	10,49					
Total SCL						153	15,00	65,00	36,55	10,67
Total FIS						152	9,00	45,00	29,36	10,40
Total DERS						153	16,00	74,00	38,78	13,56

Note. IFPF= The Inventory of Family Protective Factors. YSQ= Young Schema Questionnaire. FIS= Father Involvement Scale. DERS= Difficulties in Emotional Regulation Scale

3.3. Correlations among Study Variables

Table 3 shows Pearson correlation coefficient values among study variables. As can be seen from Table 3, all of the study variables had significant associations with each other at different strengths. Higher father involvement scores were positively associated with increased family protective factors scores ($r = .60, p < .01$). By contrast, father involvement was negatively associated with child's emotion regulation difficulties ($r = -.20, p < .05$), child psychological symptoms ($r = -.35, p < .01$) and mothers' total EMSs scores ($r = -.18, p < .05$). Similarly, family protection factors were negatively associated with child's emotion regulation difficulties ($r = -.23, p < .01$), child psychological symptoms ($r = -.40, p < .01$) and mothers' total EMSs scores ($r = -.39, p < .01$).

Emotion regulation scores of children were positively associated with children's psychological symptoms ($r = .75, p < .01$) and mothers' total EMSs scores ($r = .26, p < .01$). Besides, the association between mothers' total EMSs scores and child psychological symptoms was significant ($r = .34, p < .01$), as expected. As for demographic variables, mother's total EMSs scores were negatively associated with education level of mothers ($r = -.28, p < .01$) and fathers ($r = -.25, p < .01$). Also mother's total EMSs scores and number of children were positively associated ($r = .16, p < .05$). Detailed information about Pearson correlation coefficient values among study variables was presented at Table 3.

Table 3*Inter-correlations among Study Variables*

	1	2	3	4	5	6	7	8	9	10	11	12
1. Gender	1											
2. Age of Mother	.90	1										
3. Age of Father	.01	.58**	1									
4. Education of Mother	-.02	.02	.11	1								
5. Education of Father	-.03	-.04	.05	.57**	1							
6. The number of child	.19*	-.05	-.05	-.46**	-.25**	1						
7. Marriage situation	.00	-.17*	-.24**	-.17*	.03	.24**	1					
8. Emotion Regulation	-.15	.01	-.20*	-.23**	-.01	.16	.07	1				
9. Father Involvement	-.04	-.02	.10	.20*	.28**	-.14	.27**	-.20*	1			
10. Psychological Symptoms	-.20*	-.08	-.19*	-.25**	-.14	.26**	.00	.75**	-.35**	1		
11. Mothers' Schemas	-.03	-.03	-.10	-.28**	-.25**	.16*	-.00	.26**	-.18*	.34**	1	
12. Family Protective Factors	.03	.07	.14	.31**	.26**	-.21**	.05	-.23**	.60**	-.40**	-.39**	1

Note. * $p < .05$. ** $p < .01$

3.4. Test of Moderated Mediation Model: Moderator Role of Father Involvement on the Mediating Role of Children' Emotional Regulation Difficulties on the Relationship Between Mothers' EMSs and Children's Psychological Symptoms

In current study, it was hypothesized that children's emotional regulation skills would mediate the relationship between mother's total EMSs scores and children' psychological symptoms. Additionally, it was predicted that father involvement would moderate the relations between mother's EMSs and children' emotional regulation difficulties. In particular, it was expected that when father involvement is low, emotion regulation of children would mediate the relationship between mother's EMSs and children' psychological symptoms.

To test the proposed hypothesis, bootstrapping method was used in order to determine indirect effects. Bootstrapping is asserted to be more reliable when compared with other analytic methods (Hayes, 2017; Preacher et al., 2007). In order to test the significance of the moderated mediation, a bias-corrected bootstrap confidence interval was calculated based on 10.000 bootstrap samples.

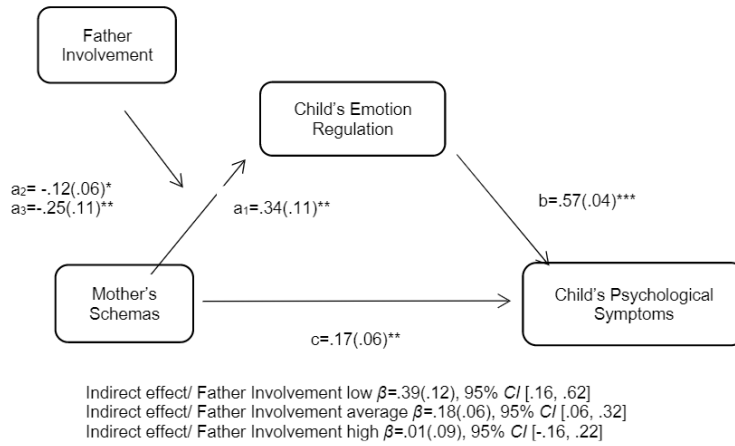
Results revealed that our moderated mediation model explained %12 variance in psychological symptoms of children ($F(3,148) = 6.95, p < .001$). As can be seen in Figure 3; a1 path, b path and c' path were significant. There was a significant relationship between mother's total EMSs scores and children's emotional regulation difficulties ($\beta = .34, SE = .11, t = 2.95, p < .01; 95\% CI [.11, .57]$). There was also a significant relationship between children's emotional regulation difficulties and children's psychological symptoms ($\beta = .57, SE = .04, t = 12.99, p < .001; 95\% CI$

[.48, .66]). Besides, there was a significant relationship between mother's EMSs and children's psychological symptoms ($\beta = .17$, $SE = .06$, $t = 2.71$, $p < .01$; 95 % CI [.04, .30]).

Father involvement had a significant main effect on the relationship between mothers' total EMSs scores and children's emotion regulation difficulties ($\beta = -.12$, $SE = .06$, $t = -2.04$, $p < .05$; 95 % CI [-.24, -.00]). Besides, there was a significant interaction between father involvement and mother's EMSs ($\beta = -.25$, $SE = .11$, $t = 2.35$, $p < .01$; 95 % CI [-.46, -.04]). Conditional effects showed that when father involvement level was high, mothers' EMSs did not significantly predict children's psychological symptoms through children's emotional regulation (84th percentiles, $\beta = .02$, $SE = .18$, $t = 0.1$, $p > .05$; 95 % CI [-.33, .36]). By contrast, when father involvement was moderate or low, mothers' total EMSs scores had an impact on children's psychological symptoms through children's emotion regulation strategies (respectively; 50th percentiles, $\beta = .32$, $SE = .11$, $t = 2.79$, $p < .01$; 95 % CI [.09, .55]; 16th percentiles, $\beta = .68$, $SE = .19$, $t = 3.65$, $p < .001$; 95 % CI [.31, 1.05]; Fig.3). Additionally, according to Johnson-Neyman significance region test, when the scores on father involvement scale was .39 and higher, the moderated mediation effect was statistically significant. While %55.26 of the participants were below the value, %44.74 of participants were above the proposed value.

Figure 3

The Results of Moderated Mediation Model with Father Involvement



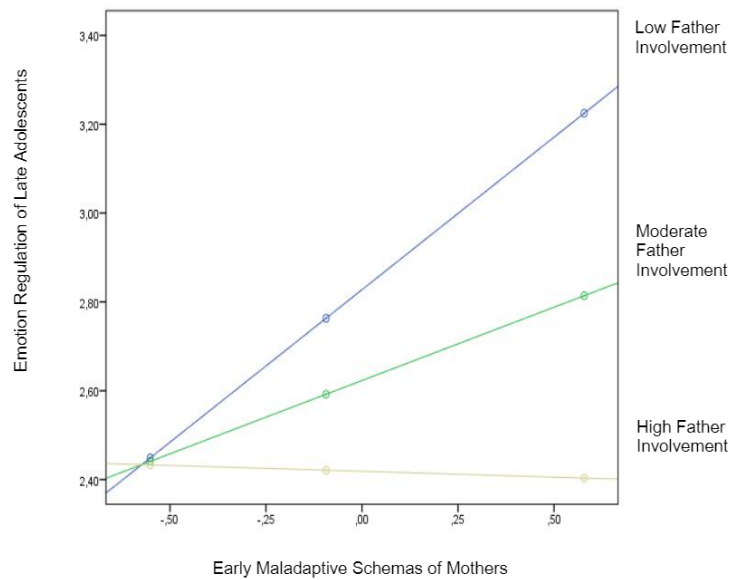
Note. All path coefficients are unstandardized regression weights. Standard errors are in the parentheses. * $p < .05$. ** $p < .01$. *** $p < .001$.

Indices of moderated mediation model demonstrated that the moderated mediation effect was significant. The model was determined to be significant ($\beta = -.14$) since 95% CI [-.27, -.01] did not contain value zero. This means that the indirect effect of mothers' EMSs on children's psychological symptoms through children emotional regulation scores depended on levels of father involvement. Children's emotion regulation mediated the relationship between mother's EMSs and child's psychological symptoms particularly when father involvement was low ($\beta = .39$, $SE = .06$, 95 % CI [.16, .73]) or moderate ($\beta = .18$, $SE = .06$, 95 % CI [.06, .32]). But

the moderated mediation model was not significant when father involvement was high ($\beta = .01$, $SE = .09$, 95 % $CI [-.16, .22]$) (See Figure 4).

Figure 4

The moderating effect of father involvement on the relationship between mother's schemas and child's emotion regulation



3.4. Test of Moderated Mediation Model: Moderator Role of Family Protective Factors on the Mediating Role of Children's Emotional Regulation Difficulties on the Relationship Between Mothers' EMSs and Children's Psychological Symptoms

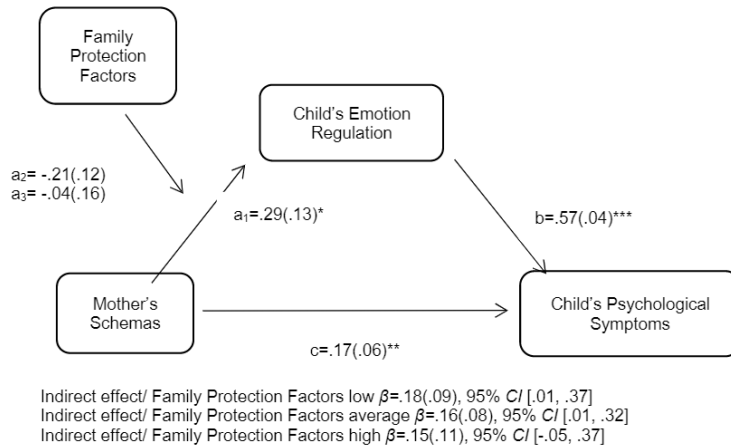
In current study, we hypothesized that the effect of mother's EMSs on children's psychological symptoms would be mediated through children's emotional regulation skills, and this relation would differ based on levels of family protection factor scores. Particularly, we expected that when family protection factors were low, emotion regulation of children would mediate the relationship between mother's total EMSs scores and children's psychological symptoms. Accordingly, a bias-corrected bootstrap confidence interval was calculated based on 10,000 bootstrap samples to test the significance of the proposed model.

Results revealed that our moderated mediation model explained %8 variance in psychological symptoms of child ($F(3,149) = 4.88, p < .01$). As can be seen in Figure 5; a₁ path, b path and c' path were significant. There was a significant relationship between mother's total EMSs scores and children's emotional regulation difficulties ($\beta = .29, SE = .13, t = 2.31, p < .05; 95\% CI [.04, .54]$). There was a significant relationship between children's emotional regulation difficulties and children's psychological symptoms ($\beta = .57, SE = .04, t = 13.08, p < .001; 95\% CI [.05, .30]$). Besides, there was a significant relationship between Mother's EMSs and children's psychological symptoms ($\beta = .18, SE = .06, t = 2.73, p < .01; 95\% CI [.05, .30]$). Still, family protection factors did not have a significant main effect on the relationship between mothers' total EMSs scores and children's emotion regulation difficulties

($\beta = -.21$, $SE = .12$, $t = -.26$, $p > .05$; 95 % $CI [-.45, -.03]$). Contrary to our expectations, there was not a significant interaction between family protective factors and mother's total EMSs ($\beta = -.03$, $SE = .16$, $t = -.26$, $p > .05$; 95 % $CI [-.37, .28]$).

Figure 5

The Results of Moderated Mediation Model with Family Protective Factors



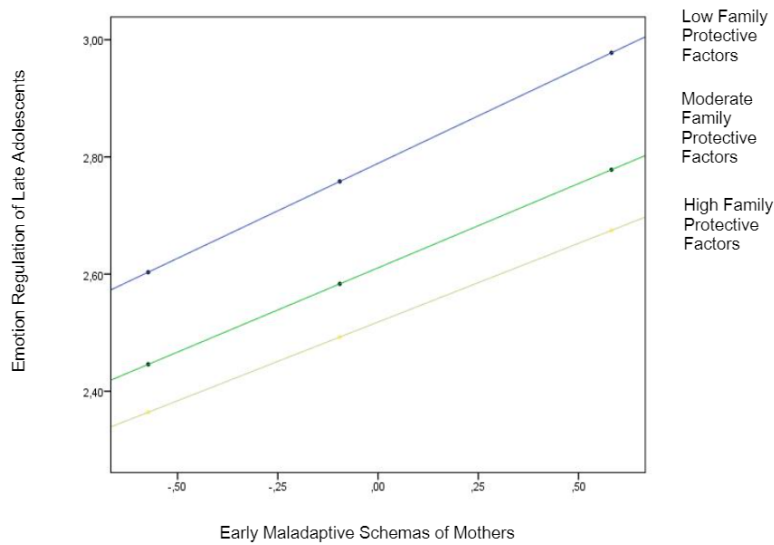
Note. All path coefficients are unstandardized regression weights. Standard errors are in the parentheses. * $p < .05$. ** $p < .01$. *** $p < .001$.

Indices of moderated mediation analysis demonstrated that moderated mediation effect was not significant ($\beta = -.03$) since 95% $CI [-.23, .19]$ contained the value of zero. This means that the indirect effect of mothers' EMSs on children's psychological symptoms through children's did not depend on the levels of family protective factors. Although the moderated mediation model is not significant over all, the trend of conditional indirect effects demonstrated that children's emotion

regulation mediated the relationship between mother's EMSs and child's psychological symptoms when family protection factors were low ($\beta = .18$, $SE = .09$, 95 % $CI [.01, .37]$) or moderate ($\beta = .16$, $SE = .08$, 95 % $CI [.01, .32]$) but did not mediate when father involvement was high ($\beta = .15$, $SE = .11$, 95 % $CI [-.05, .37]$) as can be seen at the Figure 6.

Figure 6

The moderating effect of family protective factors on the relationship between mother's EMSs and late adolescents' emotion regulation



CHAPTER 4

DISCUSSION

The current study was set out to examine moderating impacts of father involvement and family protective factors on the relationship between mother's EMSs, child emotion regulation strategies and psychological symptoms. Although various studies yielded the facilitative role of emotion regulation strategies on the relation between EMSs and psychological symptoms (Haugh et al., 2017; Muris, 2006; Shah & Waller, 2000; Simon et al., 2011; Soygüt & Çakır, 2009; Thimm, 2010; Wright et al., 2009), there has been no detailed investigation of how paternal involvement and family protective factors shaped the proposed relation. Specifically, we used father involvement and family protective factors as a unit of family related factors rather than only focusing on mother-child relationship dyads. More specifically, it was examined whether child's emotion regulation skills mediated the relation between mothers' EMSs and child psychological symptoms, and whether father involvement and family protective factors prevented this relationship. By doing so, we aimed to investigate the well-established relation among mother's EMSs, child emotion regulation strategies and psychological symptoms from a family system perspective.

In the subsequent section, obtained results were discussed in the light of current literature and clinical findings. Then, clinical implications were highlighted in reference to possible limitations and directions for future studies.

4.1. Discussion of The Main Findings

First of all, it was investigated whether the relationship between mothers' EMSs and child psychological symptoms was mediated by child's emotion regulation strategies. The results yielded that child's emotion regulation strategies mediated the relationship between mothers' total EMSs scores and child psychological problems. That is, when mothers had enduring self-defeating patterns about themselves and the world, this would result in psychological symptoms among children through operation of child's dysfunctional emotion regulation strategies. As Schema Theory suggested, toxic childhood experiences lead to the development of maladaptive schemas (Young et al., 2006). When mothers have maladaptive beliefs and related negative emotions, it would be difficult for them to construct a supportive family environment for their children. This is because EMSs' debilitating impacts become most pronounced especially in close relationships (Keshavarz-Afshar et al., 2019; Rafaelli et al., 2011; Shekari Ghandpazi & Delavar, 2020; Young et al., 2006), like the one between mother and the child dyads. There are abundance of studies examining the link between EMSs, parenting styles and psychological symptoms. Yet, these studies heavily relied on the children's own accounts (Batool et al., 2017; Haugh et al., 2017; Lucadame et al., 2017; Wright et al., 2009). These studies established a robust association between EMSs, parenting styles, depression and anxiety related symptoms. A growing body of literature, on the other hand, have started to consider mothers' own perspectives (Salamat et al., 2019; Zeynel & Uzel, 2020; Zonnevijlle & Hildebrand, 2019). Our study is amongst the ones that also utilized mothers' own perspectives while investigating the relation among mother's EMSs, child emotion regulation strategies and psychological symptoms.

Early maladaptive schemas and schema modes are also related with emotion regulation difficulties (Dadomo et al., 2016). Schema domains like disconnection-rejection, impaired limits and exaggerated standards were found be closely associated with emotion regulation difficulties (Bahrami et al., 2018; Eldoğan & Barışkın, 2014; Vondra et al., 2001). Children dominantly learn emotion regulation strategies through parental modeling and coaching provided by parents. Their emotion regulation capacity is greatly impacted by parenting styles, quality of marital relationship, and attachment styles of the parents (e.g., Bosmans & Vlierberghe, 2010; Keshavarz- Afshar et al., 2018; Körik, 2020; Shekari Ghandpazi & Delavar, 2020; Vondra et al., 2001). Accordingly, mothers who had greater maladaptive schemas would employ dysfunctional regulation strategies and parental styles (McDermott, 2008; Stiles, 2004; Young et al., 2006), which might result in both dysregulation of emotions and psychological problems among children. Consistent with the limited literature findings (Faustino & Vasco, 2020; Mc Donnell et al., 2018; Yakın et al., 2019), we found a positive and significant association between mother EMSs and emotion regulation of children.

4.1.1. Buffering Effect of Father Involvement

One important contribution of our study to the existing body of knowledge was the inclusion of father involvement as a moderator factor. The results indicated that lower levels of father involvement have accentuated negative effects of mother's EMSs on child's psychological symptoms through child's emotion regulation strategies. In other words, when father involvement was low or moderate, child's

emotion regulation difficulties mediate the relationship between mother's EMSs and psychological symptoms of child more intensely. There are plenty of research highlighting shielding impacts of father involvement on the negative outcomes of maternal depression (Lewin et al., 2014; Mezulis et al., 2004; Maselko et al., 2019). Additionally, a robust relation has been found between father involvement and positive psychosocial outcomes (e.g. functional emotion regulation, better cognitive development, better educational attainment, enhanced adjustment skills, and fewer behavioral problems) among children (Adamsons & Johnson, 2013; Boyce et al., 2006; Carrère & Bowie, 2012; Flouri & Buchanan, 2003; Mallers et al., 2010; Mattanah, 2001; Kiel & Kalomiris 2015; Rodríguez Ruiz et al., 2019; Sarkadi et al. 2008; Seiffge-Krenke et al., 2010; Waller & Swisher 2006). Yet, to the authors knowledge, only one study had examined the protective role of father involvement within the context of mothers' EMSs. This study indicated that transmission of EMSs from mother to the child through traumatic life experiences could be compensated for by greater levels of father involvement (Zeynel & Uzer, 2020). Our results have provided partial support to this finding from a different angle. In fact, it was found that mothers' EMS exerted its effect more intensely on psychological symptoms through child emotion regulation strategies particularly when father involvement was low. This result can be accounted by the fact that father's psychological presence is partially compromised by mothers' EMSs. According to Family Systems approach, every subsystem of the family affects the other subsystems in a dynamic fashion (Becvar & Becvar, 2017; Boroderick, 1993; Olson, 1990; Olson, 2000). Accordingly, current literature indicated a positive association between mother's and father's psychological symptoms and their parenting styles (Berg-Nielsen et al., 2002; Lieb et al., 2000; McKinney et al., 2018; Vostanis et al., 2006). In other words, it is very

probable that mother's psychological condition would have an impact both on father's own condition and their relationship with the children. This might be why lower father involvement accentuated the proposed relation between mothers' EMSs, child emotion regulation and psychological symptoms.

The current findings are important for understanding the impacts of different family sub-systems on child's psychosocial outcomes. Although interparental factors have been shown as influential upon children outcomes (Davies et al., 2009; Koss et al., 2011); this effect is usually indirect (Fosco & Grych, 2013). Hence, we constituted our hypothesis focusing on both parents' psychosocial dynamics in accounting for their interactive effects on child's emotion regulation skills and psychological symptoms.

4.1.2. Discussion of The Unconfirmed Hypothesis: Buffering Effect of The Family Protective Factors

Another important contribution of the current study to the existing literature was to assess the buffering role of family protective factors on the relationship between mother's EMSs, child emotion regulation skills and psychological problems. However, contrary to our expectations, family protective factors did not moderate the relationship between mother's EMSs and psychological symptoms of child through child's emotion regulation strategies.

At correlational level, family protective factors and father involvement were found to have a moderate positive relationship in the current study. This finding broadly

supports the findings of other studies in this area linking father's attitudes with family functioning (Buswell, 2010; Buswell et al., 2012; Kocayörük & Sümer, 2009; Simonelli et al., 2016). Functioning of the family is an umbrella term influenced by various individual and family level factors. To illustrate, Buswell and her colleagues (2012) stated that father involvement had close associations with family cohesion, family adaptability, and overall family functioning. In fact, they indicated that father's involvement was the strongest predictor of family functioning regarding home-based family activities including whole family dinner time and playing games. Similarly, paternal involvement was found to be related with marital satisfaction and family functioning (Kocayörük & Sümer 2009). All of these findings once again underlined importance of studying paternal dynamics while studying mother and child outcomes since it is an indispensable part of family system.

We also found a negative association between family protective factors and emotion regulation skills of children. More specifically, as the level of the family protective factors increased, the level of the emotion regulation difficulties of children showed a decreasing trend. Unfortunately, most of the studies examining factors shaping development of emotion regulation strategies exclusively focus on contributory roles of maternal factors on child's mental health outcomes (Bariola et al., 2011; Silk et al., 2006; Suveg et al., 2011). Still, there are a few studies investigating how general emotional climate of the family influences this process. Accordingly, positive and cohesive family environment enables children to express their emotions without imposing any emotional burden (Fosco & Grych, 2007; Gross & Thompson, 2007: 3-24; Herd et al., 2020). That is to say, positive emotional climate is closely related with functional emotional expression (Eisenberg et al., 2005; Halberstadt & Eaton,

2002). By contrast, there are inconsistent results about consequences of negative family climate on children's emotion regulation skills (Halberstadt & Eaton, 2002). Thompson et al., (2008) stated that when evaluating family related factors, it would be better employing multiple perspective instead of evaluating one person statements or parenting descriptions. Therefore, in this study, family protective factor scores were obtained both from mothers and their children. In the present study, a negative association between family protective factors and psychological symptoms of children were also established. As can be inferred, a family environment lacking necessary resiliency tools functions poorly, which might also give pavement to development of psychological symptoms among children. In fact, our results were in accordance with the previous studies stating that poor family functioning lead to both internalizing and externalizing problems (Crawford et al., 2011; Hardaway et al., 2012; Lucia & Breslau, 2006, Henneberger et al., 2016; Lunkenheimer et al, 2012).

Finally, we hypothesized that mother's EMSs would affect child's psychological symptoms through children's emotional regulation strategies, and this mediation model would differ depending on the levels of family protective factors. Although the mediation model was significant, family protective factors did not moderate the proposed relationship. This finding is contrary to preliminary findings which have suggested that family functioning moderated the relations between parenting styles, drinking problems, suicidal ideations, depression and pathological internet use among children (Chng et al., 2015; Dardas, 2019; El-Sheikh & Buckhalt, 2003; Feeny et al., 2009). This discrepancy could be attributed to the fact that mother's EMSs might override impacts of other family level resiliency factors in the family system in the formation of child psychological symptoms. Although family system as

a whole is suggested to be important for child's well-being, it is still the mothers who are assumed to be the primary figures responsible for childcare (e.g., Main et al., 1985; Suess et al., 1992). For this reason, the close-knit relationship might make children more vulnerable to be affected by mother's EMSs above general family functioning. We believe this might be one reason why the impact of maternal EMSs on child emotion regulation and psychological symptoms persisted independent of family protective factors. That is, when the mother's EMSs are intense, the protective factors of the family might not be powerful enough to compensate for its negative effects. Nevertheless, there are other findings in the literature stating a negative relationship between early maladaptive schemas of couples and family functioning in terms of cohesion, marital adjustment and marital satisfaction (Altun, 2015; Dumitrescu & Rusu, 2012; Keshavarz-Afshar et al., 2019; Körük, 2020; Mohammadi & Soleymani, 2017; Shekari Ghandpazi et al., 2020). Yet, these findings might be somewhat limited, and more research is needed to understand how general family climate affected the transmission of psychological symptoms by employing accounts of different members in the family system.

Secondly, focusing on the roles of family protective factors on the effects of maternal EMSs on child's psychological symptoms is a new research trend in the current literature. Particularly, The Inventory of Family Protective Factors is not a widely used scale within the context of Schema Theory. Hence, the limitations of this scale while studying impacts of parental schemas have not been known extensively. The original scale has four domains, namely fewer stressors (i.e., having more positive experiences in terms of health, financial, familial or work/school domains), adaptable appraisal (i.e., beliefs about self-esteem, optimism, creativity, and resourcefulness),

social support (i.e. having at least one supportive, caring, interested, and/or trusting relationship), and compensating experiences (i.e., family's experiences of mastery within the context of adversity). In Turkish version of the scale, adaptable appraisal and compensating experiences gathered under the same domain. Especially fewer stressors and social support domains based mainly on external factors that may not have a considerable link with early maladaptive schemas of the mothers (Example item; "There have been more positive experiences than problems with the health status of our family in the past 3 months"). Besides, these particular instances might not be sufficient to compensate for the debilitating effects of maternal EMSs. Health problems, financial problems or work issues faced by the family can be useful indices to understand transient familial stressors, yet they might not be potent enough to interact with mothers' EMS scores for the current sample. Thus, future studies are suggested to employ family level scales focusing more on intrafamily strengths and other varying dimensions of healthy family functioning (e.g., family cohesion, open communication, effective responsiveness etc.) that might be more closely associated with mother's cognitive emotional vulnerabilities.

4.2. Limitations and Future Directions

The current thesis is not without limitations. Since we constituted our hypotheses prior to global Covid-19 pandemic, data was planned to be collected via paper-pencil format. However, conditions due to the pandemic lead us to utilize online sources during data collection process. While late adolescents had higher rates of completing the survey battery, their mothers had lower rates. This might be closely related with mothers' practicality to use internet related technology as much as their children.

Consequently, a non-negligible amount of data had to be excluded since mother's terminated the survey prematurely. Additionally, some data had not been included for the main analyses due to the incompatibility between mothers' and children's nicknames which were used to match mother-late adolescents data sets. In fact, a detailed instruction both for mothers and children enabling to create a matching nickname was provided. However, it is thought that this nickname procedure may have caused confusion for some participants. As a result, our sample size was lower than our initial expectations. Besides, the late adolescent sample mostly consisted of university students from Ankara. Therefore, the results should be evaluated with cautious since generalizability of the findings may be debatable as a consequence of limitations of sample generalizability.

Measurement tools are another important limitation of the current study. To investigate the effects of mother's EMSs on offspring psychological health, Young Schema Questionnaire might not have been sufficient according to current literature. Young Schema Questionnaire is good at identifying early maladaptive schemas, yet it does not refer to coping mechanisms and behaviors. Schema Mode Inventory could better identify how individuals cope with their schemas in close relationships (Lewis et al., 2015). In current study, we could not have used Schema Mode Inventory since Turkish adaptation of the scale had not been conducted yet. We suggested that The Short Schema Mode Inventory will be more effective for measuring mother's impacts on their child in terms of early maladaptive schemas for the future studies. The other measurement tool that we used was The Inventory of Family Protective Factors. There are limited number of scales, psychometric properties of which have been tested rigorously to measure family functioning. Particularly, concerning family

protective factors, the number of available scales is even fewer. When it comes to studies focusing on family strengths, there is only a few available measurement tools. As mentioned above, The Inventory of Family Protective Factors scale might not be sufficient to measure family protective factors that are more persistent and potent. Moreover, items measuring social support and stressors might not be strongly related with mother's EMSs and also emotion regulation of children. Hence, future studies might employ scales more sensitive to the measurement of potent protective factors. Additionally, obtaining data from multiple sources would be more beneficial to evaluate impacts of family functioning on the individual members. Although collecting data from both children and mothers can be considered as a strength of our research, the importance of collecting data from the whole family cannot be denied while evaluating process of whole family system.

4.3. Clinical Implications

The results of the current study offer valuable insights for the psychosocial intervention and prevention programs targeting children, adolescents and their families. First of all, mother's EMSs remain a robust factor shaping emotional regulation skills and psychological symptoms of the children. Mother's EMSs might hinder construction of a loving, caring, supportive, and warm relationship with the child. Therefore, this study once again underlines the importance of working with schema related cognitions, emotions and coping strategies with adults in order to provide better mental health outcomes for the future generations. Also, parents should be an active part of the child psychotherapy practices and are better to be referred to other mental health professionals when their EMS scores are intense.

Besides, intervention and prevention programs might be established at schools targeting both parents and their offspring. These programs might particularly employ techniques to facilitate adaptive parenting styles and functional emotion regulation processes.

The current study highlights the important role of paternal involvement on the relationship between mothers' EMSs, child emotion regulation strategies and psychological symptoms. In fact, importance of father involvement on child development has started to be discussed worldwide with the contribution of academic research. However, in Turkey, father's contribution to child rearing is still very limited. According to AÇEV's report, %91 of the fathers is not involved with child's psychical care, and only %48 of fathers read books with their children. AÇEV developed a father support program for the first time in Turkey. However, only 60 thousand fathers participated the program. Hence, public awareness regarding positive impacts of paternal involvement should be increased both at governmental and policy making level. Also, psychosocial programs targeting parents need to include fathers while employing schema related techniques to facilitate children and adolescents' mental health. In that respect, it would be more functional for mental health professionals to focus on dynamic relationships among mothers, fathers and children's psychosocial functioning rather than compartmentalizing effects of those structures on child mental health. In child psychotherapy, therapist should encourage father's to involve therapy process. This may lead to get a better understanding the importance of father involvement both psychotherapy process and child raring. During the psychotherapy, the importance of the father involvement should be underlined. Fathers should keep informed in terms of active involvement.

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APPENDICES

APPENDIX A: INFORMED CONSENT FOR THE YOUNGESTERS (ONLINE)

Sayın Katılımcı,

Bu araştırma TED Üniversitesi Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans Programı öğrencisi Psk. Yasemin Mert tarafından, Doç. Dr. Ilgın Gökler Danışman ve Dr. Öğr. Üyesi Yağmur Ar-Karcı danışmanlığında yürütülmektedir. Araştırmanın amacı, annelerin psikolojik iyi oluşlarının gençlerin duygu düzenleme becerileri üzerindeki etkilerini incelemektir. Bu araştırma kapsamında 18-22 yaşlarındaki gençlerden ve annelerinden bazı anket sorularına yanıt vermeleri istenecektir. Araştırmaya katılım için **hem sizin, hem annenizin** katılımı gerekmektedir. Çalışma kapsamında sizden yaklaşık 30 dk. sürecek, annenizden ise yaklaşık 15 dk. sürecek bazı anket sorularına yanıt vermeniz beklenecektir.

Bu anket birden fazla psikolojik test içermektedir. Lütfen her testin başındaki yönergeyi dikkatli okuyunuz ve size en uygun şekilde cevaplayınız. Araştırmadan sağlıklı sonuçlar elde edebilmek için soruları içten bir şekilde ve eksiksiz doldurmanız önemlidir. **Soruların DOĞRU ya da YANLIŞ cevapları yoktur.** Çalışma süresince sizden kimliğinizi açıkça belli eden herhangi bir kişisel bilgi istenmeyecektir. Vermiş olduğunuz bilgiler sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı çevrimiçi bir ortamda paylaşılabilecektir. Toplanan veriler isimsiz olarak araştırmacıların bilgisayarında şifreli bir dosyada tutulacaktır.

Bu çalışmaya katılım gönüllük esasına dayalıdır. Araştırmada yer alan sorular kişisel rahatsızlık verecek nitelikte değildir. Ancak herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz, nedenini açıklamaksızın araştırmadan ayrılabilirsiniz. Çalışmaya katıldığınız için şimdiden teşekkür ederiz.

Araştırmaya yönelik soru ve önerileriniz için Psk.Yasemin Mert, Dr. Öğr. Üyesi Yağmur Ar-Karcı ve Doç.Dr.Ilgin Gökler Danışman ile (E-posta: yasemin.mert@tedu.edu.tr, yagmur.ar@tedu.edu.tr, ilgin.danisman@tedu.edu.tr iletişime geçebilirsiniz. Değerli katkılarınız için teşekkür ederiz.

Araştırmacı tarafından bu araştırma ile ilgili yeteri kadar bilgilendirildim. Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman sebep göstermeksizin araştırmadan ayrılabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. Araştırmada verdiğim bilgilerin bilimsel makaleler, akademik sunumlar ve çevrimiçi bir eğitim ortamı dışında kesinlikle kullanılmayacağını biliyorum.

Onaylıyorum

Onaylamıyorum

Araştırma sırasında sizin ve annenizin cevaplarını eşleştirerek analiz edebilmemiz için sizden bir rumuz oluşturmanız beklenmektedir.

Lütfen (1) isminizin son iki harfini, (2) annenizin doğum yılını ve (3) annenizin isminin son iki harfini sırasıyla yazarak bir rumuz oluşturunuz. (Eğer sizin ve annenizin iki ismi varsa lütfen kimlikte belirtilen ilk isme göre düşününüz).

Örneğin:

İsminiz, Zeynep; Annenizin doğum yılı, 1970; Annenizin ismi, Ayşe

Rumuz: ep1970şe

Lütfen şimdi kendi kendi rumuzunuzu yazınız:

Annenizin yanıtlamasını beklediğimiz anket linki duyuru metninde yer almaktadır. Ayrıca, siz anketi tamamladıktan sonra **annenizin doldurması beklenen link ekranınızda** belirecektir. Söz konusu linki annenizle duyuru metninin tamamını ileterek paylaşabileceğiniz gibi, ekranınızda çıkan linki kopyala-yapıştır seçeneğiyle de annenize iletebilirsiniz. Annenizin yanıtlaması gereken soruları kapsayan bu linki sizin için en pratik yoldan paylaşmanız faydalı olacaktır (örn, sosyal medya içerikleri, whatsapp, e-posta, mesaj vb.). Araştırma için her ikinizin de kendinize ait linklere tıklayarak soruları yanıtlamanız oldukça önemlidir.

ÖNEMLİ NOT: Anketinizi tamamladıktan sonra verdiğiniz yanıtların araştırmacılar dışında kimse tarafından görülmesi mümkün değildir.

Değerli desteğiniz için tekrar teşekkür ederiz.

Araştırmaya katılımınız ve haklarınızın korunmasına yönelik sorularınız varsa ya da herhangi bir şekilde risk altında olduğumuza veya strese maruz kalacağımıza inanıyorsanız TED Üniversitesi İnsan Araştırmaları Etik Kurulu'na (0312 585 00 05) telefon numarasından veya iaek@tedu.edu.tr eposta adresinden ulaşabilirsiniz.

APPENDIX B: INFORMED CONSENT FOR THE MOTHERS (ONLINE)

Sayın Katılımcı,

Bu araştırma TED Üniversitesi Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans Programı öğrencisi Psk. Yasemin Mert tarafından, Doç. Dr. Ilgın Gökler Danışman ve Dr. Öğr. Üyesi Yağmur Ar-Karcı danışmanlığında yürütülmektedir. Araştırmanın amacı, annelerin psikolojik iyi oluşlarının gençlerin duygu düzenleme becerileri üzerindeki etkilerini incelemektir. Bu amaç doğrultusunda 18-22 yaşları arasındaki üniversite öğrencileri ve annelerinden birtakım anket sorularına cevap vermeleri beklenmektedir. Araştırmanın katılımcısı olabilmeniz için **hem sizin, hem de çocuğunuzun gönüllü olarak katılım** sağlaması gerekmektedir. Sizden yaklaşık 15 dk sürecek çeşitli anket sorularına yanıt vermeniz beklenmektedir.

Araştırma sürecinin sağlıklı işleyebilmesi için **soruları tek başınıza ve çocuğunuzdan ayrı doldurmanız** büyük önem taşımaktadır. Anketlerde size yöneltilen soruların **DOĞRU** ya da **YANLIŞ** cevapları yoktur, bu nedenle soruları içtenlikle cevaplamanız araştırmanın sonuçları açısından önemlidir. Çalışma süresince sizden kimliğinizi açıkça belli eden herhangi bir kişisel bilgi istenmeyecektir. Vermiş olduğunuz bilgiler sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı çevrimiçi bir ortamda paylaşılacaktır. Toplanan veriler isimsiz olarak araştırmacıların bilgisayarında şifreli bir dosyada tutulacaktır.

Bu çalışmaya katılım **gönüllük esasına** dayalıdır. Araştırmada yer alan sorular kişisel rahatsızlık verecek nitelikte değildir. Ancak herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz, nedenini açıklamaksızın araştırmadan ayrılabilirsiniz. Böyle bir durumda vermiş olduğunuz bilgilerin araştırmacı tarafından kullanılması ancak sizin onayınızla mümkün olacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederim.

Araştırmaya yönelik soru ve önerileriniz için Psk.Yasemin Mert, Dr. Öğr. Üyesi Yağmur Ar-Karcı ve Doç.Dr.Ilgın Gökler Danışman ile (E-posta: yasemin.mert@tedu.edu.tr, yagmur.ar@tedu.edu.tr, ilgin.danisman@tedu.edu.tr iletişime geçebilirsiniz. Değerli katkılarınız için teşekkür ederiz.

Araştırmacı tarafından bu araştırma ile ilgili yeteri kadar bilgilendirildim. Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman sebep göstermeksizin araştırmadan ayrılabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum. Araştırmada verdiğim bilgilerin bilimsel makaleler, akademik sunumlar ve çevrimiçi bir eğitim ortamı dışında kesinlikle kullanılmayacağını biliyorum.

Onaylıyorum

Onaylamıyorum

Araştırma sırasında sizin ve çocuğunuzun cevaplarını eşleştirerek analiz edebilmemiz için sizden bir rumuz oluşturmanız beklenmektedir.

Lütfen (1) çocuğunuzun isminin son iki harfini, (2) doğum yılınızı ve (3) isminizin son iki harfini sırasıyla yazarak bir rumuz oluşturunuz. (Eğer sizin ve çocuğunuzun iki ismi varsa lütfen kimlikte belirtilen ilk isme göre düşününüz).

Örneğin:

Çocuğunuzun ismi, Zeynep; Doğum yılınız, 1970; İsminiz, Ayşe

Rumuz: ep1970şe

Lütfen şimdi kendi kendi rumuzunuzu yazınız:.....

Cocuğunuzun yanıtlamasını beklediğimiz anket linki duyuru metninde yer almaktadır. Ayrıca, siz anketi tamamladıktan sonra **çocuğunuzun doldurması beklenen link ekranınızda** belirecektir. Söz konusu linki çocuğunuzla duyuru metninin tamamını ileterek paylaşabileceğiniz gibi, ekranınızda çıkan linki kopyala-yapıştır seçeneğiyle de iletebilirsiniz. Çocuğunuzun yanıtlaması gereken soruları kapsayan bu linki sizin için en pratik yoldan paylaşmanız faydalı olacaktır (örn, sosyal medya içerikleri, whatsapp, e-posta, mesaj vb.). Araştırma için her ikinizin de kendinize ait linklere tıklayarak soruları yanıtlamanız oldukça önemlidir.

ÖNEMLİ NOT: Anketinizi tamamladıktan sonra verdiğiniz yanıtların araştırmacılar dışında kimse tarafından görülmesi mümkün değildir.

Değerli desteğiniz için tekrar teşekkür ederiz.

Araştırmaya katılımınız ve haklarınızın korunmasına yönelik sorularınız varsa ya da herhangi bir şekilde risk altında olduğumuza veya strese maruz kalacağımıza inanıyorsanız TED Üniversitesi İnsan Araştırmaları Etik Kurulu'na (0312 585 00 05) telefon numarasından veya iaek@tedu.edu.tr eposta adresinden ulaşabilirsiniz.

**APPENDIX C: DEMOGRAPHIC INFORMATION FORM FOR THE
YOUNGSTERS**

Doğum Tarihi:/...../.....

Cinsiyetiniz:

☐ Kadın ☐ Erkek ☐ LGBTİ ☐ Belirtmek istemiyorum

Eğitim Durumunuz:

☐ Okur/yazar ☐ İlkokul ☐ Ortaokul ☐ Lise ☐ Lisans ☐ Lisansüstü

Aylık Geliriniz:

☐ 500 TL ve altı ☐ 501 TL- 1000 TL
☐ 1001 TL- 1500 TL ☐ 1501 TL- 3000 TL
☐ 3001 TL -5000 TL ☐ 5001 TL ve üzeri

Yaşamınızın büyük bölümünü geçirdiğiniz yeri işaretleyiniz:

☐ Büyükşehir ☐ İl ☐ İlçe ☐ Kasaba ☐ Köy

Şu an yaşadığınız yer:

☐ Yurt ☐ Tek başıma, evde ☐ Arkadaşlarımla, evde
☐ Romantik partnerimle, evde ☐ Ailemin yanında ☐ Akraba yanında ☐ Diğer

Medeni durumunuz:

☐ Bekar ☐ Evli ☐ Boşanmış ☐ Diğer

Şu an tedavi gördüğünüz bir hastalığınız var mı? ☐ Evet ☐ Hayır

Evet ise açıklayınız.....

Annenizin medeni durumu:

- ☐ Bekar, hiç evlenmemiş ☐ Babanızla evli ☐ Boşanmış,ayrı yaşıyor
☐ Boşanmış, birlikte yaşıyor ☐ Eşini kaybetmiş ☐ Yeniden evlenmiş
☐ Diğer; Açıklayınız.....

Babanızın doğum yılı:.....

Babanız hayatta mı? ☐ Evet ☐ Hayır

Babanızın medeni durumu:

- ☐ Bekar, hiç evlenmemiş ☐ Annenizle evli ☐ Boşanmış,ayrı yaşıyor
☐ Boşanmış, birlikte yaşıyor ☐ Yeniden evlenmiş
☐ Diğer; Açıklayınız.....

Babanızın eğitim durumu:

- ☐ Okur/yazar ☐ İlkokul ☐ Ortaokul ☐ Lise ☐ Lisans ☐ Lisansüstü

Babanızın mesleği:.....

Babanıza uygun seçeneği işaretleyiniz:

☐ Yarı zamanlı çalışıyor ☐ Tam zamanlı çalışıyor ☐ Emekli ☐ Çalışmıyor

☐ İşsiz

APPENDIX D: DEMOGRAPHIC INFORMATION FORM FOR MOTHERS

Doğum Tarihi:/...../.....

Eğitim Durumunuz:

☐ Okur/yazar ☐ İlkokul ☐ Ortaokul ☐ Lise ☐ Lisans ☐
Lisansüstü

Size uygun seçeneği işaretleyiniz:

☐ Yarı zamanlı çalışıyor ☐ Tam zamanlı çalışıyor ☐ Emekli ☐ Ev kadını
☐ İşsiz

Aylık Geliriniz:

☐ 500 TL ve altı ☐ 501 TL- 1000 TL
☐ 1001 TL- 1500 TL ☐ 1501 TL- 3000 TL
☐ 3001TL -5000 TL ☐ 5001 TL ve üzeri

Yaşamınızın büyük bölümünü geçirdiğiniz yeri işaretleyiniz:

☐ Büyükşehir ☐ İl ☐ İlçe ☐ Kasaba
☐ Köy

Medeni durumunuz:

☐ Bekar, hiç evlenmemiş ☐ Evli ☐ Boşanmış,ayrı yaşıyor
☐ Boşanmış, birlikte yaşıyor ☐ Eşini kaybetmiş ☐ Yeniden evlenmiş
☐ Diğer

Çocuk sayınız:.....

Eşiniz, çocuğunuz (çocuklarınız) dışında sizinle oturan başka kişiler var mı?

☐ Var (Kimler?.....) ☐ Yok

Şu an tedavi gördüğünüz bir hastalığınız var mı? ☐ Evet ☐ Hayır

Evet ise açıklayınız.....

APPENDIX E: YOUNG SCHEMA QUESTIONNAIRE SHORT FORM-3

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

Birkaç soru, anne babanızla ilişkiniz hakkındadır. Eğer biri veya 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 şıkkı seçerek her sorudan önce yer alan boşluğa yazın.

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

	Benim için tamamıyla yanlış	Benim için büyük ölçüde yanlış	Bana uyan tarafı uymayan tarafından biraz fazla	Benim için orta derecede doğru	Benim için çoğunlukla doğru	Beni mükemmel şekilde tanımlıyor
1. Bana bakan, benimle zaman geçiren, başıma gelen olaylarla gerçekten ilgilenen kimsem olmadı.	1	2	3	4	5	6
2. Beni terkedeceklerinden korktuğum için yakın olduğum insanların peşini bırakmam.	1	2	3	4	5	6

3. İnsanların beni kullandıklarını hissediyorum.	1	2	3	4	5	6
4. Uyumsuzum.	1	2	3	4	5	6
5. Beğendiğim hiçbir erkek/kadın, kusurlarımı görürse beni sevmez.	1	2	3	4	5	6
6. İş (veya okul) hayatımda neredeyse hiçbir şeyi diğer insanlar kadar iyi yapamıyorum.	1	2	3	4	5	6
7. Günlük yaşamımı tek başıma idare edebilme becerisine sahip olduğumu hissetmiyorum.	1	2	3	4	5	6
8. Kötü bir şey olacağı duygusundan kurtulamıyorum.	1	2	3	4	5	6
9. Anne babamdan ayrılmayı, bağımsız hareket edebilmeyi, yaşlılarım kadar, başaramadım.	1	2	3	4	5	6
10. Eğer istediğimi yaparsam, başımı derde sokarım diye düşünürüm.	1	2	3	4	5	6
11. Genellikle yakınlarıma ilgi gösteren ve bakan ben olurum.	1	2	3	4	5	6
12. Olumlu duygularımı diğerlerine göstermekten utanırım (sevdiğimi, önemseydiğimi göstermek gibi).	1	2	3	4	5	6
13. Yaptığım çoğu şeyde en iyi olmalyım; ikinci olmayı kabullenemem.	1	2	3	4	5	6
14. Diğer insanlardan bir şeyler istediğimde bana "hayır" denilmesini çok zor kabullenirim.	1	2	3	4	5	6
15. Kendimi sıradan ve sıkıcı işleri yapmaya zorlayamam.	1	2	3	4	5	6
16. Paramın olması ve önemli insanlar tanıyor olmak beni değerli yapar.	1	2	3	4	5	6
17. Her şey yolunda gidiyor görünse bile, bunun bozulacağını hissedirim.	1	2	3	4	5	6
18. Eğer bir yanlış yaparsam, cezalandırılmayı hak ederim.	1	2	3	4	5	6
19. Çevremde bana sıcaklık, koruma ve duygusal yakınlık gösteren kimsem yok.	1	2	3	4	5	6
20. Diğer insanlara o kadar muhtacım ki onları kaybedeceğim diye çok endişeleniyorum.	1	2	3	4	5	6
21. İnsanlara karşı tedbiri elden bırakamam yoksa bana kasıtlı olarak zarar vereceklerini hissedirim.	1	2	3	4	5	6
22. Temel olarak diğer insanlardan farklıyım.	1	2	3	4	5	6

23. Gerçek beni tanırlarsa beğendiğim hiç kimse bana yakın olmak istemez.	1	2	3	4	5	6
24. İşleri halletmede son derece yetersizim.	1	2	3	4	5	6
25. Gündelik işlerde kendimi başkalarına bağımlı biri olarak görüyorum.	1	2	3	4	5	6
26. Her an bir felaket (doğal, adli, mali veya tıbbi) olabilir diye hissediyorum.	1	2	3	4	5	6
27. Annem, babam ve ben birbirimizin hayatı ve sorunlarıyla aşırı ilgili olmaya eğilimliyiz.	1	2	3	4	5	6
28. Diğer insanların isteklerine uymaktan başka yolum yokmuş gibi hissediyorum; eğer böyle yapmazsam bir şekilde beni reddederler veya intikam alırlar.	1	2	3	4	5	6
29. Başkalarını kendimden daha fazla düşündüğüm için ben iyi bir insanım.	1	2	3	4	5	6
30. Duygularımı diğerlerine açmayı utanç verici bulurum.	1	2	3	4	5	6
31. En iyisini yapmalıyım, “yeterince iyi” ile yetinemem.	1	2	3	4	5	6
32. Ben özel biriyim ve diğer insanlar için konulmuş olan kısıtlamaları veya sınırları kabul etmek zorunda değilim.	1	2	3	4	5	6
33. Eğer hedefime ulaşamazsam kolaylıkla yılgınlığa düşer ve vazgeçerim.	1	2	3	4	5	6
34. Başkalarının da farkında olduğu başarılar benim için en değerlisidir.	1	2	3	4	5	6
35. İyi bir şey olursa, bunu kötü bir şeyin izleyeceğinden endişe ederim.	1	2	3	4	5	6
36. Eğer yanlış yaparsam, bunun özürü yoktur.	1	2	3	4	5	6
37. Birisi için özel olduğumu hiç hissetmedim.	1	2	3	4	5	6
38. Yakınlarımla beni terk edeceği ya da ayrılacağından endişe duyarım	1	2	3	4	5	6
39. Herhangi bir anda birileri beni aldatmaya kalkışabilir.	1	2	3	4	5	6
40. Bir yere ait değilim, yalnızım.	1	2	3	4	5	6
41. Başkalarının sevgisine, ilgisine ve saygısına değer bir insan değilim.	1	2	3	4	5	6
42. İş ve başarı alanlarında birçok insan benden daha yeterli.	1	2	3	4	5	6
43. Doğru ile yanlış birbirinden ayırmakta zorlanırım.	1	2	3	4	5	6
44. Fiziksel bir saldırıya uğramaktan endişe duyarım.	1	2	3	4	5	6

45. Annem, babam ve ben özel hayatımız birbirimizden saklarsak, birbirimizi aldatmış hisseder veya suçluluk duyarız	1	2	3	4	5	6
46. İlişkilerimde, diğer kişinin yönlendirici olmasına izin veririm.	1	2	3	4	5	6
47. Yakınlarımla o kadar meşgulüm ki kendime çok az zaman kalıyor.	1	2	3	4	5	6
48. İnsanlarla beraberken içten ve cana yakın olmak benim için zordur.	1	2	3	4	5	6
49. Tüm sorumluluklarımı yerine getirmek zorundayım.	1	2	3	4	5	6
50. İsteddiğimi yapmaktan alıkonulmaktan veya kısıtlanmaktan nefret ederim.	1	2	3	4	5	6
51. Uzun vadeli amaçlara ulaşabilmek için şu andaki zevklerimden fedakarlık etmekte zorlanırım	1	2	3	4	5	6
52. Başkalarından yoğun bir ilgi görmezsem kendimi daha az önemli hissedirim.	1	2	3	4	5	6
53. Yeterince dikkatli olmazsanız, neredeyse her zaman bir şeyler ters gider.	1	2	3	4	5	6
54. Eğer işimi doğru yapmazsam sonuçlara katlanmam gerekir.	1	2	3	4	5	6
55. Beni gerçekten dinleyen, anlayan veya benim gerçek ihtiyaçlarım ve duygularımı önemseyen kimsem olmadı.	1	2	3	4	5	6
56. Önem verdiğim birisinin benden uzaklaştığını sezersem çok kötü hissedirim.	1	2	3	4	5	6
57. Diğer insanların niyetleriyle ilgili oldukça şüpheliyimdir.	1	2	3	4	5	6
58. Kendimi diğer insanlara uzak veya kopmuş hissediyorum.	1	2	3	4	5	6
59. Kendimi sevebilecek biri gibi hissetmiyorum.	1	2	3	4	5	6
60. İş (okul) hayatımda diğer insanlar kadar yetenekli değilim.	1	2	3	4	5	6
61. Gündelik işler için benim kararlarımı güvenilemez.	1	2	3	4	5	6
62. Tüm paramı kaybedip çok fakir veya zavallı duruma düşmekten endişe duyarım.	1	2	3	4	5	6
63. Çoğunlukla annem ve babamın benimle iç içe yaşadığını hissediyorum-Benim kendime ait bir hayatım yok.	1	2	3	4	5	6
64. Kendim için ne istediğimi bilmediğim için daima benim adıma diğer insanların karar vermesine izin veririm.	1	2	3	4	5	6

65. Ben hep başkalarının sorunlarını dinleyen kişi oldum.	1	2	3	4	5	6
66. Kendimi o kadar kontrol ederim ki insanlar beni duygusuz veya hissiz bulurlar.	1	2	3	4	5	6
67. Başarmak ve bir şeyler yapmak için sürekli bir baskı altındayım.	1	2	3	4	5	6
68. Diğer insanların uyduğu kurallara ve geleneklere uymak zorunda olmadığımı hissediyorum.	1	2	3	4	5	6
69. Benim yararına olduğunu bilsem bile hoşuma gitmeyen şeyleri yapmaya kendimi zorlayamam.	1	2	3	4	5	6
70. Bir toplantıda fikrimi söylediğimde veya bir topluluğa tanıtıldığımda onaylanılmayı ve takdir görmeyi isterim.	1	2	3	4	5	6
71. Ne kadar çok çalışırsam çalışayım, maddi olarak iflas edeceğimden ve neredeyse her şeyimi kaybedeceğimden endişe ederim.	1	2	3	4	5	6
72. Neden yanlış yaptığının önemi yoktur; eğer hata yaptıysam sonucuna da katlanmam gerekir.	1	2	3	4	5	6
73. Hayatımda ne yapacağımı bilmediğim zamanlarda uygun bir öneride bulunacak veya beni yönlendirecek kimsem olmadı.	1	2	3	4	5	6
74. İnsanların beni terk edeceği endişesiyle bazen onları kendimden uzaklaştırırım.	1	2	3	4	5	6
75. Genellikle insanların asıl veya art niyetlerini araştırırım.	1	2	3	4	5	6
76. Kendimi hep grupların dışında hissedirim.	1	2	3	4	5	6
77. Kabul edilemeyecek pek çok özelliğim yüzünden insanlara kendimi açamıyorum veya beni tam olarak tanımalarına izin vermiyorum.	1	2	3	4	5	6
78. İş (okul) hayatımda diğer insanlar kadar zeki değilim.	1	2	3	4	5	6
79. Ortaya çıkan gündelik sorunları çözebilme konusunda kendime güvenmiyorum.	1	2	3	4	5	6
80. Bir doktor tarafından herhangi bir ciddi hastalık bulunmamasına rağmen bende ciddi bir hastalığın gelişmekte olduğu endişesine kapılıyorum.	1	2	3	4	5	6
81. Sık sık annemden babamdan ya da eşimden ayrı bir kimliğimin olmadığını hissediyorum.	1	2	3	4	5	6

82. Haklarıma saygı duyulmasını ve duygularımın hesaba katılmasını istemekte çok zorlanıyorum.	1	2	3	4	5	6
83. Başkaları beni, diğerleri için çok, kendim için az şey yapan biri olarak görüyorlar.	1	2	3	4	5	6
84. Diğerleri beni duygusal olarak soğuk bulurlar.	1	2	3	4	5	6
85. Kendimi sorumluluktan kolayca sıyrıyorum veya hatalarım için gerekçe bulamıyorum.	1	2	3	4	5	6
86. Benim yaptıklarımın, diğer insanların katkılarından daha önemli olduğunu hissediyorum.	1	2	3	4	5	6
87. Kararlarıma nadiren sadık kalabilirim.	1	2	3	4	5	6
88. Bir dolu övgü ve iltifat almam kendimi değerli birisi olarak hissetmemi sağlar.	1	2	3	4	5	6
89. Yanlış bir kararın bir felakete yol açabileceğinden endişe ederim.	1	2	3	4	5	6
90. Ben cezalandırılmayı hakeden kötü bir insanım.	1	2	3	4	5	6

APPENDIX F: DIFFICULTIES IN EMOTION REGULATION SCALE-

BRIEF FORM

	Hemen Hemen Hiç	Bazen	Yaklaşık Yarıyarıy a	Çoğu Zaman	Hemen Hemen Her zaman
1. Duygularıma bir anlam vermekte zorlanırım.	1	2	3	4	5
2. Ne hissettiğim konusunda karmaşa yaşarım.	1	2	3	4	5
3. Kendimi kötü hissettiğimde işlerimi bitirmekte zorlanırım.	1	2	3	4	5
4. Kendimi kötü hissettiğimde kontrolden çıkarım.	1	2	3	4	5
5. Kendimi kötü hissettiğimde uzun süre böyle kalacağına inanırım.	1	2	3	4	5
6. Kendimi kötü hissetmenin yoğun depresif duyguyla sonuçlanacağına inanırım.	1	2	3	4	5
7. Kendimi kötü hissederken başka şeylere odaklanmakta zorlanırım.	1	2	3	4	5
8. Kendimi kötü hissederken kontrolden çıkacağım korkusu yaşarım.	1	2	3	4	5
9. Kendimi kötü hissettiğimde bu duygumdan dolayı kendimden utanırım.	1	2	3	4	5
10. Kendimi kötü hissettiğimde zayıf biri olduğum duygusuna kapılırım.	1	2	3	4	5
11. Kendimi kötü hissettiğimde davranışlarımı kontrol etmekte zorlanırım.	1	2	3	4	5
12. Kendimi kötü hissettiğimde daha iyi hissetmek için yapabileceğim hiçbir şey	1	2	3	4	5

olmadığına inanırım.					
13. Kendimi kötü hissettiğimde böyle hissettiğim için kendimden rahatsız olurum.	1	2	3	4	5
14. Kendimi kötü hissettiğimde kendimle ilgili olarak çok fazla endişelenmeye başlarım.	1	2	3	4	5
15. Kendimi kötü hissettiğimde başka bir şey düşünmekte zorlanırım.	1	2	3	4	5
16. Kendimi kötü hissettiğimde duygularım dayanılmaz olur.	1	2	3	4	5

APPENDIX G: THE INVENTORY OF FAMILY PROTECTIVE FACTORS

Aşağıda, ailenizin, stres verici durumları ne şekilde çözmeye çalıştığını anlamaya yönelik maddeler bulunmaktadır. Lütfen, her bir maddede yer alan ifadeyi dikkatlice okuyarak, (1)'den (5)'e kadar olan seçenekler arasında, sizin aileniz için en uygun seçeneği işaretleyiniz. Her bir seçeneğin anlamı aşağıda belirtilmektedir. Lütfen, soruları içten bir şekilde yanıtlamaya özen gösteriniz ve aklınıza ilk gelen seçeneği işaretleyiniz.

Aşağıda yazanlar sizin ailenize ne kadar uyuyor?

1-Benim aileme hiç uymuyor.

2-Benim aileme çok az uyuyor.

3-Benim aileme biraz uyuyor.

4-Benim aileme oldukça uyuyor.

5-Benim aileme tamamen uyuyor.

	Benim aileme hiç uymuyor.	Benim aileme çok az uyuyor.	Benim aileme biraz uyuyor.	Benim aileme oldukça uyuyor.	Benim aileme tamamen uyuyor.
1. Ailemizde, son 3 ay içinde, sağlıkla ilgili olarak, sorunlardan çok olumlu şeyler yaşandı.	1	2	3	4	5
2. Ailemizde, son 3 ay içinde, maddi durumumuzla ilgili olarak, sorunlardan çok olumlu şeyler yaşandı.	1	2	3	4	5
3. Ailemizde, son 3 ay içinde, arkadaşlarımız/ahbablarımızla ilgili olarak, olumlu şeylerden çok sorunlar yaşandı.	1	2	3	4	5
4. Ailemizde, son 3 ay içinde, okul ve iş yaşamıyla ilgili olarak, sorunlardan çok olumlu şeyler	1	2	3	4	5

yaşandı.					
5. Aile olarak biz, çoğu durumda iyimser davranırız ve olumlu şeylere odaklanırsınız.	1	2	3	4	5
6. Bizim ailemiz, yaratıcı, becerikli ve kendine yeten bir ailedir.	1	2	3	4	5
7. Çoğu insan, bizim ailemizi canayakın bulur ve bizle birlikte olmaktan hoşlanır.	1	2	3	4	5
8. Aile olarak biz başarılı ve gururluyuzdur.	1	2	3	4	5
9. Ailemizin, bize destek sağlayabilecek en az bir kişiyle iyi ilişkileri vardır.	1	2	3	4	5
10. Aile olarak, yaşamımızda, bizi önemseyen ve bizimle ilgilenen en az bir kişi vardır.	1	2	3	4	5
11. Aile olarak, yaşamda güvenebileceğimiz en az bir kişi vardır.	1	2	3	4	5
12. Ailemizle ilgilenen en az bir kişi vardır.	1	2	3	4	5
13. Aile olarak, sorunlarımızı (hepsini olmasa da) kendimiz çözebiliriz.	1	2	3	4	5
14. Aile olarak, yaşamımızda olup biten pek çok şey üzerinde (hepsi olmasa da) kontrol sahibiyiz.	1	2	3	4	5
15. Aile olarak, yaşamda karşılaştığımız ciddi stres kaynaklarından biri ya da daha fazlasıyla iyi bir şekilde başa çıktık.	1	2	3	4	5
16. Ailemiz, birkaç kez, olumsuz bir durumdan da olumlu birşeyler çıkarmayı başarabilmiştir.	1	2	3	4	5

APPENDIX H: FATHER INVOLVEMENT SCALE

Aşağıda babanızla ilişkileriniz hakkında cümleler verilmiştir. Sizden istediğimiz cocukluk/ergenlik döneminizde babanızla yaşadığınız ilişkinizi düşünerek, aşağıdaki cümlelerin size ne kadar uyduğunu cümlenin yan tarafında verilen en uygun olan dereceyi (1, 2, 3, 4, 5) işaretleyerek belirtmenizdir.

Çocukluk ve ergenlik döneminizi düşündüğünüzde;	Hiç				Oldukça Çok
Sizce babanız baba olmaktan ne kadar hoşlanıyordu?	1	2	3	4	5
Babanız sizin gereksinimlerinizi karşılamak için yeteri kadar istekli miydi?	1	2	3	4	5
Babanıza sırlarınızı paylaşabileceğiniz biri olarak güvenebileceğinizi düşünür müydünüz?	1	2	3	4	5

Çocukluk ve ergenlik döneminizi düşündüğünüzde;	Hiçbir zaman				Her zaman
Desteğine gereksinim duyduğunuzda babanız size bu desteği sağlar mıydı?	1	2	3	4	5
Gün içinde düşünce ve duygularınızın üzerinde babanızın varlığını ve etkisini ne kadar hissederdiniz?	1	2	3	4	5
Babanız sizinle birlikte etkinliklere katılır mıydı?	1	2	3	4	5

Çocukluk ve ergenlik döneminizi düşündüğünüzde;	Çok Kötü				Çok İyi
Babanıza duygusal olarak ne kadar yakındınız? (Babanızla olan duygusal yakınlığınızı nasıl tanımlarsınız)	1	2	3	4	5
Babanızla nasıl anlaşırdınız?	1	2	3	4	5

Çocukluk ve ergenlik döneminizi düşündüğünüzde;	İyi Değil				Mükemmel
Genel olarak babanızı nasıl değerlendirirsiniz?	1	2	3	4	5

APPENDIX I: SYMPTOM CHECK LIST

Aşağıda zaman zaman herkeste olabilecek yakınma ve sorunların bir listesi vardır.

Lütfen her birini dikkatlice okuyunuz. Sonra bu durumun, bugün de dahil olmak üzere son onbeş gün içinde sizi ne ölçüde huzursuz ve tedirgin ettiğini göz önüne alarak, aşağıda belirtilen tanımlamalardan (Hiç / Çok az / Orta derecede / Oldukça fazla / Aşırı düzeyde) uygun olanının altındaki yeri işaretleyerek seçiniz.

	Hiç	Çok Az	Orta Derecede	Oldukça Fazla	Aşırı Düzeyde
1. Baş ağrısı	1	2	3	4	5
2. Sinirlilik ya da içinin titremesi	1	2	3	4	5
3. Zihinden atamadığınız yineleyici (tekrarlayıcı), hoş gitmeyen düşünceler	1	2	3	4	5
4. Baygınlık veya baş dönmeler	1	2	3	4	5
5. Cinsel arzu ve ilginin kaybı	1	2	3	4	5
6. Başkaları tarafından eleştirilme duygusu	1	2	3	4	5
7. Herhangi bir kimsenin düşüncelerinizi kontrol edebileceği fikri	1	2	3	4	5
8. Sorunlarınızdan pek çoğu için başkalarının suçlanması gerektiği duygusu	1	2	3	4	5
9. Olayları anımsamada (hatırlamada) güçlük	1	2	3	4	5
10. Dikkatsizlik veya sakarlıkla ilgili endişeler	1	2	3	4	5
11. Kolayca gücenme, rahatsız olma hissi	1	2	3	4	5
12. Göğüs veya kalp bölgesinde ağrılar	1	2	3	4	5
13. Caddelerde veya açık alanlarda korku hissi	1	2	3	4	5
14. Enerjinizde azalma veya yavaşlama hali	1	2	3	4	5
15. Yaşamınızın sona ermesi düşünceleri	1	2	3	4	5
16. Başka kişilerin duymadıkları sesleri duyma	1	2	3	4	5
17. Titreme	1	2	3	4	5
18. Çoğu kişiye güvenilmemesi gerektiği düşüncesi	1	2	3	4	5
19. İştah azalması	1	2	3	4	5

20. Kolayca ağlama	1	2	3	4	5
21. Karşı cinsten kişilerle ilgili utangaçlık ve rahatsızlık hissi	1	2	3	4	5
22. Tuzağa düşürülmüş veya yakalanmış olma hissi	1	2	3	4	5
23. Bir neden olmaksızın aniden korkuya kapılma	1	2	3	4	5
24. Kontrol edilmeyen öfke patlamaları	1	2	3	4	5
25. Evden dışarı yalnız çıkma korkusu	1	2	3	4	5
26. Olanlar için kendini suçlama	1	2	3	4	5
27. Belin alt kısmında ağrılar	1	2	3	4	5
28. İşlerin yapılmasında erteleme düşüncesi	1	2	3	4	5
29. Yalnızlık hissi	1	2	3	4	5
30. Karamsarlık hissi	1	2	3	4	5
31. Her şey için çok fazla endişe duyma	1	2	3	4	5
32. Her şeye karşı ilgisizlik hali	1	2	3	4	5
33. Korku hissi	1	2	3	4	5
34. Duygularınızın kolayca incitilebilmesi hali	1	2	3	4	5
35. Diğer insanların sizin özel düşündüklerinizi bilmesi hissi	1	2	3	4	5
36. Başkalarının sizi anlamadığı veya hissedemeyeceği duygusu	1	2	3	4	5
37. Başkalarının sizi sevmediği ya da dostça olmayan davranışlar gösterdiği hissi	1	2	3	4	5
38. İşlerin doğru yapıldığından emin olabilmek için çok yavaş yapmak	1	2	3	4	5
39. Kalbin çok hızlı çarpması	1	2	3	4	5
40. Bulantı veya midede rahatsızlık hissi	1	2	3	4	5
41. Kendini başkalarından aşağı görme	1	2	3	4	5
42. Adele (kas) ağrıları	1	2	3	4	5
43. Başkalarının sizi gözlediği veya hakkınızda konuştuğu hissi	1	2	3	4	5
44. Uykuya dalmada güçlük	1	2	3	4	5
45. Yaptığınız işleri bir ya da birkaç kez kontrol etme	1	2	3	4	5
46. Karar vermede güçlük	1	2	3	4	5
47. Otobüs, tren, metro gibi araçlarla yolculuk etme korkusu	1	2	3	4	5
48. Nefes almada güçlük	1	2	3	4	5
49. Soğuk ve sıcak basması	1	2	3	4	5
50. Sizi korkutan belirli uğraş, yer veya nesnelerden kaçınma durumu	1	2	3	4	5
51. Hiç bir şey düşünememe hali	1	2	3	4	5
52. Bedeninizin bazı kısımlarında uyuşma, karıncalanma olması	1	2	3	4	5
53. Boğazınıza bir yumru tıkanmış olma	1	2	3	4	5

hissi					
54. Gelecek konusunda ümitsizlik	1	2	3	4	5
55. Düşüncelerinizi bir konuya yoğunlaştırmada güçlük	1	2	3	4	5
56. Bedeninizin çeşitli kısımlarında zayıflık hissi	1	2	3	4	5
57. Gerginlik veya coşku hissi	1	2	3	4	5
58. Kol ve bacaklarda ağırlık hissi	1	2	3	4	5
59. Ölüm ya da ölme düşünceleri	1	2	3	4	5
60. Aşırı yemek yeme	1	2	3	4	5
61. İnsanlar size baktığı veya hakkınızda konuştuğu zaman rahatsızlık duyma	1	2	3	4	5
62. Size ait olmayan düşüncelere sahip olma	1	2	3	4	5
63. Bir başkasına vurmak, zarar vermek, yaralamak dürtülerinin olması	1	2	3	4	5
64. Sabahın erken saatlerinde uyanma	1	2	3	4	5
65. Yıkanma, sayma, dokunma gibi bazı hareketleri yenileme hali	1	2	3	4	5
66. Uykuda huzursuzluk, rahat uyuyamama	1	2	3	4	5
67. Bazı şeyleri kırıp dökme isteği	1	2	3	4	5
68. Başkalarının paylaşıp kabul etmediği inanç ve düşüncelerin olması	1	2	3	4	5
69. Başkalarının yanında kendini çok sıkılgan hissetme	1	2	3	4	5
70. Çarşı, sinema gibi kalabalık yerlerde rahatsızlık hissi	1	2	3	4	5
71. Her şeyin bir yük gibi görünmesi	1	2	3	4	5
72. Dehşet ve panik nöbetleri	1	2	3	4	5
73. Toplum içinde yiyip-içerken huzursuzluk hissi	1	2	3	4	5
74. Sık sık tartışmaya girme	1	2	3	4	5
75. Yalnız bırakıldığınızda sinirlilik hali	1	2	3	4	5
76. Başkalarının sizi başarılarınız için yeterince takdir etmediği duygusu	1	2	3	4	5
77. Başkalarıyla birlikte olunan durumlarda bile yalnızlık hissetme	1	2	3	4	5
78. Yerinizde duramayacak ölçüde huzursuzluk duyma	1	2	3	4	5
79. Değersizlik duygusu	1	2	3	4	5
80. Size kötü bir şey olacaktıymış duygusu	1	2	3	4	5
81. Bağırma ya da eşyaları fırlatma	1	2	3	4	5
82. Topluluk içinde bayılacağınız korkusu	1	2	3	4	5
83. Eğer izin verirsiniz insanların sizi sömüreceği duygusu	1	2	3	4	5
84. Cinsellik konusunda sizi çok rahatsız eden düşüncelerinizin olması	1	2	3	4	5

85. Günahlarınızdan dolayı cezalandırılmanız gerektiği düşüncesi	1	2	3	4	5
86. Korkutucu türden düşünce ve hayaller	1	2	3	4	5
87. Bedeninizde ciddi bir rahatsızlık olduğu düşüncesi	1	2	3	4	5
88. Başka bir kişiye karşı asla yakınlık duyamama	1	2	3	4	5
89. Suçluluk duygusu	1	2	3	4	5
90. Aklınızda bir bozukluğun olduğu düşüncesi	1	2	3	4	5

APPENDIX K: TEZ FOTOKOPİSİ İZİN FORMU

Anabilim Dalı: Psikoloji

YAZARIN

Soyadı : Mert

Adı : Yasemin

Bölümü : Gelişim Odaklı Klinik Çocuk Ve Ergen Psikolojisi Yüksek Lisans Programı

TEZİN ADI (İngilizce) : Moderating Roles of Father Involvement and Family Protective Factors on the Relationship Between Maternal Early Maladaptive Schemas and Psychological Symptoms of Children

TEZİN TÜRÜ : Yüksek Lisans



Doktora

☐

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.

☒

2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.

☒

3. Tezimden bir (1) yıl süreyle fotokopi alınamaz.

☐

TEZİN KÜTÜPHANEYE TESLİM TARİHİ:

