ASSOCIATED FACTORS OF PSYCHOLOGICAL WELL-BEING: EARLY MALADAPTIVE SCHEMAS, SCHEMA COPING PROCESSES, AND PARENTING STYLES

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

BY

ALİ CAN GÖK

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

SEPTEMBER 2012

Approval of the Graduate School of Social Sciences

_____

Prof. Dr. Meliha Altunışık

Director

I certify that this thesis satisfies all the requirements as a thesis for the degree of Master of Science.

_____

Prof. Dr. Tülin Gençöz

Head of Department

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

_____

Prof. Dr. Tülin Gençöz

Supervisor

Examining Committee Members

Prof. Dr. Tülin Gençöz	(METU, PSY)	_____
Associate Prof. Özlem Bozo İrkin	(METU, PSY)	_____
Assist. Prof. Ayşe Bikem Hacıömeroğlu	(GAZİ Ü., PSY)	_____

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.

Name, Last name : Ali Can Gök

Signature :

ABSTRACT

ASSOCIATED FACTORS OF PSYCHOLOGICAL WELL-BEING: EARLY MALADAPTIVE SCHEMAS, SCHEMA COPING PROCESSES, AND PARENTING STYLES

Gök, Ali Can
M.S., Depratment of Psychology
Supervisor: Prof. Dr. Tülin Gençöz
September 2012, 125 pages

The present study aimed (1) to examine possible influence of demographic variables of age, gender, familial monthly income, relationship status, mother's education, father's education on Parenting Styles, Schema Domains, Schema Coping Styles, and Psychopathology/Life Satisfaction; (2) to examine associated factors of Schema Domains, Schema Coping Styles, Psychopathology/Life Satisfaction; (3) to examine the mediator role of Schema Domains in the relationship between Parenting Styles and Psychopathology/Life Satisfaction; (4) to examine the mediator role of Schema Coping Styles in the relationship between Schema Domains and Psychopathology/Life Satisfaction. In order to fulfill these aims 404 people between the ages 18-42 participated in the study. According to results, negative parenting practices from both sources (i.e., mother, father) were found to be associated with stronger levels of schema domains. Furthermore, Impaired Limits/Exaggerated Standards and Impaired Autonomy/Other Directedness schema domains were found to be associated with Compensation schema coping style; while Disconnection/Rejection and Impaired Limits/Exaggerated Standards schema domains were found related to Avoidance schema coping style. After that, mother's parenting style, schema domains of Disconnection/Rejection, and Impaired Autonomy/Other Directedness were found to be significantly associated with depressive symptomatology. In addition, psychopathological symptoms were found

to be associated with both parenting styles, schema domains of Disconnection/Rejection and Impaired Limits/Exaggerated Standards, and schema coping style of Avoidance. What is more, both parenting styles, schema domain of Disconnection/Rejection, were negatively; and compensation schema coping style was positively associated with satisfaction with life. As for the mediational analyses, schema domains mediated the relationship between parenting styles and psychopathology/life satisfaction; furthermore, schema coping styles mediated the relationship between schema domains and psychopathology/life satisfaction.

Keywords: Early Maladaptive Schemas, Parenting Styles, Schema Coping Styles, Psychopathology, Life satisfaction

ÖZ

PSİKOLOJİK SAĞLIK İLE İLİŞKİLİ FAKTÖRLER: ERKEN DÖNEM UYUMSUZ ŞEMALAR, ŞEMA BAŞ ETME BİÇİMLERİ VE EBEVEYNLİK BİÇİMLERİ

Gök, Ali Can
Yüksek Lisans, Psikoloji Bölümü
Tez Yöneticisi: Prof. Dr. Tülin Gençöz
Eylül 2012, 125 sayfa

Bu çalışma, (1) yaş, cinsiyet, ailenin aylık geliri, ilişki durumu, annenin eğitim durumu, babanın eğitim durumu gibi demografik değişkenlerin ebeveynlik biçimleri, şema alanları, şema baş etme biçimleri ve psikolojik sağlık üzerindeki olası etkilerini; (2) şema alanları, şema baş etme biçimleri, psikolojik sağlık ile ilgili değişkenleri incelemeyi; (3) şema alanlarının, ebeveynlik biçimleri ile psikolojik sağlık arasındaki ilişkideki aracı değişken rolünü; (4) şema baş etme biçimlerinin şema alanları ve psikolojik sağlık arasındaki ilişkideki aracı değişken rolünü araştırmayı amaçlamaktadır. Bu amaçla çalışmaya yaşları 18 ile 42 arasında dağılan 404 kişi araştırmaya katılmıştır. Sonuçlara göre iki kaynaktan da gelen (anne, baba) olumsuz ebeveynlik uygulamaları daha güçlü şema alanları ile alakalı bulunmuştur. Bunun yanı sıra, Zedelenmiş Sınırlar/Abartılı Standartlar ile Zedelenmiş Özerklik/Öteki Yönelimlilik şema alanları Telafi şema baş etme biçimi ile ilişkili çıkarken, Ayrılma/Reddedilme ile Zedelenmiş Sınırlar/Abartılı Standartlar şema alanları Kaçınma şema baş etme biçimi ile ilişkili çıkmıştır. Annenin ebeveynlik biçimi, Ayrılma/Reddedilme ile Zedelenmiş Özerklik/Öteki Yönelimlilik şema alanları depresif belirtiler ile ilişkili çıkmıştır. Buna ek olarak, psikolojik belirtilerin ebeveynlik biçimleri, Ayrılma/Reddedilme ve Zedelenmiş Sınırlar/Abartılı Standartlar şema alanları, ve Kaçınma şema baş etme biçimi ile ilişkili olduğu saptanmıştır. Ebevenlik biçimleri ile Ayrılma/Reddedilme şema alanı negatif yönde; Telafi şema baş etme biçimi de pozitif yönde yaşam doyumu ile ilişkili çıkmıştır.

Son olarak, şema alanları ebeveynlik biçimleri ile psikolojik sağlık arasındaki ilişkide; şema baş etme biçimleri de şema alanları ile psikolojik sağlık arasındaki ilişkide aracı değişken rolü aldığı ortaya çıkmıştır.

Anahtar Kelimeler: Erken Dönem Uyumsuz Şemalar, Ebeveynlik Biçimleri, Şema Baş Etme Biçimleri, Psikolojik Sağlık

"*Azg nazg durbatulûk*."

ACKNOWLEDGEMENTS

First of all, I would like to thank to my family; Dursune Gök, Cemil Gök, and Taylan Caner Gök, for always being there for me. I would not the man who I am now, if it were not for you.

I am grateful to my thesis supervisor Prof. Dr. Tülin Gençöz, for her support and guidance in this process. Furthermore, I thank to my thesis committe members, Assoc. Prof. Dr. Özlem Bozo, and Asst. Prof. Dr. Ayşe Bikem Hacıömeroğlu, for their valuable feedbacks.

I would also want to thank to my friends who backed me up in the thesis writing process.

And finally to my fiancée, Burçin Cihan; love each day.

TABLE OF CONTENTS

LIST OF TABLES

TABLES

LIST OF FIGURES

FIGURES

CHAPTER I

INTRODUCTION

Childhood factors have always been crucial in understanding adult psychopathology in psychology literature since the very beginning (Wicks-Nelson, Israel, 2006). Many theorists highlighted that the early parent-child relationship is critical for an healthy psychological adjustment later in adulthood (2006). Social interactions with significant others in childhood is keystone in many theories. Object-relations theories (Winnicot, 1965), and ego psychology (Freud, 1946) theory hypothesize that child's early relationships with caregivers are the most significant element on development of psychological disorders.

Bowlby (1969, 1982), in his attachment theory, focused on infant's relation to attachment figure whom he/she had the closest relationship. If the child had a secure bond with the attachment figure, it predicted sociability, compliance with parents, effective emotion regulation, and psychological well-being. On the other hand, if the bond between child and attachment figure was insecure, expectancy of poor social relations, poor emotional regulation and psychological disorders increased (Mason, Platts, & Tyson, 2005).

Cognitive component of attachment relationship between caregiver and the child are the mental representations of the attachment figure, self and the environment, of which originate from the relationship (Bowlby, 1969). Repeated experiences in the attachment relationship would become organized in scripts and these scripts lead to internal working models as suggested by Bowlby (1969). Internal working models of child are used as template behavior in later situations or later relationships (Bowlby, 1969).

Likewise, Young (1999) proposed the concept of Early Maladaptive Schemas (EMS) which is similar to Bowlby's concept of "internal working model", with influence of Bowlby's Attachment Theory (Young, Kolosko, &Weishaar, 2003). Despite the terminological differences, schema conceptualization is rooted in

Attachment Theory; further, schemas resemble internal working models of early interactions with significant others (Safran, 1990; Young, Kolosko, & Weishaar, 2003). EMSs are conceptualized as organized thoughts and feelings about self, others, and the world; furthermore, they shape how individuals perceive and respond to experiences. EMSs develop during childhood through the combination of genetic disposition, biological factors, and environmental factor; further, are stable and enduring themes which are magnified through individual's life; moreover, "maladaptive" to some degree as its name suggests. EMSs are considered to mirror childhood experiences in relation to attachment and approval issues, hence, basically reflect the earlier learning experiences with significant others (Welburn, Coristine, Dagg, Pontefract, & Jordan, 2002). The child is obstructed from the satisfaction of basic needs, as a result EMSs evolve as a product of the child's efforts to understand and make sense of these experiences (Nordahl, Holthe, & Haugum, 2005). EMSs are the deepest level of cognitive structures which contain memories, cognitions, emotions, and bodily sensations (Young, Kolosko, & Weishaar, 2003). "Schema Therapy" is introduced as a new, innovative, and integrative therapy approach for treatment of chronic psychological problems, interpersonal problems characterized by vague and ill defined complaints often associated with complex personality disorders via identifying and changing EMSs (2003).

1.1. Cognitive Theory and Schemas

Concept of "Schema" has an extensive history in psychology literature (Safran, 1998). A schema is an abstract representation of the distinct features of a phenomenon and a kind of diagram for its most distinctive elements. Also, schemas can be conceptualized as an abstract cognitive plan that serves for interpreting information and solving problems (Young, Kolosko, & Weishaar, 2003).

The term "schema" has been used earlier by Bartlett (1932) and Piaget (1952), as cognitive organizations that shape perceptual experiences and understanding of the world –although Bartlett preferred using the term "schemata". Furthermore, Beck (1967) defined schemas as cognitive structures for screening, coding, and evaluating the incoming data. Beck, et al. (1979) hypothesized distorted

conceptualizations and dysfunctional beliefs underlie cognitions in depression as schemas, functioning as vulnerability factors.

1.2. Schema Theory and Early Maladaptive Schemas

Young (1999) proposed that interactions during childhood lead to the EMSs, primarily toxic childhood experiences; on the other hand all EMSs are not necessarily resulted from toxic childhood experiences such as traumas or mistreatment. These deep level of cognitions about self, other, and world may be fundamental in personality disorders, mild characterological problems, and many chronic symptom disorders (Young, Kolosko, & Weishaar, 2003).

EMSs are defined as "a broad pervasive theme or pattern; comprised of memories, emotions, cognitions, and bodily sensations; regarding one's self and one's relationship with others; developed during childhood or adolescence; elaborated through one's life time; dysfunctional to some degree" (Young, Kolosko, & Weishaar, 2003, p. 7). EMSs develop as a result of unsatisfied core emotional needs in childhood period. Five core emotional needs have been theorized in Schema Theory, which are secure attachment to others including safety, nurturance, and acceptance needs; autonomy, competence, and a sense of identity; freedom to express valid needs and emotions; spontaneity and play; and lastly, realistic limits and self-control. These basic emotional needs are not yet empirically tested; however, are believed to be universal. For an healthy psychological adjustment these core emotional need are to be met adaptively. Interaction between child's inner temperament and environmental factors may result in frustration rather than fulfillment of these needs, therefore, lead to development of EMSs (Young, Kolosko, & Weishaar, 2003).

1.2.1. Acquisition of EMSs

Four processes operate in acquisition EMSs. First one is "toxic frustration of needs". In this process, child receives too little attention from significant others so that the child's core emotional needs are not satisfactorily met. EMSs such as "Emotional deprivation" or "Abandonment" are thought to be stemmed from such process.

The second process is in acquisition of EMSs is “traumatization or victimization”. In this process, child undergoes from a traumatic event and/or become a victim in a dangerous event. EMSs such as “Mistrust/Abuse”, “Defectiveness/Shame”, and “Vulnerability to harm” may develop as a result of traumatization or victimization in child’s history.

Another process in acquisition of EMSs is that child receives too much from significant others in the opposite form of first process in which child receives too little. Parents or the caregivers provide too much, in return the child is prevented from establishing base for taking care of his/her needs which is failure to develop autonomy and realistic limits.

Fourth and final process is “selective internalization or identification with significant other”. The child does not internalize or identify with the entire aspects of the significant others rather, selectively internalize or identify with some characteristics of significant others (Young, Kolosko, & Weishaar, 2003).

1.2.2. Early Maladaptive Schemas and Schema Domains

Young (1999) proposed that that there were 18 different EMSs under five schema domains. First schema domain is called “Disconnection and Rejection” which involve the unmet needs of acceptance, security, safety, stability, and nurturing. People with EMSs in “Disconnection and Rejection” domain are not able to form secure, satisfying attachments to others. Typically, family environment is unstable, abusive, cold, rejecting, and isolated. This domain includes EMSs of “Abandonment/Instability”, “Mistrust/Abuse”, “Emotional Deprivation”, “Defectiveness”, and “Social Isolation”. Abandonment/Instability schema is the belief about perceived instability or unreliability in connection to significant others and involves the feelings that significant others will not be able to continue providing emotional support, connection, strength, or safety because they are emotionally unpredictable, and unreliable, or present only intermittently; since they will die probably; or because they will abandon for someone better. Mistrust/Abuse schema is the perception that others will hurt, abuse, humiliate, cheat, lie, manipulate, or take advantage of oneself intentionally. Moreover, people with Emotional Deprivation

EMS comprises the expectations of one's need of emotional support will not be met adequately. There are three subtypes of this EMS: Deprivation of Nurturance,

Table 1. Schema Domains and Early Maladaptive Schemas

Schema Domain	Disconnection & Rejection	Impaired Autonomy & Performance	Impaired Limits	Other Directedness	Overvigilance & Inhibition
Early Maladaptive Schemas	Abandonment / Instability	Dependence / Incompetence	Entitlement / Grandiosity	Subjugation	Negativity / Pessimism
	Mistrust / Abuse	Vulnerability to harm or illness	Insufficient self control / Self discipline	Self Sacrifice	Emotional Inhibition
	Emotional Deprivation	Enmeshment / Undeveloped self		Approval Seeking / Recognition Seeking	Unrelenting Standards / Hypercriticalness
	Defectiveness / Shame	Failure			Punitiveness
	Social Isolation / Alienation				

Adapted from Young, Weishaar, & Klosko (2003).

unsatisfied needs of attention, affection, warmth, and companionship; Deprivation of Empathy, unsatisfied needs of understanding, listening, self-disclosure, or mutual sharing of emotions from others; Deprivation of Protection, unsatisfied needs of strength, direction, or guidance from others. Defectiveness/Shame EMS contains the belief that one is defective, bad, unwanted, inferior, and invalid in important aspects. People with this EMS might be sensitive to criticism, rejection, and blame. Final EMS under Disconnection/Rejection domain is Social Isolation/Alienation which refers to the feeling that one is isolated from rest of the world, different from other people, and/or not a part of any community or group (Young, Kolosko, & Weishaar, 2003).

The second domain is “impaired autonomy and performance”. Autonomy refers to ability to function independently according to one’s age level. Hence, this domain includes “expectations about oneself and the environment that interfere with one’s perceived ability to separate, survive, function independently, and/or perform successfully”. In the origin of this schema domain lies enmeshed family relations. Family members did everything or behave in an overprotective manner that undermines child’s confidence and fails to reinforce child’s competent performance outside of the family environment. As a result, child is unable to forge his/her own identity and create his/her own life, further, remain childish well into his/her adult life. This schema domain comprises EMSs of “Dependence/Incompetence”, “Vulnerability to Harm or Illness”, “Enmeshment/Undeveloped Self”, and “Failure”. People with “Dependence/Incompetence” schema hold the belief that they are incapable of handling everyday responsibilities in a competent way without considerable help received from others. Vulnerability to Harm or Illness contains overstated fear that a sudden catastrophe will strike at any time and the individual will not be able to cope. The EMS of “Enmeshed/Undeveloped Self” refers to extreme involvement with one or more significant other in the cost of their full individuation and social development with holding the belief that at least one person is unable to function without the other in the enmeshed relationship. Lastly, “Failure” is the belief that one will eventually fail in the areas of achievement (e.g., academic, career, sports) and inadequate in terms of achievement in comparison to peers (Young, Kolosko, & Weishaar, 2003).

Third domain is named as “Impaired Limits” which refers to deficiency in internal limits, responsibility towards others, long-term goal orientation. “Permissiveness, overindulgence, lack of direction; or a sense of superiority rather than appropriate confrontation, discipline, and limits in relation to taking responsibility, cooperating in a reciprocal manner, and setting goals” are the characteristics originates from family in people with Impaired Limits EMS. “Entitlement/Grandiosity”, and “Insufficient Self-Control/Self Discipline” are the EMSs under this domain. “Entitlement/Grandiosity” schema is based on the belief that one is superior to other people; entitled to special rights and privillages; or not bound to by the rules of reciprocity that guide normal social interaction. “Insufficient

Self-Control/Self Discipline" EMS contains the condition that pervasive difficulty or refusal to exercise sufficent self-control and frustration tolerance to achieve one's personal goals , or to restrain the excessive expression of one's emotions and impulses (Young, Kolosko, & Weishaar, 2003).

"Other Directedness" is the fourth domain which indicates the characteristics of people who put excessive focus on desires, feelings, responses, and needs of others at the expense of sacrificing their own needs in order to attain love and approval, maintain their sense of connection, or avoid vengeance. This EMS is rooted from conditional acceptance: the child must restrain significant aspects of himself/herself to gain love, attention, and approval. "Subjugation", "Self-Sacrifice", "Approval-Seeking/Recognition-Seeking" are the EMSs under this domain. "Subjugation" EMS contains excessive surrendering of control to others because one feels forced in order to avoid anger, abandonment, or retaliation. "Self-Sacrifice" schema is based on excessive focus on voluntarily fulfilling the needs of others at the expense of one's own needs. Lastly, "Approval-Seeking/Recognition-Seeking" schema refers to excessive emphasis on gaining approval, recognition or attention from other people or conformity, at the cost of developing a secure and true sense of self (Young, Kolosko, & Weishaar, 2003).

The fifth and final schema domain is named as "Overvigilance and Inhibition" which is based on features of people who supress their sponteneous feelings and impulses, and rather follow rigid, internalized rules and expectations about performance and ethical behavior at the expense of happiness, self-expression, relaxation, close relationships, or health. This domain mainly originates from families with harsh, rigid, demanding, or perfectionist characteristics. "Negativism/Pessimism", "Emotional Inhibition", "Unrelenting Standards/Hypercriticalness", and "Punitiveness" are the EMSs under this domain. "Negativism/Pessimism" stands for a pervasive, lifelong focus on the negative aspects of life while minimizing or neglecting the positive or optimistic aspects with constant expectation that things will eventually go seriously wrong. "Emotional Inhibition" EMS contains an excessive inhibition of spontaneous action, feeling, or communication, in order to avoid disapproval by others, feelings of shame, or losing control of one's impulses. "Unrelenting Standards/Hypercriticalness" is based on the

belief that one must endeavour to fulfill excessive high internalized standards of behavior and performance, in order to avoid criticism. Finally, "Punitiveness" schema includes the belief that people should be harshly punished for making mistakes (Young, Kolosko, & Weishaar, 2003).

Although, above is given 18 EMSs under 5 schema domains according to theoretical framework of Young and his colleagues (Young, 1999; Young, Kolosko, & Weishaar, 2003), numbers and names of schemas have changed in the light of empirical research and theoretical refinements (Oei, & Baranoff, 2007). Efforts in classification of EMSs have begun with clinical experience (Oei, & Baranoff, 2007, Young, 1990). Young (1990) originally suggested 16 EMSs on the basis of clinical experience, and revisions have been made on the list of EMSs via factor analytic work in empirical studies using Young Schema Questionnaire (Schmidt, et. al., 1995; Oei, & Baranoff, 2007), therefore, EMSs and schema domains do not fully overlap among studies (see Table 2). In addition, research suggests that clinical population represent theoretical framework of EMSs better as compared to student population (Soygüt, Karaosmanoğlu, & Çakır, 2009). In this study, three schema domains suggested in Sarıtaş and Gençöz's study will be used (Sarıtaş, & Gençöz, 2011); which were Impaired Limits/Exaggerated Standards schema domain containing EMSs of Entitlement, Approval Seeking, Unrelenting Standards, Pessimism, Insufficient self control, Punitiveness; Disconnection/Rejection schema domain containing EMSs of Emotional deprivation, Social Isolation, Defectiveness/Shame, Emotional inhibition, Mistrust/Abuse, Failure; Impaired Autonomy/Other Directedness schema domain containing EMSs of Subjugation, Dependency/Incompetence, Enmeshment, Vulnerability to harm, Abandonment/Instability, Self Sacrifice (Sarıtaş & Gençöz, 2011).

Table 2. Listings of EMSs

Authors	**Young, (1990)**	**Schmidt, Joiner, Young, & Telch, (1995)**	**Lee, Taylor, & Dunn (1999)**	**Young, Weishaar, Klosko, (2003)**	**Soygüt, Karaosmanoğlu, & Çakır, (2007)**	**Sarıtaş, & Gençöz, (2011)**
Derivation	Theoritecally derived	Derived through Pricincipal component analysis of Young Schema Questionnairre Long form	Derived through Pricincipal component analysis of Young Schema Questionnairre Long form	Theoritecally derived	Derived through Principal component analysis of Young Schema Questionairre Short Form version 3	Derived through Principal component analysis of Young Schema Questionairre Short Form version 3
Number of EMSs	16	13	16	18	14	18
EMS 1	Abandonment	Abandonment	Abandonment	Abandonment	Abandonment	Abandonment
EMS 2	Mistrust	Mistrust	Mistrust	Mistrust / Abuse	Social Isolation / Mistrust	Mistrust / Abuse
EMS 3	Emotional Deprivation	Emotional Deprivation	Emotional Deprivation	Emotional Deprivation	Emotional Deprivation	Emotional Deprivation
EMS 4	Defectiveness	Defectiveness	Defectiveness	Defectiveness / Shame	Defectiveness	Defectiveness / Shame
EMS 5	Social Isolation / Alienation	Social Isolation / Alienation	Social Isolation / Alienation	Social Isolation / Alienation	-	Social Isolation
EMS 6	Dependence / Incompetence	Dependence / Incompetence	Dependence / Incompetence	Dependence / Incompetence	Enmeshment / Dependence	Dependence / Incompetence
EMS 7	Vulnerability to harm	Vulnerability to harm	Vulnerability to harm	Vulnerability to harm	Vulnerability to harm	Vulnerability to harm
EMS 8	Enmeshment	Enmeshment	Enmeshment	Enmeshment	-	Enmeshment
EMS 9	Failure to achieve	-	Failure to achieve	Failure	Failure	Failure
EMS 10	Entitlement	-	Entitlement	Entitlement	Entitlement / Insufficient self control	Entitlement
EMS 11	Insufficient self control	Insufficient self control	Insufficient self control	Insufficient self control	-	Insufficient self control
EMS 12	Subjugation	-	Subjugation	Subjugation	-	Subjugation
EMS 13	Self sacrifice	Self sacrifice	Self sacrifice	Self sacrifice	Self Sacrifice	Self sacrifice
EMS 14	-	-	-	Approval seeking	Approval seeking	Approval seeking
EMS 15	-	-	-	Pessimism	Pessimism	Pessimism
EMS 16	Emotional Inhibition	Emotional Inhibition	Emotional Inhibition / Fear of losing control	Emotional Inhibition	Emotional Inhibition	Emotional Inhibition
EMS 17	Unrelenting Standards	Unrelenting Standards	Unrelenting Standards	Unrelenting Standards	Unrelenting Standards	Unrelenting Standards
EMS 18	-	-	-	Punitiveness	Punitiveness	Punitiveness
Additional EMS	Social Undesirability	Fear of losing control	Emotional Constriction	-	-	-

Adapted from Oei, Baranoff (2007)

1.2.3. Early Maladaptive Schemas and Psychopathology

A theoretical connection is fostered between EMSs and psychopathology (Oei, & Baranoff, 2007; Young, Kolosko, & Weishaar, 2003). Various EMSs pose specific vulnerabilities for miscellaneous psychological disorders (Nordahl, Holthe, & Haugum, 2005) when stressor situations activate them (Sarıtaş & Gençöz, 2011). In addition, severity of EMSs has a positive relationship with symptomatic distress (Nordahl, Holthe, & Haugum, 2005; Pinto-Gouveia, Castillo, & Galhardo, 2006), and personality disorder characteristics (Lee, et. al., 1999).

Young (1999) proposed EMSs are linked to psychological distress such as depression, anxiety, etc. One study suggests that EMSs with themes of loss/worthlessness are related to depressive symptomatology, while EMSs with themes of danger are related to anxious symptomatology (Lumley & Harkness, 2007). Although the EMSs have good discriminative ability to predict presence or absence of psychopathology (Stallard, 2007), studies presented that the relationship between certain psychological symptoms and certain EMSs have not been clearly identified (Sarıtaş & Gençöz, 2011).

Defectiveness/Shame, Insufficient self-control, Vulnerability, and Incompetence/Inferiority are the EMSs which are found to mediate the relationship between parental perceptions and depressive symptomatology (Harris & Curtin, 2002). The EMSs of Defectiveness/Shame, Vulnerability to harm, and Self-sacrifice are reported to mediate the relationship between childhood emotional maltreatment and psychological problems such as depression and anxiety (Wright, Crawfort, & Del Castillo, 2009).

Eating disorders are found to be related with certain EMSs. Moreover, EMS profiles among three different types of easting disorders -namely, bulimia nervosa, restricting anorexia nervosa, and binging/purging anorexia nervosa- differed and the EMSs of defective (Unoka, Tölgyes, & Czabor, 2007). In another study about eating disorders, The EMSs of Defectiveness/Shame, Abandonment, and Vulnerability to harm are recounted to mediate the relationship between father-daughter interaction and eating symptomatology (Jones, Leung, & Harris, 2006). Mistrust/abuse, Defectiveness/Shame, Dependence/Incompetence and Subjugation EMSs are found

to be strong in people with eating disorders in another study (Lawson, Waller, & Lockwood, 2007).

EMSs are found to be related to anxiety disorders of Social Phobia, Obsessive-Compulsive Disorder, and Panic Disorder; furthermore, Social phobic patients scored higher in the EMSs of Emotional Deprivation, Guilt/Failure, Social Undesirability/Defectiveness, Mistrust/Abuse, Dependence, Social isolation, Subjugation, and Shame (Pinto-Gouveia, Castillo, & Galhardo, 2006). Muris (2006) reported that EMSs were correlated with psychopathology such as depression, anxiety, disruptive behavior, eating problems, and substance abuse. What is more, EMSs were associated with personality disorder symptomatology in non-clinical samples (Reeves, & Taylor, 2007; Carr, & Francis, 2010).

1.3. Schema Coping Styles

Young, et. al. (2003) suggested that people develop maladaptive schema coping styles early in childhood in order to adapt schema content, due to the fact that thoughts, feelings, impulses, and memories associated with EMSs are distressing. These strategies may be adaptive early in life to deal with unpleasant life events; however, they become dysfunctional as they are generalized to life situations later in life, especially in adulthood. Therefore, these coping styles fail to meet the basic needs that EMSs are rooted from, and serve as an opposing factor for schema's healing, despite the fact that they are implemented for the unmet need. Coping processes may relieve distress in short term; on the other hand, in the long run they strengthen the EMSs.

There is a distinction between EMSs and Schema Coping Styles. EMSs include memories, emotions, bodily sensations, and cognitions; whereas Schema Coping Styles contain behavioral responses. Behavioral responses are not considered as a part of the EMS, rather a part of the coping strategy, since same individual may utilize different coping strategies to cope with the same EMS over time, while EMS stands stable. Even though, coping responses to EMSs are mostly behavioral, people may also use cognitive and emotional strategies; however, these strategies are still a part of coping styles (Young, Kolosko, & Weishaar, 2003).

Maladaptive Coping Styles are simply analogous to all organisms' basic responses to threat; fight, flight, and freeze. These basic responses reciprocate three schema coping styles; fight being Schema Overcompensation, flight being Schema Avoidance, and freeze being Schema Surrender (Young, Kolosko, & Weishaar, 2003).

1.3.1. Schema Surrender

When Schema Surrender is exerted as a coping style, people with certain EMS yield to the EMS, and acknowledges its content as true. In addition, when this coping process is utilized individuals with EMS behave in ways that validates and strengthens the EMS. They reproduce schema driven patterns which are created in childhood, later in their adult life without intention. They do not avoid or fight the EMSs, hence, feel the emotional pain related to EMS directly (Young, Klosko, & Weishaar, 2003).

1.3.2. Schema Avoidance

When Schema Avoidance is used as a coping style, individuals with EMS are aware of their schemas latently, and behave in ways not to face with their EMSs. When EMS is activated they try to repel the emotions, thoughts, and images related to EMS. Usual strategy to ignore schema content is to avoid situations that might trigger EMS; for example, close relationships or academic challenges (Young, Kolosko, & Weishaar, 2003).

1.3.2.1. Schema Avoidance and Psychopathology

Young and Rygh (1994) published Young Rygh Avoidance Inventory (YRAI) to detect schema avoidance. Theoretically, schema avoidance is related to schema perpetuation, therefore schema is maintained along with the psychological disturbance (Young, Kolosko, & Weishaar, 2003). However, research indicating the relationship between psychopathology and schema avoidance is scarce (Spranger, Waller, & Bryant-Waugh, 2001). A study among bulimic women revealed that bulimic women tend to utilize more schema avoidance as compared to control group (Spranger, Waller, & Bryant-Waugh, 2001). Furthermore, a differentiation between cognitive/emotional and behavioral/somatic schema avoidance has been made. In the

study, non-bulimic control group showed a positive relationship between eating psychopathology and behavioral/somatic avoidance, and such relationship was not revealed in bulimic group (Spranger, Waller, & Bryant-Waugh, 2001). On the contrary, another study revealed that bulimic women tend to use behavioral/somatic schema avoidance (Luck, Waller, Meyer, Ussher, & Lacey, 2005).

1.3.3. Schema Overcompensation

When people with EMSs use Schema Overcompensation as a coping style, they fight against the schema content. They try to prove the opposite way that the EMS suggests. When they are confronted by the EMS, they counterattack and try to illustrate contrary.

1.3.3.1. Schema Overcompensation and Psychopathology

Research understanding contribution of schema processes in psychopathology is infrequent, and it is essential to highlight schema coping processes for a better understanding of psychopathology (Karaosmanoğlu, Soygüt, & Kabul, 2011). In one study, Schema Compensation is thought to be central in restrictive eating pathologies (Luck, Waller, Meyer, Ussher, & Lacey, 2005). In another study, Schema Compensation is found to mediate the relationship between eating pathology and parenting (Sheffield, Waller, Emanuelli, Murray, & Meyer, 2009).

1.4. Parenting Styles

Parenting is an important issue in schema conceptualization, since EMSs rooted in disturbances in fulfillment of basic core emotional needs (Young, Weishaar, & Kolosko, 2003).Therefore, there is a theoretical link between parenting styles and EMSs (Young, Weishaar, & Kolosko, 2003). Especially, cold, rejecting, and over involved perceived parental rearing styles (Murris, 2006; Harris, & Curtin, 2002); moreover, abusive and neglecting experiences are found to be related to EMSs as well (Hartt & Waller, 2001).

1.4.1. Parenting Styles and Psychopathology

In schema conceptualization, early interactions with parents result in development of EMSs, and EMSs result in psychopathology. Accordingly, it can be depicted that EMSs have a mediating role between parenting styles and psychopathology (Young, Weishaar, & Kolosko, 2003). This hypothesis is supported by research. EMSs mediated the relationship between father-daughter relationship and eating symptomatology; paternal protection and paternal rejection are found to be related to eating disorders (Jones, Leung, & Harris, 2006). What is more, punitive fathers and emotionally inhibited mothers are related to development of eating disorders (Sheffield, et al., 2009). Furthermore, perceptions of parenting are related to depressive symptomatology; low perceived parental care, perceived parental over protection are reported to be related to EMSs of Defectiveness/Shame, Insufficient Self Control, Incompetence/Inferiority, and Vulnerability, also depressive symptoms; further, EMSs partially mediated the relationship between perceived parenting and depressive symptoms (Harris & Curtin, 2002). Another study in a clinical sample illustrates that EMSs mediate the relationship between perceptions of parental rearing styles and personality disorder symptoms (Thimm, 2010). Rejection from both parents and less emotional warmth are found to be related to cluster A and cluster B personality disorders, while paternal rejection is reported to be linked to cluster C symptoms (Thimm, 2010).

1.5. Life Satisfaction

Researches on subjective well-being have been increased in frequency in recent years (Durak, Şenol-Durak, & Gençöz, 2010). Furthermore, three aspects of subjective well-being have been revealed; namely, positive affect, negative affect, and life satisfaction (Andrews & Withey, 1976). Positive and negative affect refers to emotional and affective side of subjective well-being, whereas life satisfaction covers a cognitive, judgmental process on the construct (Diener, Emmons, Larsen, & Griffin, 1985). Appraisal of one's life satisfaction is relied on inner standards of the individual rather than externally determined goals that are to be achieved (Diener, et al., 1985).

Several instruments have been developed in order to measure the concept of subjective well-being (Durak, et al., 2010). Satisfaction with life scale (SWLS) is a widely used instrument to measure life satisfaction as a cognitive judgmental process containing five statements related to global life satisfaction (Diener, et al. 1985). The instrument have been proven to have good levels of reliability and validity across different cultures (Durak, et al., 2010; Diener, et al., 1985).

1.6. Aims of the Present Study

In Schema Theory, EMSs are thought to be emerged as a result of interaction with parents in childhood period. Therefore, parenting styles carries an important value in formation of EMSs (Young, Kolosko, & Weishaar, 2003). In literature, research has been conducted to investigate the relationship between parenting and psychopathology and role of EMSs in it (see section 1.4.1.). On the other hand, these studies did not measure parenting construct with Schema Theory's own parenting scale "Young Parenting Inventory". Furthermore, According to Schema Theory, behavior is not a part of schema itself, but rather it is a part of coping mechanisms as response to schema content. Thus, the role of coping styles between EMSs and psychopathology/life satisfaction should be investigated as well. Therefore, the current study aims:

(1) To examine possible influence of demographic variables of age, gender, familial monthly income, relationship status, mother's education, father's education on Parenting Styles (i.e., Mother's parenting style, Father's parenting style), Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness), Schema Coping Styles (i.e., Compensation, Avoidance), and Psychopathology/Life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life).

(2) To examine associated factors of Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness), Schema Coping Styles (i.e., Compensation, Avoidance), Psychopathology/Life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life).

(3) To examine the mediator role of Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) in the relationship between Parenting Styles (i.e., Mother's parenting style, Father's parenting style) and Psychopathology/Life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life).

(4) To examine the mediator role of Schema Coping Styles (i.e., Compensation, Avoidance) in the relationship between Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) and Psychopathology/Life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life).

Hence, the hypotheses of the current study are as follows:

(1) Higher scores in parenting styles (which refers to negative parenting practices) will be related to higher scores in schema domains, after controlling for demographic variables.

(2) Higher scores in schema domains will be related to higher scores in schema coping styles, after controlling for demographic variables and parenting styles.

(3) Higher scores in schema coping styles will be related to higher scores in psychopathology and lower scores in life satisfaction, after controlling for demographic variables, parenting styles, and schema domains.

(4) Schema domains will mediate the relationship between parenting styles and psychopathology/life satisfaction.

(5) Schema coping styles will mediate the relationship between schema domains and psychopathology/life satisfaction.

CHAPTER II

METHOD

2.1. Participants

In the present study, as shown in Table 3, 404 participants were (as 324 females [80.2%] and 80 males [19.8%] was gender distribution) between the ages of 18 and 42 (M = 22.67, SD = 3.30). All participants were university students; 72.8% (n = 294) were at undergraduate level, 19.1% (n = 77) at master level, and 8.2% (n = 33) were at doctorate level.

According to accommodation status, 34.9% (n = 141) of the participants were resided in dormitories, 29.2% (n = 118) of the participants were living with their families, 21.3% (n = 86) with their flatmates, 9.7% (n = 39) were living alone, 1% (n = 4) were living with their relatives, while 4% (n = 16) were resided in other types of accomodation. Furthermore, participants were distributed through relation status as, 53% (n = 214) single, 43.1% (n = 174) in a relationship, 3.2% (n = 13) married, and 0.7% (n = 3) engaged. As far as the familial monthly income of participants considered, 7.7% (n = 31) had an income between 0-999 Turkish Liras (TL) , 27.5% (n = 111) had an income between 1000-1999 TL, 23.8% (n = 96) had an income between 2000-2999 TL, 20% (n = 81) had an income between 3000-3999 TL, 8.4% (n = 34) had an income between 4000-4999 TL, 5.2% (n = 21) had an income between 5000-5999 TL, and finally, 7.4% (n = 30) had an income over 6000 TL.

Participants' parental education level scattered as; for mother, 4.7% (n = 19) were literate, 20.3% (n = 82) were primary school level, 6.4% (n = 26) were secondary school level, 30.4% (n = 123) were high school level, 33.9% (n = 137) were college level, and 4.2% (n = 17) were graduate level; for father, 1.7% (n = 7) were literate, 12.9% (n = 52) were primary school level, 8.7% (n = 35) were secondary school level, 23% (n = 93) were high school level, 44.6% (n = 180) were college level, 9.2% (n = 37) were graduate level.

Moreover, it is reported that 15.1% (n = 61) of the participants did not have siblings; while, 58.2% (n = 235) had one sibling, 14.6% (n = 59) had two siblings, 7.4% (n = 30) had three siblings, and the remaining 4.7% (n = 19) had four or more siblings.

According to previous psychological and /or psychiatric treatment history, 29.4% (n = 119) of the participants have recieved treatment, 70.6% (n = 285) have not recieved any treatments (See Table 3 for details).

Table 3. Demographic Characteristics of the Participants

Variables	**N (404 participants)**	**%**
Gender	**Total: 404**	
Female	324	80.2
Male	80	19.8
Age	**Total: 404**	
Between 18-20	121	30
Between 21-23	154	38.1
Between 24-42	129	31.9
Accomodation	**Total: 404**	
With family	118	29.2
With relatives	4	1
With flatmates	86	21.3
Alone	39	9.7
Dormitory	141	34.9
Other	16	4
University Level	**Total: 404**	
Undergraduate	294	72.8
Master	77	19.1
Doctorate	33	8.2
Relationship Status	**Total: 404**	
Single	214	53
In a relationship	174	43.1
Engaged	3	0.7
Married	13	3.2
Familial Monthly Income	**Total: 404**	
0-999 TL	31	7.7
1000-1999 TL	111	27.5
2000-2999 TL	96	23.8
3000-3999 TL	81	20
4000-4999 TL	34	8.4
5000-5999 TL	21	5.2
6000+ TL	30	7.4

Table 3 (continued)

Mother Education	**Total: 404**	
Literate	19	4.7
Primary School	82	20.3
Secondary School	26	6.4
High School	123	30.4
College	137	33.9
Graduate	17	4.2
Father Education	**Total: 404**	
Literate	7	1.7
Primary School	52	12.9
Secondary School	35	8.7
High School	93	23
College	180	44.6
Graduate	37	9.2
Number of Sibling	**Total: 404**	
0	61	15.1
1	235	58.2
2	59	14.6
3	30	7.4
4 or more	19	4.7
Previous Psychological and/or Psychiatric Treatment	**Total: 404**	
Individual Psychotherapy	44	10.9
Group Psychotherapy	1	.25
Medication	23	5.7
Individual Therapy & Medication	45	11.1
Group Therapy & Medication	2	.50
Individual Therapy, Group Therapy, & Medication	3	.70
Other	1	.25
None	285	.70.6

2.2. Measures

First, a demographic information form was administered. Demographic information form was created by the author in order to gather demographic information of the participants such as sex, age, university level, relationship status, familial monthly income, parent education level, number of siblings, and psychological and/or psychiatric treatment history (See Appendix B)

Following demographic information form, Young Schema Questionairre (See Appendix C), Young Parenting Inventory (See Appendix D), Young Compensation Inventory (See Appendix E), Young Avoidance Inventory (See Appendix F), Beck Depression Inventory (See Appendix G), Brief Symptom Inventory (See Appendix H), and finally Satisfaction with Life Scale (See Appendix I) were given to participants.

2.2.1. Young Schema Questionairre

The Young Schema Questionairre was developed to evaluate Early Maladaptive Schemas. Items are rated on 6-point likert scale and higher scores on the items shows the presence of the schema. Original form of the inventory consists of 205 items and 18 schemas (Schemidt, et al., 1995). Young (1990) developed a short version of the inventory containing 75 items. Factor analysis of the short form of the inventory suggests that short form covers 15 schemas (Welburn, et al., 2002). Research suggest that short versions and long versions of Young Schema Inventory show very similar internal consistency (Waller, Meyer, & Ohanian, 2001).

Turkish adaptation of the inventory was conducted by Karaosmanoğlu, Soygüt, Tuncer, Derinöz, and Yeroham (2005). According to Karaosmanoğlu, et al. (2005) internal consistency coefficients for the EMS were found between the range of .75 (social isolation) and .93 (failure). Moreover, another study (Soygüt, Karaosmanoğlu, & Çakır, 2009) was conducted with Turkish university students. Results suggest that there are 14 factors. In this study, while Cronbach's alpha of internal consistency ranged between .53 and .81, test-retest reliability ranged from .66 to .83. According to this study, Young Schema Questionairre was found to have significant convergent validity with psychological symptoms (early maladaptive schemas ranging between r = .19 - .62, p < .01), depression (schema domains ranging between r = .55 - .68, p < .01), anxiety (schema domains ranging between r = .18 - .54, p < .01), and interpersonal sensitivity (schema domains ranging between r = .20 - .60, p < .01) (Soygüt, Karaosmanoğlu, & Çakır, 2009).

In addition, Sarıtaş and Gençöz (2011) found internal reliability coefficients as .81 for Impaired Limits-Exaggerated Standards, .81 for Disconnection-Rejection, and .79 for Impaired Autonomy-Other Directedness. Schema domains showed

concurrent validity with psychological distress such as anger, anxiety, positive affect, and negative affect. Impaired Limits/Exaggerated Standards domain was positively correlated with anger (r = .36, p < .01), negative affect (r = .36, p < .01), and anxiety (r = .35, p < .01). Disconnection/Rejection was correlated with anger (r = .32, p < .01), negative affect (r = .44 , p < .01), anxiety (r = .49 , p < .01), positive affect (r = -.19 , p < .01). Impaired Autonomy/Other Directedness was correlated with anger (r = .28 , p < .01), negative affect (r = .38, p < .01), and anxiety (r = .46, p < .01) (Sarıtaş, & Gençöz, 2011).

2.2.2. Young Parenting Inventory

Young Parenting Inventory has been developped by Young (1994) to assess several parenting styles which lies underneath EMSs. It is a 6 point likert type scale with 76 items and has two forms for mothers and fathers. For this inventory higher scores imply negative parenting practices which may result in EMSs (Young, 1994).

Turkish adaptation of Young Parenting Inventory is conducted by Soygüt, Çakır, and Karaosmanoğlu (2008). Internal reliability of scale is found between α = .53 - .86 for mother form; and α = .61 - .88 for father form. Test-Retest reliability of scale is found between .38 and .83 (p < .01) for mother form, .56 and .85 (p < .01) for father form (2008). This inventory was shown to have convergent validity with anxiety, depression, and interpersonal sensitivity (Soygüt, Çakır, & Karaosmanoğlu, 2008). Correlation coefficients between subscales of mother form of the inventory and depression ranged between .13 (p < .05) and .43 (p < .01), anxiety ranged between .15 (p < .05) and .30 (p < .01), interpersonal sensitivity ranged between .12 (p < .05) and .36 (p < .01). Furthermore, correlation coefficients between subscales of father form and depression ranged between .18 (p < .05) and .36 (p < .01), anxiety ranged between .13 (p < .05) and .30 (p < .01), interpersonal sensitivity ranged between .21 (p < .01) and .34 (p < .01) (Soygüt, Çakır, & Karaosmanoğlu, 2008).

2.2.3. Young Compensation Inventory

Young (1995) developed Young Compensation Inventory for detecting compensation coping style in schema processes. Turkish adaptation of YCI was conducted by Karaosmanoğlu, Soygüt, and Kabul (2011).

Seven subscales derived in factor analysis namely, Status seeking, Control, Rebellion, Counterdependency, Manipulation, Intolerance to criticism, Egocentrism. Cronbach's alpha coefficients of the subscales ranged from .60 to .81, and split half reliability of overall inventory is .88 which indicates acceptable levels of internal consistency (Karaosmanoğlu, Soygüt, & Kabul 2011). It was reported that the scale has good convergent validity with depression, anxiety, obsessive-compulsive symtomatology, and Young Schema Questionairre (correlation coefficients ranging between r = .12 - .60, p < .05) (Karaosmanoğlu, Soygüt, & Kabul 2011).

2.2.4. Young Rygh Avoidance Inventory

The YRAI (Young, 1994) consists of 40 items that assess the presence and degree of a variety of avoidance strategies.

Spranger, Waller, and Bryant-Waugh (2001) found the YRAI to have two scales (behavioural/somatic avoidance α=.65; cognitive/emotional avoidance α=.78), each with acceptable levels of internal consistency and total internal consistency for YRAI is .79. YRAI is being adapted to Turkish by Karaosmanoğlu, et al. (in progress, as cited in Karaosmanoğlu, et al., 2005). In the present study, the total scale revealed a Cronbach alpha value of .78, hence, global score of schema avoidance were utilized while conducting analyses.

2.2.5. Beck Depression Inventory

The Beck Depression Inventory (Beck et al., 1979) is a 21-item self-report measure designed to assess the severity of depressive symptomalogy. Affective, cognitive, motivational, and physiological symptoms of depression are rated from 0 to 3 in terms of their intensity. The BDI is scored by summing the responses to all items. The BDI has been shown to have adequate psychometric properties (Beck, Steer, & Garbin, 1988).

The scale was adapted to Turkish by Hisli (1988). The reliability was found to be .74 in this study. Moreover, according to Hisli (1988), the scale's correlation coefficient was found to be .47 with MMPI-D and .55 with STAI-T. Furthermore, the correlation coefficient between Beck Depression Inventory and Automatic Thought Scale was found to be .74 (Şahin & Şahin, 1992).

2.2.6. Brief Symptom Inventory

Brief Symptom Inventory (BSI) was developed by Deragatis (1992) in order to evaluate psychological and somatic symptoms. It is the short form of Symptom Checklist (SCL-90-R).

Şahin and Durak (1994) adapted inventory to Turkish. Factor analysis revealed five subscales namely: Anxiety, Depression, Negative self, Somatization, and Hostility. Internal consistency of subscales ranges between .75 to .88, and internal consistency of the whole inventory is .95. Furthermore, subscales of BSI were found to be correlated with Beck Depression Inventory (correlation coefficients ranged between r = .34 - .70, p < .05), which indicated convergent validity with BDI (Şahin, & Durak, 1994).

2.2.7. Satisfaction with Life Scale

Satisfaction with Life Scale (SWSL) was formed in order to evaluate global life satisfaction, with 5 statements in 7-point likert type scale. Higher scores indicate more life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985).

Turkish adaptation of SWLS was conducted by Durak, Şenol-Durak, and Gençöz (2010). It is a 7 point likert scale with 5 questions. One factor solution was proposed for the scale with internal consistency coefficient of .81 (2010). SWSL showed convergent validity with related constructs such as self esteem (r = .40, p = .000), positive affect (r = .31, p = .000) (Durak, Şenol-Durak, & Gençöz 2010).

2.3. Procedure

First of all, permission of Middle East Technical University Ethical Committee was obtained. Later, an online survey form was prepared on www.surveymonkey.com, including demographic form and other measures of the study. Participants filled the online survey via internet. Before proceeding to the survey, online informed consents were taken from the participants. Those who did not give consent were thanked, and aborted before proceeding into the survey. It took 45 minutes on average to finish the complete survey.

2.4. Statistical Analyses

In the present study, Statistical Package for the Social Sciences (SPSS) was employed to perform statistical analyses. Firstly, descriptive statistics of the measures of the study and demographic variables were conducted. After that, MANOVAs were employed in order to examine the differences of demographic variables on the measures of the study. Furthermore, a zero-order correlation was conducted to investigate correlations among demographic variables and the measures of the study. Later on, associated factors of schema domain, schema coping styles, and psychopathology and life satisfaction were examined via various regression analyses. Finally, based on significance of zero order correlations, mediator role of schema domains between parenting styles and psychopathology/life satisfaction; further, mediator role of schema coping styles between schema domains and psychopathology/life satisfaction were examined.

CHAPTER III

RESULTS

3.1 Descriptive Information for Measures of the Study

Means, standard deviations, minimum-maximum score ranges, cronbach's alpha coefficients for internal consistency were calculated for Young Schema Questionairre (YSQ); schema domains of Young Schema Questionairre, namely, Impaired Limits/Exaggerated Standards (ILES), Disconnection/Rejection (DR), Impaired Autonomy/Other Directedness (IAOD); Young Parenting Inventory mother form (YPI-M), Young Parenting Inventory father form (YPI-F); Young Compensation Inventory (YCI); Young-Rygh Avoidance Inventory (YRAI); Beck Depression Inventory (BDI); Brief Symptom Inventory (BSI); and Satisfaction with

Table 4. Descriptive Information of Measures

Measures	N	Mean	SD	Range (Min-Max)	Cronbach's alpha
Young Schema Questionairre					
YSQ total	404	221.32	51.62	99-371	.95
ILES	404	90.13	19.41	33-143	.88
DR	404	64.37	22.51	30-155	.94
IAOD	404	66.81	17.83	30-129	.89
Young Parenting Inventory					
YPI-M	404	157.60	41.95	87-296	.94
YPI-F	404	170.14	45.59	84-325	.94
Schema Coping Strategies					
YCI	404	162.32	28.97	80-233	.90
YRAI	404	122.67	18.71	79-187	.78
Psychopathology & Life Satisfaction					
BDI	404	9.96	7.70	0-39	.87
BSI	404	42.25	33.07	0-171	.96
SWSL	404	22.57	7.13	5-35	.88

Note. YSQ = Young Schema Questionairre, ILES = Impaired Limits/Exaggerated Standards, DR = Disconnection/Rejection, IAOD = Impaired Autonomy/Other Directedness, YPI-M = Young Parenting Inventory Mother Form, YPI-F = Young Parenting Inventory Father Form, YCI = Young Compensation Inventory, YRAI = Young Rygh Avoidance Inventory, BDI = Beck Depression Inventory, BSI = Brief Symptom Inventory, SWSL = Satisfaction with Life Scale

Life Scale (SWSL). Total scores of measures were calculated by summing up scores of items the certain measure (see Table 4)

3.2 Differences of Demographic Variables on the Measures of the Study

Separate multivariate analyses of variances were conducted, in order to determine how demographic variables differentiate on the measures (i.e., Schema Domains, Parenting, Schema Coping Strategies, and Psychopathology and life satisfaction) of the study.

Table 5. Categorization of the Demographic Variables

Variables	n	%
Gender		
Female	324	80.2
Male	80	19.8
Age		
18-20 (junior)	121	30
21-23 (middle)	154	38.1
24-42 (senior)	129	31.9
Relationship Status		
Single	214	53
In a Relationship (in a relationship, engaged, married)	190	47
Familial Monthly Income		
Low (0-1999 TL)	142	35.1
Middle (2000-3999 TL)	177	43.8
High (4000+ TL)	85	21
Mother Education		
Graduate of secondary school or below	127	31.4
Graduate of high school	123	30.4
Graduate of college or more	154	38.1
Father Education		
Graduate of secondary school or below	94	23.3
Graduate of high school	93	23
Graduate of college or more	217	53.7

Demographic variables were categorized in order to analyze demographic variables as independent variables. These categorizations are given in Table 5. For these variance analyses, only significant results were reported.

3.2.1 Differences of Demographic Variables on Schema Domains

Demographic variables were grouped into relevant categories for certain variable, as can be seen from Table 5. Separate Multivariate Analyses of Variance were conducted to reveal possible differences on these categorized demographic

variables on Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness).

3.2.1.1 Gender Differences on Schema Domains

In order to examine the gender (female, male) differences, MANOVA was conducted with 3 Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) as dependent variables.

Results revealed that gender had a significant main effect on Schema Domains [Multivariate $\underline{F}(3, 400) = 4.54$, $\underline{p} < .01$; Wilks' Lambda = .97; partial = .03]. Univariate analyses were examined to find out gender differences on Schema Domains with Bonferroni adjustment. Thus, alpha levels lower than .016 (i.e., .05/3) were considered to be significant with this correction. A significant gender difference was found in Schema Domain of Disconnection/Rejection [$\underline{F}(1, 402) = 6.20$, $\underline{p} <$ .016, partial = .02]. Accordingly, males ($\underline{M} = 69.95$) had higher scores than females ($\underline{M} = 62.99$) in Schema Domain of Disconnection/Rejection. No significant gender differences were found in Schema Domains of Impaired Autonomy/Exaggerated Standards, Impaired Autonomy/Other Directedness.

Table 6. Gender Differences on Schema Domains

	Male	**Female**	**Multivarite $\underline{F}$ (3, 400)**	**Univariate $\underline{F}$ (1, 402)**
Schema Domains			4.54**	
Impaired Autonomy/Exaggerated Standards	90.63	90.01		.06
Disconnection/Rejection	69.95	62.99		6.20*
Impaired Autonomy/Other Directedness	66.03	67.01		.20

* $p < .016$ ** $p < .01$

3.2.1.2. Age Differences on Schema Domains

In order to examine age (junior, middle, senior) differences, MANOVA was conducted with 3 Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) as dependent variables.

Results revealed that age had a significant main effect on Schema Domains [Multivariate F(6, 798) = 3.55, p < .01; Wilks' Lambda = .95; partial = .03]. Univariate analyses were examined to find out age differences on Schema Domains with Bonferroni adjustment. Thus, alpha levels lower than .016 (i.e., .05/3) were considered to be significant with this correction. A significant age difference was found in Schema Domain of Impaired Autonomy/Other Directedness [F(2, 401) = 10.09, p < .016, partial = .05]. The Bonferroni post hoc analysis revealed that junior age group (M = 71.95, SD = 20.27) significantly scored higher from middle (M = 66.79, SD = 16.46) and senior age group (M = 62.03, SD = 15.63); while middle and senior age groups did not differ from each other significantly. No significant age differences were found for Impaired Limits/Exaggerated Standards and Disconnection/Rejection schema domains.

Table 7. Age Differences on Schema Domains

	Junior (ages 18-20)	**Middle (ages 21-23)**	**Senior (ages 24-42)**	**Multivariate F (6,798)**	**Univariate F (2, 401)**
Schema Domains				3.55**	
ILES	92.76	90.15	87.64		2.18
DR	68.12	63.86	61.46		2.83
IAOD					10.09*

* $p < .016$ ** $p < .01$

Note 1. The mean scores that do not share the same subscript on the same raw are significantly differen from each other

Note 2. ILES = Impaired Limits/Exaggerated Standards, DR = Disconnection/Rejection, IAOD = Impaired Autonomy/Other Directedness

3.2.1.3. Differences of Relationship Status on Schema Domains

To examine the relationship status (single, in a relationship) differences, MANOVA was conducted with 3 Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) as dependent variables.

Before the analysis, Box's Test of Equality of Covariance Matrices were found significant; therefore, in the analysis Pillai's Trace score were used instead of Wilks' Lambda (Tabachnick, & Fidell, 1996). Results showed that relationship status had a significant main effect on Schema Domains [Multivariate F(3, 400) = 14.39, p < .01; Pillai's Trace = .097; partial = .097]. Univariate analyses were examined to

find out relationship status differences on Schema Domains with Bonferroni adjustment. Thus, alpha levels lower than .016 (i.e., .05/3) were considered to be significant with this correction. Relationship status showed a significant difference in Schema Domain of Disconnection/Rejection [F(1, 402) = 35.25, p < .016, partial = .08]. Accordingly, single participants (M = 70.39) scored significantly higher than those who were in a relationship (M = 57.60) on Schema Domain of Disconnection/Rejection. Relationship status revealed a significant difference on Schema Domain of Impaired Autonomy/Other Directedness [F(1, 402) = 15.20, p < .016, partial = .04] as well. Hereupon, single participants (M = 70.02) scored higher as compared to those who were in a relationship (M = 63.21) on Schema Domain of Impaired Autonomy/Other Directedness.

Table 8. Differences of Relationship Status on Schema Domains

	Single	**In a Relationship**	**Multivariate F (3, 400)**	**Univariate F (1, 402)**
Schema Domains			14.39**	
ILES	91.41	88.69		1.99
DR	70.39	57.60		35.25*
IAOD	70.02	63.21		15.20*

* $p < .016$ ** $p < .01$

Note. ILES = Impaired Limits/Exaggerated Standards, DR = Disconnection/Rejection, IAOD = Impaired Autonomy/Other Directedness

3.2.2. Differences of Demographic Variables on Parenting

Demographic variables were grouped into relevant categories for certain variable, as can be seen from Table 5. Separate Multivariate Analyses of Variance were conducted to reveal possible differences on these categorized demographic variables on Young Parenting Inventory (i.e., Mother, & Father forms).

3.2.2.1. Differences of Father Education on Parenting Styles

To examine influence of father education (graduate of secondary school or below, graduate of high school, graduate of college or more), MANOVA was conducted with 2 parents' parenting styles (i.e., mother, father) as the dependent variables.

Results revealed that father education had a significant main effect on Parenting styles [Multivariate F(4, 800) = 2.45, p < .05; Wilks' Lambda = .98; partial = .012]. Univariate analyses were examined to find out father education

differences on Parenting styles with Bonferroni adjustment. Thus, alpha levels lower than .025 (i.e., .05/2) were considered to be significant with this correction. A significant difference was found in mother's parenting style [F(2, 401) = 4.86, p < .025, partial = .024]. The Bonferroni post hoc analysis revealed that participants with fathers who graduated from secondary school or below (M = 167.25) significantly differed from participants with fathers who graduated from college or more (M = 151.95) on mother's parenting style; indicating participants with fathers who graduated from college or more have better mother parenting as compared to participants with father who graduated from secondary school or below. Participants with high school graduate fathers (M = 161.03) did not differ from either group.

Table 9. Differences of Father Education on Parenting

	Graduate of secondary school or below	**Graduate of high school**	**Graduate of college or more**	**Multivariate F (4, 800)**	**Univariate F (2, 401)**
Parenting				2.45*	
Mother					4.86**
Father	174.50	170.50	168.11		.65

* $p < .5$ ** $p < .025$

Note. The mean scores that do not share the same subscript on the same raw are significantly differen from each other.

3.2.3. Differences of Demographic Variables on Schema Coping Styles

Demographic variables were grouped into relevant categories for certain variable, as can be seen from Table 5. Separate Multivariate Analyses of Variance were conducted to reveal possible differences on these categorized demographic variables on Schema Coping Styles (i.e., Avoidance, Overcompensation). However, no significant results were found.

3.2.4. Differences of Demographic Variables on Psychopathology and Life Satisfaction

Demographic variables were grouped into relevant categories for certain variable, as can be seen from Table 5. Separate Multivariate Analyses of Variance were conducted to reveal possible differences on these categorized demographic

variables on Psychopathology and Life satisfaction (i.e., Depression, Psychopathological Symptoms, Satisfaction with Life).

3.2.4.1. Gender Differences on Psychopathology and Life satisfaction

To examine gender differences (female, male), MANOVA was conducted with 3 indicators of Psychopathology and Life satisfaction (i.e., Depression, Psychopathological Symptoms, Satisfaction with Life) as dependent variables. Results revealed that gender had a significant main effect on Psychopathology and Life satisfaction [Multivariate F(3, 400) = 4.59, p < .01; Wilks' Lambda = .97; partial = .033]. Univariate analyses were examined to find out gender differences on Psychopathology and Life satisfaction with Bonferroni adjustment. Thus, alpha levels lower than .016 (i.e., .05/3) were considered to be significant with this correction. However, following this correction, no significant results were found in univariate analyses.

Table 10. Gender Differences on Psychopathology and Life Satisfaction

	Female	**Male**	**Multivariate F (3, 400)**	**Univariate F (1, 402)**
Psychopathology and Life Satisfaction			4.59*	
BDI	10.24	8.81		2.22
BSI	43.26	38.18		1.52
SWSL	22.91	21.21		3.65

* $p < .01$

Note. BDI = Beck Depression Inventory, BSI = Brief Symptom Inventory, SWSL = Satisfaction with Life Scale

3.2.4.2 Age Differences on Psychopathology and Life Satisfaction

To examine age differences (junior, middle, senior), MANOVA was conducted with 3 indicators of Psychopathology and Life satisfaction (i.e., Depression, Psychopathological Symptoms, Satisfaction with Life) as dependent variables.

Results revealed that age had a significant main effect on Psychopathology and Life satisfaction [Multivariate F(6, 798) = 4.14, p < .01; Wilks' Lambda = .94; partial = .03]. Univariate analyses were examined to find out age differences on

Psychopathology and Life satisfaction with Bonferroni adjustment. Thus, alpha levels lower than .016 (i.e., .05/3) were considered to be significant with this correction. A significant age difference was found in psychopathological symptoms [F(2, 401) = 5.01, p < .016, partial = .024]. The Bonferroni post hoc analysis revealed that junior age group (M = 49.75) scored significantly higher in psychopathological symptoms as compared to senior age group (M = 36.96). Middle age group (M = 40.79) did not differed from either group.

Table 11. Age differences on Psychopathology and Life Satisfaction

	Junior	**Middle**	**Senior**	**Multivariate F (6, 798)**	**Univariate F (2, 401)**
Psychopathology and Life satisfaction				4.14**	
BDI	11.11	9.49	9.44		1.94
BSI					5.01*
SWSL	22.77	23.44	21.36		3.08

* p < .016 ** p < .01

Note 1. The mean scores that do not share the same subscript on the same raw are significantly differen from each other.

Note 2. BDI = Beck Depression Inventory, BSI = Brief Symptom Inventory, SWSL = Satisfaction with Life Scale

3.2.4.3. Relationship Status Differences on Psychopathology and Life Satisfaction

To examine relationship status (single, in a relationship) differences, MANOVA was conducted with 3 indicators of Psychopathology and Life satisfaction (i.e., Depression, Psychopathological Symptoms, Satisfaction with Life) as dependent variables.

Results revealed that relationship status had a significant main effect on Psychopathology and Life satisfaction [Multivariate F(3, 400) = 4.33, p < .01; Wilks' Lambda = .97; partial = .03]. Univariate analyses were examined to find out relationship status differences on Psychopathology and Life satisfaction with Bonferroni adjustment. Thus, alpha levels lower than .016 (i.e., .05/3) were considered to be significant with this correction. Relationship status had a significant effect on depression [F(1, 402) = 7.97, p < .016, partial = .019]. Accordingly, single participants (M = 10.97) had higher depression scores than participants within a relationship (M = 8.82). In addition, relationship status had a significant effect on

psychopathological symptoms [F(1, 402) = 10.78, p < .016, partial = .026]. Befittingly, single participants (M = 47.28) had higher psychopathological symptoms as compared to participants within a relationship (M = 36.58). Finally, relationship status had a significant effect on life satisfaction [F(1, 402) = 7.82, p < .016, partial = .019]. Duly, single participants (M = 21.65) scored lower in life satisfaction than participants within a relationship (M = 23.62).

Table 12. Relationship Status Differences on Psychopathology and Life Satisfaction

	Single	**In a Relationship**	**Multivariate F (3, 400)**	**Univariate F (1, 402)**
Psychopathology and Life Satisfaction			4.33**	
BDI	10.97	8.82		7.97*
BSI	47.28	36.58		10.78*
SWSL	21.65	23.62		7.82*

* $p < .016$ ** $p < .01$

Note. BDI = Beck Depression Inventory, BSI = Brief Symptom Inventory, SWSL = Satisfaction with Life Scale

3.3. Intercorrelations Between Demographic Variables and Measures of the Study

Pearson's correlation coefficients were calculated in order to investigate the relationships between gender, age, relationship status, familial monthly income, mother education, father education, and measures of the study: Young Schema Inventory Domains: Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness, Young Parenting Inventory Mother Form, Young Parenting Inventory Father Form, Young Compensation Inventory, Young-Rygh Avoidance Inventory, Beck Depression Inventory, Brief Symptom Inventory, Satisfaction with Life Scale. Only strong correlations which are greater than .25 will be reported.

Results yielded that relationship status was significantly correlated with Schema Domain of Disconnection/Rejection (r = -.28, $p < .01$), indicating that single participants had higher scores on Schema Domain of Disconnection/Rejection.

Familial monthly income showed correlations with mother's education (r = .46, p < .01), father's education (r = .41, p < .01), which refers more familial monthly income was related to higher parental education.

Furthermore, Mother's education was correlated with father's education (r = .70, p < .01), which means higher levels of mother education was associated with higher levels of father education.

Schema Domain of Impaired Limits/Exaggerated Standards had correlations with Schema Domain of Disconnection/Rejection (r = .57, p < .01), indicating, higher scores in Schema Domain of Impaired Limits/Exaggerated Standards was related to higher scores in Schema Domain of Disconnection/Rejection; Schema Domain of Impaired Autonomy/Other Directedness (r = .65, p < .01), indicating, higher scores in Schema Domain of Impaired Limits/Exaggerated Standards was related to higher scores in Schema Domain of Impaired Autonomy/Other Directedness; mother's parenting style (r = .37, p < .01), and father's parenting style (r = .41, p < .01), indicating negative parenting styles was related to higher scores in Schema Domain of Impaired Limits/Exaggerated Standards; Schema Coping Style of Compensation (r = .64, p < .01), which means participants with higher scores in Schema Domain of Impaired Limits/Exaggerated Standards tended to use more schema coping style of compensation as compared to participants with lower scores in Schema Domain of Impaired Limits/Exaggerated Standards; Schema Coping Style of Avoidance (r = .34, p < .01), which means participants with higher scores in Schema Domain of Impaired Limits/Exaggerated Standards tended to use more schema coping style of avoidance as compared to participants with lower scores in Schema Domain of Impaired Limits/Exaggerated Standards; depressive symptomatology (r = .43, p < .01), indicating that higher scores in Schema Domain of Impaired Limits/Exaggerated Standards was related to higher depressive symptomatology; psychopathological symptoms (r = .51, p < .01), indicating that higher scores in Schema Domain of Impaired Limits/Exaggerated Standards was related to higher psychopathological symptoms; and satisfaction with life (r = -.29, p < .01), lower score in Schema Domain of Impaired Limits/Exaggerated Standards was related to higher life satisfaction.

Schema Domain of Disconnection/Rejection was correlated Schema Domain of Impaired Autonomy/Other Directedness (r = .65, p < .01), which refers higher scores in Schema Domain of Disconnection/Rejection was associated with higher scores in Schema Domain of Impaired Autonomy/Other Directedness; mother's parenting (r = .43, p < .01), indicating that better mother's parenting was related to lower scores in Schema Domain of Disconnection/Rejection; father's parenting (r = .40, p < .01), which refers to better father's parenting was associated with lower scores in Schema Domain of Disconnection/Rejection; Schema Coping Style of Compensation (r = .35, p < .01), indicating that participants who scored higher in Schema Domain of Disconnection/Rejection was tended to utilize more schema coping of compensation than participants with lower scores in Schema Domain of Disconnection/Rejection; Schema Coping Style of Avoidance (r = .36, p < .01), which refers to participants who scored higher in Schema Domain of Disconnection/Rejection tended to utilize more schema coping of avoidance as compared to participants with lower scores; depressive symptomatology (r = .61, p < .01), indicating that higher levels of Schema Domain of Disconnection/Rejection was related to higher depressive symptomatology; psychopathological symptoms (r = .61, p < .01), meaning that higher levels of Schema Domain of Disconnection/Rejection was related to higher levels of psychopathological symptoms; and finally satisfaction with life (r = -. 50, p < .01), which refers to higher levels of Schema Domain of Disconnection/Rejection was associated with lower life satisfaction.

Furthermore, Schema Domain of Impaired Autonomy/Other Directedness showed significant associations mother's parenting (r = .35, p < .01), indicating that better mother's parenting was related to lower levels of Schema Domain of Impaired Autonomy/Other Directedness; father's parenting (r = .31, p < .01), refering that better fahter's parenting was associated with lower levels of Schema Domain of Impaired Autonomy/Other Directedness; Schema Coping of Compensation (r = .28, p < .01), which means higher scores in Schema Domain of Impaired Autonomy/Other Directedness was associated with more schema coping of compensation; Schema Coping of Avoidance (r = .33, p < .01), which means higher scores in Schema Domain of Impaired Autonomy/Other Directedness was associated with more schema coping of avoidance; depressive symptomatology (r = .47, p < .01), indicating higher levels of Schema Domain of Impaired Autonomy/Other

Directedness was related to more depressive symptomatology; psychopathological symptoms (r = .48, p < .01), referring that higher scores in Schema Domain of Impaired Autonomy/Other Directedness was associated with more psychopathological symptoms; and satisfaction with life (r = -.34, p < .01);which means higher scores in Schema Domain of Impaired Autonomy/Other Directedness was related to lower life satisfaction.

Regarding mother's parenting, significant results were yielded with father's parenting (r = .43, p < .01), indicating that better mother's parenting was related to better father's parenting; Schema Coping of Compensation (r = .38, p < .01), meaning that better mother's parenting was related to lower scores in schema coping of compensation; Schema Coping of Avoidance (r = .31, p < .01), meaning that better mother's parenting was related to lower scores in schema coping of avoidance; depressive symptomatology (r = .30, p < .01), which refers to better mother's parenting was related to lower depressive symptomatology; psychopathological symptoms (r = .37, p < .01), which refers to better mother's parenting was related to lower psychopathological symptoms; and satisfaction with life (r = -.26, p < .01), indicating that better mother's parenting was related to higher life satisfaction.

Father's parenting was found associated with Schema Coping of Avoidance (r = .19, p < .01), indicating that better father's parenting was associated with lower levels os avoidance; psychopathological symptoms (r = .32, p < .01), which refers to better father's parenting was related to lower levels of psychopathological symptoms; and life satisfaction (r = -.26, p < .01), indicating better father's parenting was related to higher life satisfaction.

Schema Coping Style of Compensation showed significant associations with Schema Coping of Avoidance (r = .37, p < .01), indicating that higher levels of compensation was associated with higher levels of avoidance; and psychopathological symptoms (r = .40, p < .01), which refers to higher levels of compensation was related to more psychopathological symptoms as compared to lower levels of compensation.

Regarding Schema Coping Style of Avoidance, a significant result was revealed in psychopathological symptoms (r = .34, p < .01), meaning that higher

levels of avoidance was related to more psychopathological symptoms as compared to lower levels of avoidance.

Depressive symptomatology was found associated with psychopathological symptoms ($r = .74$, $p < .01$), which means higher levels of depressive symptomatology was associated with higher levels of psychopathological symptoms; and satisfaction with life ($r = -.57$, $p < .01$), indicating that higher levels of depressive symptomatology was related to lower levels of life satisfaction.

Psychopathological symptoms showed a significant with satisfaction with life ($r = -.45$, $p < .01$), indicating that higher levels of psychopathological symptoms were related to lower life satisfaction.

Table 13. Pearson's Correlations between Demographic Variables and Measure of the Study

Variables	G	A	RS	FMI	ME	FE	ILES	DR	IAOD	YPI-M	YPI-F	YCI	YRAI	BDI	BSI	SWSL
G	1	.12*	-.07	-.052	-.10*	-.06	.01	.12*	-.02	-.03	.05	.02	-.04	-.07	-.06	-.10
A		1	.16**	.13**	-.05	-.02	-.05	-.05	-.15**	.06	.11*	-.08	.01	-.03	-.10*	-.11*
RS			1	.05	.03	.06	-.07	**-.28****	-.19**	-.04	-.09	-.02	-.10*	-.14**	-.16**	.14**
FMI				1	**.46****	**.41****	.00	-.05	-.01	-.07	-.10	-.01	.01	-.09	-.07	.15**
ME					1	**.70****	.07	-.03	.03	-.11*	-.09	.06	.06	.03	-.00	.05
FE						1	.01	-.10*	-.00	-.17**	-.08	-.01	.01	-.02	-.07	.10*
ILES							1	**.57****	**.65****	**.37****	**.41****	**.64****	**.34****	**.43****	**.51****	**-.30****
DR								1	**.65****	**.43****	**.40****	**.35****	**.36****	**.61****	**.61****	**-.50****
IAOD									1	**.35****	**.31****	**.28****	**.33****	**.47****	**.48****	**-.34****
YPI-M										1	**.43****	**.38****	**.31****	**.30****	**.37****	**-.26****
YPI-F											1	**.37****	.19**	.21**	**.32****	**-.26****
YCI												1	**.37****	.17**	**.40****	-.07
YRAI													1	.24**	**.34****	-.15**
BDI														1	**.74****	**-.59****
BSI															1	**-.45****
SWSL																1

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

Note. G = Gender, A = Age, RS = Relationship Status, FMI = Familial Monthly Income, ME = Mother's Education, FE = Father's Education, ILES = Impaired Limits/Exaggerated Standards, DR = Disconnection/Rejection, IAOD = Impaired Autonomy/Other Directedness, YPI-M = Young Parenting Inventory Mother Form, YPI-F = Young Parenting Inventory Father Form, YCI = Young Compensation Inventory, YRAI = Young Rygh Avoidance Inventory, BDI = Beck Depression Inventory, BSI = Brief Symptom Inventory, SWSL = Satisfaction with Life Scale.

3.4. Regression Analyses

In order to examine the associated factors of schema domains, schema coping styles, psychopathology and Life satisfaction, separate sets of hierarchical regression analyses were performed.

3.4.1. Associated Factors of Schema Domains

As for the first set of regression analyses, three hierarchical regression analyses were conducted to investigate associated factors of different schema domains; namely, Impaired Autonomy/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness. For these analyses initially demographic variables (i.e., age, gender, relationship status, familial monthly income, mother's education, father's education) were hierarchically entered into the regression equation. After controlling for significant demographic variables, on the second step, two sources of parenting styles (i.e., mother's and father's Young Parenting Inventory scores) were hierarchically entered into the regression equation.

3.4.1.1. Associated Factors of "Impaired Limits/Exaggerated Standards" Schema Domain

Results of regression equation revealed that (See Table 14.A) none of the control variables were significantly associated with Schema Domain of Impaired Limits/Exaggerated Standards. Among the second step variables initially father's parenting style entered into the equation [pr = .41, β = .41, $t(402) = 8.88$, $p < .001$] and explored 16% of variance [$F(1, 402) = 78.83$, $p < .001$]. After that, mother's parenting style entered into the equation [pr = .24, β = .24, $t(401) = 4.84$, $p < .001$] and increased the explained variance to 21% [Fchange $(1, 401) = 23.40$, $p < .001$]. Thus, these results showed that those who had parents with negative parenting styles tended to have stronger Impaired Limits/Exaggerated Standards schema domain.

3.4.1.2. Associated Factors of "Disconnection/Rejection" Schema Domain

Results of regression equation revealed that (See Table 14.B), among the control variables; firstly, relationship status entered into equation [pr = -.28, β = -.28, $t(402) = -5.94$, $p < .001$] and explained 8% of the variance [$F(1, 402) = 35.25$, $p <$

.001]; after that gender entered into the equation [*pr* = .11, β = .10, *t*(401) = 2.18, *p* < .05] and increased explained variance to 9% [*F*change (1, 401) = 4.74, *p* < .05]. After controlling for these variables, among the second step variables, initially mother's parenting style entered into the equation [*pr* = .44, β = .42, *t*(400) = 9.85, *p* < .001] and increased the explained variance to 27% [*F*change (1, 400) = 97.00, *p* < .001], after that, father's parenting style entered into the equation [*pr* = .24, β = .23, *t*(399) = 4.99, *p* < .001] and increased the explained variance to 31% [*F*change (1, 399) = 24.89, *p* < .001]. Thus, these results revealed that those who were single, male, and who had parents with negative parenting styles tended to develop stronger Disconnection/Rejection schema domain.

3.4.1.3. Associated Factors of "Impaired Autonomy/Other Directedness" Schema Domain

Results of regression equation revealed that (See Table 14.C), among the control variables; firstly, relationship status entered into the equation [*pr* = -.19, β = -.19, *t*(402) = -3.90, *p* < .001] and explained 4% of the variance [*F*(1, 402) = 15.20, *p* < .001]; after that, age entered into the equation [*pr* = -.12, β = -.12, *t*(401) = -2.39, *p* < .05] and increased the explained variance to 5% [*F*change (1, 401) = 5.72, *p* < .05]. After controlling for these variables, among the second step variables, initially mother's parenting style entered into the equation [*pr* = .36, β = .35, *t*(400) = 7.76, *p* < .001] and increased the explained variance to 17% [*F*change (1, 400) = 60.16, *p* < .001]; after that father's parenting style entered into equation [*pr* = .20, β = .20, *t*(399) = 4.09, *p* < .001] and increased the explained variance to 21% [*F*change (1, 399) = 16.70, *p* < .001].

Thus, these results revealed that those who were single, younger, and who had parents with negative parenting styles tended to develop stronger Impaired Autonomy/Other Directedness schema domain.

Table 14. Associated Factors of Schema Domains (1st set of Regression Analyses)

DV	IV	df	Fchange	β	t	pr	R^2
A. ILES							
	I. Control Variables						
	None						
	II. Sources of Parenting Style						
	1. Father	1, 402	78.83**	.41	8.88**	.41	.16
	2. Mother	1, 401	23.40**	.24	4.84**	.24	.21
B. DR							
	I. Control Variables						
	1. Relationship status	1, 402	35.25**	-.28	-5.94**	-.28	.08
	2. Gender	1, 401	4.74*	.10	2.18*	.11	.09
	II. Sources of Parenting Style						
	3. Mother	1, 400	97**	.42	9.85**	.44	.27
	4. Father	1, 399	24.89**	.23	4.99**	.24	.31
C. IAOD							
	I. Control Variables						
	1. Relationship status	1, 402	15.20**	-.19	-3.90**	-.19	.04
	2. Age	1, 401	5.72*	-.12	-2.39*	-.12	.05
	II. Sources of Parenting Style						
	3. Mother	1, 400	60.16**	.35	7.76**	.36	.17
	4. Father	1, 399	16.70**	.20	4.09**	.20	.21

*$p < .05$ **$p < .001$

Note 1. ILES = Impaired Limits/Exaggerated Standards, DR = Disconnection/Rejection, IAOD = Impaired Autonomy/Other Directedness

Note 2. Coding for Relationship status = (1) single, (2) in a relationship; Gender = (1) female (2) male.

3.4.2. Associated Factors of Schema Coping Styles

As for the second set of regression analyses, two hierarchical regression analyses were conducted to examine associated factors of Schema Coping Styles; namely, Compensation, and Avoidance. For these analyses initially demographic variables (i.e., age, gender, relationship status, familial monthly income, mother's education, father's education) were hierarcically entered into regression equation. After controlling for the significant demographic variables, on the second step, two sources of parenting styles (i.e., mother's and father's Young Parenting Inventory scores) were hierarchically entered into the regression equation. Finally, on the third step, three schema domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) were hierarchically entered in to the regression equation.

3.4.2.1. Associated Factors of "Compensation" Schema Coping Style

Results of regression analyses revealed that (See Table 15.A) none of the control variables were significantly associated with Compensation. Among the second step variables initially mother's parenting style entered into equation [*pr* = .38, β = .38, *t*(402) = 8.29, *p* < .001] and explored 15% of variance [*F*(1, 402) = 68.75, *p* < .001]. After that, father's parenting style entered into the equation [*pr* = .24, β = .25, *t*(401) = 5.03, *p* < .001] and increased the explained variance to 20% [*F*change (1, 401) = 25.28, *p* < .001]. After the second step variables, among the third step variables, initially Impaired Limits/Exaggerated Standards schema domain entered into equation [*pr* = .55, β = .56, *t*(400) = 13.26, *p* < .001] and increased explained variance to 44% [*F*change (1, 400) = 175.91, *p* < .001]. After that, Impaired Autonomy/Other Directedness schema domain entered into the equation [*pr* = -.27, β = -.27, *t*(399) = -5.63, *p* < .001] and increased explained variance to 48% [*F*change (1, 399) = 31.68, *p* < .001]. Thus, these results revealed that those who had parents with negative parenting styles, had high scores on Impaired Limits/Exaggerated Standards and low scores on Impaired Autonomy/Other Directedness tended to utilize more Compensation schema coping style.

3.4.2.2. Associated Factors of "Avoidance" Schema Coping Style

Results of regression equation revealed that (See Table 15.B), among the control variables, relationship status entered into the equation [*pr* = -.10, β = -.10, *t*(402) = -2,07, *p* < .05] and explained 1% of the variance [*F*(1, 402) = 4.29, *p* < .05].

After controlling for this variable, among the second step variables mother's parenting style entered into equation [*pr* = .31, β = .31, *t*(401) = 6.54, *p* < .001] and increased the explained variance to 10% [*F*change (1, 401) = 42.72, *p* < .001]. After second step variables, among the third step variables, initially Disconnection/Rejection schema domain entered into the equation [*pr* = .25, β = .28, *t*(400) = 5.21, *p* < .001] and increased the explained variance to 16% [*F*change (1, 400) = 27.12, *p* < .001]. After that, Impaired Limits/Exaggerated Standards entered into the equation [*pr* = .15, β = .17, *t*(399) = 2.95, *p* < .01] and increased the explained variance to 18% [*F*change (1, 399) = 8.70, *p* < .01]. Thus these results revealed that those who had mothers with negative parenting style, who were single, and who had higher scores in Disconnection/Rejection and Impaired Limits/Exaggerated Standards schema domains tended to utilize more Avoidance schema coping style.

Table 15. Associated Factors of Schema Coping Styles (2nd set of Regression Analyses)

DV	IV	df	Fchange	β	t	pr	R^2
A. Compensation							
	I. Control Variables						
	None						
	II. Sources of Parenting Style						
	1. Mother	1, 402	68.75***	.38	8.29***	.38	.15
	2. Father	1, 401	25.28***	.25	5.03***	.24	.20
	III. Schema Domains						
	3. ILES	1, 400	175.91***	.56	13.26***	.55	.44
	4. IAOD	1, 399	31.68***	-.27	-5.63***	-.27	.48
B. Avoidance							
	I. Control Variables						
	1. Relationship status	1, 402	4.29*	-.10	-2.07*	-.10	.01
	II. Sources of Parenting Style						
	2. Mother	1, 401	42.72***	.31	6.54***	.31	.10
	III. Schema Domains						
	3. DR	1, 400	27.12***	.28	5.21***	.25	.16
	4. ILES	1, 399	8.70**	.17	2.95**	.15	.18

*$p < .05$ ** $p < .01$ *** $p < .001$

Note 1. ILES = Impaired Limits/Exaggerated Standards, DR = Disconnection/Rejection, IAOD = Impaired Autonomy/Other Directedness

Note 2. Coding for Relationship status = (1) single, (2) in a relationship

3.4.3. Associated Factors of Psychopathology and Life Satisfaction

As for the third set of regression analyses, three hierarchical regression analyses were performed to investigate associated factor of different variables of psychopathology and life satisfaction; namely, depressive symptomatology, psychopathological symptoms, and satisfaction with life. For these analyses initially demographic variables (i.e., age, gender, relationship status, familial monthly income, mother's education, father's education) were hierarcically entered into regression equation. After controlling for significant demographic variables, on the second step, two sources of parenting styles (i.e., mother's and father's Young Parenting Inventory scores) were hierarchically entered into the regression equation. On the third step, three schema domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) were hierarchically entered in to the regression equation. Finally on the fourth step, schema coping styles (i.e., Compensation, Avoidance) were hierarchically entered into the regression equation.

3.4.3.1. Associated Factors of Depressive Symptomatology

Results of regression analysis yielded that (See Table 16.A), among the control variables, relationship status entered into equation [pr = -.14, β = -.14, t(402) = -2.82, p < .01] and explored 2% of the variance [F(1, 402) = 7.97, p < .01]. After controlling this variable, among the second step variables, mother's parenting style entered into the equation [pr = .29, β = .29, t(401) = 6.16, p < .001] and increased the explained variance to 10% [Fchange (1, 401) = 37.98, p < .001]. After that, among the third step variables, initially Disconnection/Rejection schema domain entered into the equation [pr = .54, β = .60, t(400) = 12.95, p < .001] and increased explained variance to 37% [Fchange (1, 400) = 167.70, p < .001]. After that, Impaired Autonomy/Other Directedness schema domain entered into equation [pr = .13, β = .13, t(399) = 2.52, p < .05] and increased explained variance to 38% [Fchange (1, 399) = 6.33, p < .05]. Results showed that none of the fourth step variables entered into the regression equation. Hence, these results suggested that those who were single, had mothers with negative parenting styles, had higher scores on schema domains of Disconnection/Rejection and Impaired Autonomy/Other Directedness were tended to show more depressive symptomatology.

3.4.3.2. Associated Factors of Psychopathological Symptoms

Results of regression analysis revealed that (See Table 16.B), among the control variables, relationship status entered into the equation [*pr* = -.16, β = -.16, *t*(402) = -3.28, *p* < .001] and explored 3% of the variance [*F*(1, 402) = 10.78, *p* < .001]. After controlling for this variable, among the second step variables, initially mother's parenting style entered into the equation [*pr* = .37, β = .36, *t*(401) = 7.87, *p* < .001] and increased the explained variance to 16% [*F*change (1, 401) = 61.91, *p* < .001]. After that, father's parenting style entered into the equation [*pr* = .18, β = .18, *t*(400) = 3.65, *p* < .001] and increased the explained variance to 18% [*F*change (1, 400) = 13.31, *p* < .001]. In the third step, firstly, Disconnection/Rejection schema domain entered the equation [*pr* = .50, β = .55, *t*(399) = 11.66, *p* < .001] and increased the explained variance to 39% [*F*change (1, 399) = 135.89, *p* < .001]. After that, Impaired Limits/Exaggerated Standards entered into the equation [*pr* = .23, β = .23, *t*(398) = 4.66, *p* < .001] and increased the explained variance to 42% [*F*change (1, 398) = 21.73, *p* < .001]. In the fourth step, schema coping style of Avoidance entered into the equation [*pr* = .11, β = .09, *t*(397) = 2.13, *p* < .05] and increased the explained variance to 43% [*F*change (1, 397) = 4.52, *p* < .05]. Befittingly, these results suggested that participants who were single, had parents with negative parenting styles, had higher scores in schema domains of Disconnection/Rejection and Impaired Limits/Exaggerated Standards, utilized more Avoidance coping response were tended to show more psychopathological symptoms.

3.4.3.3. Associated Factors of Satisfaction with Life

Results of regression analysis revealed that (See Table 16.C), among the control variables initially familial monthly income entered into equation [*pr* = .15, β = .15, *t*(402) = 2.94, *p* < .01] and explored 2% of the variance [*F*(1, 402) = 8.66, *p* < .01]. After that, relationship status entered into the equation [*pr* = .13, β = .13, *t*(401) = 2.68, *p* < .01] and increased the explained variance to 4% [*F*change (1, 401) = 7.17, *p* < .01]. Then, age entered into the equation [*pr* = -.15, β = -.15, *t*(400) = -3.12, *p* < .01] and increased explained variance to 6% [*F*change (1, 400) = 9.75, *p* < .01]. After controlling for these variables, among the second step variables, firstly, mother's parenting style entered into the equation [*pr* = -.24, β = -.23, *t*(399) = -4.93, *p* < .001] and increased explained variance to 12% [*F*change (1, 399) = 24.31, *p* < .001]. After that, father's parenting style entered into the equation [*pr* = -.14, β = -

.15, *t*(398) = -2.87, *p* < .01] and increased the explained variance to 13% [*F*change (1, 398) = 8.22, *p* < .01]. Among the third step variables Disconnection/Rejection schema domain entered into the equation [*pr* = -.43, β = -.48, *t*(397) = -9.36, *p* < .001] and increased the explained variance to 29% [*F*change (1, 397) = 87.63, *p* < .001]. After that, among the fourth step variables, Compensation entered into the equation [*pr* = .15, β = .14, *t*(396) = 2.94, *p* < .01] and increased the explained variance to 31% [*F*change (1, 396) = 8.65, *p* < .01]. Accordingly, these results suggested that those whose familial monthly income was higher, who were in a relationship, younger, who had parents with positive parenting styles, who scored lower in Disconnection/Rejection schema domain, and utilized more compensation schema coping response were tended to have more satisfaction with life.

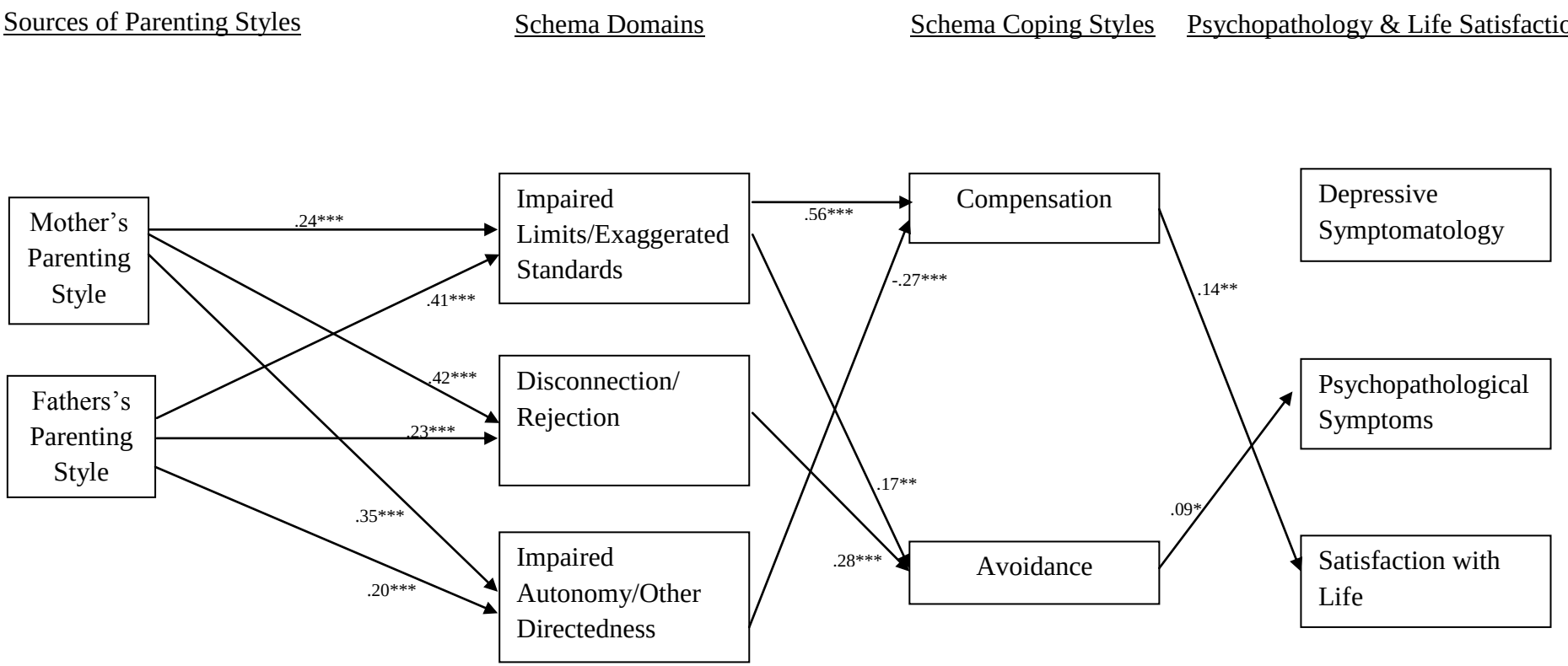
Table 16. Associated Factors of Psychopathology and Life satisfaction (3rd set of Regression Analyses)

DV	IV	df	Fchange	β	t	pr	R^2
A. Depressive Symptomatology							
	I. Control Variables						
	1.Relationship Status	1, 402	7.97**	-.14	-2.82**	-.14	.02
	II. Sources of Parenting Styles						
	2. Mother	1, 401	37.98***	.29	6.16***	.29	.10
	III. Schema Domains						
	3. DR	1, 400	167.70***	.54	12.95***	.54	.37
	4. IAOD	1, 399	6.33*	.13	2.52*	.13	.38
	IV. Schema Coping Styles						
	None						
B. Psychopathological Symptoms							
	I. Control Variables						
	1. Relationship status	1, 402	10.78***	-.16	-3.28**	-.16	.03
	II. Sources of Parenting Style						
	2. Mother	1, 401	61.91***	.36	7.87***	.37	.16
	3. Father	1, 400	13.31***	.18	3.65***	.18	.18
	III. Schema Domains						
	4. DR	1, 399	135.89***	.55	11.66***	.50	.39
	5. ILES	1, 398	21.73***	.23	4.66***	.23	.42
	IV. Schema Coping Styles						
	6. Avoidance	1,397	4.52*	.09	2.13*	.11	.43
C. Satisfaction with Life							
	I. Control Variables						
	1. Familial Monthly Income	1, 402	8.66**	.15	2.94**	.15	.02
	2. Relationship Status	1, 401	7.17**	.13	2.68**	.13	.04
	3. Age	1, 400	9.75**	-.15	-3.12**	-.15	.06
	II. Sources of Parenting Style						
	4. Mother	1, 399	24.31***	-.23	-4.93***	-.24	.12
	5. Father	1, 398	8.22**	-.15	-2.87**	-.14	.13
	III. Schema Domains						
	6. DR	1, 397	87.63***	-.48	-9.36***	-.43	.29
	IV. Schema Coping Styles						
	7. Compensation	1, 396	8.65**	.14	2.94**	.15	.31

*$p < .05$ ** $p < .01$ *** $p < .001$

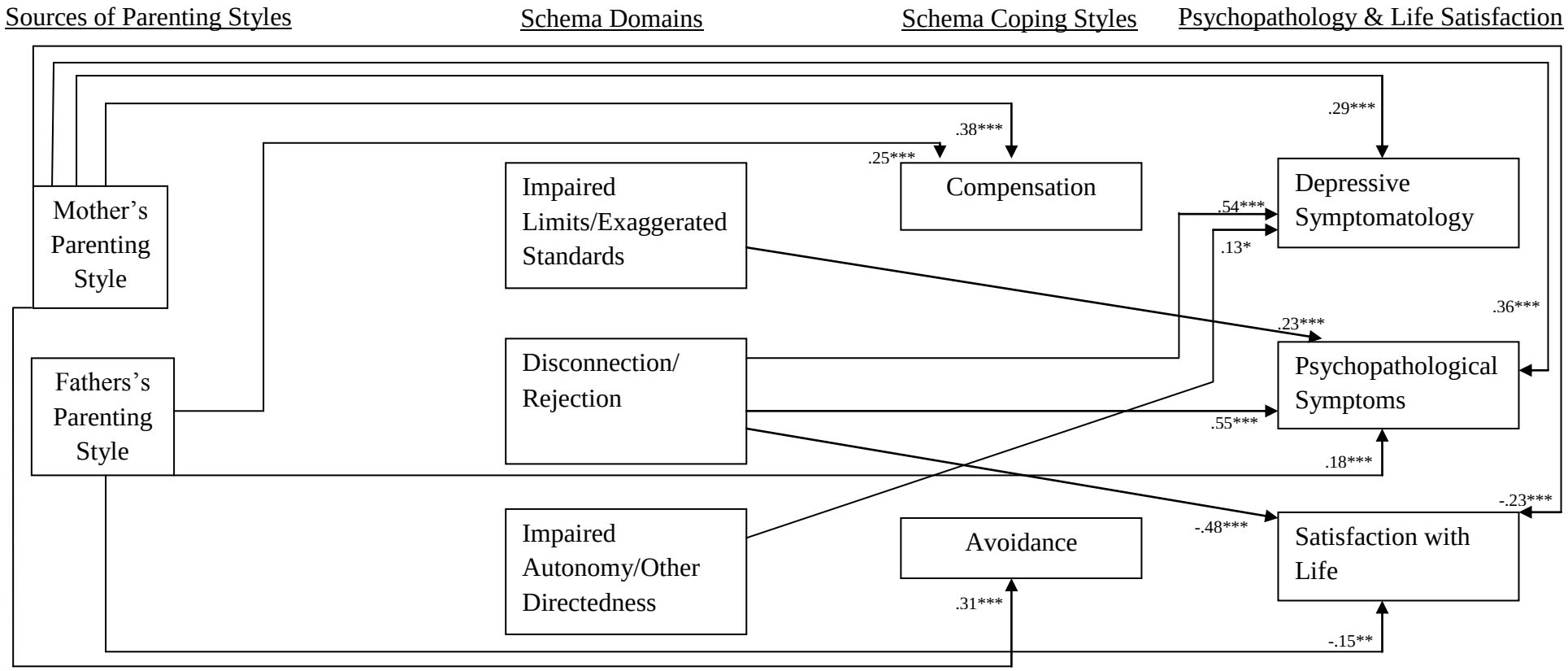
Note 1. ILES = Impaired Limits/Exaggerated Standards, DR = Disconnection/Rejection, IAOD = Impaired Autonomy/Other Directedness

Note 2. Coding for Relationship status = (1) single, (2) in a relationship



*p < .05 **p < .01 ***p < .001

Figure 1. Summary Table based on Regression Analyses: Significant First level links between each step, and their beta scores



*p < .05 **p < .01 ***p < .001
Note. For first level links see Figure 1.

Figure 2. Summary Table based on Regression Analyses: Significant Links between steps excluding first level links, and their beta scores

3.5. Mediation Analyses

In order to examine mediating factors between parenting styles as predictor variable, and psychopathology/life satisfaction as outcome variable; furthermore, between schema domains as predictor variable, and psychopathology/life satisfaction as outcome variable; two separate sets of mediation analyses were conducted by following the steps proposed by Baron and Kenny (1986). As for the first set of mediation analyses; mediator role of schema domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection Rejection, Impaired Autonomy/Other Directedness) on the relationship between parenting style (i.e., mother's parenting style, father's parenting style) and psychopathology and life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life) were investigated. As for the second set of mediation analyses; mediating role of schema coping styles (i.e., Compensation, Avoidance) on relationship between schema domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection Rejection, Impaired Autonomy/Other Directedness) and psychopathology and life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life) were investigated.

According to Baron and Kenny's (1986) "casual steps" approach in testing mediation, initially, predictor variable should significantly account for variations in the outcome variable. Secondly, after controlling for the predictor, the mediator variable should significantly account for variations in the outcome variable, and the relationship between the predictor and outcome should significantly reduce when the effects of the mediator are controlled. Additionally, predictor variable should significantly account for variations in the mediator variable.

Before the analyses, zero-order correlations among predictor, mediator and outcome variables were examined. To minimize the possible type-1 error, only those combinations where predictor, mediator, and outcome variables had zero order correlations of higher than .30, were considered for the following mediation analyses.

3.5.1. The Mediator Role of Schema Domains between Parenting Styles and Psychopathology/Life Satisfaction

Mediation analyses were conducted to examine whether schema domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection Rejection, Impaired Autonomy/Other Directedness) had a significant mediator role on the relationship between parenting styles (i.e., mother's parenting style, father's parenting style) and psychopathology and life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life). In this regard two seperate regression analyses were performed. In the first step of the first regression analysis, parenting styles were forced to enter into the equation as predictors of the psychopathology or life satisfaction as the outcome variables. In the second step schema domains were entered into the equation, thus, the associations between schema domains and outcome variables, as well as the associations between parenting styles and outcome variables when the effects of schema domains were controlled, were also investigated on this step. Later on, the second regression analysis was performed to see whether parenting styles have significant associations with schema domains. Hence, the relationship between predictor and mediator was examined via this second analysis.

3.5.1.1. The Mediator Role of "Impaired Limits/Exaggerated Standards" schema domain between Mother's Parenting Style and Depressive Symptomatology

The mediator role of "Impaired Limits/Exaggerated Standards" schema domain between Mother's Parenting Style and Depressive Symptomatology was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, Mother's parenting style was entered into the regression equation as the predictor of Depressive Symptomatology [pr = .30, β = .30, $t(402) = 6.22$, $p < .001$] and explained 9% of the variance [$F(1, 402) = 38.66$, $p < .001$]. After that, "Impaired Limits/Exaggerated Standards" schema domain was entered into the equation [pr = .36, β = .37, $t(401) = 7.69$, $p < .001$] and increased the explained variance to 21% [Fchange $(1, 401) = 59.10$, $p < .001$]. After controlling for "Impaired Limits/Exaggerated Standards" schema domain, previously observed relationship between Mother's Parenting Style and Depressive Symptomatology decreased its

strength [*pr* = .17, β = .16, *t*(401) = 3.35, *p* = .001] and the observed decrease was confirmed to be significant by the Sobel test (*z* = 5.59, *p* < .001)

Finally, in order to complete the mediation analysis, Mother's Parenting Style should have a significant association with "Impaired Limits/Exaggerated Standards" schema domain. Therefore, another regression analysis was conducted to examine the relationship between Mother's Parenting Style and "Impaired Limits/Exaggerated Standards" schema domain. Mother's Parenting Style was entered into equation [*pr* = .37, β = .37, *t*(402) = 7.96, *p* < .001] and explained 14% of variance in "Impaired Limits/Exaggerated Standards" schema domain [*F*(1, 402) = 63.30, *p* < .001].

Thus, the two regression analyses with the further support of Sobel test indicated that "Impaired Limits/Exaggerated Standards" schema domain mediated the relationship between Mother's Parenting Style and Depressive Symptomatology.

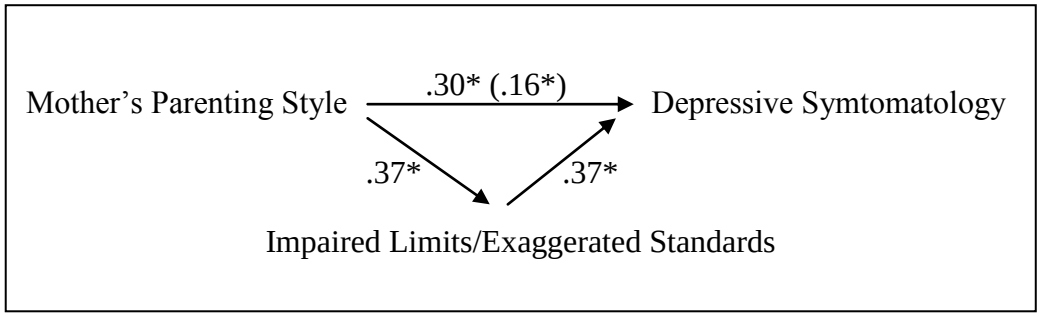
Accordingly, "Impaired Limits/Exaggerated Standards" schema domain accounted for the 46% of the variance between Mother's Parenting Style and Depressive Symptomatology.

Table 17. The Summary of the Mediation Regression Analyses for Mother's Parenting Style and Depressive Symptomatology

Outcome Variable	Predictor	β	t	df	*F*change	pr	
Depressive Symptomatology	**1.** Mother's Parenting Style	.30	6.22*	1, 402	38.66*	.30	.09
	2. ILES (Mother's Parenting Style)	.37 .16	7.69* 3.35*	1, 401 -	59.10* -	.36 .17	.21 -
ILES	**1.** Mother's Parenting Style	.37	7.96*	1, 402	63.30*	.37	.14

*$p < .001$

Note. ILES = Impaired Limits/Exaggerated Standards



Reduced Model	Full Model
$F(1, 402) = 38.66$, $p < .001$, $= .09$	$F(2, 401) = 51.67$, $p < .001$, $= .21$

*p < .001

Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Depressive Symptomatology before (Reduced Model) and after (Full Model) the inclusion of the "Impaired Limits/Exaggerated Standards" schema domain as the mediator. The standardized regression coefficient of the initial path between Mother's Parenting Style and Depressive Symptomatology after controlling for the mediator is in parentheses.

Figure 3. The Mediator Role of "Impaired Limits/Exaggerated Standards" schema domain between Mother's Parenting Style and Depressive Symptomatology

3.5.1.2. The Mediator Role of "Impaired Limits/Exaggerated Standards" schema domain between Mother's Parenting Style and Psychopathological Symptoms

The mediator role of "Impaired Limits/Exaggerated Standards" schema domain between Mother's Parenting Style and Psychopathological Symptoms was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, Mother's parenting style was entered into the regression equation as the predictor of Psychopathological Symtoms [pr = .37, β = .37, t(402) = 7.90, p < .001] and explained 13% of the variance [F(1, 402) = 62.42, p < .001]. After that, "Impaired Limits/Exaggerated Standards" schema domain was entered into the equation [pr = .44, β = .44, t(401) = 9.70, p < .001] and increased the explained variance to 30% [Fchange (1, 401) = 94.11, p < .001]. After controlling for "Impaired Limits/Exaggerated Standards" schema domain, previously observed relationship between Mother's Parenting Style and Psychopathological Symptoms decreased its strength [pr = .22, β = .21, t(401) = 4.57, p < .001] and the observed decrease was confirmed to be significant by the Sobel test (z = 6.23, p < .001)

After that, in order to complete the mediation analysis, Mother's Parenting Style should have a significant association with "Impaired Limits/Exaggerated Standards" schema domain. Therefore, another regression analysis was conducted to examine the relationship between Mother's Parenting Style and "Impaired Limits/Exaggerated Standards" schema domain. Mother's Parenting Style was entered into equation [pr = .37, β = .37, t(402) = 7.96, p < .001] and explained 14% of variance in "Impaired Limits/Exaggerated Standards" schema domain [F(1, 402) = 63.30, p < .001].

Thus, the two regression analyses with the further support of Sobel test indicated that "Impaired Limits/Exaggerated Standards" schema domain mediated the relationship between Mother's Parenting Style and Psychopathological Symptoms. Accordingly, "Impaired Limits/Exaggerated Standards" schema domain accounted for the 44% of the variance between Mother's Parenting Style and Psychopathological Symptoms.

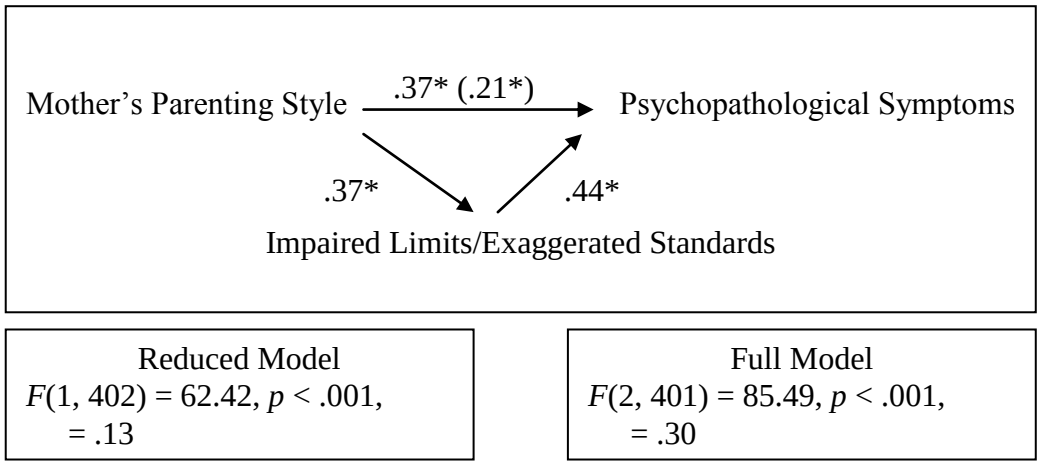
Table 18. The Summary of the Mediation Regression Analyses for Mother's Parenting Style and Psychopathological Symptoms

Outcome Variable	Predictor	β	t	df	*F*change	pr	
Psychopathological Symptoms	**1.** Mother's Parenting Style	.37	7.90*	1, 402	62.42*	.37	.13
	2. ILES (Mother's Parenting Style)	.44 .21	9.70* 4.57*	1, 401 -	94.11* -	.44 .22	.30 -
ILES	**1.** Mother's Parenting Style	.37	7.96*	1, 402	63.30*	.37	.14

*$p < .001$

Note. ILES = Impaired Limits/Exaggerated Standards

.



*p < .001

Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Psychopathological Symptoms before (Reduced Model) and after (Full Model) the inclusion of the "Impaired Limits/Exaggerated Standards" schema domain as the mediator. The standardized regression coefficient of the initial path between Mother's Parenting Style and Psychopathological Symptoms after controlling for the mediator is in parentheses.

Figure 4. The Mediator Role of "Impaired Limits/Exaggerated Standards" schema domain between Mother's Parenting Style and Psychopathological Symptoms

3.5.1.3. The Mediator Role of "Disconnection/Rejection" schema domain between Mother's Parenting Style and Depressive Symptomatology

The mediator role of "Disconnection/Rejection" schema domain between Mother's Parenting Style and Depressive Symptomatology was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, Mother's parenting style was entered into the regression equation as the predictor of Depressive Symptomatology [pr = .30, β = .30, t(402) = 6.22, p < .001] and explained 9% of the variance [F(1, 402) = 38.66, p < .001]. After that, "Disconnection/Rejection" schema domain was entered into the equation [pr = .55, β = .59, t(401) = 13.33, p < .001] and increased the explained variance to 37% [Fchange (1, 401) = 177.80, p < .001]. After controlling for "Disconnection/Rejection" schema domain, previously observed relationship between Mother's Parenting Style and Depressive Symptomatology decreased its strength and lost its significance [pr = .05, β = .05, t(401) = 1.04, p > .05], and this decrease confirmed to be significant by Sobel test (z = 7.73, p < .001).

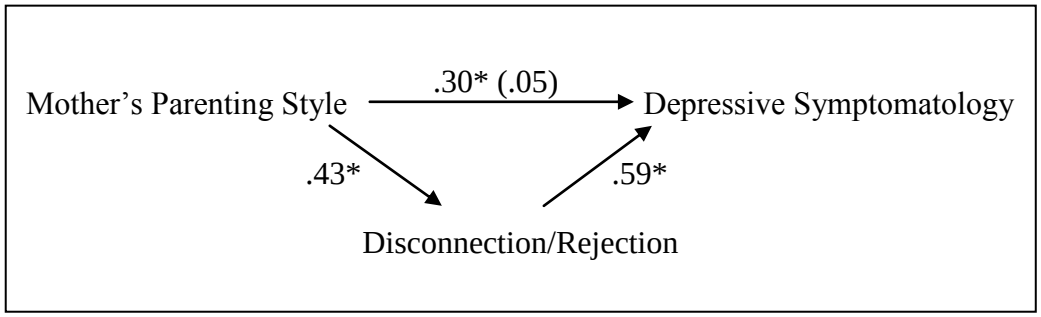
After that, in order to complete the mediation analysis, Mother's Parenting Style should have a significant association with "Disconnection/Rejection" schema domain. Therefore, another regression analysis was conducted to examine the relationship between Mother's Parenting Style and "Disconnection/Rejection" schema domain. Mother's Parenting Style was entered into equation [pr = .43, β = .43, t(402) = 9.49, p < .001] and explained 18% of variance in "Disconnection/Rejection" schema domain [F(1, 402) = 90.11, p < .001].

Therefore, the two regression analyses indicated that "Disconnection/Rejection" schema domain mediated the relationship between Mother's Parenting Style and Depressive Symptomatology. Furthermore, "Disconnection/Rejection" schema domain accounted for the 85% of the variance between Mother's Parenting Style and Depressive Symptomatology.

Table 19. The Summary of the Mediation Regression Analyses for Mother's Parenting Style and Depressive Symptomatology

Outcome Variable	Predictor	β	t	df	*F*change	pr	
Depressive Symptomatology	**1.** Mother's Parenting Style	.30	6.22*	1, 402	38.66*	.30	.09
	2. DR (Mother's Parenting Style)	.59 .05	13.33* 1.04	1, 401 -	177.80* -	.55 .05	.37 -
DR	**1.** Mother's Parenting Style	.43	9.49*	1, 402	90.11*	.43	.18

*$p < .001$
Note. DR = Disconnection/Rejection



Reduced Model
$F(1, 402) = 38.66$, $p < .001$,
$= .09$

Full Model
$F(2, 401) = 116.73$, $p < .001$,
$= .37$

*p < .001
Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Depressive Symptomatology before (Reduced Model) and after (Full Model) the inclusion of the "Disconnection/Rejection" schema domain as the mediator. The standardized regression coefficient of the initial path between Mother's Parenting Style and Depressive Symptomatology after controlling for the mediator is in parentheses.

Figure 5. The Mediator Role of "Disconnection/Rejection" schema domain between Mother's Parenting Style and Depressive Symptomatology

3.5.1.4. The Mediator Role of "Disconnection/Rejection" schema domain between Mother's Parenting Style and Psychopathological Symptoms

The mediator role of "Disconnection/Rejection" schema domain between Mother's Parenting Style and Psychopathological Symptoms was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, Mother's parenting style was entered into the regression equation as the predictor of Psychopathological Symptoms [pr = .37, β = .37, t(402) = 7.90, p < .001] and explained 13% of the variance [F(1, 402) = 62.42, p < .001]. After that, "Disconnection/Rejection" schema domain was entered into the equation [pr = .54, β = .56, t(401) = 12.92, p < .001] and increased the explained variance to 39% [Fchange (1, 401) = 166.89, p < .001]. After controlling for "Disconnection/Rejection" schema domain, previously observed relationship between Mother's Parenting Style and Psychopathological Symptoms decreased its strength [pr = .15, β = .13, t(401) = 2.96, p < .01] and the observed decrease was confirmed to be significant by the Sobel test (z = 7.72, p < .001).

After that, in order to complete the mediation analysis, Mother's Parenting Style should have a significant association with "Disconnection/Rejection" schema domain. Therefore, another regression analysis was conducted to examine the relationship between Mother's Parenting Style and "Disconnection/Rejection" schema domain. Mother's Parenting Style was entered into equation [pr = .43, β = .43, t(402) = 9.49, p < .001] and explained 18% of variance in "Disconnection/Rejection" schema domain [F(1, 402) = 90.11, p < .001].

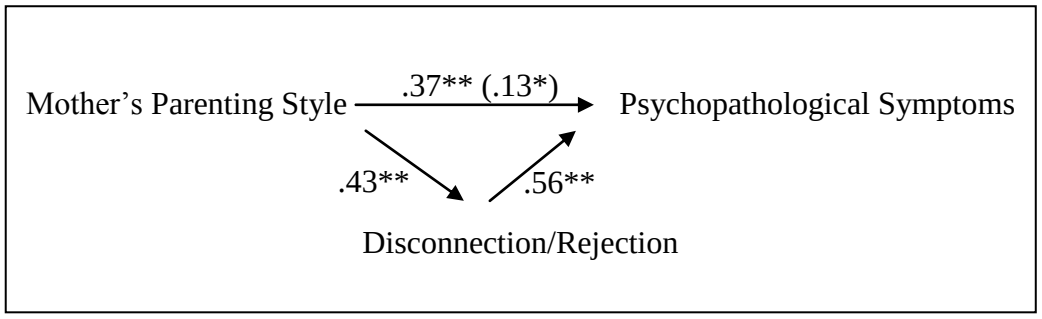
Therefore, the two regression analyses indicated that "Disconnection/Rejection" schema domain mediated the relationship between Mother's Parenting Style and Psychopathological Symptoms. Furthermore, "Disconnection/Rejection" schema domain accounted for the 65% of the variance between Mother's Parenting Style and Psychopathological Symptoms.

Table 20. The Summary of the Mediation Regression Analyses for Mother's Parenting Style and Psychopathological Symptoms

Outcome Variable	Predictor	β	t	df	*F*change	pr	
Psycho-pathological Symptoms	**1.** Mother's Parenting Style	.37	7.90**	1, 402	62.42**	.37	.13
	2. DR (Mother's Parenting Style)	.56 .13	12.92** 2.96*	1, 401 -	166.89** -	.54 .15	.39 -
DR	**1.** Mother's Parenting Style	.43	9.49**	1, 402	90.11**	.43	.18

*$p < .01$ ** $p < .001$

Note. DR = Disconnection/Rejection



Reduced Model
$F(1, 402) = 62.42$, $p < .001$,
$= .13$

Full Model
$F(2, 401) = 127.53$, $p < .001$,
$= .39$

*$p < .01$ **$p < .001$

Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Psychopathological Symptoms before (Reduced Model) and after (Full Model) the inclusion of the "Disconnection/Rejection" schema domain as the mediator. The standardized regression coefficient of the initial path between Mother's Parenting Style and Psychopathological Symptoms after controlling for the mediator is in parentheses.

Figure 6. The Mediator Role of "Disconnection/Rejection" schema domain between Mother's Parenting Style and Psychopathological Symptoms

3.5.1.5. The Mediator Role of "Impaired Autonomy/Other Directedness" schema domain between Mother's Parenting Style and Depressive Symptomatology

The mediator role of "Impaired Autonomy/Other Directedness" schema domain between Mother's Parenting Style and Depressive Symptomatology was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, Mother's parenting style was entered into the regression equation as the predictor of Depressive Symptomatology [pr = .30, β = .30, t(402) = 6.21, p < .001] and explained 9% of the variance [F(1, 402) = 38.66, p < .001]. After that, "Impaired Autonomy/Other Directedness" schema domain was entered into the equation [pr = .41, β = .42, t(401) = 8.94, p < .001] and increased the explained variance to 24% [Fchange (1, 401) = 79.99, p < .001]. After controlling for "Impaired Autonomy/Other Directedness" schema domain, previously observed relationship between Mother's Parenting Style and Depressive Symptomatology decreased its strength [pr = .16, β = .15, t(401) = 3.24, p = .001] and the observed decrease was confirmed to be significant by the Sobel test (z = 5.73, p < .001).

After that, in order to complete the mediation analysis, Mother's Parenting Style should have a significant association with "Impaired Autonomy/Other Directedness" schema domain. Therefore, another regression analysis was conducted to examine the relationship between Mother's Parenting Style and "Impaired Autonomy/Other Directedness" schema domain. Mother's Parenting Style was entered into equation [pr = .35, β = .35, t(402) = 7.49, p < .001] and explained 12% of variance in "Impaired Autonomy/Other Directedness" schema domain [F(1, 402) = 56.16, p < .001].

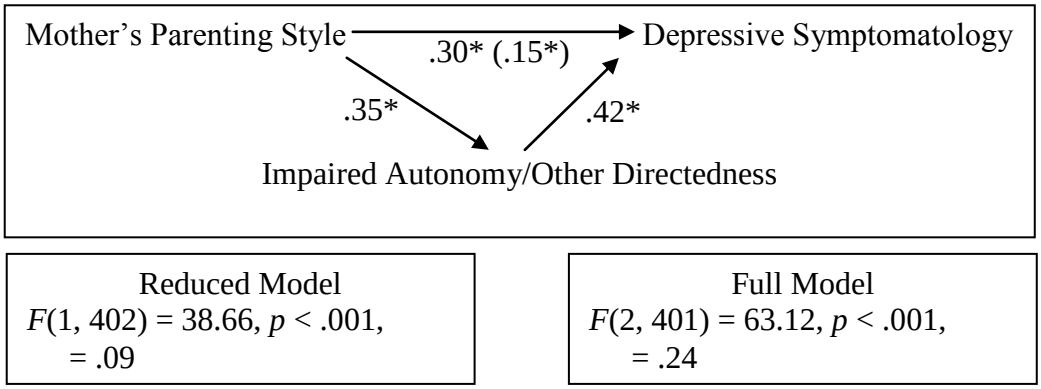
Therefore, the two regression analyses indicated that "Impaired Autonomy/Other Directedness" schema domain mediated the relationship between Mother's Parenting Style and Depressive Symptomatology. Furthermore, "Impaired Autonomy/Other Directedness" schema domain accounted for the 49% of the variance between Mother's Parenting Style and Depressive Symptomatology.

Table 21. The Summary of the Mediation Regression Analyses for Mother's Parenting Style and Depressive Symptomatology

Outcome Variable	Predictor	β	t	df	*F*change	pr	
Depressive Symptomatology	**1.** Mother's Parenting Style	.30	6.22*	1, 402	38.66*	.30	.09
	2. IAOD (Mother's Parenting Style)	.42 .15	8.94* 3.24*	1, 401 -	79.99* -	.41 .16	.24 -
IAOD	**1.** Mother's Parenting Style	.35	7.49*	1, 402	56.16*	.35	.12

*$p < .001$

Note. IAOD = Impaired Autonomy/Other Directedness



* $p < .001$

Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Depressive Symptomatology before (Reduced Model) and after (Full Model) the inclusion of the "Impaired Autonomy/Other Directedness" schema domain as the mediator. The standardized regression coefficient of the initial path between Mother's Parenting Style and Depressive Symptomatology after controlling for the mediator is in parentheses.

Figure 7. The Mediator Role of "Impaired Autonomy/Other Directedness" schema domain between Mother's Parenting Style and Depressive Symptomatology

3.5.1.6. The Mediator Role of "Impaired Autonomy/Other Directedness" schema domain between Mother's Parenting Style and Psychopathological Symptoms

The mediator role of "Impaired Autonomy/Other Directedness" schema domain between Mother's Parenting Style and Psychopathological Symptoms was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, Mother's parenting style was entered into the regression equation as the predictor of Psychopathological Symptoms [pr = .37, β = .37, $t(402) = 7.90$, $p <$ .001] and explained 13% of the variance [$F(1, 402) = 62{,}42$, $p < .001$]. After that, "Impaired Autonomy/Other Directedness" schema domain was entered into the equation [pr = .40, β = .40, $t(401) = 8.77$, $p < .001$] and increased the explained variance to 27% [Fchange (1, 401) = 76.95, $p < .001$]. After controlling for "Impaired Autonomy/Other Directedness" schema domain, previously observed relationship between Mother's Parenting Style and Psychopathological Symptoms decreased its strength [pr = .24, β = .23, $t(401) = 5.00$, $p < .001$] and the observed decrease was confirmed to be significant by the Sobel test ($z = 5.69$, $p < .001$).

After that, in order to complete the mediation analysis, Mother's Parenting Style should have a significant association with "Impaired Autonomy/Other Directedness" schema domain. Therefore, another regression analysis was conducted to examine the relationship between Mother's Parenting Style and "Impaired Autonomy/Other Directedness" schema domain. Mother's Parenting Style was entered into equation [pr = .35, β = .35, $t(402) = 7.49$, $p < .001$] and explained 12% of variance in "Impaired Autonomy/Other Directedness" schema domain [$F(1, 402) = 56.16$, $p < .001$].

Therefore, the two regression analyses indicated that "Impaired Autonomy/Other Directedness" schema domain mediated the relationship between Mother's Parenting Style and Psychopathological Symptoms. Furthermore, "Impaired Autonomy/Other Directedness" schema domain accounted for the 38% of the variance between Mother's Parenting Style and Psychopathological Symptoms.

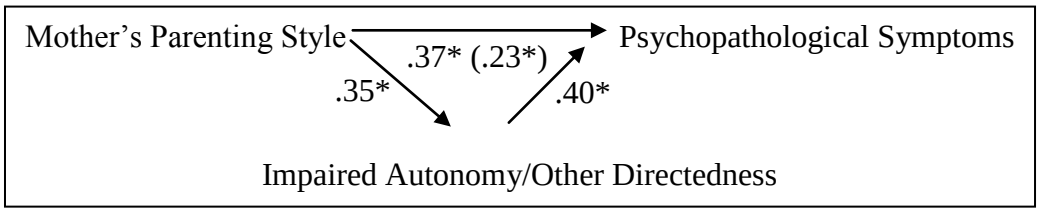
Table 22. The Summary of the Mediation Regression Analyses for Mother's Parenting Style and Psychopathological Symptoms

Outcome Variable	Predictor	β	t	df	*F*change	pr	
Psycho-pathological Symptoms	**1.** Mother's Parenting Style	.37	7.90*	1, 402	62.42*	.37	.13
	2. IAOD (Mother's Parenting Style)	.40 .23	8.77* 5.00*	1, 401 -	76.95* -	.40 .24	.27 -
IAOD	**1.** Mother's Parenting Style	.35	7.49*	1, 402	56.16*	.35	.12

*$p < .001$

Note. IAOD = Impaired Autonomy/Other Directedness

.



Reduced Model
$F(1, 402) = 62.42$, $p < .001$,
$= .13$

Full Model
$F(2, 401) = 75.58$, $p < .001$,
$= .27$

*$p < .001$

Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Psychopathological Symptoms before (Reduced Model) and after (Full Model) the inclusion of the "Impaired Autonomy/Other Directedness" schema domain as the mediator. The standardized regression coefficient of the initial path between Mother's Parenting Style and Psychopathological symptoms after controlling for the mediator is in parentheses.

Figure 8. The Mediator Role of "Impaired Autonomy/Other Directedness" schema domain between Mother's Parenting Style and Psychopathological Symptoms

3.5.1.7. The Mediator Role of "Impaired Limits/Exaggerated Standards" schema domain between Father's Parenting Style and Psychopathological Symptoms

The mediator role of "Impaired Limits/Exaggerated Standards" schema domain between Father's Parenting Style and Psychopathological Symptoms was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, Father's parenting style was entered into the regression equation as the predictor of Psychopathological Symptoms [pr = .32, β = .32, $t(402) = 6.70$, $p <$ .001] and explained 10% of the variance [$F(1, 402) = 44.94$, $p < .001$]. After that, "Impaired Limits/Exaggerated Standards" schema domain was entered into the equation [pr = .44, β = .46, $t(401) = 9.89$, $p < .001$] and increased the explained variance to 28% [Fchange $(1, 401) = 97.72$, $p < .001$]. After controlling for "Impaired Limits/Exaggerated Standards" schema domain, previously observed relationship between Father's Parenting Style and Psychopathological Symptoms decreased its strength [pr = .14, β = .13, $t(401) = 2.83$, $p < .01$] and the observed decrease was confirmed to be significant by the Sobel test ($z = 6.68$, $p < .001$).

After that, in order to complete the mediation analysis, Father's Parenting Style should have a significant association with "Impaired Limits/Exaggerated Standards" schema domain. Therefore, another regression analysis was conducted to examine the relationship between Father's Parenting Style and "Impaired Limits/Exaggerated Standards" schema domain. Father's Parenting Style was entered into equation [pr = .41, β = .41, $t(402) = 8.88$, $p < .001$] and explained 16% of variance in "Impaired Limits/Exaggerated Standards" schema domain [$F(1, 402) = 78.83$, $p < .001$].

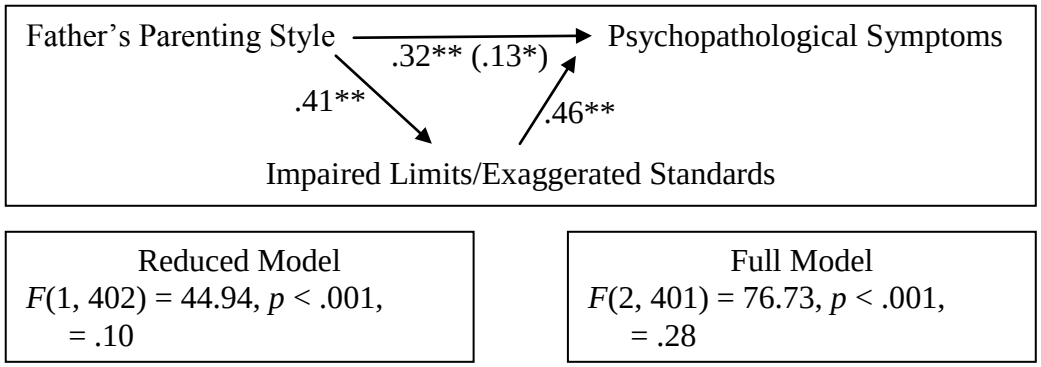
Therefore, the two regression analyses indicated that "Impaired Limits/Exaggerated Standards" schema domain mediated the relationship between Father's Parenting Style and Psychopathological Symptoms. Furthermore, "Impaired Limits/Exaggerated Standards" schema domain accounted for the 58% of the variance between Father's Parenting Style and Psychopathological Symptoms.

Table 23. The Summary of the Mediation Regression Analyses for Father's Parenting Style and Psychopathological Symptoms

Outcome Variable	Predictor	β	t	df	*F*change	pr	
Psycho-pathological Symptoms	**1.** Father's Parenting Style	.32	6.70**	1, 402	44.94**	.32	.10
	2. ILES (Father's Parenting Style)	.46 .13	9.89** 2.83*	1, 401 -	97.72** -	.44 .14	.28 -
ILES	**1.** Father's Parenting Style	.41	8.88**	1, 402	78.83**	.41	.16

*p < .01 **p < .001

Note. ILES = Impaired Limits/Exaggerated Standards



Reduced Model
$F(1, 402) = 44.94$, $p < .001$,
$= .10$

Full Model
$F(2, 401) = 76.73$, $p < .001$,
$= .28$

*p < .01 **p < .001

Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Psychopathological Symptoms before (Reduced Model) and after (Full Model) the inclusion of the "Impaired Limits/Exaggerated Standards" schema domain as the mediator. The standardized regression coefficient of the initial path between Father's Parenting Style and Psychopathological symptoms after controlling for the mediator is in parentheses.

Figure 9. The Mediator Role of "Impaired Limits/Exaggerated Standards" schema domain between Father's Parenting Style and Psychopathological Symptoms

3.5.1.8. The Mediator Role of "Disconnection/Rejection" schema domain between Father's Parenting Style and Psychopathological Symptoms

The mediator role of "Disconnection/Rejection" schema domain between Father's Parenting Style and Psychopathological Symptoms was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, Father's parenting style was entered into the regression equation as the predictor of Psychopathological Symptoms [pr = .32, β = .32, t(402) = 6.70, p < .001] and explained 10% of the variance [F(1, 402) = 44.94, p < .001]. After that, "Disconnection/Rejection" schema domain was entered into the equation [pr = .56, β = .58, t(401) = 13.51, p < .001] and increased the explained variance to 38% [Fchange (1, 401) = 182.59, p < .001]. After controlling for "Disconnection/Rejection" schema domain, previously observed relationship between Father's Parenting Style and Psychopathological Symptoms decreased its strength [pr = .10, β = .09, t(401) = 2.06, p < .05] and the observed decrease was confirmed to be significant by the Sobel test (z = 7.20, p < .001).

After that, in order to complete the mediation analysis, Father's Parenting Style should have a significant association with "Disconnection/Rejection" schema domain. Therefore, another regression analysis was conducted to examine the relationship between Father's Parenting Style and "Disconnection/Rejection" schema domain. Father's Parenting Style was entered into equation [pr = .40, β = .40, t(402) = 8.66, p < .001] and explained 16% of variance in "Disconnection/Rejection" schema domain [F(1, 402) = 74.96, p < .001].

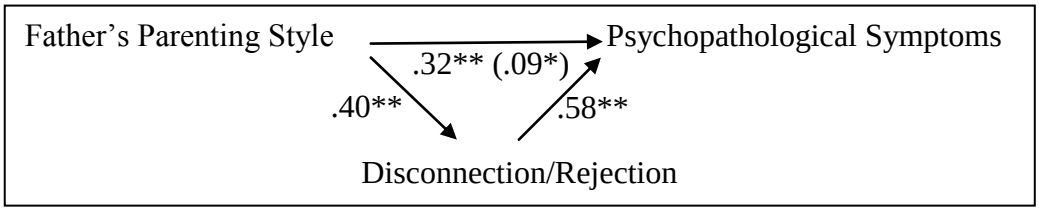
Therefore, the two regression analyses indicated that "Disconnection/Rejection" schema domain mediated the relationship between Father's Parenting Style and Psychopathological Symptoms. Furthermore, "Disconnection/Rejection" schema domain accounted for the 72% of the variance between Father's Parenting Style and Psychopathological Symptoms.

Table 24. The Summary of the Mediation Regression Analyses for Father's Parenting Style and Psychopathological Symptoms

Outcome Variable	Predictor	β	t	df	*F*change	pr	
Psycho-pathological Symptoms	**1.** Father's Parenting Style	.32	6.70**	1, 402	44.94**	.32	.10
	2. DR (Father's Parenting Style)	.58 .09	13.51** 2.06*	1, 401 -	182.59** -	.56 .10	.38 -
DR	**1.** Father's Parenting Style	.40	8.66**	1, 402	74.96**	.40	.16

*p < .05 **p < .001

Note. DR = Disconnection/Rejection



Reduced Model	Full Model
$F(1, 402) = 44.94$, $p < .001$, $= .10$	$F(2, 401) = 123.91$, $p < .001$, $= .38$

*p < .05 **p < .001

Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Psychopathological Symptoms before (Reduced Model) and after (Full Model) the inclusion of the "Disconnection/Rejection" schema domain as the mediator. The standardized regression coefficient of the initial path between Father's Parenting Style and Psychopathological symptoms after controlling for the mediator is in parentheses.

Figure 10. The Mediator Role of "Disconnection/Rejection" schema domain between Father's Parenting Style and Psychopathological Symptoms

3.5.1.9. The Mediator Role of "Impaired Autonomy/Other Directedness" schema domain between Father's Parenting Style and Psychopathological Symptoms

The mediator role of "Impaired Autonomy/Other Directedness" schema domain between Father's Parenting Style and Psychopathological Symptoms was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, Father's parenting style was entered into the regression equation as the predictor of Psychopathological Symptoms [pr = .32, β = .32, $t(402) = 6.70$, $p < .001$] and explained 10% of the variance [$F(1, 402) = 44.94$, $p < .001$]. After that, "Impaired Autonomy/Other Directedness" schema domain was entered into the equation [pr = .42, β = .42, $t(401) = 9.28$, $p < .001$] and increased the explained variance to 26% [Fchange (1, 401) = 86.09, $p < .001$]. After controlling for "Impaired Autonomy/Other Directedness" schema domain, previously observed relationship between Father's Parenting Style and Psychopathological Symptoms decreased its strength [pr = .20, β = .19, $t(401) = 4.10$, $p < .001$] and the observed decrease was confirmed to be significant by the Sobel test ($z = 5.31$, $p < .001$).

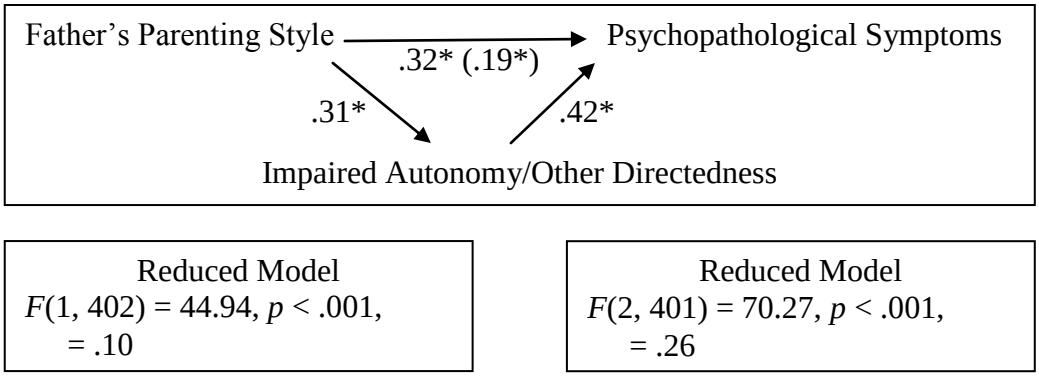
After that, in order to complete the mediation analysis, Father's Parenting Style should have a significant association with "Impaired Autonomy/Other Directedness" schema domain. Therefore, another regression analysis was conducted to examine the relationship between Father's Parenting Style and "Impaired Autonomy/Other Directedness" schema domain. Father's Parenting Style was entered into equation [pr = .31, β = .31, $t(402) = 6.62$, $p < .001$] and explained 10% of variance in "Impaired Autonomy/Other Directedness" schema domain [$F(1, 402) = 43.83$, $p < .001$].

Therefore, the two regression analyses indicated that "Impaired Autonomy/Other Directedness" schema domain mediated the relationship between Father's Parenting Style and Psychopathological Symptoms. Furthermore, "Impaired Autonomy/Other Directedness" schema domain accounted for the 42% of the variance between Father's Parenting Style and Psychopathological Symptoms.

Table 25. The Summary of the Mediation Regression Analyses for Father's Parenting Style and Psychopathological Symptoms

Outcome Variable	Predictor	β	t	df	*F*change	pr	
Psycho-pathological Symptoms	**1.** Father's Parenting Style	.32	6.70*	1, 402	44.94*	.32	.10
	2. IAOD (Father's Parenting Style)	.42 .19	9.28* 4.10*	1, 401 -	86.09* -	.42 .20	.26 -
IAOD	**1.** Father's Parenting Style	.31	6.62*	1, 402	43.83*	.31	.10

*$p < .001$
Note. IAOD = Impaired Autonomy/Other Directedness



*$p < .001$
Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Psychopathological Symptoms before (Reduced Model) and after (Full Model) the inclusion of the "Impaired Autonomy/Other Directedness" schema domain as the mediator. The standardized regression coefficient of the initial path between Father's Parenting Style and Psychopathological symptoms after controlling for the mediator is in parentheses.

Figure 11. The Mediator Role of "Impaired Autonomy/Other Directedness" schema domain between Father's Parenting Style and Psychopathological Symptoms

3.5.2. The Mediator Role of Schema Coping Styles between Schema Domains and Psychopathology/Life Satisfaction

Mediation analyses were conducted to examine whether schema coping styles (i.e., compensation, avoidance) had a significant mediator role on the relationship between schema domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection Rejection, Impaired Autonomy/Other Directedness) and psychopathology/life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life). In this regard two seperate regression analyses were performed. In the first step of the first regression analysis, schema domains were forced to enter into the equation as predictors of the psychopathology or life satisfaction as the outcome variables. In the second step schema coping styles were entered into the equation, thus, the associations between schema coping styles and outcome variables, as well as the associations between schema domains and outcome variables when the effects of schema coping styles were controlled, were also investigated on this step. Later on, the second regression analysis was performed to see whether schema domains had significant associations with schema coping styles. Hence, the relationship between predictor and mediator was examined via this second analysis.

3.5.2.1. The Mediator Role of Compensation between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological Symptoms

The mediator role of Compensation between Impaired Limits/Exaggerated Standards" schema domain and Psychopathological Symptoms was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, "Impaired Limits/Exaggerated Standards" schema domain was entered into the regression equation as the predictor of Psychopathological Symptoms [pr = .51, β = .51, $t(402) = 11.96$, $p < .001$] and explained 26% of the variance [$F(1, 402) = 143.01$, $p < .001$]. After that, Compensation was entered into the equation [pr = .10, β = .11, $t(401) = 2.03$, $p < .05$] and increased the explained variance to 27% [Fchange (1, 401) = 4.13, $p < .05$]. After controlling for Compensation, previously observed relationship between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological Symptoms decreased its strength [pr = .37, β = .44, $t(401)$ =

7.89, $p < .001$] and the observed decrease was confirmed to be significant by the Sobel test ($z = 2.00$, $p < .05$).

After that, in order to complete the mediation analysis, "Impaired Limits/Exaggerated Standards" schema domain should have a significant association with Compensation. Therefore, another regression analysis was conducted to examine the relationship between "Impaired Limits/Exaggerated Standards" schema domain and Compensation. "Impaired Limits/Exaggerated Standards" schema domain was entered into equation [$pr = .64$, $\beta = .64$, $t(402) = 16.81$, $p < .001$] and explained 41% of variance in Compensation [$F(1, 402) = 282.52$, $p < .001$].

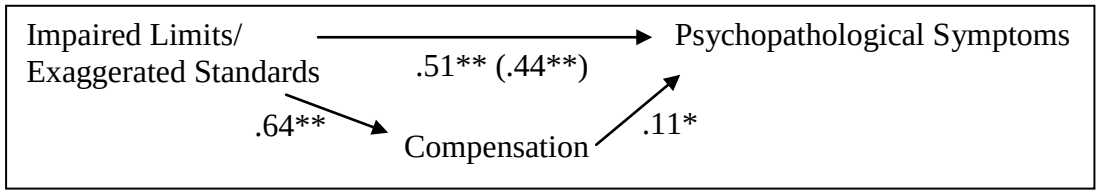
Therefore, the two regression analyses indicated that Compensation mediated the relationship between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological Symptoms. Furthermore, Compensation accounted for the 14% of the variance between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological Symptoms.

Table 26. The Summary of the Mediation Regression Analyses for "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological Symptoms

Outcome Variable	Predictor	β	t	df	*F*change	pr	
Psycho-pathological Symptoms	**1.** ILES	.51	11.96**	1, 402	143.01**	.51	.26
	2. Compen-sation	.11	2.03*	1, 401	4.13*	.10	.27
	(ILES)	.44	7.89**	-	-	.37	-
Compensation	**1.** ILES	.64	16.81**	1, 402	282.52**	.64	.41

*p < .05 **p < .001

Note. ILES = Impaired Limits/Exaggerated Standards



Reduced Model	Full Model
$F(1, 402) = 143.01$, $p < .001$, $= .26$	$F(2, 401) = 74.12$, $p < .001$, $= .27$

*p < .05**p < .001

Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Psychopathological Symptoms before (Reduced Model) and after (Full Model) the inclusion of the Compensation as the mediator. The standardized regression coefficient of the initial path between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological symptoms after controlling for the mediator is in parentheses.

Figure 12. The Mediator Role of Compensation between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological symptoms

3.5.2.2. The Mediator Role of Avoidance between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological Symptoms

The mediator role of Avoidance between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological Symptoms was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, "Impaired Limits/Exaggerated Standards" schema domain was entered into the regression equation as the predictor of Psychopathological Symptoms [pr = .51, β = .51, $t(402) = 11.96$, $p < .001$] and explained 26% of the variance [$F(1, 402) = 143.01$, $p < .001$]. After that, Avoidance was entered into the equation [pr = .21, β = .19, $t(401) = 4.23$, $p < .001$] and increased the explained variance to 29% [Fchange (1, 401) = 17.93, $p < .001$]. After controlling for Avoidance, previously observed relationship between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological Symptoms decreased its strength [pr = .45, β = .45, $t(401) = 10.06$, $p < .001$] and the observed decrease was confirmed to be significant by the Sobel test ($z = 3.65$, $p < .001$).

After that, in order to complete the mediation analysis, "Impaired Limits/Exaggerated Standards" schema domain should have a significant association with Avoidance. Therefore, another regression analysis was conducted to examine the relationship between "Impaired Limits/Exaggerated Standards" schema domain and Avoidance. "Impaired Limits/Exaggerated Standards" schema domain was entered into equation [pr = .34, β = .34, $t(402) = 7.18$, $p < .001$] and explained 11% of variance in Avoidance [$F(1, 402) = 51.61$, $p < .001$].

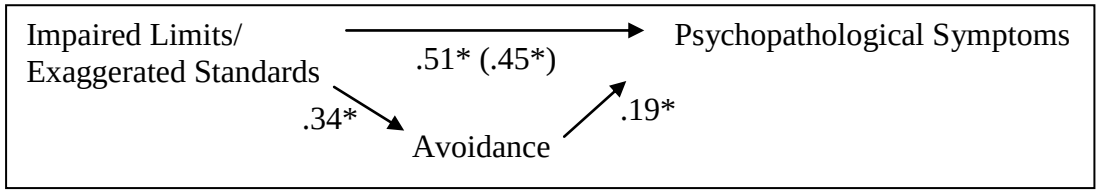
Therefore, the two regression analyses indicated that Avoidance mediated the relationship between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological Symptoms. Furthermore, Avoidance accounted for the 12% of the variance between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological Symptoms.

Table 27. The Summary of the Mediation Regression Analyses for "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological Symptoms

Outcome Variable	Predictor	β	t	df	*F*change	pr	
Psycho-pathological Symptoms	**1.** ILES	.51	11.96*	1, 402	143.01*	.51	.26
	2. Avoid-ance	.19	4.23*	1, 401	17.93*	.21	.29
	(ILES)	.45	10.06*	-	-	.45	-
Avoidance	**1.** ILES	.34	7.18*	1, 402	51.61*	.34	.11

*$p < .001$

Note. ILES = Impaired Limits/Exaggerated Standards



Reduced Model
$F(1, 402) = 143.01$, $p < .001$,
$= .26$

Full Model
$F(2, 401) = 83.48$, $p < .001$,
$= .29$

*$p < .001$

Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Psychopathological Symptoms before (Reduced Model) and after (Full Model) the inclusion of the Avoidance as the mediator. The standardized regression coefficient of the initial path between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological symptoms after controlling for the mediator is in parentheses.

Figure 13. The Mediator Role of Avoidance between "Impaired Limits/Exaggerated Standards" schema domain and Psychopathological symptoms

3.5.2.3. The Mediator Role of Compensation between "Disconnection/Rejection" schema domain and Psychopathological Symptoms

The mediator role of Compensation between "Disconnection/Rejection" schema domain and Psychopathological Symptoms was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, "Disconnection/Rejection" schema domain was entered into the regression equation as the predictor of Psychopathological Symptoms [pr = .61, β = .61, t(402) = 15.55, p < .001] and explained 38% of the variance [F(1, 402) = 241.64, p < .001]. After that, Compensation was entered into the equation [pr = .24, β = .21, t(401) = 5.05, p < .001] and increased the explained variance to 41% [Fchange (1, 401) = 25.47, p < .001]. After controlling for Compensation, previously observed relationship between "Disconnection/Rejection" schema domain and Psychopathological Symptoms decreased its strength [pr = .55, β = .54, t(401) = 13.23, p < .001] and the observed decrease was confirmed to be significant by the Sobel test (z = 4.16, p < .001).

After that, in order to complete the mediation analysis, "Disconnection/Rejection" schema domain should have a significant association with Compensation. Therefore, another regression analysis was conducted to examine the relationship between "Disconnection/Rejection" schema domain and Compensation. "Disconnection/Rejection" schema domain was entered into equation [pr = .35, β = .35, t(402) = 7.50, p < .001] and explained 12% of variance in Compensation [F(1, 402) = 56.22, p < .001].

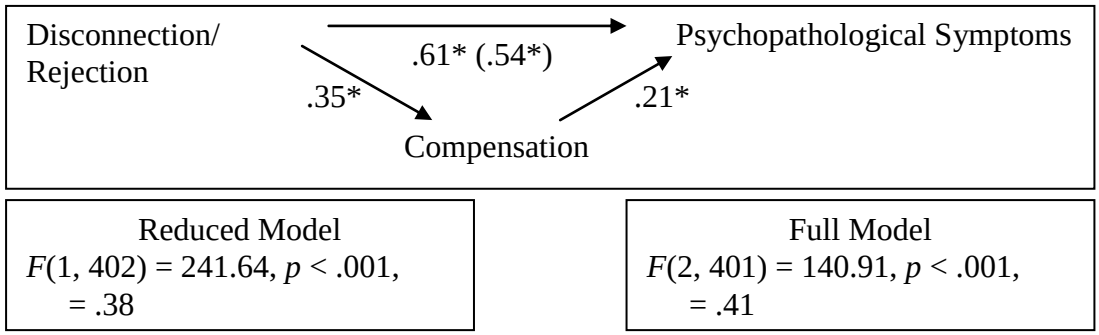
Therefore, the two regression analyses indicated that Compensation mediated the relationship between "Disconnection/Rejection" schema domain and Psychopathological Symptoms. Furthermore, Compensation accounted for the 12% of the variance between "Disconnection/Rejection" schema domain and Psychopathological Symptoms.

Table 28. The Summary of the Mediation Regression Analyses for "Disconnection/Rejection" schema domain and Psychopathological Symptoms

Outcome Variable	Predictor	B	t	df	*F*change	pr	
Psycho-pathological Symptoms	**1.** DR	.61	15.55*	1, 402	241.64*	.61	.38
	2. Compen-sation	.21	5.05*	1, 401	25.47*	.24	.41
	(DR)	.54	13.23*	-	-	.55	-
Compensation	**1.** DR	.35	7.50*	1, 402	56.22*	.35	.12

*$p < .001$

Note. DR = Disconnection/Rejection



*$p < .001$

Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Psychopathological Symptoms before (Reduced Model) and after (Full Model) the inclusion of the Compensation as the mediator. The standardized regression coefficient of the initial path between "Disconnection/Rejection" schema domain and Psychopathological symptoms after controlling for the mediator is in parentheses.

Figure 14. The Mediator Role of Compensation between "Disconnection/Rejection" schema domain and Psychopathological symptoms

3.5.2.4. The Mediator Role of Avoidance between "Disconnection/Rejection" schema domain and Psychopathological Symptoms

The mediator role of Avoidance between "Disconnection/Rejection" schema domain and Psychopathological Symptoms was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, "Disconnection/Rejection" schema domain was entered into the regression equation as the predictor of Psychopathological Symptoms [pr = .61, β = .61, t(402) = 15.55, p < .001] and explained 38% of the variance [F(1, 402) = 241.64, p < .001]. After that, Avoidance was entered into the equation [pr = .16, β = .14, t(401) = 3.23, p = .001] and increased the explained variance to 39% [Fchange (1, 401) = 10.42, p < .001]. After controlling for Avoidance, previously observed relationship between "Disconnection/Rejection" schema domain and Psychopathological Symptoms decreased its strength [pr = .56, β = .56, t(401) = 13.48, p < .001] and the observed decrease was confirmed to be significant by the Sobel test (z = 2.98, p < .01).

After that, in order to complete the mediation analysis, "Disconnection/Rejection" schema domain should have a significant association with Avoidance. Therefore, another regression analysis was conducted to examine the relationship between "Disconnection/Rejection" schema domain and Avoidance. "Disconnection/Rejection" schema domain was entered into equation [pr = .36, β = .36, t(402) = 7.83, p < .001] and explained 13% of variance in Avoidance [F(1, 402) = 61.29, p < .001].

Therefore, the two regression analyses indicated that Avoidance mediated the relationship between "Disconnection/Rejection" schema domain and Psychopathological Symptoms. Furthermore, Avoidance accounted for the 8% of the variance between "Disconnection/Rejection" schema domain and Psychopathological Symptoms.

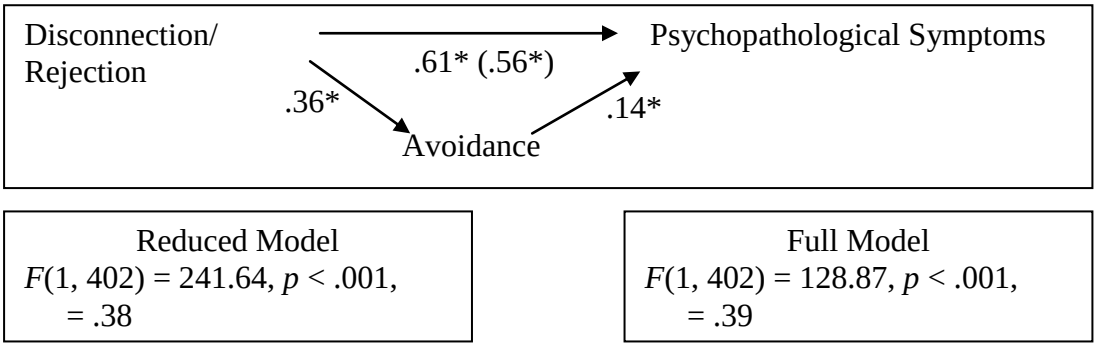
Table 29. The Summary of the Mediation Regression Analyses for "Disconnection/Rejection" schema domain and Psychopathological Symptoms

Outcome Variable	Predictor	B	t	df	*F*change	pr	
Psycho-pathological Symptoms	**1.** DR	.61	15.55*	1, 402	241.64*	.61	.38
	2. Avoid-ance	.14	3.23*	1, 401	10.42*	.16	.39
	(DR)	.56	13.48*	-	-	.56	-
Avoidance	**1.** DR	.36	7.83*	1, 402	61.29*	.36	.13

*$p < .001$

Note. DR = Disconnection/Rejection

.



*$p < .001$

Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Psychopathological Symptoms before (Reduced Model) and after (Full Model) the inclusion of the Avoidance as the mediator. The standardized regression coefficient of the initial path between "Disconnection/Rejection" schema domain and Psychopathological symptoms after controlling for the mediator is in parentheses.

Figure 15. The Mediator Role of Avoidance between "Disconnection/Rejection" schema domain and Psychopathological symptoms

3.5.2.5. The Mediator Role of Avoidance between "Impaired Autonomy/Other Directedness" schema domain and Psychopathological Symptoms

The mediator role of Avoidance between "Impaired Autonomy/Other Directedness" schema domain and Psychopathological Symptoms was tested via seperate regression analyses. Accordingly, in the first step of the first analysis, "Impaired Autonomy/Other Directedness" schema domain was entered into the regression equation as the predictor of Psychopathological Symptoms [pr = .48, β = .48, $t(402) = 10.91$, $p < .001$] and explained 23% of the variance [$F(1, 402) = 119.08$, $p < .001$]. After that, Avoidance was entered into the equation [pr = .22, β = .20, $t(401) = 4.51$, $p < .001$] and increased the explained variance to 27% [Fchange (1, 401) = 20.32, $p < .001$]. After controlling for Avoidance, previously observed relationship between "Impaired Autonomy/Other Directedness" schema domain and Psychopathological Symptoms decreased its strength [pr = .41, β = .41, $t(401) = 9.05$, $p < .001$] and the observed decrease was confirmed to be significant by the Sobel test ($Z = 3.81$, $p < .001$).

After that, in order to complete the mediation analysis, "Impaired Autonomy/Other Directedness" schema domain should have a significant association with Avoidance. Therefore, another regression analysis was conducted to examine the relationship between "Impaired Autonomy/Other Directedness" schema domain and Avoidance. "Impaired Autonomy/Other Directedness" schema domain was entered into equation [pr = .33, β = .33, $t(402) = 7.02$, $p < .001$] and explained 11% of variance in Avoidance [$F(1, 402) = 49.28$, $p < .001$].

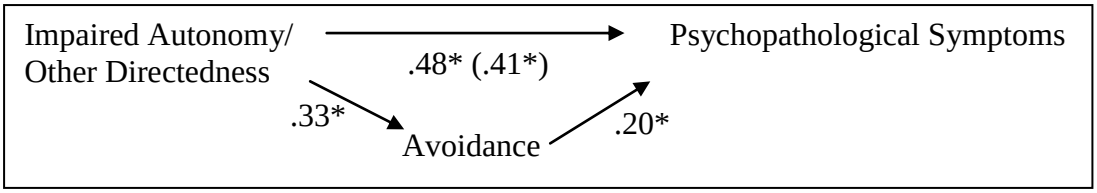
Therefore, the two regression analyses indicated that Avoidance mediated the relationship between "Impaired Autonomy/Other Directedness" schema domain and Psychopathological Symptoms. Furthermore, Avoidance accounted for the 14% of the variance between "Impaired Autonomy/Other Directedness" schema domain and Psychopathological Symptoms.

Table 30. The Summary of the Mediation Regression Analyses for "Impaired Autonomy/Other Directedness" schema domain and Psychopathological Symptoms

Outcome Variable	Predictor	B	t	df	*F*change	pr	
Psycho-pathological Symptoms	**1.** IAOD	.48	10.91*	1, 402	119.08*	.48	.23
	2. Avoid-ance	.20	4.51*	1, 401	20.32*	.22	.27
	(IAOD)	.41	9.05*	-	-	.41	-
Avoidance	**1.** IAOD	.33	7.02*	1, 402	49.28*	.33	.11

*$p < .001$

Note. IAOD = Impaired Autonomy/Other Directedness



Reduced Model
$F(1, 402) = 119.08$, $p < .001$,
$= .23$

Full Model
$F(2, 401) = 72.56$, $p < .001$,
$= .27$

*$p < .001$

Note. Summary of the mediation model that include standardized regression coefficients, F values, 's for Psychopathological Symptoms before (Reduced Model) and after (Full Model) the inclusion of the Avoidance as the mediator. The standardized regression coefficient of the initial path between "Impaired Autonomy/Other Directedness" schema domain and Psychopathological symptoms after controlling for the mediator is in parentheses.

Figure 16. The Mediator Role of Avoidance between "Impaired Autonomy/Other Directedness" schema domain and Psychopathological symptoms

CHAPTER IV

DISCUSSION

The aim of the present study includes (1) to examine possible influence of demographic variables of age, gender, familial monthly income, relationship status, mother's education, father's education on Parenting Styles (i.e., Mother's parenting style, Father's parenting style), Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness), Schema Coping Styles (i.e., Compensation, Avoidance), Psychopathology/Life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life); (2) to examine associated factors of Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness), Schema Coping Styles (i.e., Compensation, Avoidance), Psychopathology/Life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life); (3) to examine the mediator role of Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) in the relationship between Parenting Styles (i.e., Mother's parenting style, Father's parenting style) and Psychopathology/Life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life); and (4) to examine the mediator role of Schema Coping Styles (i.e., Compensation, Avoidance) in the relationship between Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) and Psychopathology/Life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life).

In this regard, findings of the present study were discussed in the light of the current literature findings. Afterwards, strengths and limitations of the study were presented. Lastly, clinical implications of the presents study and suggestions for future research were stated.

4.1. Findings Regarding the Differential Roles of Demographic Variables on the Measures of the Study

In this part, differential roles of demographic variables including age, gender, familial monthly income, relationship status, mother's education, father's education was examined on all of the measures in the study.

4.1.1. Findings Regarding the Differential Roles of Demographic Variables on Schema Domains

In this part, results related to differences of demographic variables on Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) were stated.

In this respect, results revealed no significant difference of familial monthly income, mother's education, and father's education on schema domains. Thus, it may be concluded that EMSs were not affected by income and parental education level. On the other hand, age, gender, and relationship status had brought out significant differences on schema domains.

Firstly, regarding to gender, males had higher scores in Disconnection/Rejection schema domain as compared to females. However, interpretation of this difference would not be on solid grounds due to the fact that difference between cell sizes of two groups were large.

Secondly, age differed only in Impaired Autonomy/Other Directedness schema domain, that is junior age group scored higher from middle and senior age groups. This difference may be due to junior age group were aged between 18 and 20, this age group may contain the characteristics of late adolencence and young adulthood, where gaining autonomy is a developmental task (Berk, 2000). Impaired Autonomy/Other Directedness schema domain contains Subjugation, Dependency/Incompetence, Enmeshment, Vulnerability to harm, Abandonment/Instability, and Self-Sacrifice (Sarıtaş & Gençöz, 2011). General theme in this schema domain is to function individually and independently (Young, Kolosko, & Weishaar, 2003). Therefore, this difference may be attributed to overlapping of developmental tasks related to that age group and characteristics of

the schema domain. On the other hand, absence of significant differences in other domains (i.e., Disconnection/Rejection, Impaired Limits/Exaggerated Standards) may support the idea that EMSs are prevailing life patterns elaborated through in one's life, without being affected by years (Young, Kolosko, & Weishaar, 2003).

Thirdly, relationship status posed significant differences in two schema domains which were Disconnection/Rejection and Impaired Autonomy/Other Directedness. Single participants scored higher on both schema domains as compared to those who were in a relationship. Close relationships were mentioned as triggers for EMSs due to emotional value invested in them (Young, Kolosko, & Weishaar, 2003). However, studies referring to the relationship between EMSs and close relationship were scarce. One study (Dumitrescu & Rusu, 2012) found that high levels of EMSs were associated with decreased level of close relationship satisfaction, and vice versa. In the light of this study, one explanation for relationship status difference on schema domains may be that strong EMSs may negatively influence the pleasure taken from close relationship, and those whose EMSs levels were higher tended to have problems either initiating or maintaining close relationships, therefore, stay single. Another explaination may be that close relationships may have a schema healing effect, hence, those who were in a relationship may report decreased levels of EMSs. Further studies regarding close relationships and EMSs should be conducted for a better understanding in this issue.

4.1.2. Findings Regarding the Differential roles of Demographic Variables on Parenting Styles

In this part, results related to differences of demographic variables on Parenting Styles (i.e., Mother, Father) were stated.

Only father's education level revealed difference on mother's parenting style. College graduate or more educated fathers were related to better parenting practises by mothers as compared to those fathers whose education level were secondary school or below. This result may be because men with higher education levels preferred spouses who had more positive parenting practices.

4.1.3. Findings Regarding he Differential Roles of Demographic Variables on Schema Coping Styles

In this part, results related to differences of demographic variables on Schema Coping Styles (i.e., Compensation, Avoidance) were stated. No significant results were found, therefore, it may be concluded that schema coping styles that one utilize were not influenced by demographic variables such as age, gender, relationship status, familial monthly income, father's education, and mother's education.

4.1.4. Findings Regarding the Differential Roles of Demographic Variables on Psychopathology and Life Satisfaction

In this part, results related to differences of demographic variables on Psychopathology and Life satisfaction (i.e., Depressive Symptomatology, Psychopathological symptoms, Satisfaction with life) were stated.

In this respect, results revealed no significant difference of familial monthly income, mother's education, and father's education on psychopathology and life satisfaction. Thus, it may be concluded that psychopathology and satisfaction were not affected by income and parental education level. On the other hand, age, gender, and relationship status had brought out significant differences on psychopathology and life satisfaction.

First of all, age revealed significant difference on psychopathological symptoms. Junior age group reported higher psychopathological symptoms than senior age group, indicating younger university students tended to have psychopathological symptoms. This difference may be due to the fact that junior age group were between 18 and 20 which corresponded to ending of the adolescence and beginning of the adulthood; furthermore, this period might have brought life crisis about that age period leading to psychopathological symptoms.

Secondly, regarding to relationship status, single participants reported higher depressive symptomatology, psychopathological symptoms, and lower satisfaction with life as compared to those who were in a relationship. This difference may be due to the fact that people with higher symptoms may have problems with initiating

or maintaining close relationships; or, close relationships might have a protective value against psychopathology and enhace life satisfaction.

4.2. Findings Regarding the Associated Factors of the Schema Domains, Schema Coping Styles, and Psychopathology/Life Satisfaction

In this part, findings related to associated factors of Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness), Schema Coping Styles (i.e., Compensation, Avoidance), Psychopathology/Life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life) will be discussed.

4.2.1. Findings Regarding the Associated Factors of the Schema Domains

In this part, findings related to associated factors of Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) were discussed.

In regard to schema domains, two sources of parenting styles were associated with schema domains. This finding supports the premise which EMSs are formed in early interactions with significant others, especially parents (Young, Klosko, & Weishaar, 2003). Although regression analyses do not assert causal relationships, by chronological nature of the fact that parent-child relationship being in the past and EMSs being reported in present, it is assumed that early interactions with parents lead into EMSs (Young, Klosko, & Weishaar, 2003). Although, the relationship between parenting and EMSs were established by many studies (Jones, Leung, & Harris, 2006; Sheffield, et al., 2009; Harris, & Curtin, 2002; Thimm, 2010), the current study revealed this relationship via Schema Theory's own parenting scale, and by referring to both mothers' and fathers' parenting styles, therefore, current study made a contribution to theoretical integration of Schema Theory and its scales.

In addition, Mother's parenting explained larger variance in schema domains of Disconnection/Rejection and Impaired Autonomy/Other Directedness as compared to Father's parenting; whereas Father's parenting explained larger variance in Impaired Limits/Exaggerated Standards as compared to Mother's parenting. This difference may be stemmed from sex role differences in Turkish families, where

father had the role of rule-making and dominance, and mother had the role of affection giver. Impaired Limits/Exaggerated Standards schema domain has the EMSs of Entitlement, Approval Seeking, Unrelenting Standards, Pessimism, Insufficient self control, and Punitiveness (Sarıtaş & Gençöz, 2011), and it may be speculated that the contents of these EMSs (see section 1.2.2. for descriptions EMSs; see Young, Klosko, & Weishaar, 2003 for detailed descriptions) might be resulted mainly from the role of father in the family.

4.2.2. Findings Regarding the Associated Factors of the Schema Coping Styles

In this part, findings related to associated factors of Schema Coping Styles (i.e., Compensation, Avoidance) were discussed.

To begin with, both sources of parenting style, schema domains of Impaired Limits/Exaggerated Standards and Impaired Autonomy/Other Directedness were associated with schema coping style of Compensation. Therefore, people whose parents used negative parenting practices, who had higher levels of Impaired Limits/Exaggerated Standards and lower scores in Impaired Autonomy/Other Directedness tended to utilize more compensation.

Impaired Limits/Exaggerated Standards schema domain was positively associated with Compensation schema coping style. As we examine the items in Compensation scale, and contents of EMSs under Impaired Limits/Exaggerated Standards schema domain, results were parallel with the clinical observation. Impaired Limits/Exaggerated Standards schema domain contains EMSs such as Unrelenting standards referring to continuous expectations about high success which overlaps some items in Compensation scale such as “I work hard to be the best and the most successful.”

Unexpectedly, the association between Impaired Autonomy/Other Directedness schema domain and Compensation was found negative, which indicated people with lower scores on Impaired Autonomy/Other Directedness schema domain were more likely to utilize Compensation schema coping style. This result may because behavior is not part of the schema, but a part of coping response (Young, Klosko, & Weishaar, 2003); also, the items in Young Compensation Scale are behaviorally defined items (Young, 1995), those who had higher levels of

Impaired Autonomy/Other Directedness schema domain tended to show less behaviors defined in compensation items.

Regarding Avoidance schema coping style, mother's parenting style, schema domains of Disconnection/Rejection and Impaired Limits/Exaggerated Standards were found to be associated. There were no studies revealing the relationship between avoidance and parenting styles; also, avoidance and EMSs; therefore, findings of the current study would carry an exploratory value for understanding those relationships. Avoidance may carry some degree of denial, ignoring the problem, and shift of attention to something else, which might have been easier to utilize for those who had EMSs under schema domains of Disconnection/Rejection and Impaired Limits/Exaggerated Standards as compared to those who had EMSs under schema domain Impaired Autonomy/Other Directedness. Impaired Autonomy/Other Directedness was not found to be related to avoidance schema coping style, this might have been due to the fact that in EMSs under this schema domain are characterized with a dominant character effecting their lives; therefore, it might have been difficult to utilize avoidance coping style for those who are with EMSs under Impaired Autonomy/Other Directedness schema domain.

4.2.3. Findings Regarding the Associated Factors of the Psychopathology and Life Satisfaction

In this part, associated factors of Psychopathology and Life satisfaction (Depressive symptomatology, Psychopathological symptoms, Satisfaction with life) were discussed.

To start with, mother's parenting style, schema domains of Disconnection/Rejection, and Impaired Autonomy/Other Directedness were found to be significantly associated with depressive symptomatology. Significant associations between depressive symptomatology and schema domains were consistent with Beck's conceptualization of depression (1987), in which he emphasized the role of core beliefs in etiology of depression. Furthermore, some authors conceptualize EMSs as core beliefs, and use both terms interchangably (Waller, Meyer, & Ohanian, 2001; Reeves & Taylor, 2007). Hence, findings in the current study might be considered as a support to the role of core beliefs in depression. In addition, EMSs

were found to be related to depressive symptomatology (Lumley & Harkness, 2007; Harris & Curtin, 2002). In Lumley and Harkness' study (2007), they found EMSs of Social Isolation, Subjugation, Self-Sacrifice, Emotional Deprivation, Dependency, Vulnerability, and Failure to be related to depressive symptoms, which were under the Disconnection/Rejection, and Impaired Autonomy/Other Directedness schema domains in the current study; so, findings of the current study were consistent with that of Lumley and Harkness'. In Harris and Curtin's study (2002), EMSs of Defectiveness/Shame, Insufficient Self Control, Incompetence/Inferiority, and Vulnerability were found to be associated with depressive symptomatology. In the present study all but Insufficient Self Control EMS were under schema domains of Disconnection/Rejection and Impaired Autonomy/Other Directedness which were found to be associated with depressive symptomatology in the current study. This inconsistency with Harris and Curtin's study might be due to usage of schema domains rather than EMSs in the present study.

As for the significant association between mother's parenting style and depressive symptomatology, there were no studies using Young Parenting Inventory in the literature; however, findings of Harris and Curtin (2002) might be considered parallel to findings in the current study. Harris and Curtin (2002), found that depressive symptomatology was associated with perceptions of lower parental caring and overprotection; despite the fact that parents (father, mother) were not differentiated in their study and only mother was significantly associated in the present study.

Secondly, psychopathological symptoms were found to be associated with both parenting styles, schema domains of Disconnection/Rejection and Impaired Limits/Exaggerated Standards, and schema coping style of Avoidance. Importance of core beliefs and EMSs in psychological problems (see Riso, Toit, Stein, & Young, 2007) has been studied and laid emphasis on by many researchers. The instrument used in evaluation of psychopathological symptoms was a general measurement of psychological problems (Derogatis, 1992), rather than disorder specified, it might be concluded that parental practices, EMSs, and avoidance may contribute to emergence of psychopathological symptoms. Literature for the association between avoidance and psychological symptoms were scarce; however, research revealed association

between avoidance and eating pathology (Spranger, Waller, & Bryant-Waugh, 2001; Luck, Waller, Meyer, Ussher, & Lacey, 2005).

Finally, both parenting styles, schema domain of Disconnection/Rejection, were negatively; and compensation schema coping style was positively associated with satisfaction with life. Life satisfaction is conceptualized to have a negative relationship with psychopathology, and negative parental practices exposed in childhood, since the concept of a good life may require components, such as health and positive relationships (Diener, Emmons, Larsen, & Griffin, 1985). An explanation for the positive relationship between compensation and life satisfaction may be because the items in Young Compensation Inventory are behaviorally defined, and those behaviors described in the items may be socially acceptable and socially desirable such as being very important or succesful.

4.3. Findings Regarding the Mediational Analyses

In this part, mediator role of Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) in the relationship between Parenting Styles (i.e., Father, Mother) and Psychopathology/Life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life); and mediator role of Schema Coping Styles (i.e., Compensation, Avoidance) in the relationship between Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) and Psychopathology/Life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life) would be discussed.

4.3.1. Findings Regarding the Mediator Role of Schema Domains in the Relationship between Parenting Styles and Psychopathology/Life Satisfaction

In this part, mediator role of schema domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) in the relationship between parenting styles (i.e., Father, Mother) and psychopathology/life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life) were discussed.

First of all, all schema domains mediated the relationship between mother's parenting style, and depressive symptomatology, also psychopathological symptoms. This finding may be a support to the notion of that EMSs are generated through interaction with significant others, mostly parents, in Schema Theory (Young, Klosko, & Weishaar, 2003). On the other hand, schema domains mediated the relationship between father's parenting style and psychopathological symptoms; results did not reveal a mediating role of schema domains in relationship between father's parenting style and depressive symptomatology. It may be concluded that both sources of parenting carried an important role, mediating through schema domains, in psychopathological symptoms; however, in depressive symtomatology, only mother's parenting style carried a critical role. Although, literature suggests that EMSs mediate the relationship between parental factors and depressive symptomatology (Harris & Curtin, 2002), source of parenting was not specified. Findings that reveal the mediating role of schema domains in relationship between both sources of parenting style and psychopathological symptoms were consistent with literature (Thimm, 2010; Kapçı & Hamamcı, 2010).

In respect to satisfaction life, results did not reveal a significant mediating role of schema domains in relationship between parenting styles and satisfaction with life. This finding may be due to the fact that the concept of life satisfaction was more than absence of psychopathological symptoms, and might be affected by other factors (Diener, Emmons, Larsen, & Griffin, 1985).

4.3.2. Findings Regarding the Mediator Role of Schema Coping Styles in the Relationship between Schema Domains and Psychopathology/Life Satisfaction

In this part, mediator role of Schema Coping Styles (i.e., Compensation, Avoidance) in the relationship between Schema Domains (i.e., Impaired Limits/Exaggerated Standards, Disconnection/Rejection, Impaired Autonomy/Other Directedness) and Psychopathology/Life satisfaction (i.e., Depressive Symptomatology, Psychopathological Symptoms, Satisfaction with Life) will be discussed.

It is suggested that behavior is not a part of the schema content, but rather it is a part of the schema coping style (Young, Klosko, & Weishaar, 2003). Furthermore,

psychopathological symptoms are mostly behaviorally defined, therefore, being a cognitive structure, a mediator is needed in the relationship between EMSs and pscyhopathology.

Results suggested that avoidance and compensation schema coping styles mediated the relationship between schema domains and psychopathological symptoms, with one exception which is that compensation schema coping style did not have a significant mediator role in relationship between Impaired Autonomy/Other Directedness schema domain and psychopathological symptoms. In literature, no study focused on the mediating role of schema coping styles in the relationship between EMSs and psychopathology; thus, the current study would be the first one to focus this subject. EMSs are defined as cognitive organization and do not include behavior (Young, Klosko, & Weishaar, 2003); therefore, mediator variables needed to explain its relationship to behaviour –in this case psychopathological symptoms. In addition, Schema Coping Styles are defined as strategies utilized when exposed to stress related to EMSs. Thus, these strategies might lead to psychopathological symptoms, and pose as bridges between EMSs and psychopathology. Results supported the "bridge" role of schema coping styles between EMSs and psychopathology.

4.4. Strengths and Limitations of the Present Study

First of all, an university sample was used in the current study, this may create a problem when generalizing results to normal population. Furthermore, sex distribution of sample was inequal and the difference between cell sizes was large; therefore, this situation may create problem when evaluating sex differences. Another limitation for the present study is that all the measures were self-report and the measure of parenting styles was based on recollections and perceptions of the participants; hence this may cause a bias in self-report process. Furthermore, cross-sectional nature of the study may create some limitations related to not being able to observe the relationships, found in the present study, in a time course. In addition some beta values, despite being significant, was low, therefore, it is crucial to interpret them with caution. Another limitation was that this study used regression analyses and mediational analyses, full model should be tested statistical procedures such as structural equation model.

Utilizing measures from same theoretical backround was the main strength of the current study. What is more, since EMS literature was a rather new area of research, having supported previous studies might carry a great importance. Furthermore, another strength was to include many concepts such as parenting style, EMSs, Schema Coping Styles and to test them in one model.

4.5. Clinical Implications and Future Suggestions

First of all, in Schema Therapy understanding of childhood experiences and relationships with parents carries a great importance (Young, Klosko, & Weishaar, 2003). Mediator models in the current study that covers mediating role of EMSs in relationship between parenting styles and psychopathology may create a support to this notion. Furthermore, understanding of coping responses was both neccessary and neglected. Therefore, understanding the role schema coping styles may contribute for a better understanding and conceptualization of psychopathologies.

Another implication of the study is that; in Schema Therapy applications, bridging current experiences with past –especially childhood experiences with parents- is crucial for treatment. Results revealed the mediator role of EMSs in the relationship between parenting styles and psychopathology, and this notion may be a support to those applications in Schema Therapy.

For future research, it might be suggested that mediation models for different groups of psychopathology may be studied. Furthermore, findings of the present study may be replicated in random sample and clinical samples. In addition, subscales of Young Schema Questionairre, Young Parenting Inventory, Young Compensation Inventory, Young-Rygh Avoidance Inventory should be studied throughly.

REFERENCES

Andrews, F.M, & Withey, S. B. (1976). Social Indicators of Well-Being: America's Perception of Life Quality. NewYork: Plenum.

Bartlett, F. C. (1932). *Remembering: A study experimental and social psychology*. Cambridge: Cambridge University Press.

Beck, A. T. (1967). *Depression: Causes and treatment.* Philadelphia: University of Pennsylvania Press.

Beck, A.T., Rush, A.J., Shaw, B.F, & Emery, G. (1979). *Cognitive Therapy of Depression*. New York: Guilford.

Beck, A. T., Steer, R. A., & Garbin, M. G. (1988). Psychometric properties of the beck depression inventory: Twenty-five years of evaluation. Clinical Psychology Review, 8(1), 77–100. doi: 10.1016/0272-7358(88)90050-5.

Bowlby, J. (1969/1982). *Attachment and loss: Vol 1. Attachment*. New York: Basic Books.

Carr, S.N., & Francis, A.J.P. (2010). Early maladaptive schemas and personality disorder symptoms: An examination in a non-clinical sample. A preliminary investigation in a non-clinical sample. *Psychology and Psychotherapy: Theory, Research and Practice, 83,* 333-349.

Derogatis, L.R. (1992). *The Brief Symptom Inventory, Administration, Scoring and Procedures Manuel-II.* New York, Clinical Pyschometric Research Inc.

Diener, E., Emmons, R. A., Larsen, R. J., Griffin, S., (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49,* 1.

Dumitrescu, D., Rusu, A.S. (2012). Relationship between early maladaptive schemas, couple satisfaction and individual mate value: an evolutionary psychology approach. *Journal of cognitive and Behavioral Therapies, 12(1),* 63-76.

Durak, M., Senol-Durak, E., Gençöz, T. (2010). Psychometric properties of the Satisfaction with Life Scale among Turkish university students, correctional officers, and elderly adults. *Social Indicators Research*. DOI 10.1007/s11205-010-9589-4

Freud, A., (1946). *The ego and the mechanisms of defence*. New York: International Universities Press.

Gençöz, T. (2000). Positive and Negative Affect Schedule: A study of validity and reliability. *Journal of Turkish Psychiatry, 15*(46), 19-28.

Harris, A.E., & Curtin, L. (2002). Parental perceptions, early maladaptive schemas, and depressive symptoms in young adults. *Cognitive Therapy and Research, 26,* 405-416.

Hartt J, Waller G (2001) Child abuse, dissociation, and core beliefs in bulimic disorders. *Child Abuse Negl*, 26:923-938.

Hisli, N. (1988). Beck Depresyon Envanteri'nin Geçerliği Üzerine Bir Çalışma. *Psikoloji Dergisi, 6*(22), 118-122.

Jones, C.J., Leung, N., Harris, G. (2006). Father-daugher relationship and eating psychopathology: the mediating role of core beliefs. *British Journal of Clinical Psychology*, 45:319-330.

Kapçı, E.G., Hamamcı, Z., (2010). Aile İşlevi ile Psikolojik Belirtiler Arasındaki İlişki: Erken Dönem Uyum Bozucu Şemaların Aracı Rolü. *Klinik Psikiyatri 2010;13:127-136.*

Karaosmanoglu, A., Soygüt, G., Tuncer, E., Derinöz, Z., & Yeroham, R. (2005). *Dance of the Schemas: Relations between parenting, schema,overcompensation and avoidance*. Therapy Symposium I, Thessaloniki. Retrieved November 14, 2011, from psikonet.comwebsite: http://www.psikonet.com/thessaloniki2005/dance_of_the_schemas_web_files/frame.htm

Karaosmanoğlu, H. A., Soygüt, G. and Kabul, A. (2011), Psychometric properties of the Turkish Young Compensation Inventory. Clinical Psychology & Psychotherapy. doi: 10.1002/cpp.787

Lawson, R., Waller, G., Lockwood, R., (2007). Cognitive content and process in eating-disordered patients with obsessive-compulsive features. *Eating Disorders, 8*, 305-310.

Lee, C.W., Taylor, G., & Dunn, J. (1999). Factor structure of the Schema-Questionnaire in a large clinical sample. *Cognitive Therapy and Research, 23,* 441-451.

Luck, A., Waller, G., Meyer, C., Ussher, M., & Lacey, H. *(*2005*).* The role of schema processes in the eating disorders. Cognitive Therapy and Research, 29, 717–732.

Lumley, M.N., & Harkness, K.L. (2007). Specificity in the relations among childhood adversity, early maladaptive schemas, and symptom profiles in adolescent depression. *Cognitive Therapy and Research, 31,* 639-657.

Mason, O., Platts, H., Tyson, M., (2005). Early maladaptive schemas and adult attachment in a UK clinical population. *Psychology and Psychotherapy: Theory, Research and Practice,* 78, 549-564.

Murris, P. (2006). Maladaptive schemas in non-clinical adolescents: relation to perceived parental rearing parental rearing behaviours, big five personality factors and psychological symptoms. *Clinical Psychology Psychotherapy*, 13:405-413.

Nordahl, H.M., Holthe, H., & Haugum, J.A. (2005). Early maladaptive schemas in patients with or without personality disorders: does schema modification predict symptomatic relief? *Clinical Psychology and Psychotherapy, 12,* 142-149.

Oei, T. P. S., Baranoff, J. (2007). Young schema questionnaire: review of psychometric and measurement issues. *Australian Journal of Psychology*, 59(2), 78-86.

Piaget, J. P. (1952). *The origins of intelligence in children*. New York: International Universities Press.

Pinto-Gouveia, J., Castilho, P., Galhardo, A., & Cunha, M. (2006). Early schemas and social phobia. *Cognitive Therapy Research*, 30:571-584.

Reeves, M., & Taylor, J. (2007). Specific relationships between core beliefs and personality disorder symptoms in a non-clinical sample. *Clinical Psychology and Psychotherapy, 14,* 96-104.

Riso, L. P., du Toit, P.L., Stein, D.J., Young, J.E., (2007). *Cognitive schemas and core beliefs in psychological problems: a scientist-practitioner guide*. Washington DC: American Psychological Association.

Safran, J. D., (1990). Towards a refinement of cognitive therapy in light of interpersonal theory: 1. Theory. *Clinical Psychology Review*, 10: 87-105.

Safran, J. D., (1998). *Widening the scope of cognitive therapy: the therapeutic relationship, emotion, and the process of change*. New Jersey, Jason Aronson Inc.

Sarıtaş, D., Gençöz, T. (2011). Psychometric properties of "Young Schema Questionnaire-Short Form 3" in a Turkish adolescent sample. *Journal of Cognitive and Behavioral Psychotherapies*, 11(1), 83-96.

Schmidt, N. B., Joiner, T. E., Young, J. E., & Telch, M. J. (1995). The schema questionnaire: Investigation of psychometric properties and the hierarchical structure of a measure of maladaptive schemas. *Cognitive Therapy and Research*, *19*(3), 295-321.

Sheffield, A., Waller, G., Emanuelli, F., Murray, J. and Meyer, C. (2009), Do schema processes mediate links between parenting and eating pathology?. Eur. Eat. Disorders Rev., 17: 290–300. doi: 10.1002/erv.922

Soygüt, G., Karaosmanoğlu, A., & Çakır, Z. (2009). Erken yaş dönemi uyumsuz şemaların değerlendirilmesi: Young Şema ölçeği kısa form-3'ün psikometrik özelliklerine ilişkin bir inceleme. *Türk Psikiyatri Dergisi, 20*(1), 75-84.

Spranger, S. C., Waller, G. and Bryant-Waugh, R. (2001), Schema avoidance in bulimic and non–eating-disordered women. International Journal of Eating Disorders, 29: 302–306. doi: 10.1002/eat.1022

Stallard, P. (2007). Early maladaptive schemas in children: stability and differences between a community and a clinic referred sample. *Clinical Psychology and Psychotherapy*, *14*, 10-24.

Şahin, N. H., & Şahin, N. (1992). Reliability and validity of the Turkish version of the Automatic Thoughts Questionnaire. *Journal of Clinical Psychology, 48*, 334-340.

Şahin, N.H., Durak, A. (1994). Kısa Semptom Envanteri: Türk gençleri için uyarlanması. *Turk Psikoloji Dergisi*, 9:44-56.

Thimm, J.C. (2010). Mediation of early maladative schemas between perception of parental rearing style and personality disorders symptoms. *Behavioral Thererapy and Experimental Psychiatry*, 41: 52-59.

Unoka, Z., Tölgyes, T., Czobor, P., & Simon, L. (2010)**.** Eating disorder behavior and early maladaptive schemas in subgroups of eating disorders. *Journal of Nervous and Mental Disease*, *198*, 425-431.

Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative effect: The PANAS scales. *Journal of Personality and Social Psychology, 54,* 1063-1070.

Welburn, K., Coristine, M., Dagg, P., Pontefract, A., & Jordan, S. (2002). The Schema Questionnaie-Short form: factor analysis and relationship between schemas and symptoms. *Cognitive Therapy and Research, 26*(4), 519-530.

Wicks-Nelson, R., Israel, A. C., (2006). *Behavior disorders of childhood*. New Jersey: Pearson Education Press.

Winnicot, D. W., (1965). *The maturational process and facilitating environment*. New York: International Universities Press.

Wright, M., Crawford, E., Del Castillo, D. (2009). Childhood emotional maltreatment and later psychological distress among college students. The mediating role of maladaptive schemas. *Child Abuse and Neglect*, 33: 59-68.

Young, J. (1990). *Cognitive therapy for personality disorders: A schema–focused approach*. Sarasota, FL. Professional Resource Pres.

Young, J. E. (1994). *The Young-Rygh Avoidance Inventory.* Available at: www.schematherapy.com/id43.htm

Young, J.E. *(*1995*). The Young Compensation Inventory.* New York, NY*: Cognitive Therapy Centre of New York.*

Young, J. E. (1999). *Cognitive Therapy for Personality Disorders: A Schema-Focused Approach.* Sarasota: Professional Resource Press.

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema Therapy: A Practitioner's Guide.* New York: The Guilford Press.

APPENDICES

APPENDIX A

INFORMED CONSENT/GÖNÜLLÜ KATILIM FORMU

Değerli Katılımcı,

Bu çalışma, Orta Doğu Teknik Üniversitesi Psikoloji Bölümü Klinik Psikoloji Yüksek Lisansına bağlı olarak Prof. Dr. Tülin Gençöz danışmanlığı altında yürütülen, Araştırma Görevlisi Ali Can Gök'ün Yüksek Lisans tez çalışmasıdır. Çalışmanın amacı Üniversite öğrencilerinde Ebeveyn tutumlarının, Erken Dönem Uyumsuz Şemaların ve Şema Baş Etme Süreçlerinin Psikolojik sağlık üzerindeki etkileri araştırmaktır. Cevaplarınız tamamıyla gizli tutulacak, bütün cevaplar toplu olarak araştırma amacıyla değerlendirilecektir. Anket, genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak, katılım esnasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz anketi cevaplamayı yarıda bırakabilirsiniz. Anket bitince, bu çalışma ile ilgili sorularınız için veya çalışma hakkında daha fazla bilgi almak için Psikoloji Bölümü Araştırma Görevlisi Ali Can Gök (Oda: B47, Tel: 0312 210 5968, Eposta: agok@metu.edu.tr) ile iletişim kurabilirsiniz. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz.

Bu çalışmaya tamemen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

İsim Soyisim/Baş Harfler:
İmza:
Tarih:

APPENDIX B

DEMOGRAPHIC FORM/DEMOGRAFİK BİLGİ FORMU

Lütfen size uygun gelen seçeneğin yanına işaret koyunuz ve cevaplanmamış soru bırakmayınız.

1. Cinsiyetiniz: __ Kadın __Erkek

2. Yaşınız: ___

3. Hangi üniversitede öğrencisiniz?: _____

4. Hangi bölümde öğrencisiniz?: _____

5. Eğitim durumunuz: __ Lisans __ Yüksek Lisans __ Doktora

6. Üniversitedeki kaçıncı seneniz?: _____

7. Nerede yaşıyorsunuz?: __ Aile yanı __ Akraba yanı __ Arkadaşlarla evde

__ Tek başına evde __ Yurt __ Diğer (belirtiniz):.....

8. İlişki durumunuz?: __ Bekar __ İlişkisi var __ Sözlü/Nişanlı __ Evli

9. Evinize (ailenizin) giren aylık toplam gelir ne kadardır?:

__ 0-999 TL __ 1000-1999 TL __ 2000-2999 TL __ 3000-3999 TL

__ 4000-4999 TL __ 5000-5999 TL __ 6000 TL ve üstü

10. Annenizin en son mezun olduğu okul?:

__ Okur-yazar __ İlkokul __ Ortaokul __ Lise __Üniversite __ Lisansüstü

11. Babanızın en son mezun olduğu okul?

__ Okur-yazar __ İlkokul __ Ortaokul __ Lise __Üniversite __ Lisansüstü

12. Siz dahil kardeş sayınız?: __

13. Ailede kaçıncı çocuksunuz?: __

14. Daha önce psikolojik ve/veya psikiyatrik tedavi aldınız mı?: __ Evet __ Hayır

15. Daha önce psikolojik ve/veya psikiyatrik tedavi aldıysanız, ne tür tedavi/tedaviler aldınız? (Daha önce psikolojik ve/veya psikiyatrik tedavi almadıysanız bu soruyu boş bırakınız)

__ Bireysel Psikoterapi

__ Grup Psikoterapisi

__ İlaç Tedavisi

__ Diğer (lütfen belirtiniz):.....

APPENDIX C

YOUNG SCHEMA INVENTORY/YOUNG ŞEMA ÖLÇEĞİ

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

DEĞERLENDİRME:

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

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

2. _____ Beni terkedeceklerinden korktuğum için yakın olduğum insanların peşini bırakmam.

3. _____ İnsanların beni kullandıklarını hissediyorum.

4. _____ Uyumsuzum.

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

6. _____ İş (veya okul) hayatımda neredeyse hiçbir şeyi diğer insanlar kadar iyi yapamıyorum.

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

8. _____ Kötü bir şey olacağı duygusundan kurtulamıyorum.

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

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

11. _____ Genellikle yakınlarıma ilgi gösteren ve bakan ben olurum.

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

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

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

15. _____ Kendimi sıradan ve sıkıcı işleri yapmaya zorlayamam.

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

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

18. _____ Eğer bir yanlış yaparsam, cezalandırılmayı hak ederim.

19. _____ Çevremde bana sıcaklık, koruma ve duygusal yakınlık gösteren kimsem yok.

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

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

22. _____ Temel olarak diğer insanlardan farklıyım.

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

24. _____ İşleri halletmede son derece yetersizim.

25. _____ Gündelik işlerde kendimi başkalarına bağımlı biri olarak görüyorum.

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

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

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

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

30. _____ Duygularımı diğerlerine açmayı utanç verici bulurum.

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

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

33. _____ Eğer hedefime ulaşamazsam kolaylıkla yılgınlığa düşer ve vazgeçerim.

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

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

36. _____ Eğer yanlış yaparsam, bunun özrü yoktur.

37. _____ Birisi için özel olduğumu hiç hissetmedim.

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

39. _____ Herhangi bir anda birileri beni aldatmaya kalkışabilir.

40. _____ Bir yere ait değilim, yalnızım.

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

42. _____ İş ve başarı alanlarında birçok insan benden daha yeterli.

43. _____ Doğru ile yanlışı birbirinden ayırmakta zorlanırım.

44. _____ Fiziksel bir saldırıya uğramaktan endişe duyarım.

45. _____ Annem, babam ve ben özel hayatımız birbirimizden saklarsak, birbirimizi aldatmış hisseder veya suçluluk duyarız

46. _____ İlişkilerimde, diğer kişinin yönlendirici olmasına izin veririm.

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

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

49. _____ Tüm sorumluluklarımı yerine getirmek zorundayım.

50. _____ İstediğimi yapmaktan alıkonulmaktan veya kısıtlanmaktan nefret ederim.

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

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

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

54. _____ Eğer işimi doğru yapmazsam sonuçlara katlanmam gerekir.

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

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

57. _____ Diğer insanların niyetleriyle ilgili oldukça şüpheciyimdir.

58. _____ Kendimi diğer insanlara uzak veya kopmuş hissediyorum.

59. _____ Kendimi sevilebilecek biri gibi hissetmiyorum.

60. _____ İş (okul) hayatımda diğer insanlar kadar yetenekli değilim.

61. _____ Gündelik işler için benim kararlarıma güvenilemez.

62. _____ Tüm paramı kaybedip çok fakir veya zavallı duruma düşmekten endişe duyarım.

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

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

65. _____ Ben hep başkalarının sorunlarını dinleyen kişi oldum.

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

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

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

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

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

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

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

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

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

75. _____ Genellikle insanların asıl veya art niyetlerini araştırırım.

76. _____ Kendimi hep grupların dışında hissederim.

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

78. _____ İş (okul) hayatımda diğer insanlar kadar zeki değilim.

79. _____ Ortaya çıkan gündelik sorunları çözebilme konusunda kendime güvenmiyorum.

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

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

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

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

84. _____ Diğerleri beni duygusal olarak soğuk bulurlar.

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

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

87. _____ Kararlarıma nadiren sadık kalabilirim.

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

89. _____ Yanlış bir kararın bir felakete yol açabileceğinden endişe ederim.

90. _____ Ben cezalandırılmayı hak eden kötü bir insanım.

APPENDIX D

YOUNG PARENTING INVENTORY/YOUNG EBEVEYNLİK ÖLÇEĞİ

Aşağıda anne ve babanızı tarif etmekte kullanabileceğiniz tanımlamalar verilmiştir. Lütfen her tanımlamayı dikkatle okuyun ve ebeveynlerinize ne kadar uyduğuna karar verin. 1 ile 6 arasında, çocukluğunuz sırasında annenizi ve babanızı tanımlayan en yüksek dereceyi seçin. Eğer sizi anne veya babanız yerine başka insanlar büyüttü ise onları da aynı şekilde derecelendirin. Eğer anne veya babanızdan biri hiç olmadı ise o sütunu boş bırakın.

DEĞERLENDİRME:

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

	Anne	**Baba**	
1.	____	____	Beni sevdi ve bana özel birisi gibi davrandı.
2.	____	____	Bana vaktini ayırdı ve özen gösterdi.
3.	____	____	Bana yol gösterdi ve olumlu yönlendirdi.
4.	____	____	Beni dinledi, anladı ve duygularımızı karşılıklı paylaştık.
5.	____	____	Bana karşı sıcaktı ve fiziksel olarak şefkatliydi.
6.	____	____	Ben çocukken öldü veya evi terk etti.
7.	____	____	Dengesizdi, ne yapacağı belli olmazdı veya alkolikti.
8.	____	____	Kardeş(ler)imi bana tercih etti.
9.	____	____	Uzun süreler boyunca beni terk etti veya yalnız bıraktı.
10.	____	____	Bana yalan söyledi, beni kandırdı veya bana ihanet etti.
11.	____	____	Beni dövdü, duygusal veya cinsel olarak taciz etti.
12.	____	____	Beni kendi amaçları için kullandı.

13. ____ ____ İnsanların canını yakmaktan hoşlanırdı.
14. ____ ____ Bir yerimi inciteceğim diye çok endişelenirdi.
15. ____ ____ Hasta olacağım diye çok endişelenirdi.
16. ____ ____ Evhamlı veya fobik/korkak bir insandı.
17. ____ ____ Beni aşırı korurdu.
18. ____ ____ Kendi kararlarıma veya yargılarıma güvenememe neden oldu
19. ____ ____ İşleri kendi başıma yapmama fırsat vermeden çoğu işimi o yaptı.
20. ____ ____ Bana hep daha çocukmuşum gibi davrandı.
21. ____ ____ Beni çok eleştirirdi.
22. ____ ____ Bana kendimi sevilmeye layık olmayan veya dışlanmış bir gibi hissettirdi.
23. ____ ____ Bana hep bende yanlış bir şey varmış gibi davrandı.
24. ____ ____ Önemli konularda kendimden utanmama neden oldu.
25. ____ ____ Okulda başarılı olmam için gereken disiplini bana kazandırmadı.
26. ____ ____ Bana salakmışım veya beceriksizmişim gibi davrandı.
27. ____ ____ Başarılı olmamı gerçekten istemedi.
28. ____ ____ Hayatta başarısız olacağıma inandı.
29. ____ ____ Benim fikrim veya isteklerim önemsizmiş gibi davrandı.
30. ____ ____ Benim ihtiyaçlarımı gözetmeden kendisi ne isterse onu yaptı.
31. ____ ____ Hayatımı o kadar çok kontrol altında tuttu ki çok az seçme özgürlüğüm oldu.
32. ____ ____ Her şey onun kurallarına uymalıydı.
33. ____ ____ Aile için kendi isteklerini feda etti.
34. ____ ____ Günlük sorumluluklarının pek çoğunu yerine getiremiyordu ve ben her zaman kendi payıma düşenden fazlasını yapmak zorunda kaldım.
35. ____ ____ Hep mutsuzdu ; destek ve anlayış için hep bana dayandı.
36. ____ ____ Bana güçlü olduğumu ve diğer insanlara yardım etmem gerektiğini hissettirdi.
37. ____ ____ Kendisinden beklentisi hep çok yüksekti ve bunlar için kendini çok zorlardı.
38. ____ ____ Benden her zaman en iyisini yapmamı bekledi.

39. ____ ____ Pek çok alanda mükemmeliyetçiydi; ona göre her şey olması gerektiği gibi olmalıydı.
40. ____ ____ Yaptığım hiçbir şeyin yeterli olmadığını hissetmeme sebep oldu.
41. ____ ____ Neyin doğru neyin yanlış olduğu hakkında kesin ve katı kuralları vardı.
42. ____ ____ Eğer işler düzgün ve yeterince hızlı yapılmazsa sabırsızlanırdı.
43. ____ ____ İşlerin tam ve iyi olarak yapılmasına, eğlenme veya dinlenmekten daha fazla önem verdi.
44. ____ ____ Beni pek çok konuda şımarttı veya aşırı hoşgörülü davrandı.
45. ____ ____ Diğer insanlardan daha önemli ve daha iyi olduğumu hissettirdi.
46. ____ ____ Çok talepkardı; her şeyin onun istediği gibi olmasını isterdi.
47. ____ ____ Diğer insanlara karşı sorumluluklarımın olduğunu bana öğretmedi.
48. ____ ____ Bana çok az disiplin veya terbiye verdi.
49. ____ ____ Bana çok az kural koydu veya sorumluluk verdi.
50. ____ ____ Aşırı sinirlenmeme veya kontrolümü kaybetmeme izin verirdi.
51. ____ ____ Disiplinsiz bir insandı.
52. ____ ____ Birbirimizi çok iyi anlayacak kadar yakındık.
53. ____ ____ Ondan tam olarak ayrı bir birey olduğumu hissedemedim veya bireyselliğimi yeterince yaşayamadım.
54. ____ ____ Onun çok güçlü bir insan olmasından dolayı büyürken kendi yönümü belirleyemiyordum.
55. __ __ ____ İçimizden birinin uzağa gitmesi durumunda, birbirimizi üzebileceğimizi hissederdim.
56. _____ ____ Ailemizin ekonomik sorunları ile ilgili çok endişeli idi.
57. ____ ____ Küçük bir hata bile yapsam kötü sonuçların ortaya çıkacağını hissettirirdi.
58. ____ ____ Kötümser bir bakışı açısı vardı, hep en kötüsünü beklerdi.
59. ____ ____ Hayatın kötü yanları veya kötü giden şeyler üzerine odaklanırdı.
60. ____ ____ Her şey onun kontrolü altında olmalıydı.
61. ____ ____ Duygularını ifade etmekten rahatsız olurdu.
62. ____ ____ Hep düzenli ve tertipliydi; değişiklik yerine bilineni tercih ederdi.

63. ____ ____ Kızgınlığını çok nadir belli ederdi.
64. ____ ____ Kapalı birisiydi; duygularını çok nadir açardı.
65. ____ ____ Yanlış bir şey yaptığımda kızardı veya sert bir şekilde eleştirdiği olurdu.
66. ____ ____ Yanlış bir şey yaptığımda beni cezalandırdığı olurdu.
67. ____ ____ Yanlış yaptığımda bana aptal veya salak gibi kelimelerle hitap ettiği olurdu.
68. ____ ____ İşler kötü gittiğinde başkalarını suçlardı.
69. ____ ____ Sosyal statü ve görünüme önem verirdi.
70. ____ ____ Başarı ve rekabete çok önem verirdi.
71. ____ ____ Başkalarının gözünde benim davranışlarımın onu ne duruma düşüreceği ile çok ilgiliydi.
72. ____ ____ Başarılı olduğum zaman beni daha çok sever veya bana daha çok özen gösterirdi.

APPENDIX E

YOUNG COMPENSATION INVENTORY/YOUNG TELAFİ ÖLÇEĞİ

Aşağıda kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyun ve sizi ne kadar iyi tanımladığına karar verin. **Eğer isterseniz ifadeyi size en yakın gelecek şekilde yeniden yazıp derecelendirebilirsiniz**. Daha sonra 1 den 6 ya kadar olan seçeneklerden sizi tanımlayan en yüksek dereceyi seçerek her sorudan önce yer alan boşluğa yazın.

DEĞERLENDİRME:

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

1. ___ Kırıldığımı çevremdeki insanlara belli ederim.
2. ___ İşler kötü gittiğinde sıklıkla başkalarını suçlarım.
3. ___ İnsanlar beni hayal kırıklığına uğrattığında veya ihanet ettiğinde çok fazla öfkelenir ve bunu gösteririm.
4. ___ İntikam almadan öfkem dinmez.
5. ___ Eleştirildiğimde savunmaya geçerim.
6. ___ Başarılarımı veya galibiyetimi başkalarının taktir etmesi önemlidir.
7. ___ Pahalı araba, elbiseler, ev gibi başarının görünür ifadeleri benim için önemlidir.
8. ___ En iyi ve en başarılı olmak için çok çalışırım.
9. ___ Tanınmış olmak benim için önemlidir.
10. ___ Başarı, ün, zenginlik, güç veya popülarite kazanma ile ilgili hayaller kurarım.
11. ___ İlgi odağı olmak hoşuma gider.

12. ___ Diğer insanlardan daha cilveli / baştan çıkarıcı bir insanımdır.
13. ___ Hayatımda düzen olmasına çok önem veririm (Organizasyon, düzenlilik, planlama, gündelik işler).
14. ___ İşler kötü gitmesin diye çok çaba harcarım.
15. ___ Hata yapmamak için karar verirken kılı kırk yararım.
16. ___ Çevremdeki insanların yaptıklarını fazlasıyla kontrol ederim.
17. ___ Çevremdeki insanlar üzerinde denetim veya otorite sahibi olabildiğim ortamlardan hoşlanırım.
18. ___ Hayatımla ilgili bir şey söyleyen, bana karışan insanlardan hoşlanmam.
19. ___ Uzlaşmakta veya kabullenmekte çok zorlanırım.
20. ___ Kimseye bağımlı olmak istemem.
21. ___ Kendi kararlarımı almak ve kendime yeterli olmak benim için hayati önem taşır.
22. ___ Bir insana bağlı kalmakta veya yerleşik bir düzen kurmakta güçlük çekerim.
23. ___ İstediğimi yapma özgürlüğüm olması için "bağımsız biri" olmayı tercih ederim.
24. ___ Kendimi sadece bir iş veya kariyerle sınırlamakta zorlanırım, hep başka seçeneklerim olmalıdır.
25. ___ Genellikle kendi ihtiyaçlarımı başkalarınınkinden önde tutarım.
26. ___İnsanlara sık sık ne yapmaları gerektiğini söylerim. Her şeyin doğru bir şekilde yapılmasını isterim.
27. ___ Diğer insanlar gibi önce kendimi düşünürüm.
28. ___ Bulunduğum ortamın rahat olması benim için çok önemlidir (örn: ısı, ışık, mobilya).
29. ___ Kendimi asi biri olarak görürüm ve genellikle otoriteye karşı koyarım.
30. ___ Kurallardan hoşlanmam ve onları çiğnemekten mutlu olurum.
31. ___ Hoş karşılanmasa veya bana uymasa da alışılmışın dışında olmayı severim.
32. ___ Toplumun standartlarında başarılı olmak için uğraşmam.
33. ___ Çevremdekilerden hep farklı oldum.
34. ___ Kendimden bahsetmeyi sevmem ve insanların özel yaşamımı veya hislerimi bilmelerinden hoşlanmam.

35. ___ Kendimden emin olmasam da veya kendimi kırılmış hissetsem de başkalarına hep güçlü görünmeye çalışırım.
36. ___ Değer verdiğim insana yakın dururum ve sahiplenirim.
37. ___ Hedeflerime ulaşmak için sık sık çıkarlarım doğrultusunda yönlendirici davranışlarda bulunurum.
38. ___ İstediğimi elde etmek için açıkça söylemektense dolaylı yollara başvururum
39. ___ İnsanlarla aramda mesafe bırakırım; bu sayede benim izin verdiğim kadar beni tanırlar.
40. ___ Çok eleştiririm.
41. ___ Standartlarımı korumak ve sorumluluklarımı yerine getirmek için kendimi yoğun bir baskı altında hissederim.
42. ___ Kendimi ifade ederken sıklıkla patavatsız veya duyarsızımdır.
43. ___ Hep iyimser olmaya çalışırım; olumsuzluklara odaklanmama izin vermem.
44. ___ Ne hissettiğime aldırmadan çevremdekilere güler yüz göstermem gerektiğine inanırım.
45. ___ Başkaları benden daha başarılı veya daha fazla ilgi odağı olduğunda kıskanırım veya kötü hissederim.
46. ___ Hakkım olanı aldığımdan ve aldatılmadığımdan emin olmak için çok ileri gidebilirim.
47. ___ İnsanları gerektiğinde şaşırtıp alt edebilmek için yollar ararım, dolayısı ile benden faydalanamazlar veya bana kötülük yapamazlar.
48. ___ İnsanların benden hoşlanması için nasıl davranacağımı veya ne söyleyeceğimi bilirim.

APPENDIX F

YOUNG AVOIDANCE INVENTORY/YOUNG KAÇINMA ÖLÇEĞİ

Aşağıda kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyun ve sizi ne kadar iyi tanımladığına karar verin. Daha sonra 1 den 6 ya kadar olan seçeneklerden sizi tanımlayan en yüksek dereceyi seçerek her sorudan önce yer alan boşluğa yazın.

DEĞERLENDİRME:

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

1. ___ Beni üzen konular hakkında düşünmemeye çalışırım.
2. ___ Sakinleşmek için alkol alırım.
3. ___ Çoğu zaman mutluyumdur.
4. ___ Çok nadiren üzgün veya hüzünlü hissederim.
5. ___ Aklı duygulara üstün tutarım.
6. ___ Hoşlanmadığım insanlara bile kızmamam gerektiğine inanırım.
7. ___ İyi hissetmek için uyuşturucu kullanırım.
8. ___ Çocukluğumu hatırladığımda pek bir şey hissetmem.
9. ___ Sıkıldığımda sigara içerim.
10. ___ Sindirim sistemim ile ilgili şikayetlerim var (Örn: hazımsızlık, ülser, bağırsak bozulması).
11. ___ Kendimi uyuşmuş hissederim.
12. ___ Sık sık baş başım ağrır.
13. ___ Kızgınken insanlardan uzak dururum.

14. ___ Yaşıtlarım kadar enerjim yok.
15. ___ Kas ağrısı şikayetlerim var.
16. ___ Yalnızken oldukça fazla TV seyrederim.
17. ___ İnsanın duygularını kontrol altında tutmak için aklını kullanması gerektiğine inanırım.
18. ___ Hiç kimseden aşırı nefret edemem.
19. ___ Bir şeyler ters gittiğindeki felsefem, olanları bir an önce geride bırakıp yola devam etmektir.
20. ___ Kırıldığım zaman insanların yanından uzaklaşırım.
21. ___ Çocukluk yıllarımı pek hatırlamam.
22. ___ Gün içinde sık sık şekerleme yaparım veya uyurum.
23. ___ Dolaşırken veya yolculuk yaparken çok mutlu olurum.
24. ___ Kendimi önümdeki işe vererek sıkıntı hissetmekten kurtulurum.
25. ___ Zamanımın çoğunu hayal kurarak geçiririm.
26. ___ Sıkıntılı olduğumda iyi hissetmek için bir şeyler yerim.
27. ___ Geçmişimle ilgili sıkıntılı anıları düşünmemeye çalışırım.
28. ___ Kendimi sürekli bir şeylerle meşgul edip düşünmeye zaman ayırmazsam daha iyi hissederim.
29. ___ Çok mutlu bir çocukluğum oldu.
30. ___ Üzgünken insanlardan uzak dururum.
31. ___ İnsanlar kafamı sürekli kuma gömdüğümü söylerler;başka bir deyişle, hoş olmayan düşünceleri görmezden gelirim.
32. ___ Hayal kırıklıkları ve kayıplar üzerine fazla düşünmemeye eğilimliyim.
33. ___ Çoğu zaman, içinde bulunduğum durum güçlü duygular hissetmemi gerektirse de bir şey hissetmem.
34. ___ Böylesine iyi ana-babam olduğu için çok şanslıyım.
35. ___ Çoğu zaman duygusal olarak tarafsız/ nötr kalmaya çalışırım.
36. ___ İyi hissetmek için, kendimi ihtiyacım olmayan şeyler alırken bulurum.
37. ___ Beni zorlayacak veya rahatımı kaçıracak durumlara girmemeye çalışırım.
38. ___ İşler benim için iyi gitmiyorsa hastalanırım.
39. ___ İnsanlar beni terk ederse veya ölürse çok fazla üzülmem.
40. ___ Başkalarının benim hakkımda ne düşündükleri beni ilgilendirmez.

APPENDIX G

BECK DEPRESSION INVENTORY/BECK DEPRESYON ÖLÇEĞİ

Aşağıda, kişilerin ruh durumlarını ifade ederken kullandıkları bazı cümleler verilmiştir. Her madde, bir çeşit ruh durumunu anlatmaktadır. Her maddede o duygu durumunun derecesini belirleyen 4 seçenek vardır. Lütfen bu seçenekleri dikkatlice okuyunuz. Son bir hafta içindeki (şu an dahil) kendi duygu durumunuzu göz önünde bulundurarak, size uygun olan ifadeyi bulunuz. Daha sonra, o madde numarasının karşısında, size uygun ifadeye karşılık gelen seçeneği bulup işaretleyiniz.

1. a) Kendimi üzgün hissetmiyorum.

   b) Kendimi üzgün hissediyorum.

   c) Her zaman için üzgünüm ve kendimi bu duygudan kurtaramıyorum.

   d) Öylesine üzgün ve mutsuzum ki dayanamıyorum.

2. a) Gelecekten umutsuz değilim.

   b) Geleceğe biraz umutsuz bakıyorum.

   c) Gelecekten beklediğim hiçbir şey yok.

   d) Benim için bir gelecek yok ve bu durum düzelmeyecek.

3. a) Kendimi başarısız görmüyorum.

   b) Çevremdeki birçok kişiden daha fazla başarısızlıklarım oldu sayılır.

   c) Geriye dönüp baktığımda, çok fazla başarısızlığımın olduğunu görüyorum.

   d) Kendimi tümüyle başarısız bir insan olarak görüyorum.

4. a) Herşeyden eskisi kadar zevk alabiliyorum.

   b) Herşeyden eskisi kadar zevk alamıyorum.

   c) Artık hiçbirşeyden gerçek bir zevk alamıyorum.

   d) Bana zevk veren hiçbir şey yok. Herşey çok sıkıcı.

5. a) Kendimi suçlu hissetmiyorum.

   b) Arada bir kendimi suçlu hissettiğim oluyor.

   c) Kendimi çoğunlukla suçlu hissediyorum.

   d) Kendimi her an için suçlu hissediyorum.

6. a) Cezalandırıldığımı düşünmüyorum.

   b) Bazı şeyler için cezalandırılabileceğimi hissediyorum.

   c) Cezalandırılmayı bekliyorum.

   d) Cezalandırıldığımı hissediyorum.

7. a) Kendimden hoşnutum.

   b) Kendimden pek hoşnut değilim.

   c) Kendimden hiç hoşlanmıyorum.

   d) Kendimden nefret ediyorum.

8. a) Kendimi diğer insanlardan daha kötü görmüyorum.

   b) Kendimi zayıflıklarım ve hatalarım için eleştiriyorum.

   c) Kendimi hatalarım için her zaman suçluyorum.

   d) Her kötü olayda kendimi suçluyorum.

9. a) Kendimi öldürmek gibi düşüncelerim yok.

   b) Bazen kendimi öldürmeyi düşünüyorum fakat bunu yapamam.

   c) Kendimi öldürebilmeyi isterdim.

   d) Bir fırsatını bulursam kendimi öldürürdüm.

10. a) Herzamankinden daha fazla ağladığımı sanmıyorum.

    b) Eskisine göre şu sıralarda daha fazla ağlıyorum.

    c) Şu sıralar her an ağlıyorum.

    d) Eskiden ağlayabilirdim, ama şu sıralarda istesem de ağlayamıyorum.

11. a) Herzamankinden daha sinirli değilim.

    b) Herzamankinden daha kolayca sinirleniyor ve kızıyorum.

    c) Çoğu zaman sinirliyim.

    d) Eskiden sinirlendiğim şeylere bile artık sinirlenemiyorum.

12. a) Diğer insanlara karşı ilgimi kaybetmedim.

    b) Eskisine göre insanlarla daha az ilgiliyim.

    c) Diğer insanlara karşı ilgimin çoğunu kaybettim.

    d) Diğer insanlara karşı hiç ilgim kalmadı.

13. a) Kararlarımı eskisi kadar kolay ve rahat verebiliyorum.

    b) Şu sıralarda kararlarımı vermeyi erteliyorum.

    c) Kararlarımı vermekte oldukça güçlük çekiyorum.

    d) Artık hiç karar veremiyorum.

14. a) Dış görünüşümün eskisinden daha kötü olduğunu sanmıyorum.

b) Yaşlandığımı ve çekiciliğimi kaybettiğimi düşünüyor ve üzülüyorum.

c) Dış görünüşümde artık değiştirilmesi mümkün olmayan olumsuz değişiklikler olduğunu hissediyorum.

d) Çok çirkin olduğumu düşünüyorum.

15. a) Eskisi kadar iyi çalışabiliyorum.

b) Bir işe başlayabilmek için eskisine göre kendimi daha fazla zorlamam gerekiyor.

c) Hangi iş olursa olsun, yapabilmek için kendimi çok zorluyorum.

d) Hiçbir iş yapamıyorum.

16. a) Eskisi kadar rahat uyuyabiliyorum.

b) Şu sıralar eskisi kadar rahat uyuyamıyorum.

c) Eskisine göre 1 veya 2 saat erken uyanıyor ve tekrar uyumakta zorluk çekiyorum.

d) Eskisine göre çok erken uyanıyor ve tekrar uyuyamıyorum.

17. a) Eskisine kıyasla daha çabuk yorulduğumu sanmıyorum.

b) Eskisinden daha çabuk yoruluyorum.

c) Şu sıralarda neredeyse herşey beni yoruyor.

d) Öyle yorgunum ki hiçbirşey yapamıyorum.

18. a) İştahım eskisinden pek farklı değil.

b) İştahım eskisi kadar iyi değil.

c) Şu sıralarda iştahım epey kötü.

d) Artık hiç iştahım yok.

19. a) Son zamanlarda pek fazla kilo kaybettiğimi sanmıyorum.

b) Son zamanlarda istemediğim halde üç kilodan fazla kaybettim.

c) Son zamanlarda beş kilodan fazla kaybettim.

d) Son zamanlarda yedi kilodan fazla kaybettim.

-Daha az yiyerek kilo kaybetmeye çalışıyorum. EVET ( ) HAYIR ( )

20. a) Sağlığım beni pek endişelendirmiyor.

b) Son zamanlarda ağrı, sızı, mide bozukluğu, kabızlık gibi sorunlarım var.

c) Ağrı, sızı gibi bu sıkıntılarım beni epey endişelendirdiği için başka şeyleri düşünmek zor geliyor.

d) Bu tür sıkıntılar beni öylesine endişelendiriyor ki, artık başka birşey düşünemiyorum.

21. a) Son zamanlarda cinsel yaşantımda dikkatimi çeken bişey yok.

b) Eskisine göre cinsel konularla daha az ilgileniyorum.

c) Şu sıralarda cinsellikle pek ilgili değilim.

d) Artık, cinsellikle hiçbir ilgim kalmadı.

APPENDIX H

BRIEF SYMPTOM INVENTORY/KISA SEMPTOM ENVANTERİ

Aşağıda, insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin SİZDE BUGÜN DAHİL, SON BİR HAFTADIR NE KADAR VAR OLDUĞUNU yandaki bölmede uygun olan yere işaretleyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin.

DEĞERLENDİRME:

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

1	İçinizdeki sinirlilik ve titreme hali	0	1	2	3	4
2	Baygınlık, baş dönmesi	0	1	2	3	4
3	Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri	0	1	2	3	4
4	Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	0	1	2	3	4
5	Olayları hatırlamada güçlük	0	1	2	3	4
6	Çok kolayca kızıp öfkelenme	0	1	2	3	4
7	Göğüs (kalp) bölgesinde ağrılar	0	1	2	3	4
8	Meydanlık (açık) yerlerden korkma duygusu	0	1	2	3	4
9	Yaşamınıza son verme düşünceleri	0	1	2	3	4
10	İnsanların çoğuna güvenilemeyeceği hissi	0	1	2	3	4
11	İştahta bozukluklar	0	1	2	3	4
12	Hiçbir nedeni olmayan ani korkular	0	1	2	3	4
13	Kontrol edemediğiniz duygu patlamaları	0	1	2	3	4
14	Başka insanlarla birlikteyken bile yalnızlık hissetmek	0	1	2	3	4

15	İşleri bitirme konusunda kendini engellenmiş hissetmek	0	1	2	3	4
16	Yalnızlık hissetmek	0	1	2	3	4
17	Hüzünlü, kederli hissetmek	0	1	2	3	4
18	Hiçbir şeye ilgi duymamak	0	1	2	3	4
19	Ağlamaklı hissetmek	0	1	2	3	4
20	Kolayca incinebilme, kırılma	0	1	2	3	4
21	İnsanların sizi sevmediğine, kötü davrandığına inanmak	0	1	2	3	4
22	Kendini diğerlerinden daha aşağı görme	0	1	2	3	4
23	Mide bozukluğu, bulantı	0	1	2	3	4
24	Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu	0	1	2	3	4
25	Uykuya dalmada güçlük	0	1	2	3	4
26	Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etmek	0	1	2	3	4
27	Karar vermede güçlükler	0	1	2	3	4
28	Otobüs, tren, metro gibi umumi vasıtalarla seyahatlerden korkmak	0	1	2	3	4
29	Nefes darlığı, nefessiz kalmak	0	1	2	3	4
30	Sıcak soğuk basmaları	0	1	2	3	4
31	Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak kalmaya çalışmak	0	1	2	3	4
32	Kafanızın “bomboş” olması	0	1	2	3	4
33	Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar	0	1	2	3	4
34	Günahlarınız için cezalandırılmanız gerektiği	0	1	2	3	4
35	Gelecekle ilgili umutsuzluk duyguları	0	1	2	3	4
36	Konsantrasyonda (dikkati bir şey üzerinde toplama) güçlük/zorlanmak	0	1	2	3	4
37	Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi	0	1	2	3	4
38	Kendini gergin ve tedirgin hissetmek	0	1	2	3	4
39	Ölüm ve ölme üzerine düşünceler	0	1	2	3	4
40	Birini dövme, ona zarar verme, yaralama isteği	0	1	2	3	4

41	Bir şeyleri kırma, dökme isteği	0	1	2	3	4
42	Diğerlerinin yanındayken yanlış bir şeyler yapmamaya çalışmak	0	1	2	3	4
43	Kalabalıklarından rahatsızlık duymak	0	1	2	3	4
44	Bir başka insana hiç yakınlık duymamak	0	1	2	3	4
45	Dehşet ve panik nöbetleri	0	1	2	3	4
46	Sık sık tartışmaya girmek	0	1	2	3	4
47	Yalnız bırakıldığında /kalındığında sinirlilik hissetmek	0	1	2	3	4
48	Başarılarınız için diğerlerinden yeterince takdir görmemek	0	1	2	3	4
49	Yerinde duramayacak kadar tedirgin hissetmek	0	1	2	3	4
50	Kendini değersiz görmek / değersizlik duyguları	0	1	2	3	4
51	Eğer izin verirseniz insanların sizi sömüreceği duygusu	0	1	2	3	4
52	Suçluluk duyguları	0	1	2	3	4
53	Aklınızda bir bozukluk olduğu duygusu	0	1	2	3	4

APPENDIX I

SATISFACTION WITH LIFE SCALE/YAŞAM DOYUMU ÖLÇEĞİ

Aşağıdaki ifadelere katılıp katılmadığınızı görüşünüzü yansıtan rakamı maddenin başındaki boşluğa yazarak belirtiniz. Doğru ya da yanlış cevap yoktur. Sizin durumunuzu yansıttığını düşündüğünüz rakam bizim için en doğru yanıttır. Lütfen, açık ve dürüst şekilde yanıtlayınız.

7 = Kesinlikle katılıyorum
6 = Katılıyorum
5 = Çok az katılıyorum
4 = Ne katılıyorum ne de katılmıyorum
3 = Biraz katılmıyorum
2 = Katılmıyorum
1 = Kesinlikle katılmıyorum

1) _____ Pek çok açıdan ideallerime yakın bir yaşamım var
2) _____ Yaşam koşullarım mükemmeldir
3) _____ Yaşamım beni tatmin ediyor
4) _____ Şimdiye kadar, yaşamda istediğim önemli şeyleri elde ettim
5) _____ Hayatımı bir daha yaşama şansım olsaydı, hemen hemen hiçbir şeyi değiştirmezdim

APPENDIX J

THESIS PHOTOCOPYİNG PERMISSION FORM
TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü ☐

Sosyal Bilimler Enstitüsü ☐

Uygulamalı Matematik Enstitüsü ☐

Enformatik Enstitüsü ☐

Deniz Bilimleri Enstitüsü ☐

YAZARIN

Soyadı : GÖK

Adı : Ali Can

Bölümü : Psikoloji

TEZİN ADI (İngilizce) : ASSOCIATED FACTORS OF PSYCHOLOGICAL WELL-BEING: EARLY MALADAPTIVE SCHEMAS, SCHEMA COPING PROCESSES, AND PARENTING STYLES

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 bir (1) yıl süreyle fotokopi alınamaz. ☐

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: