THE RELATIONSHIP AMONG ATTACHMENT STYLE, AFFECT REGULATION, PSYCHOLOGICAL DISTRESS AND MENTAL CONSTRUCT OF THE RELATIONAL WORLD

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ABSTRACT

THE RELATIONSHIP AMONG
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In this study interpersonal world of the individual was tried to be conceived with its cognitive and affective domain. Two Studies were carried out. In the *first study*, adaptation of the *Difficulty of Emotion Regulation Scale* (DERS) developed by Gratz & Roemer (2004), into Turkish was carried out. Additionally, the relation of *secure (Ss), dismissing (Ds), preoccupied (Ps), fearful* (Fs) and *mixed insecure attachment styles* with *emotion regulation,* and the *mediator role of the emotion regulation* in the association between each attachment style and psychological distress were analyzed, the results of which were

also expected to serve for the strength of the validity of Turkish version . As a result of Study I, Turkish version of DERS was established with considerable reliability regarding alpha coefficient, test-retest and split-half reliabilities. Aapproximately similar factor structure with the original version indicating Construct Validity , as an indication of Concurrent Validity DERS and its subscales displayed significant relation with psychological symptoms, and DERS differentiated high and low distress level regarding Criterion Validity. Additionally, Ss were displayed significantly better emotion regulation in general compared to three insecure categories (i.e., except Ds but including Ps, Fs, Mixed insecures), and Ss significantly differed from total insecures in terms of every strategy of emotion regulation as well . Furthermore, psychological distress and Ss, Ps, Fs, (but not Ds) relationship were mediated by emotion regulation. These results were providing additional support for the validity of the Turkish version of DERS. In the *second study,* possible Clinical and Control Group differences were investigated through comparing the *secure, insecure attachment styles* of the participants in relation to *emotion regulation, psychological distress* and their *personal construct system* regarding the internal representation of self and significant others. Again, *mediation of emotion regulation* in the association between attachment style and psychological distress were examined both in Clinical and Control Group. Results revealed that Clinical Group had more difficulty to regulate their emotions, except awareness skill and had more psychological distress compared to Control Group. The strength of Ss

was displayed with better *emotion regulation* and less *psychological distress* even in Clinical Group compared to insecure attachment styles. Effective *emotion regulation,* as a *mediator* was associated to *low level of psychological distress* for *Ss*, while *problem in emotion regulation* as a *mediator* was associated to *high level of psychological distress* for *insecure attachment style* both in Clinical and Control Group. Additionally, Ss seemed to integrate the 'positives' and 'negatives' into 'self' and 'others' rather than splitting and have better *cognitive complexity* or multi-dimensional view besides more *integrated* system compared to insecure attachment styles. Results were discussed considering the promising efficiency of instruments that can be used in Clinical Psychology research and considering the implications regarding the prevention and intervention in Clinical practice.

Key Words: emotion regulation, attachment style, psychological distress, repertory grid test

ÖZ

BAĞLANMA BİÇİMİ, DUYGU REGÜLASYONU, PSİKOLOJİK RAHATSIZLIK VE İLİŞKİSEL DÜNYANIN ZİHİNSEL YAPILANMASI ARASINDAKİ İLİŞKİ

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Bu çalışmada, bireyin kişilerarası dünyası, bu dünyanın bilişsel ve duygulanım düzeyindeki yansımalarıyla değerlendirilmeye çalışılmıştır. Bu bağlamda iki ayrı çalışma yapılmıştır. İlk çalışmada: *Duygu Regülasyon Zorluğu Ölçeği (DERS)*'nin Türkçe standardizasyonu gerçekleştirilmiş ve bu Türkçe versiyonla *Duygu Regülasyonu becerisi* ile*, Güvenli Bağlanma, Kayıtsız Bağlanma, Kaygılı Bağlanma, Korkulu Bağlanma* ve *Karşık Güvensiz Bağlanma* arasındaki ilişki çalışılmıştır. Ayrıca, *Bağlanma Biçimi* ve *Psikolojik Sorun* arasındaki ilişkide *Duygu Regülasyonun Aracı (Mediator)* rolü araştırılmıştır. Çalışma 1'in sonuçlarına göre, DERS'in Türkçe versiyonu, testin bütününün alfa değeri, test-tekrar test korelayonu ve *iki*

yarım güvenirliği açısından dikkate değer bir güvenirlik göstermiştir. DERS, *yapı geçerliğine* işaret eden yaklaşık orijinalinin aynı faktör yapısıyla, *eş zaman geçerliğe* işaret eden ölçeğin geneli ve alt ölçeklerin pskilojik belirtilerle anlamlı ilişki göstermesiyle ve *ölçüt geçerliğe* işaret eden yüksek ve düşük psikolojik belirtiye sahip grupların duygu regülasyonunu anlamlı biçimde ayırd etmesiyle dikkate değer geçerliğe sahip olduğu tespit edilmiştir. Ayrıca, Güvenli Bağlanmaya sahip olduğunu belirten grubun, diğer 3 güvensiz bağlanma grubundan (kayıtsız haricindeki Takıntılı, Korkulu, Karma grupları) anlamlı biçimde duygularını daha iyi regüle edebildiği ve güvenlilerin toplam bir grup olarak güvensizlerden her bir duygu regülasyon stratejisinde anlamlı olarak farklılaştığı gözlenmiştir. Ek olarak, Psikolojik Sorun ve Güvenli, Takıntılı, Korkulu Bağlanma arasındaki ilişkiye Duygu Regülasyonun aracılık ettiği tespit edilmiştir. Bu sonuçlar da DERS'in Türkçe versionunun geçerliğine ek olarak destek vermektedir. Çalışma 2'de ise: Klinik ve Kontrol Grup arasındaki *Duygu Regülasyon Becerisi ve Psikolojik Sorun düzeyi* farklılıkları, ayrıca 'kendilik' ve 'öteki'nin zihinsel temsilleri olarak *Kişisel Yapı Sistemleri*ndeki farklılıklar incelenmiştir. Benzer biçimde, Bağlanma Biçimi ve Psikolojik Sorun arasındaki ilişkide Duygu Regülasyonunun Aracı rolü hem Kontrol Grubunda, hem de Klinik Grupta araştırılmıştır. Çalışma 2'nin sonuçları, Kinik Grubun, *farkındalık* becerisi dışında Kontrol Grubuna kıyasla *duygu regülasyon becerilerinde* anlamlı biçimde zorluk ve daha fazla Psikolojik Sorun yaşadığını göstermiştir. Güvenli bağlanmanın gücü, Klinik Gruptaki Güvenli Bağlananların bile

güvensiz bağlananlara kıyasla daha iyi Duygu Regülasyonu ve daha az Psikolojik Sorun göstermesiyle tespit edilmiştir. Gerek Kontrol ve gerekse Klinik Grupta, Etkili Duygu Regülasyonu, Güvenli Bağlanmanın düşük Psikolojik Sorunla eşleşmesine aracılık ederken, Duygu Regülasyonu Sorunu Güvensiz Bağlanmanın yüksek düzeyde Psikolojik Sorunla Eşleşmesine aracılık etmiştir. Ayrıca, Güvenli Bağlananların Güvensiz Bağlananlara kıyasla, 'olumluluk' ve 'olomsuzluk'ları, gerek 'kendilik' gerekse 'öteki' içinde bütünleyebildiği, daha *bütünleyici* bir bilişsel sistemin yanısıra, daha fazla *bilişsel çok yönlülüğe* sahip olduğu bulunmuştur. Sonuçlar, ölçüm araçlarının Klinik Psikoloji araştırmalarında kullanılabilecek yeterlilikte olması, önleyici ve müdahaleye dayalı Klinik Stratejilerdeki doğurguları açısından tartışılmıştır.

Anahtar Sözcükler: Duygu Regülasyonu, Bağlanma Biçimi, Psikolojik Raasızlık, Repertory Grid Testi

DEDICATION

Dağı kucaklamış

Dağdan iniyordu

Dağlı

Hamit Rugancı, 1982

Ellerim tuz

Kirpiklerim gözlerim deniz içinde

Deniz kokuyor üstüm başım

Elimde değil doyamıyorum

Yavaş yavaş deniz oluyorum

Hamit Rugancı, 1982

To my dear father,

for his heart as brave as mountains

and

for his love as immense as sea

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TABLE OF CONTENTS

LIST OF TABLES

TABLES

LIST OF FIGURES

FIGURES

CHAPTER I

INTRODUCTION

In this study three domains, namely *affect*, *cognitive model of one's relational world* and *relational pattern,* indicating psychological status of an individual were considered as integrated agents. Specifically, the association among *emotion regulation, attachment style of an individual and, one's personal construct of relational world* were analyzed. Emotion regulation and attachment styles were suggested to be the developmentally established patterns, which had a reflection in individual's mental world. These interconnected three domains were assumed to determine the psychological health of the individual in his/her later life.

I.1.Developmental Perspective: Interconnectedness of Attachment Quality and Affect Regulation

Until recently, many theories viewed adaptive development of an individual as a fact depending on a healthy separation-individuation process from significant other. Newborn was thought to experience her/himself as a part of the significant other, and her/his emerging autonomy is perceived as a result of her/his separation and formation of her/his own self unit (Mahler, Pine & Bergmen,1975 cited in Pine, 1990; Johnson, 1991, 1994; Masterson & Klein, 1989; Young, 1990;).

On the other hand, this definition or conceptualization of healthy, modern individual have been critisized by some developmental theories; and recent longitudinal, observational research has given evidence that newborn is already separated from the significant other at the time of birth and *baby has an inborn capacity to attach and also to enjoy its own autonomous equipment* and, autonomous self emerges and grows from attachment rather than separation (Bebee & Lachmann, 2002; Bowlby, 1988, 1989; Linehan, 1993; Stern, 1985; Sümer, 2004; Tolpin, 1980). Bowlby (1979, 1989) constructed his attachment theory on the assumption that healthy development is based upon the quality of the relationship or attachment established between the care-giver and the infant.

After investigating the behavior pattern of monkey's and human hunter and gatherers, Bowlby (1989) suggested a similar attachment behavioral system for human, which is based on individual's genetic programming such as feeding and reproduction. Baby innately seeks proximity to caregiver, proximity maintenance and caregiver's consistent attuned interventions towards the satisfaction of the baby's needs are easily processed by the baby as calming and secure. On the other hand, anxious interventions of caregiver is experienced as over-stimulation which results with anxiety and, similarly, indifference of caregiver is experienced as under-stimulation on the baby's side. Both interventions are essence of the *attachment insecurity,* instead

familiarity, consistent emotional availability, responsiveness, reliability of the caregiver results with the development of attachment security.

I.1.1. Importance of First Year: From Affective Interplay to Mentalization.

Psychoanalytic infant research and other developmental psychology research have contributed to Bowlby's (1989) basic assumptions related to the attachment theory. The infant research enlightened the intersubjective or mutual aspects of the attachment process between infant and the significant other, which is the basis of the later socialization and psychological health.

Affect states of the significant other are conveyed to the infant through facial and vocal expressions (Beebe and Lachman, 2002; Fonagy, Gergely, Jurist & Target, 2002; Meltzoff cited in Beebe & Lachmann, 2001; Shore, 2001; Threvarten, 1989; Tronik, 2002). Empirical research indicated that, after 42 minutes of birth, baby exerts a capacity to imitate the close model (Meltzoff cited in Beebe, Rustin, Sorter & Knoblauch , 2003) and register the equivalence between 'self' and 'other' (see also Meltzoff, 2007). Primary affective states which are more biological in nature are transmitted as some basic emotions such as enjoyment, anger, fear, sadness, disgust and surprise by way of facial and vocal expressions. Similarly, each expression of infant influences mother and mirrored by the mother in turn. This interaction is experienced both by

infant and mother physically, emotionally and implicitly. Basis of reflecting each other is the capacity to detect that ‘you are like me’ and reproduce a behaviour that transfers ‘I’m like you’. This behavioral similarity is detected by the infant trough interpersonal contingencies. Infant can detect a behavior as contingent when it appears immediate after his/her own action. Therefore, each one’s following behavior can be predicted from other’s action.

Moreover, baby is assumed to be born with emotional brain (Damasio, 1998; LeDoux, 1996) or *shared mind* which is sensitive to the affective states and inner process of the significant other (Aron, 1996, Balint, 1992, Merltzoff, 1985, Trevarthen, 1998 cited in Beebe, Rustin, Sorter & Knoblauch , 2003; Bolwby, 1989, Mitchell, 2000; Stern, 1985; Strolow, Atwood & Branchaft, 1994). Mother and infant interactively influence each other’s affective state since birth of the child. Infant senses the state of the significant other before even without symbolic verbal codes during presymbolic period (Habermas 1979; Traverthen 1998 cited in Beebe, Rustin, Sorter & Knoblauch , 2003). Repetition of such experiences is registered by the baby as timing, form, intensity, rhythm and gains a meaning as a pattern. Empirical research (Beebe & Lachman, 2001) shows that approximately after 3 months infant develops expectation regarding the pattern of interaction. A change in the pattern leads a mutual change in the state of baby or the mother. This causes an optimal rupture that can be repaired by the attempts of

the both partners. Recurrent ruptures and their repairment are also registered by the baby as patterns. These also enhance the mental processes of the infant and facilitate the secure attachment. Therefore, this mutual regulation of affective communication between baby and the mother are continuously attunes each others' inner state. In this period, infant mind works according to a *teleological model* which is based on the predicted behaviors of the other. This interpersonal coordination of inner states or implicit dialogic communication is the primary organizing theme of preverbal interaction or preverbal intersubjectivity based on teleological model of mind and the origin of later mentalization or reflective function which means the child's ability to differentiate inner and outer reality.

Approximately beginning six months, this affective communication or affect attunement is gradually turns into *representational mapping* of the child. Through appropriate mirroring of the parent, biologically experienced physiological arousal of the infant turns into an experience of an affect and this process is mapped by the child with higher order representation and thus s/he becomes to know that s/he is *feeling*. Hence, the mother's representation of infant's affect becomes a representation of child as a self-state. Recurrent self experience in this way comes together. Through this elaboration of the inner world on organized self-experiences 'self' emerges (Beebe & Lachmann, 2001; Fonagy, Gergely, Jurist & Target, 2002; Fonagy & Target, 1997; Kohut,

1977; Siegel, 1996). At the same time, through cognitive mapping child begins to act according to higher order processes and interprets, understands the affective state of the caregiver. All this interactive process or attachment process has some neurobiological component as every development: These interactive minds were found to be the function of the right hemisphere of the brain and thus self emergence is related to the growth of the right brain (Shore, 1996; Shore, 2001a).

Near the end of the first year baby gradually passes from automatic perceptual mode to cognitive mode, in other words, teleological model of mind transforms into *mentalization model*. Mentalization or reflective function includes understanding, reasoning, attributing about the experienced states of him/herself and the significant other. Child becomes aware of inner state and also interprets and understands other's beliefs, affect, intentions, patterns, plans (Fonagy, Gergely, Jurist & Target, 2002; Fonagy & Target, 1997; Fonagy, 1999; Meltzoff cited in Beebe & Lachmann, 2001). Fonagy (1997) considers the reflective function "*to be the mental function which organizes the experience of one's own and others' behaviors in terms of mental state constructs"* (p. 680). Therefore secondary representations of the primary affective states are expected to develop**.** *Secondary representations* are the outcomes of the learning process which establish connections among emotional expression, situation and behavior. Child is capable of making predictions about the consequent

behavior when s/he attributes a certain emotional state to her/himself or the other. Again, only through effective mirroring of the child's emotional state by the significant other, child can develop the secondary representations of the primary affect elaborated on contextual cues. Symbolic representation of mental state might be considered as a prerequisite for a sense of self-identity (Fonagy, 1999). Thus, mentalization means the enhancement of true self and the social reality and, on the contrary, destructions to the development of mentalization process also injures the self development (Kohut, 1966, 1971; Winnicott, 1965; Wolf, 1988) and social development or attachment quality of the individual (Gergely, 2003). Here, right hemisphere growth of the brain continues and with the secondary symbolic processes left hemisphere begins to grow. Left hemisphere growth depends on the accomplishment of right hemisphere related to attachment. Any deterioration in the interactive process also injures the right hemisphere development and the personality development of the child (Shore, 1996; Shore, 2001a; Shore, 2001b). Therefore, development of 'mentalization', 'secure attachment', 'right hemisphere development' and 'personality or self-development' are integrated processes.

Briefly, Bowlby's assumptions were proven several times by the empirical data. Thus, it was confirmed that, the primary attachment strategies or proximity seeking in the earliest phases of the development, if accomplished as the self regulation of the infant by the

help of the attachment figure through co-regulation or interactive regulation, secure attachment is established between caregiver and the child. In a way, Attachment can be defined as the mutual regulation of emotion (Schore, 2001). This facilitates the self-regulation through internalizing the effective interventions of the attachment figure and development of mentalization, which is the basis of the social behavior (Fonagy, 1999; Fonagy, Gergely, Jurist & Target, 2002; Gergely, 2003; Mikulincer, Shaver & Pereg, 2003). In other words, the common view of the theorists, regardless of what their theoretical approach is, is that the implicit process of the earliest year turns into an unconscious organizing principles or attachment patterns of the infant on the relational realm for later life.

I.1.2. From Early Attachment Quality or Interactive Regulation to Individual Difference of Attachment Experience

Affect Regulation involves self-regulation and interactive regulation as it was mentioned before (see Chp. I.1.1.) and development of true self. Mentalization or Reflective Function or Secure Attachment helps one to coordinate self related process such as understanding and regulating the inner states, and interactive processes at an equilibrium. This balance emerges from the *mid-range coordination* of self and interactive regulation between infant-caregiver relationship which creates ‘secure attachment’ (Beebe & Lachmann, 2001; Beebe, Rustin, Sorter & Knoblauch , 2003).

Secure attachment helps to regulate the affect of an infant and it is a background of a *secure attachment style* (Ss), in turn affect regulation is associated to self-integrity and self-confidence is accepted as an evidence of psychological health throughout life (Bowlby, 1988; Fonagy, 1999[1]; Fonagy, Gergely, Jurist & Target, 2002).

On the other hand, if the attachment figure fails to attune the internal state of an infant as a result of ineffective strategies that was mentioned before, instead of primary attachment strategy or proximity seeking, child develops *secondary attachment strategies.* These are the defenses for the inappropriate interaction with the caregiver as a result of insecure attachment (Mikulincer, Shaver & Pereg, 2003; Shaver & Mikulincer, 2002). People having insecure attachment styles are found to be under-regulating or over-regulating their emotions.

Proximity seeking which does not end with closeness and love, but instead punishment such as unavailability, rejection, inattention, non-contingent response or anger of attachment figure, results with continues exposure of distress or arousal. Proximity to attachment figure becomes threatening. Child becomes afraid of punishment which intensifies the distress and in order to minimize the punishment s/he become self-reliant and *avoid* attachment figure without expression of neediness and vulnerability (Jellema, 2002; Fraley & Shaver, 1997;

Fraley, Garner & Shaver, 2000; Shaver & Mikulincer, 2002, Mikulincer, Shaver & Pereg, 2003). Bolwby (1979, 1985) also emphasized compulsive self-reliance features of avoidant type. In terms of *deactivating strategies of* affect regulation, they found to be over-regulating their affect (Fonagy, 1999[1]; Fonagy, Gergely, Jurist, Target, 2002), through inhibiting awareness, suppressing negative emotions (Fraley & Shaver, 1997), which results in non-expression of emotion and unhealthy experience of it. This avoidant type is also called having *dismissing attachment style (Ds)* (Batholomew & Horowitz, 1991; Main, 2000).

Additionally, inconsistent, unpredictable parental style or parental style of emotional enmeshment, or differential tolerance with particular expressions of affect, compulsive care-giving, intrusion and interference with the child's authentic exploration emphasizes the child that s/he is helpless, separation is traumatic and s/he is vulnerable in threatening world. In this situation, the child exhibits resistance on the proximity through compulsive reliance on the attachment figure and they rely on others for affect regulation (Bowlby, 1987; Fonagy, 1999[1]; Shaver & Mikulincer, 2002; Mikulincer, Shaver & Pereg, 2003). This anxious/resistant type is also called having *preoccupied attachment style* (Ps) (Batholomew & Horowitz, 1991; Main, 2000).

As a summary, affect regulation strategies of an individual are developmentally established procedures (Beebe, Knoblauch, Rustin & Sorter, 2003; Beebe, Sorter, Rustin & Knoblauch, 2003; Rugancı, 2003; Stern, 1985, 2004; Tronick, 2002) during early attachment period through interactive regulation between infant and care giver, which later dominate how individual regulates his/her emotions when s/he experiences distress (Beebe, Rustin, Sorter & Knoblauch, 2003; Linehan, 1993; Main, 2001). In other words, how the mood states of an infant, from minor arousal to a major mood states, are 'contained' or treated by the care giver is identified by a child and internalized as a coping strategy of overcoming distress (Fonagy, 1999[1], Fonagy, Gergely, Jurist & Target, 2002; Sloman, Attkinson, Milligan & Liotti, 2002). This exchange provides infant a unique source of awareness of internal states and controlling of emotion. This process is accepted as a precursor of psychological health in later life.

I.2.From Attachment Experience to Attachment Styles Throughout life

Bowlby (1979, 1987) suggested that dynamics of the early relationship are internalized by an infant as a cognitive component of an attachment as it was mention on the previous sections. This internalized hypothetical structure of the infant's relational world is called *internal working models.* Individual develops a pattern of attachment as a product of internal working models. Internal working models have two

components, namely, ‘self’ and ‘others’ which are experienced interconnected and complementary to each other. Bowlby (1987) also assumed that attachment is a lifelong process and internal working models that were established during early childhood would function during adulthood without much change. Moreover, parental attachment is transferred into parental behavior and is intergenerationally transmitted to child from parents.

Ainsworth et. al. (1978) tested the basic assumptions of the Bowlby’s Attachment Theory (see also Bowlby, 1989, pp. 333-349) through *Strange Situation* experiments, in which, 12-18 months old children were systematically observed under the conditions where they separated from the significant other, left with a stranger alone and they reunion with their mother at home and in the laboratory. As a result of this process, they classified children as having one of the three attachment styles which were, *(1) secure, (2) anxious/ambivalent or anxious/resistant (3) avoidant*. Parent’s of avoidant children were found to be consistently deflected or angrier, less tolerant of their infants’ expression of vulnerability and neediness or more rejecting, less expressive of positive emotion than the other parents. Parents of the anxious children were observed to be inconsistently responsive to their infant’s needs as being intrusive, overprotective and interfering to their infant’s autonomous exploration, rather they were more sensitive to their own needs and attend their infant accordingly. On the contrary,

parents of secure children were more available, responsive and sensitive to the needs of their infant than the other parents.

Main and her collogues (2000) analyzed the ratings of the multiple observers related to Strange Situation videotapes. They scored the infant on 7 point scales for *proximity-seeking, proximity-avoiding, contact-maintaining, contact-resistance* and took picture drawings about their family from the children when their parents were absent. They confirmed the Strange Situation results of the Ainsworth et. al.'s. that, *Secure* infants were observed to respond openly and emotionally in crisis situation and situation resulted with happy ending regaining the attention of mother by crying. Sometimes they even created a risky situation to experience the overcoming and finding a happy ending. They drew detailed, well-defined pictures in which central figures in the family were in moderate size and ordinarily with calm, pleasant facial expressions. They exerted flexible attention changing the focus relevant to the situation. *Avoidant* infants responded to strange situation procedures in monotonous way, indifferent to separation without any mood swings as if nothing was happened. They actively ignored their parents after reunion and expressed no anger and distress. Their family drawings were consisted of figures flying in the air, widely separated, little differentiated and having stereotyped smiles. Their attentional shift was maintained by focusing on toys or other inanimate aspect of the environment. *Ambivalent/Resistant* infants instead, fixed their attention

upon the parents and could not wander around for exploration and they continued to cry, and eventually they could not calm dawn after reunion with the parents. They pictured their family with either very large figures placed at the center or very small figures placed at the corner, especially soft aspects of the body were drawn large. Hence, the insecure infants exhibited an *organized* pattern and adaptive strategies to their own care-giving environment. These were additional findings to Strange Situation Paradigm. This interpretation of *organized attachment patterns* was*,* in a way, a presumption of the anomalous, unclassified, disorganized responses, the *disorganized attachment style* of child and adults which was initially observed during Ainsworth's Strange Situation Procedure (Hesse & Main, 2000). Main, George and Kaplan (cited in Main, 2000) developed a semi-structured interview for the adults, aiming to collect unconscious data as well about the *states of mind* corresponding to attachment styles. They conducted an interview to identify the 'states of mind' of the children's parents in the Strange Situation Procedure which was introduced as *Adult Attachment Interview* (AAI) and later they tested the reliability and validity of the protocol on larger samples. *Three State of Mind categories* had been emerged: *(1) Secure/Autonomous type* valued attachment and responded in coherent, objective way either s/he evaluated the early experience favorable or unfavorable; *(2) Dismissing Type* responded with describing repeated incidents or poor memory, gave positive descriptions about parents contradicting with the specific incidents and

reported that negative experiences had no or little effect on them; *(3) Preoccupied Type* reported angry, confused and passive or fearful experiences with the descriptions full of vague phrases, long but containing irrelevant responses. Studies confirmed that there was a % 75 match between the parent's and child's attachment styles: Generally speaking, *secure* children had *Secure/Autonomous* parents, *avoidant* children had *dismissing* parents, and *resistant/ambivalent* children had *preoccupied* parents (George & Solomon, 1996, and Hesse, 1999 cited in Fraley & Shaver, 2000). Moreover, parent's attachment style rated in Strange Situation classifications was found to predict the attachment style of their children in later measurements for many times (IJzendorn, 1995 cited in Levy, Blatt & Shaver, 1998).

Studies examining the stability of the early attachment behaviour later in the child's life have shown that various studies carried out in the range after 2 years to after 6 years, early attachment behavior of those infants were found to persist or determine their social interaction (Arend, Gove & Sroufe, 1979, Connell, 1976, Main, 1973, Main & Townsend, 1982, Main & Weston, 1981, Matas, Arend & Sroufe, 1978, Waters, 1978, Waters, Wipmann & Sroufe, 1979 cited in Bowlby, 1989) Similarly, longitudinal studies that monitors the children till adolescence and early adult years (Amanti, Ljzendoorn, Speranza & Tambelli, 2000; Elicker, Englund, & Sroufe, 1992; Grossmann & Grossmann, 1991, Hamilton's 2000, Waters, Merrick, Albersheim, & Treboux, 1995 cited in

Levy, Blatt & Shaver, 1998; Waters, Hamilton and Weinfield, 2000) found predictable results regarding personality, social behavior and attachment style from early attachment patterns. Specifically, 16 years of longitudinal research found % 77 stability of attachment, 20 years longitudinal research found % 70 stability for individuals who did not experience any traumatic, major life events, where % 50 stability was found for individuals who lost their parents or experienced parental divorce.. Thus, the results confirmed that the attachment style is generally stable over time if individual is not exposed to a major life change. This was contradicting the assumptions that due to the improvement of the metacognitive ability through physical, affective and cognitive developmental process by age, internal working models can be revised (Flavell, 1979).

Hazan & Shaver (1987) also tested Bolwlby's assumption of *life long stability of attachment style* through adapting Ainsworth et. al.'s three category model (i.e, secure, anxious-ambivalent, avoidant) to romantic relationships and developed a self-report procedure to classify adults. They found that the affective, cognitive, and behavioral processes that were experienced especially in intimate relationships were consistent with the attachment theory. Adults reporting to be Avoidant and Resistant were also reported more negative experiences, and beliefs about love, shorter period of romantic relationships, less favourable interactions with the parents in early life than secure adults.

Batholomew & Horowitz (1991) experimented with Bowlby's assumption of internalized working models of self and others in relation to attachment styles and developed their *four category model* also referring to Main et.al's categorization of *preoccupied and dismissing type* mentioned before in this section. They suggested that if a person has internalized a positive self model and other model, s/he is comfortable and autonomous in his/her close relationships, so has a *secure* attachment style; If a person has internalized a positive self model, but a negative other model, s/he avoids from and is counterdependent to close relationships, so has a *dismissing* attachment style; If one has internalized a negative self model, but a positive other model, s/he is dependent to and anxiously preoccupied with the close relationships, so has a *preoccupied* attachment style; If one has a negative self and other models, s/he fears and avoids from close relationships, so has a *fearful* attachment style. They confirmed their theoretical model with two consequent studies through multi-dimensional scaling, such as taking attachment style (both with interview and self-report), self-concept, interpersonal qualities, sociability measures from participants, their families and their friends. This was the initial attempt to assess the attachment representations which were associated to individual differences of attachment style.

Brennan, Clark and Shaver (1998) criticized the previous study of Hazan and Shaver (1987) for not clearly examining the essential feature of the three attachment prototypes (i.e., avoidant, anxious-ambivalent and secure) discriminant analysis results. They interpreted this result as indicating two dimensions being avoidant and anxiety rather than three categories. Referring to Main et.al.'s emphasis on additional category of attachment which was *dismissing*, and Bartholomew (1990), Horowitz (1991) findings about four category model, they proposed a *two dimensional model* that provided four attachment category on the quadratic space. Individual's attachment style would have been identified from the point s/he has been placed on the graph. They explored the whole *attachment literature* and created a pole of 482 items from all the self-report measures of attachment that were assumed to assess 60 attachment related constructs or subscales. Those subscales were clustered into two independent factors such as *avoidance* and *anxiety* and examined the relation of these with a brief scale, measuring *avoidance* and *anxiety* dimensions. Scale was reduced to 18 items, which were having highest absolute value correlation with the two factors. Results were supported their assumption that, four attachment categories could be assessed from the pattern of the individual regarding his/her anxiety and avoidance levels. Specifically, there existed four clusters corresponding to Bartholomew and Horowitz's (1990,1991) four category model. In other words, those who reported low anxiety and low avoidance were

clustered as having *secure attachment style*; while subjects who reported low anxiety and high avoidance were clustered as having *dismissing attachment style*; those who reported high anxiety and low avoidance as *preoccupied attachment style*; and those who reported high anxiety and high avoidance were clustered as having *fearful attachment style.* Therefore, they both confirmed the Ainsworth et. Al.'s (1978) distinction among *secure, avoidant* and *anxious-ambivalent* attachment styles using discriminant functions similar to them and four category model of Bartholomew and Horowitz at the same time.

In summary, Bowlby's assumptions mentioned before in this section were empirically tested and generally proven through attachment research. In other words, parent's attachment style generally a major determinant of the quality of early attachment; There are individual differences related to the internalized patterns of relationship depending on one's attachment history and this early interaction predicts later attachment styles of an individual.

I.3. Psychological Health, Attachment Style and Affect Regulation

Recent studies have proven the assumed association between psychological health and attachment styles. Early attachment history or attachment style in general was found to be associated to current psychological health or psychopathology, such as emotional adjustment, psychological distress, depression and anxiety,

interpersonal problems, Post Traumatic Stress Symptoms, Personality Disorders (Batholomew & Horowitz, 1991; Bowlby, 1985; Declercq & Willemsen, 2006; Fonagy, 2001; Liotti, 1999; Mikulincer, 2006; Ritz, FitzGerald, Wiley & Gibbs, 1995; Page, 2001; Pielage, Gerlsma, Schaap, 2000; Wei, Mallinckrodt, Larson & Zakalik, 2005) or insecure attachment style as a risk factor both in psychological and even in physiological health (Maunder & Hunter, 2001). During lifelong developmental process attachment style of an individual might be exposed to transmission in a negative or positive way through interaction of the organism and environmental factors (Shore, 2001a). Even when the individuals gained secure attachment through *correcting the experience of childhood* later in his/her life, they were found to have less competence and more psychopathology during their adolescence than the adolescents who had early history of secure attachment. On the contrary, adolescents who had insecure attachment history were found to be least competent regarding competency skills for overall adaptation and highest in psychopathology compared to adolescents who had secure attachment style (Sroufe, Carlson, Levy & England, 1998).

Researchers tried to identify the mediating or moderating factors that were contributors of attachment style and psychopathology association. Stressful life events, self-efficacy, self-disclosure, perceived social support, perceived coping skills, maladaptive perfectionism, social

competency (Mallinckrodt & Wei, 2005, Wei, Heppner & Mallinckrodt, 2003; Wei, Heppner, Russell & Young, 2005, Wei, Mallinckrodt, Russell & Abraham, 2004, Wei, Russell & Zakalik, 2005) and cumulative unsupportive care after the period of attachment in infancy (Sroufe, Carlson, Levy & England, 1998) were found to mediate the attachment style and psychological distress. Additionally, affect regulation strategies, which were interconnectedly established during early development as mentioned before (see Chp. I.1.2) were examined by Wei and his colleagues and they were found as important mediating factors between attachment and psychological distress relationship (Wei, Heppner, & Mallinckrodt, 2003; Wei, Vogal, Ku & Zakalik, 2005). Moreover, as an independent factor, healthy emotion regulation is accepted as a potentially unifying function of an individual's psychological and even physiological health (John & Gross, 2004) or on the contrary, emotion regulation problem is accepted as a possible sign of diverse psychological symptoms, personality disorders and maladaptive behavior (APA, 1994; Linehan, 1993; Gratz & Roemer, 2004).

As it was mentioned in the Chp. I.1.2, positive interaction with attachment figures maintains proximity of the child to the caregiver and results in protection, support and relief of distress. This is the base of secure attachment in which it is learned that distress is manageable and is transferred into later adult life as healthy emotion regulation.

Healthy, adaptive regulation involves modulating the experience of affect rather than eliminating certain uncomfortable emotions (Gratz & Roemer, 2004). This modulation of arousal involves ability to inhibit inappropriate, impulsive behavior related to urge of emotion or in other words, ability of calming or soothing oneself when experiencing intense emotions.

Individual having *secure attachment style (Ss)* was found to develop *security based scripts*, these are, during a stressful situation her /his proximity to the parents results with supportive interventions that reduce the distress. This interaction is repeated and Ss learns that distress is manageable and external obstacles can be overcome (Mikulincer, 2006). Thus, individual is able to calm his/her arousal as an internalized function of 'self', without repressing or defending against the negative affect. Therefore, Ss was found actively engaging in *security based affect regulation strategies* such as awareness and acknowledgment of distress, instrumental problem solving, support seeking which elicits positive reaction from others (Mikulincer, 2006; Waters, Rodriguez & Ridgeway, 1998). Besides the acknowledgement of negative emotions, they found to exhibit an access to their painful memories without emotional overwhelming (Mikulincer & Orbach, 1995), they interpreted stressful events in less threatening terms and carry optimistic expectations to cope with distress compared to insecure individuals, moreover, they found not to rely on defensive distortions of

experienced affect, self-perception and relational attribution in stress situations (Pereg & Mikulincer, 2004; Shaver & Mikulincer, 2002).

Avoidant individuals were found to use *deactivating affect regulation strategies* such as inhibiting the experience of affect and they actively distance themselves from the source of distress (Dozier & Kobak, 1992; Kobak & Sceery, 1988; Mallinckrodt, 2000; Mikulincer, Shaver & Pereg; 2003; Shaver & Mikulincer, 2002). This over-regulating style was found to result in lowest accessibility to the autobiographical memories of sadness and anxiety compared to Ss and other insecure types (Mikluncer & Orbach, 1995) and their memories are not consistent such as *a loving father*, in important instances not available at home. They are usually described as avoidant or defendant against affect relying more on cognitive information rather than emotional pattern. Especially negative affect is alien to them. This *Avoidant type* or *Dismissing attachment style* who were insecurely attached to their significant others, were found to devalue them or detach themselves from them by minimizing their importance (Jellema, 2000, Vogel & Mallinckrodt, 2005), in turn minimizing their frustration. They were even found to *suppress* the positive emotions as well as negative emotions (Gross & John, 2003).

Anxious individuals or *preoccupied attachment style* (Ps) were found to use *hyperactivating strategies of affect regulation,* when they

experience stress, they ruminate on their negative feelings and this emotion focused coping, increases the anxiety or distress rather than relieves it. They found to be excessively sensitive to the signs of separation and preoccupied with the attachment figures as their fear of separation increases their anxiety which becomes unbearable for them. In other words, they under-regulate their emotions, hold on to others or make them stay and attend themselves by display of intense emotions (Jellema, 2000, 2002; Kobak & Sceery, 1988; Mallinckrodt, 2000; Mikulincer, Shaver & Pereg, 2003; Shaver & Mikulincer, 2002); On the contrary to Ds who rely on isolated cognitive information, they found to rely on “affective logic” and when they feel negative emotion they associate the situation with other times that they had experienced similar affect, rather than monitoring the actual sequence of the events; They lack some strategies to manage or modulate their affect, rather they depend on others to comfort them.

Additionally, those having *fearful attachment style* perceive significant others as a source of trauma or threat. Although they feel anxious under stressful situations and need others, they fear to be close to them (Bartholomew & Horowitz, 1991). Therefore they try to regulate their emotions through avoiding others, but this does not help to overcome their anxiety.

The deactivating and hyperactivating affect regulation strategies, that have some role to defend individual in a short term, were found to be associated to negative mood, depression and anxiety, loneliness and interpersonal problems in the long term (Wei, Vogel, Ku & Zakalik,, 2005; Wei, Heppner, & Mallinckrodt, 2003). Moreover, the different defensive *affect regulation strategies* were found to be a *mediating* factor in insecure attachment and psychological distress as a combined factor (Wei, Heppner, & Mallinckrodt, 2003). At the same time, It was proven that for anxious attachment style, hyperactivating strategies or *emotional reactivity* was a mediator, while for avoidant style *emotional cut off* was a mediator that predicts psychological distress (Wei, Vogal, Ku & Zakalik, 2005).

I.4. Internal Representation of the Individual's Relational World as a Result of Attachment Experience

Internal working model, which is a product of early attachment relationship between caregiver and the child, is a relational mental construct of self and other (Bowlby, 1987). This was found to be a determinant of the later interpersonal relationships especially of the closed relations (Batholomew & Horowitz, 1991; Hazan & Shaver, 1987). As it was expected, people having different attachment styles were found to have different mental models. Internal working models were found to effect the evaluation of the 'self' and 'others' and organize their social behaviour (Bartholomew, 1990; Batholomew & Horowitz, 1991). That is, Ss and Ds have positive self

model, where Fs and Ps have negative self model. Ss and Ps have positive others model, where Ds and Fs have negative others model.

Bowlby (1987) had also emphasized that affect regulation strategies which leads to defensive appraisal of 'self' and 'others' were registered into the internal working models. Supporting this assumption, hyperactivating and deactivating strategies were found to exert bias in their appraisal of 'self' and 'others', especially in the threatening situations (Mikulincer, 1998; Mikulincer M, Orbach I, Iavnieli D., 1998). In stress situation, *Avoidant* individuals depending on their deactivating strategies increased their positive self evaluation and perceiving others different from themselves, while *anxious* individuals depending on their hyperactivating strategies, strengthen their perception of weak self in order to get support from others and unrealistically perceive themselves close to others. On the contrary, Ss' positive perception of 'self' and 'others' were stable and did not change even in the threatening situation. Mikulincer, Gillath and Shaver (cited in Shaver & Mikulincer, 2003) examined the activation of other's representation in the presence of threatening stimuli. Ss is not constantly involve with attachment figures, rather their system activates in threat situation for using positive attachment themes in order to reduce distress. On the contrary, anxious individuals whether in the threat situation or not they preoccupied with attachment figures and even elevate the distress or turn it into chronic one by hyper focusing on the separation and rejection. Attachment related threat, *separation* was found even significantly

deactivate the *avoidant* individual's mental representation, but when different threats did not have such implication of either activating or deactivating their mental representation. Thus, their attachment themes seemed preconsciously to be activated, but they consciously and immediately inhibit them when separation was the issue. Therefore, they can maintain proximity at a level without allowing any possibility of *rejection situation.* This results also show (1) the circular feeding of the system, such as people having different attachment styles reacting in a way to feed their mental representations or internal working models; (2) Self and other representations are interactive or relational in nature. Bartholomew & Horowitz (1991) had already examined this mutually confirming and complementing nature of the mental models in secure and insecure attachment styles while establishing four category model (i.e, Ss, Ds, Ps, Fs). They tried to capture the interpersonal problems of the each style on an interpersonal space of *interpersonal theory*. Interpersonal theory had been elaborated onto Robert Carson's interpersonal approach, which was in the line of Sullivan's (1959 cited in Ansel & Pincus, 2004) 'self-system' conceptualization and theory assumes that (1) what is mutually reinforcing is maintained by both sides of the interaction, (2) people have a plan of interaction for a certain 'other' and when the plan is not accomplished distress arises, people try to avoid distress for futher interactions (3) people act in congruence with their perception of 'self' and 'other' in order to maintain equilibrium. Kiesler (1983) based his approach upon these assumptions and tested the complementarity and

dimensionality of personality on Guttman's (1957, cited in Wiggins, Trapnell, Phillips, 1988) interpersonal circle or circumplex, which is a two dimesional Euclidian space. Any combination of personality construct scores on these two dimensional space creates a circular continuum on which individuals can be placed (see also Ansell & Pincus, 2004). Interpersonal correspondence tended to be represented on the affiliation (also termed warmth, love, communion) axis, such as friendliness was found to invite friendliness, where hostility invited hostility; On the other hand, interpersonal reciprocity tended to be represented on the power (i.e, dominans, assertiveness, control, agency) axis, such as dominance were found to invite submission, where submission invited dominance. Bartholomew & Horowitz (1991) by integrating the interpersonal theory into their study, they found that Ps settled on the 'Warm-Dominant' quadrant, also emphasizing their *over expressiveness*; Ps' view of their 'negative self' was accompanied by negative criticism about themselves as a response to the rejected, cold style of the 'others' which maintains their positive view of 'others'. On the other hand, Ds' view of 'negative others' was accompanied by cold, rejecting style and maintains their self-esteem. Fs' 'negative self' perception was found to be accompanied by 'introversion' and 'subassertion', and Fs settled slightly negative side of the 'Cold-Warmth' dimension. Ss were found not having extreme profile of interpersonal style settling on positive part near the crossing point, origin of the axis.

Shaver & Brennan (1992) found association between *Five Factor Model of Personality* (McCrae & Costa, 1989) and adult attachment styles. They proposed that two interpersonal dimensions of circumplex were similar, namely, 'Agreeableness' dimension of the model was similar to 'Affiliation' dimension of circumplex, and 'Extraversion' dimension of the model was similar to 'Dominance' dimension of the circumplex. Adult attachment style was considerably better predictor of relationship outcome than Five Factor Model of Personality (see also, Noftle & Shaver, 2006). They found that, *insecure attachment* was associated to 'Hostile-Submissiveness', where Ss was associated to 'Dominant-Friendliness'.

Gallo, Smith and Ruiz (2003) examined the association among early relationship memory with mother, father and between parents, current attachment styles, personality traits and social behaviour through capturing avoidance-anxiety dimensions on interpersonal circumplex. In terms of attachment location on circumplex space, Avoidance and Anxiety related to the hostile-submissive interpersonal style. In terms of the association of each pole of the construct dimensions (i.e., friendliness-hostility, dominance-submissiveness) with attachment dimensions and other variables, higher Ss (i.e. less anxious, less avoidant) was associated to high 'Friendliness' and high 'Dominance' and lower 'Neuroticism', memories of more friendly interactions with parents: Females with Ss reported greater autonomous reactions towards mother, greater allowance of 'Autonomy' and less 'Submissiveness' of father, and both females and

males with Ss reported more ‘Affiliation’ of both father and mother toward themselves, and between parents, and more positive current interpersonal functioning with higher levels of perceived *social support*, less actions of *hostility/impatience, insensitivity, interference* from others compared to insecure attachment; While, higher Fs (more anxious, more avoidant) was associated to more negative social relationships and less allowance of ‘Autonomy’ by both mothers and fathers, more ‘Hostile’ interactions between mothers and fathers compared to other attachment styles, males with Fs reported their mothers as more controlling and their fathers as ‘Submissive’; While high *Ps* (more anxious, less avoidant) associated to greater ‘Friendliness’, ‘Neuroticism’ and ‘Conscientiousness’, males with Ps reported greater enmeshment with their mothers, but less ‘Affiliation’ of mothers; High Ds was more related to less ‘Conscientiousness’ *and ‘*Openness’ . Study confirmed the Bartholomew and Horowitz (1991; see also Bartholomew, 1990) assumption that *Avoidance* is more interpersonal in nature, thus more related to working model of others, while *Anxiety* is more related to working model of self.

Levy, Blatt & Shaver (1998) examined the content of the parental representation, and the quality of it in terms of consistency among attributed constructs, complexity through analyzing the integration of good and bad aspects on the same parent, the articulation level through analyzing the length of description and conceptual level, and differentiation of self and parents. They confirmed that “*individuation is facilitated by*

attachment rather than detachment. Representations of parents as supportive and nurturing are related not to dependence but to capacity for individuation" (p. 417), thus also associated to higher self-esteem and perceived self-confidence. In detail, Ss' 'other' model (parents) were found to be more 'Benevolent', less 'Punitive' and less 'Ambivalent', compared to *Avoidant* and *Anxious* people. Regarding the content, Ss' descriptions were found to be more *articulated*, more *elaborated* on conceptual level and more *differentiated* than the descriptions of insecure participants.

Therefore, these studies have shown that (1) the model of self and other are associated to attachment style or different attachment styles have different models of self and others and perceived parenting style; (2) the model of self and others were mutually confirming and complementary in structure; (2) people act in the line of this hypothesis and responded by others accordingly, and thus, attachment style is related to current social functioning. (3) Confirmatory dynamics and complementary nature of the mental model supports the maintenance of the self patterns as personality traits which confirms the interpersonal theory of personality.

I.5. Personal Construct As an Internal Representation of the Individual's Relational World

As previously mentioned in description of working models and of the interpersonal theory, mental representations or hypothetical constructs about the relationships, being mostly preconscious, helps to interpret the world individual lives in and organize the actions or reactions of the individual accordingly. Similarly, Kelly (1991/1955) sees people as personally constructing hypothesis regarding the world s/he lives in. In his *Personal Construct Psychology* he views every individual as a scientist who processes the world s/he lives in depending on one's previous experiences. Personal Construct Theory was a pioneer to establish a theory of personality and psychotherapy based on a formal model of the organization of human knowledge and a historical forerunner of the contemporary psychologies as a constructivist theory (Mahoney, 1988).

According to Kelly's Personal Construct Theory (Kelly, 1991/1955; Sheer & Catina, 1996) people construe their own 'reality', and continuously validate, invalidate and modify accordingly, which interpersonal theory supposes in the realm of relationships. *'*Constructs' are representative of events in our imagination. Emotions and cognitions are linked to each other in constructs and they are not simply names, attitudes, concepts or opinions. This was termed as *construction corollary. '*Elements' are the objects of individual's thinking

that can represent every field of individual's life from person to an abstract fact. Personal constructs are bipolar in nature that they allow two similar elements contrasting a third element at the opposite pool. People are accepted to organize their knowledge regarding a certain construct according to this polarization, and as a scientist they anticipate and interpret the role of elements in relation to themselves. For example, construction of the 'good' for an element can not have an existence without 'bad' element. This was termed as *dichotomy corollary.* Here Kelly can be assumed as indirectly emphasizing the complementarity and reciprocity principles of interpersonal theory mentioned before, while directly emphasizing the *dichotomy* principle of building knowledge. Constructs are hierarchically organized. There are superordinate, core and peripheral constructs varying according to their importance to the individual. This was termed the *organization corollary*. Psychologically speaking the most central constructs represent person's identity and involve significant others (i.e. elements) in people's life and the nature of the role relationship one has with them. There exist also some peripheral constructs in this hypothetical network. The person assigns himself to a construct or 'choosing' a construct pole. This was termed the choice corollary. Constructs are significant characteristics of an individual, and there are some similarities among different individuals construing the same element. These are termed as respectively the *individual corollary* and the *commonality corollary*. There are also differences among individuals

construing the certain realm. Therefore, everyone is in need of construing the other's constructions in terms of the *sociality corollary*.

Every construct is more specific to a certain realm and has a limitation in terms of its applicability, however, when those different construct systems about various realms processed together, they might contradict with each other. These were termed as respectively the *range corollary* and the *fragmentation corollary*. This limited range of the construct also limits the processing of the new information or learning, thus limits the changing or readaptation of the construct. The capability of the construct to incorporate the new events is termed the *modulation corollary.* In fact the constructs are expected to change in relation to experience and this was termed as the *experience corollary*.

Kelly had an interest in multidimensional geometry and took Euclid's elements as a model to his theory. Kelly established a term *psychological space* which describes a region in which one may place and classify the 'elements' of one's experiences under some 'constructs'. Kelly's (1991/1955) *Repertory Grid Technique (RGT)* is an instrument that conveys people's Personal Construct System which was directly driven from his Personal Construct Theory. RGT was developed in order to elicit a repertoire of constructs regarding elements and their structure in relation to each other. In other words it is a tool to analyze the geometry of psychological space of an individual. RGT is

highly subjective, constructivist instrument in the sense that it captures idiosyncratic world of the individual to whom it is administered. On the other hand, it provides quantitative analysis of the individual data as well, thus, nomothetic analysis for comparison of individuals, groups, and repeated administrations are also attainable.

As a summary, Kelly's Theory of Personal Construct is tried to capture every realm of the relational, social world of an individual as an internal pattern. In this sense theory has very similar assumptions to Interpersonal Theory. Personal Construction of an individual can be represented and analyzed by RGT which provides deeper analysis of an individual's unique construction as well as collective data.

I.6. Personal Construction and Psychological Health Association Measured by Repertory Grid Test

RGT results driven from Clinical Practice were used as a tool to understand the characteristics of cognitive structure and object relational world of the patients (Ryle, 1997; Fransella & Baninster, 1977; Feixas & Alvarez, 2007). Additionally, it is used to evaluate the therapy process and efficiency of the treatment through repetitive administrations evaluating the change in deeper structures. Certain associations were found with the results of the specific RGT analysis and the psychological problems.

Even Cognitive Theorists accepted that 'working models' behind the attachment style, or with various different conceptualizations such as 'core structures', 'core belief', 'core schemata' or 'fundamental paradigm' are assumed to change with the effective intervention of the therapy (Beck, 1976; Mahoney, 1980; Perris, 2000; Ryle, 1997; Safran & Segal; Young, 1990). This kind of change was assumed to precede beginning with *top* levels of cognition to the *bottom* levels of cognition which involves deeper, unconscious processes (Perris, 2000). Deeper level comprises the core structures into which more intense affect is interwoven. This core structures organizes the tacit or implicit knowledge about 'self' and 'others' that enable one to generate predictions as *core constructs* put forth by Kelly (1991/1955; Perris, 200). Kelly (1991/1955) described the core construct as the most comprehensive construct in the *organization corollary* (see Chp. I. 5.) that is more resistant to change. Therefore, although there is a resistance to incorporate the concept of 'unconscious' into cognitive therapy, cognitive therapists as psychoanalytic therapists acknowledge that there is a cognitive processes which are out of awareness or unconscious (Clark, 1995; Bara, 1985 cited in Perris, 2000). Nevertheless, their unconscious conceptualization is more similar to Kelly's core constructs (Perris, 2000). In therapy, organizing conscious elements of individual's organism may facilitate treatment but actual change involves the reorganization of unconscious structure which requires different techniques to identify the knowledge at this level of an

individual. RGT was used as an instrument to identify the individual's *core constructs* about the 'self' and 'others' on a relational realm and identifying the change in deeper structures in a therapy process. Therefore, RGT configurations can be assumed as the schematic expressions of *working models* concerning attachment theory.

As a result of RGT, if every element shows the same pattern on every construct this finding is considered a sign of *cognitive simplicity* and indicates a cognitive constriction on the individual's side. Where cognitive simplicity is generally associated with some psychological pathology, *cognitive complexity* is associated to higher adaptation capacity and flexibility, since complexity associates with the multidimensional view to process events (Bieri, 1955, Adams-Weber, 1969, Wilkons et. Al., 1972, Lowler & Cohran, 1981, Emerson, 1982 cited in Karaman, 1990, Feixas & Alvarez, 2007). Bieri (1955, cited in Fransella & Baninster, 1977) developed an index calculating the *differentiation* capacity or *cognitive* complexity of the personal construction. Fransella & Baninster (1977) added another perspective to the *cognitive complexity* with the term *intensity* based on the Kelly's conception of 'tight' and 'loose' construct, former leading fixed predictions while later leading variety of predictions. They assumed that excessive 'tightness' of the system leads constriction and limited perspective of an individual, while excessive 'looseness' prevents the prediction capacity of an individual. *Intensity* indicates the integrity of

the system. Studies confirmed that disintegrity or excessive 'looseness' is no more associated with flexibility but rather associated to a severe pathology, for example schizophrenia (Beninster & Fransella, 1977). Adams and Webber claimed that *cognitive complexity* both involves differentiation and integration. Based on this assumption and the extreme examples of *integration* and *differentiation,* associations were observed with the psychological problems (Feixas & Alvarez, 2007). That is, if a person's construction has high differentiation and integration, this indicates *cognitive complexity*, dimensionality while assigning meaning, good predictive capacity and psychological health. This approach seems very congruent with the *mentalization ability* or *well developed reflective function* which is the capacity to understand the interpersonal reality and make predictions accordingly as a result of secure attachment with the early attachment figure (Levy, Blatt & Shaver, 1998; see also Chp I. 1.). If low differentiation and high integration is the case, this person is supposed to have cognitive simplicity, restricted dimensions of understanding and predicting. Characteristics of this person are associated to neurotic disorders, especially with obsessive compulsive type. This person can have cognitive simplicity besides functioning well. If high differentiation and low integration is the case, this person might generate several meanings that are not organized to constitute a meaningful whole. This profile is associated to thought disorder, especially with schizophrenia. Lastly, if the construction of the subject has low differentiation and low

integration, this case is suggested to be the indicator of *fragmentation* that the person has different restricted views without any sensible unity, but indicating splitting. This profile is associated to some problems in personality organization or one's being in a period of developmental transition prior to a more integrated accomplishment.

Another RGT result which implies the content of the personal construction is *Psychological Distance Analysis*. Relative position of elements to each other on a certain construct is calculated in terms of Euclidian distance measures. The greater the distance between elements on a certain construct is an indicator of the splitting the elements along a certain characteristic. Lack of distance between elements, in other words, integrity of two elements under the same construct is implying an element's enmeshment with each other on the cognitive realm of the person and also indicates cognitive constriction (Ashworth et. al, 1982, 1985, cited in Karaman, 1990; Feixas & Alvarez, 2007). Similarly, lack of closeness across all elements as a general pattern is proposed to be associated with psychopathology. Individual him/herself and parent's relationship represented by Euclidian distances, in other words, RGT configuration of elements with related constructs were assumed to be the representations of *object relations* in psychoanalytic sense or interpersonal configuration of an individual in general. Especially, distance between 'self' and 'ideal self' was found to

be associated with self-esteem, higher distance indicating lower self-esteem.

Kelly (1991/1955) assumes that the psychological symptoms of an individual might become a part of his/her identity and resist to change. The negative pole of the construct is termed as a symptomatic pole. If the 'self' is construed at the symptomatic pole of a construct change might be desirable regarding this construct. However, the position of this symptomatic construct might linked to some central construct that the change is not desirable (implication line among constructs). Thus, the changing of symptomatic construct in this case involves considerable threat for the individual. This condition signifies a dilemma in individual's implication line RGT also identifies *the Dilemmatic Constructs,* those which either pole is undesirable. Several research results indicated that (Feixas & Saul 2003, 2004, Feixas & Alvarez, 2007) although having dilemmas is a natural fact in some degree, the clinical group had considerably higher number of dilemmas than the non-clinical group implying psychological distress and resistance to change in treatment associated with some *implicative dilemmas,* nevertheless therapy proved to be an effective intervention to reduce the number of the dilemmas as well. Thus, if the cognitive structure is *integrated,* the dilemmas might be accepted as a part of the *organized* system, but if the cognitive structure is not *integrated,* this might be accepted as an indication of *disorganized* system.

As a summary, RGT examines the *structure* and the *content* of the mental construction and RGT results can be used as an indication of one's psychological profile and as an indicator of more deeper structures which are not at one's awareness.

I.7. Aims of Study I and Study II:

Hypothesized Relationships Among Affect Regulation, Attachment Style, and Personal Construct of the Relational World

All the previous explanations driven from the literature emphasized the association among *psychological health, affect regulation, attachment style* and *mental construction of individual's interpersonal world*. Regarding the emphasized literature, the general aims of the study were to show that the (1) overall *psychological distress* is related to *the problems in emotion regulation,* (2) *Secure attachment* is a protective factor that is associated to less psychological distress and less problems in emotion regulation compared to *insecure attachment,* (3) Effective emotion regulation is an explanatory factor *mediating* the attachment security and psychological wellbeing association, or Problems in emotion regulation is an explanatory factor mediating the attachment insecurity and psychological distress association, (4) Although the participants taking Clinical help are having more psychological distress and more difficulty to regulate their emotions compared to Control participants, attachment security is still a protective

factor even in Clinical group which is associated to low psychological distress and less difficulty to regulate emotions compared to insecure participants, (5) ‘Self’ and ‘others’ model contributing to the difference between Secure participants in the clinical group and control group, or insecure participants in the clinical group and control group could be interpreted through qualitative analysis of their personal construction of their interpersonal world.

a. Aims of Study I

1. Considering that there was no instrument measuring the regulation of negative affect in Turkish, the original version of DERS was aimed to be adapted to a Turkish sample as a reliable and valid instrument.

(a) For Reliability of the DERS, Internal Consistency of the total DERS and its subscales, Test-Retest Reliability of the total DERS and its subscales, Split Half Reliability of the DERS were aimed to be examined.

(b) Construct Validity was aimed to be examined through Factor Analysis

(c) Concurrent Validity was aimed to be examined through analyzing the association between DERS, its subscales and Psychological Symptoms.

(d) Criterion validity was aimed to be examined through comparing the DERS scores of high psychological symptoms group with low psychological symptoms group.

2. Association between Emotion Regulation measured by DERS with Psychological Distress and Attachment Style was aimed to be confirmed on 3 relationship models as an additional evidence for the Construct Validity of the DERS. (1) Specifically, people having Secure Attachment Style were expected to engage in healthy emotion regulation in general and, (2) at the same time, they were expected to be healthier on the factors of emotion regulation measured by DERS compared to people having insecure attachment styles. (3) Mediator role of Emotion Regulation (as measured by DERS) between the Attachment Style and Psychological Distress Relationship was aimed to be confirmed in a Turkish sample. Specifically, Difficulty of Emotion Regulation was expected to be a major contributor between Ds, Ps, Fs and psychological distress association, or on the contrary, Healthy Emotion Regulation was expected to be a major contributor between Secure Attachment Style and Psychological Health association.

b. Aims of Study II

1. The effects of participants' Clinical Status on Psychological Distress and Emotion Regulation were aimed to be examined. Specifically, Clinical Status was expected to have main effect on Emotion regulation and Psychological Distress. Hence, Clinical Group was expected to have more difficulty of emotion

regulation and more psychological distress than the Control Group.

2. The effects of different Attachment Styles of participants on Emotion Regulation and Psychological Distress were aimed to be examined. Attachment and Clinical Status interaction effect either on Emotion Regulation or Psychological Distress were not expected. Specifically, participants reporting to have insecure attachment styles were expected to have more Difficulty of Emotion Regulation and have more Psychological Distress compared to participants reporting to have Secure Attachment Style, regardless of Clinical Status.
3. For both Clinical Group and Control Group, Emotion Regulation was expected to mediate the association between Attachment Style and Psychological Distress relationship. Specifically, Difficulty of Emotion Regulation was expected to be a major contributor in insecure attachment styles and psychological distress association or Healthy Emotion Regulation was expected to be a major contributor in Secure Attachment Style and Psychological Health association for both groups.
4. the Mental Construction of the Relational/interpersonal world Grids of the participants were aimed to be subjected to qualitative comparison within the Clinical and within the Control Group. At the same time, qualitative Grid comparisons of the participants having the same attachment style from different

Clinical Status were aimed to be conducted. The aim of these comparisons was to identify the possible construction patterns that might differ a group of Ss who seek clinical help (Ss in Clinical Group) from a group of Ss who did not seek such help (Ss in Control Group). Similarly, possible construction patterns ere aimed to be identified that could differ a group of individuals having Ds, Ps, Fs, Mixed Insecure Style that did not need to seek clinical help (insecures in Control Group) from a group of individuals having Ds, Ps, Fs, Mixed Insecure Style that seek clinical help (insecures in Clinical Group). Primarily, congruent results with the previous studies based on Bartholomew & Horowitz (1991) classification of working models due to 4 category results were expected to be reflected on Grid configurations. But additional and more detailed findings would be sought since the grids were representing the relational mental configurations and additional 'object relations' such as 'self' in relation with sibling, close friend, authority figure and 'ideal self' which were not examined in the previously mentioned studies (Bartholomew & Horowitz ,1991; Gallo, Smith, Ruiz, 2003; Levy, Blatt & Shaver, 1998; Shaver & Brennan, 1992).

I.8. Implications of the Study

With the growing research on attachment style, its influence on developmental and clinical psychology has become apparent. Both

attachment style and emotion regulation are two major factors that can contribute to the knowledge of etiological background in clinical practice. There are a few empirical studies examining the association between the attachment style and emotion regulation of adults, even fewer studies on the mediator role of the emotion regulation (see Chp. I.3.). To the best knowledge of the author, this study is going to be the first attempt to understand how different attachment styles differ on broader emotion regulation approach from awareness to strategy building in a Turkish sample. The results may contribute to the universal and cultural aspects of the issue. Therefore, this would provide a major source for the clinician for adjusting the focus of his/her treatment. Besides attachment style and emotion regulation, reflection of individual's interpersonal world as a personal construct would also give a deeper understanding of his/her psychological dynamics. This would be the first attempt to comprehend the personal construct system in relation to attachment style. Since attachment style, emotion regulation, mental construction of individual's interpersonal world are considered as three important factors having associations with clinical problems, each of them is expected to change throughout the effective therapeutic intervention (Beebe & Lachman, 2002; Fonagy, 1999[2]; Fonagy, 1999[3]; Jellema, 2000, 2002; Mallinckrodt, 2000; Perris, 2000; Ryle, 1997). Therefore, taking repeated measures from these three domains will provide us with an integrative and wider picture of transformation of client, and this information is expected to be an

important tool in clinical practice, as well as in psychotherapy process research.

Moreover, in literature, the association between attachment style and emotion regulation was examined through instruments which measure *hyperactivating* and *deactivating* strategies that were related to insecure attachment styles (Kobak & Sceery, 1988; Mikulincer, Shaver & Pereg, 2003; Shaver & Mikulincer, 2002; Wei, Heppner, & Mallinckrodt, 2003); or through measures of *reappraisal* that involves antecedent focused cognitive strategies and *suppression* that involves response focused, behavioural strategies aiming at inhibition of affect either being negative or positive (Gross & John, 2003). In this study, the new instrument which was supposed to measure the *modulation* of negative affect as an actual regulation strategy rather than inhibition or elimination of it (Gratz & Roemer, 2004), was adapted in a Turkish sample. This would provide the comparison of attachment styles (secure vs insecure) on the basis of global emotion regulation ability (Difficulty of Emotion Regulation) and at the same time on the sub-factors (awareness, clarity, acceptance, goal directedness, impulse control and strategy building) of the global factor. Furthermore, this instrument would be the first instrument to measure emotion regulation in Turkish.

CHAPTER II

STUDY I

Psychometric Properties of the Difficulty of Emotion Regulation Scale in a Turkish Sample and, Examining the Association among Psychological Distress, Emotion Regulation and Attachment Style as an Additional Evidence for the Construct Validity

Healthy emotion regulation requires *modulating* the experience of affect rather than suppressing or eliminating certain uncomfortable emotions. Attachment theory and the followers pointed out and empirically tested that emotion regulation strategies and attachment style of an individual are early established procedures through the attachment relationship between child and caregiver (Bowlby, 1979; Jellema, 2002; Fraley & Shaver, 1997; Fraley, Garner & Shaver, 2000; Shaver & Mikulincer, 2002, Mikulincer, Shaver & Pereg, 2003). The modulation of arousal involves *security based strategies* (Shaver & Mikulincer, 2002). These strategies calm or sooth oneself when experiencing intense emotions through inhibiting inappropriate, ineffective impulsive acts that elevate the salient negative experience (Gratz & Roemer, 2004). *Security based strategies* were associated with Secure Attachment (Ss): That is, proximity seeking behavior of the infant is maintained by the caregiver with supportive, attuned, effective response; repetition of this interaction provides the child with self-confidence, and with confidence to others, even in distressful situations;

and thus, Ss is established. Child learns that coping with stressful situations and negative affect is manageable.

On the other hand, baby develops *secondary attachment strategies* as a defence to unsuccessful interventions of the attachment figure while dealing with the arousal of the baby (Shaver & Mikulincer, 2002). Attachment insecurity is associated with either suppression of the thoughts and memories that activate negative affect (deactivating strategies) or ruminative and passive emotion focused strategies that increase the distress and reinforce one's internalization that s/he is not able to overcome without others (hyperactivating strategies) (Dozier & Kobak, 1992; Kobak & Sceery, 1988; Mallinckrodt, 2000; Mikulincer, et. Al., 2003). Additionally, as it was mentioned in the aetiology of emotion regulation (see, Chp.I.1), it is considered to be associated with psychological and even physiological health. Emotion regulation components, from awareness to expression have been found to be negatively associated with different types of psychological symptoms or disorders (Gratz & Roemer, 2004; APA, 1994; John & Gross, 2004).

Moreover, researchers found evidence that *attachment style* and *psychological distress* relationship is mediated by *emotion regulation* (Wei, Vogel, Ku & Zakalik,, 2005; Wei, Heppner, & Mallinckrodt, 2003). In other words, there is an association between attachment style, emotion regulation and psychological distress. Additionally, emotion

regulation is the mediator or an important explanatory mechanism through which attachment associates with psychological health.

Despite its clinical significance, the role of emotion regulation in psychological or psychiatric problems of adults is not adequately studied and scales used for research are not comprehensive enough to cover all aspects of affect regulation or dysregulation (Gratz & Roemer, 2004). In this respect, adaptive emotion regulation or *secure based strategies* involve *awareness* of emotional state, *altering the intensity* or duration of emotion and *behaving appropriately to the goals* through *inhibiting impulsive* behavior when experiencing negative affect. Corresponding to this explanation of affect regulation, Gratz and Roemer (2004) conceptualized emotion regulation as involving the following four dimensions :

> (1) Awareness and understanding of emotion; (2) Acceptance of emotion; (3) Ability to control impulsive behaviors and behave in accordance with desired goals when experiencing negative affect (4) Ability to use situationally appropriate emotion regulation strategies, flexibly to modulate emotional responses as desired in order to meet individual goals and situational demands (p. 42).

They developed the Difficulty of Emotion Regulation Scale (DERS) as an instrument to measure those aspects of emotion regulation. DERS seemed to be a reliable and valid instrument on the population they studied (see Chp. II.1.a.).

This study aimed (1) to establish the Turkish adaptation of the DERS as a reliable and valid instrument, which would be the first attempt to provide a scale measuring emotion regulation in Turkey and, as a part of the criterion validity, but also for an additional information about the psychological health and emotion regulation, to examine the relation of the adapted DERS and its subcales with psychological distress; (2) to examine the relation of the adapted DERS with 4 category of attachment style and, to examine the mediator role of the DERS (i.e., emotion regulation) between 4 different attachment style categories and psychological distress, for additional evidences regarding the validity of the Turkish version of DERS.

METHOD OF THE STUDY I

II.1 Participants

Difficulty of Emotion Regulation Scale (DERS), Relationship Questionnaire (RQ) and Brief Symptom Inventory (BSI) were administered to 338 students, 207 of whom were females, and 122 were males (9 did not report their sex) from three different universities, namely Bilkent University, Middle East Technical University (METU) and Hacettepe University. Table 1 shows the participant's majors. The age of the participants ranged from 19 to 31 with a mean age of 22.6 (SD= 1.80). Participants lived longest period of their lives at 75 different cities and settlements in Turkey (see App. I).

TABLE I. Participant's Departments

DEPARTMENTS	Frequency
Economics	12
International Relations	19
Political Science	6
Management	15
Industrial Engineering	24
Electrical Engineering	19
Computer Engineering	20
Accounting	2
Law	3
Molecular Biology and Genetics	2
Translation (2 years education)	1
Bank and Finance	1
Tourism and Hotel Management	29
Psychology	69
Science Teaching	1
Philosophy	1
Psychology and Biology	1
Preschool Teaching	5
Sociology	67
Turkish Folk Science	21
Geology Engineering	1
English Teaching	3
English Literature	12
French Literature	3
Class Teaching	1
Missing	2
Total	338

II.2. Instruments

II.2.1. Difficulty of Emotion Regulation (DERS): The DERS has been developed by Gratz & Roemer (2004) including 6 subscales, namely (1) *lack of awareness of emotional responses* (AWARENESS) (2) *lack of clarity of emotional responses* (CLARITY) (3) *nonacceptance of emotional responses* (NONACCEPTANCE) (4) *limited access to effective strategies* (STRATEGIES) 5. *difficulties in controlling impulses when experiencing negative affect* (IMPULSE) 6. *difficulties in engaging goal directed behaviour when experiencing negative affect* (GOALS) (see App. II for the original version of DERS). The subscales cover major dimensions of affect regulation from awareness to expression as emphasized earlier. The scale is composed of 36 items which are rated on a Likert type scale, from 1 (*almost never*) to 5 (*almost always*). As a reliability score, Cronbach Alpha was found as .93 for total scale implying high internal consistency and alpha coefficients were ranging from .80 to .89 for each subscale implying adequate internal consistency. Test retest reliability (see II.3. for time interval) was found as .88 ($p < .01$, $N=21$). Correlation of the DERS with different clinically related constructs have shown differential pattern of associations amongst different subscales of DERS indicating clinical relevance of the scale (Gratz & Roemer, 2004).

a. Turkish form of the DERS: Following the translation of DERS into Turkish, three bilingual professionals from psychology field and one

bilingual person from a different field translated original scale (36 items) back into English (see App. III for the backtranslations).

Back translation was compared to the original scale regarding the semantic content of the items :

1. If one of the backtranslation was approximately similar to the original version of DERS, this item was kept as in the initial Turkish form.
2. If none of the backtranslation could approximate the meaning of the original item, and the alternative Turkish translation was apparently needed, the initial Turkish form and the *alternative form* was written together in order to make further decision.
3. If none of the backtranslation could approximate to the original item, but the initial Turkish translation still appears to be the best alternative, one of the backtranslaters was asked to translate these items from original DERS into Turkish in order to do *double check.*
4. if backtranslater's translation was approximately similar to the initial Turkish item, the item was kept in its initial Turkish form.
5. if her translation suggested a different alternative, initial Turkish item and this alternative suggestion were written together for further evaluation
6. The items that were kept in their initial Turkish form and those with their alternative form were reevaluated and the final decision was given with the *thesis supervisor*.

7. The final form of the Turkish version of the DERS was set (see App. IV for Turkish version of DERS).

II.2.2. Relationship Questionnaire (RQ) : The RQ has been adapted by Bartholomew and Horowitz (1991) into 4 paragraphs in order to test the four category model of the Attachment Style (e.i., Secure, Fearful, Preoccupied, Dismissing). Sümer and Güngör (1999) have adapted the RQ into Turkish through 2 studies (see App. V. for the Turkish Version of RQ). The results of the two Turkish studies indicated that, correlations among attachment styles were consistent with the assumptions of the 4 category model (Bartholomew & Horowitz, 1991), except Dismissing (Ds) and Preoccupied Attachment Styles (Ps) that exert almost no relation where negative correlation was expected. Analyses well discriminated the Secure (Ss) from Insecure styles but Fearful style (Fs) wasn't clearly discriminated from Ds and Ps. That was discussed by Sumer & Gungor (1999) as due to Fs 'self' model similarity to Ps and 'other' similarity to Ds, they also assigned that these findings were consistent with some other studies (e.g. Cozerelli et.al, 1998, Scharfe & Bartholomew, 1994 cited in Sümer & Güngör, 1999). Test retest reliabilities were acceptable, ranging from .54 to .72. Regarding concurrent validity, attachment styles measured by RQ and Relationship Scales Questionnaire which was another instrument to measure attachment styles (Griffin & Bartholomew, 1994) were

congruent with the original study (the correlations were in the range of .47 for Ds to .61 for Ss).

RQ measures 4 categories of attachment via 4 different paragraphs. Each attachment style is explained in one brief paragraph and each paragraph is rated by the subject according to its relevance to him/her on a 7-point rating scale. Following all ratings, participants are asked to put a check next to the paragraph which they think to represent their own attachment style.

II.2.3 Brief Symptom Inventory (BSI) : The BSI is the brief form of SCL-90 which was adapted by L. R. Derogatis (1992) composing of 53 items. BSI was adapted into Turkish by Şahin & Durak (1994) (see App. VI for Turkish version of BSI). Each item is evaluated by the participants on a 5 point (0 to 4) Likert type scale. As a result of its construct validity analysis 5 factors have emerged, which are, *anxiety, depression, negative self, somatization,* and *hostility.* They were found to have significant correlations with some clinically relevant constructs. Chronbach Alpha of the subscales ranged from .55 to .86, and for the Global scale ranged from .96 to .95 in three different studies indicating considerable internal consistency (Şahin and Durak, 1994).

II.3. Procedure

The tests were randomly ordered for every participant before the administration in order to control for the possible sequence effect. The cover page of the tests included the brief explanation of the study and contact information about the researcher. Administrations were carried out by the researcher or by the instructor of the University with similar instructions.

59 of the participants were readministred the DERS in order to analyze the test–retest reliability of the scale. Between the first and second administration the time interval ranged from 20 to 33 days.

CHAPTER III

RESULTS OF THE STUDY I

III.1. Reliability and Validity Analysis of Turkish Version of the DERS

Construct validity of the DERS was analyzed in order to compare the factor structure with the original version. Concurrent validity and criterion validity of the DERS were analyzed in order to examine its associations with psychological distress and also to examine its potential to differentiate the psychologically distressed participants from non-distressed participants, respectively.

In order to establish the reliability of the DERS its internal consistency, test-retest reliability and split half reliability coefficients were analyzed.

As for the psychometric characteristics of DERS, initially its factor structure was analyzed (i.e., construct validity) which was followed by reliability and other validity studies.

III.1.1. Factor Structure of the DERS

In order to examine the factor structure of the DERS, factor analysis using *principle axis factoring* method of extraction with *promax oblique rotation* was used as in the original version of the scale (Gratz & Roemer, 2004). As a result of the factor analysis, 7 factors have

emerged with eigenvalues above 1. According to the scree-plot and item distribution, 6 factor structure was preferred as in the original version of the study. With the exactly similar names assigned by Gratz & Roemer (2004), these factors were, *1. Difficulties engaging in goal directed behavior (GOAL), 2. Limited Access to emotion regulation strategies (STRATEGY), 3. Nonacceptance of emotional responses (NONACCEPTANCE), 4. Impulse control difficulties (IMPULSE), 5. Lack of emotional clarity (CLARITY), 6. Lack of emotional awareness (AWARENESS)* (p. 48). The explained total variance for these 6 factors was 62,4%. The items that had loadings of .30 or more were accepted under that factor; and if an item had a loading of over .30 under more than one factor, item's original factor placement was also considered. Results revealed approximately similar factor pattern with the original version, only 2 items loaded on different factors compared to the original DERS version (see Table 2): One of which (item 3) had a loading of .28 under IMPULSE which has been its original factor and .49 on CLARITY Factor. Considering the content and original factor loading, this item was decided to be kept under the IMPULSE Factor even though it had a loading under .30 under this factor. Moreover, with the addition of item 3 to the IMPULSE Factor, the alpha coefficient of this factor did not change (.90); and as for the CLARITY Factor, by the exclusion of this item alpha coefficient of this factor remained almost the same (changed .83 to .82). Thus, these findings also supported the decision of keeping item 3 under the IMPULSE Factor. The other item,

item 10, had loading of -.49 on STRATEGY Factor even after the reversion, and had .27 loading on AWARENESS Factor which was its original factor at the original study. In fact, content of the item in both English and Turkish version of DERS seemed more related to 'acceptance of the emotion' rather than 'awareness', and any semantic association between item 10 and STRATEGY Factor could not be interpreted. Moreover item 10 decreased the alpha coefficient from .75 to .70 when included into AWARENESS Factor and from .89 to 85 when included into STRATEGY Factor. Item 10 was excluded from the DERS considering the results of the reliability analysis as well (see 1.2.). Thus, in spite of the item 10, Turkish version of the DERS seemed to have good construct validity (see Discussion section).

TABLE 2 Factor Structure of the DERS

	Factors					
Items	GOAL	STRATEGY	NONACCCEPTANCE		CLARITY	AWARENESS
Eigen	11.5	3.4	2.5	IMPULSE	1.7	1.4
value	31.9	41.4	48.4	1.9	58.43	62.4
Cumulative variance				53.8		
26. When I'm upset, I have difficulty concentrating	**.88**	.06	.02	-.08	.001	-.03
18. When I'm upset, I have difficulty focusing on other things	**.84**	.06	.001	-.08	.01	-.09
13. When I'm upset, I have difficulty getting work done	**.82**	-.11	.03	.06	.06	-.05
33. When I'm upset, I have difficulty thinking about anything else	**.70**	.25	-.09	-.004	.07	-.12
20. When I'm upset, I can still get things done♣	**.61**	0.01	-.12	.15	-.14	.30
15. When I'm upset, I believe that I'll remain that way for a long time	.10	**.76**	-.03	-.09	.07	.05
31. When I'm upset I believe that wallowing in it is all I can do	-.03	**.69**	-.03	.04	-.07	-.02
28. When I'm upset I believe that there is nothing I can do to make myself feel better	-.004	**.69**	.08	-.10	-.05	.17

♣ reverse items

	GOAL	STRATEGY	NON-ACCEPTANCE	IMPULSE	CLARITY	AWARENESS
35. When I'm upset, it takes me a long time to feel better	.14	**.63**	-.03	-.001	.08	.02
22. When I'm upset, I know that I can find a way to eventually feel better♣	.05	**.54**	-.03	.001	-.13	.42
30. When I'm upset, I start to feel very bad about myself	.06	**.51**	.27	.10	-.03	-.12
16. When I'm upset, I believe that I'll end up feeling very depressed	.09	**.47**	.09	.15	.04	.02
36. When I'm upset, my emotions feel overwhelming	.06	**.42**	.04	.28	.19	-.14
23. When I'm upset, I feel like I'm weak	.05	.49	**.35**	-.01	-.08	.09
21. When I'm upset, I ashamed with myself for feeling that way	-.09	-.02	**.84**	.02	.01	.02
12. When I'm upset, I become embarrassed for feeling that way	-.04	-.06	**.82**	-.04	.08	-.03
25. When I'm upset, I feel guilty for feeling that way	-.01	.06	**.72**	.10	-.10	.07
29. When I'm upset, I become irritated with myself for feeling that way	-.02	.17	**.63**	-.05	-.001	-.05

	GOAL	STRATEGY	NONACCEPTANCE	IMPULSE	CLARITY	AWARENESS
11. When I'm upset I become angry with myself for feeling that way	.09	-.09	**.47**	.04	.15	-.17
32. When I'm upset I lose control over my behaviors	-.07	.05	-.04	**.96**	-.07	.03
14. When I'm upset, I become out of control	.05	-.08	.08	**.85**	-.03	-.01
27. When I'm upset, I have difficulty controlling my behaviors	-.03	-.07	.05	**.84**	.07	-.05
19. When I'm upset, I feel out of control	.03	.04	-.01	**.80**	.05	-.05
24. When I'm upset, I feel like I can remain in control of my feelings ♣	.02	-.01	.02	**.62**	-.13	.30
3.I experience my emotions as overwhelming and out of control	.01	.18	-.10	**.28**	.49	-.15
9. I'm confused about how I feel	-.05	.02	.03	-.03	**.79**	-.04
7.I know exactly how I'm feeling♣	.08	-.05	-.01	-.12	**.68**	.27
1.I'm clear about my feelings♣	.07	-.09	-.07	.07	**.62**	.22
5.I have a difficulty making sense out of my feelings	-.002	.03	.09	.02	**.60**	-.03
4.I have no idea how I'm feeling	-.01	-.03	.09	-.07	**.60**	.11

	GOAL	STRATEGY	NON-ACCEPTANCE	IMPULSE	CLARITY	AWARENESS
6.I'm attentive to my feelings♣	-.03	.01	.02	.02	.18	**.68**
8.I care about what I'm feeling♣	-.17	.04	.03	.01	.29	**.67**
34.When I'm upset I take time to figure out what I'm really feeling ♣	.02	.12	-.09	-.04	-.09	**.65**
2. I pay attention to how I feel♣	-.16	.16	-.08	.05	.07	**.62**
17. When I'm upset I believe that my feelings are valid and important♣	.30	-.33	.06	.03	.05	**.37**

Extraction Method: Principal Axis Factoring. Rotation Method: Promax with Kaiser Normalization.a Rotation converged in 8 iterations.

♣ **reverse item**

III.1.2. Reliability of the DERS

In order to examine the internal consistency of the DERS and its factors, Cronbach Alpha coefficients were computed. The Turkish version of the DERS was found to have a Cronbach Alpha coefficient of .93, which was considerably good and similar to the internal consistency of the original version of the scale. Item 10 had a very low correlation (r = . 06) with the total scale. Considering that item 10 had approximately no relation with the total DERS and it had a factor loading problem as mentioned in the previous section (see 1.1.), item 10 was excluded from the scale and further analyses were conducted with the remaining 35 items. The Cronbach alpha of the DERS with the exclusion of this item was found to be .94. The item total correlation ranged between .18 to .71, and 32 of the items had item total correlations above .35.

The subscales of the DERS revealed considerably high internal consistency with alpha coefficients ranging from .75 to .90, which ranged from .80 to .89 for the original version. More specifically, alpha coefficients of the Turkish version were as follows: It was .82 for CLARITY, .90 for GOAL, .90 for IMPULSE, .83 for NONACCEPTANCE, .89 for STRATEGY, .75 for AWARENESS.

Split-half reliability was also computed for the whole scale. The scale was randomly splitted into two parts. The Guttman split-half reliability for the DERS was .95, where the Cronbach alpha coefficient
for the first part composed of items 18, was .86 and it was .89 for the second part which was consisted of 17 items.

The test-retest reliability of the DERS was found as .83 ($p < .01$, N=59) which is good but slightly lower than the original version (alpha = .88, $p < .01$ N= 21). The test-retest reliability coefficients of the DERS subscales also seemed to be adequate (.85 for STRATEGY, .72 for AWARENESS, .69 for CLARITY, .68 for IMPULSE, .72 for GOAL, .60 for NONACCEPTANCE).

III.1.3. Concurrent Validity of the DERS

In order to examine the concurrent validity of the DERS and its subscales, correlations between the DERS total, its subscales and the BSI total and its subscales were examined. Prior to the concurrent validity analysis, *reliability* of the BSI and its subscales were checked for the present study. Results revealed that, alpha coefficient (.96) for the Global scale were similar to the findings of Sahin & Durak (1994) and subscale alpha coefficients were higher than their findings, which were .86 for ANXIETY, .89 for DEPRESSION, .87 for NEGATIVE SELF, .76 for SOMATIZATION, . 77 for HOSTILITY subscales.

Consistent with the expectations there were high positive correlations between the total scores of DERS and the BSI (r = .62, p < .001) and between the subscales of the DERS and the BSI ranging from r = .37 to r = .58 (ps < .001); except for the AWARENESS subscale which exhibited lower positive correlation (r = .18, p < .01) (see Table 3). Similarly, total DERS score exhibited good positive correlations with ANXIETY, DEPRESSION, NEGATIVE SELF, HOSTILITY subscales of the BSI, correlations ranging from r = .58 to r = .54 (ps < .001), and moderate positive correlation with SOMATIZATION (r = .35, p < .001). Additionally SOMATIZATION subscale of the BSI seemed to exhibit lowest positive correlations with the subscales of DERS as well, ranging from r = .15 (p < .01) to r = .29 (p <.001). However the other subscales of the BSI exhibited moderate to strong positive correlations with the DERS subscales ranging from r = .32 to r = .53 (ps < .001); except for the AWARENESS subscale of the DERS which had low positive correlations with the all BSI subscales ranging from r = .11 (p <.05) to r = .16 (p < .01). These associations indicate the association between difficulties in emotion regulation and psychological distress.

TABLE 3. Correlations Between Total and Subscale measures of DERS and BSI

Scales	BSI	DERS	GOAL	STRATEGY	NON-ACCEPTANCE	IMPULSE	CLARITY	AWARENESS
BSI	1.000	.62***	.43***	.58***	.48***	.54***	.27***	.18**
DERS	.62***	1.000	.69***	.88***	.72***	.84***	.63***	.44***
Subscales of BSI								
ANXIETY	.94***	.58***	.43***	.52***	.46***	.52***	.33***	.11*
DEPRESSION	.92***	.54***	.38***	.53***	.38***	.40***	.41***	.13*
NEGATIVE SELF	.90***	.57***	.39***	.52***	.46***	.47***	.38***	.16**
SOMATIZATION	.78***	.35***	.26***	.29***	.27***	.27***	.22***	.15**
HOSTILITY	.81***	.55***	.33***	.49***	.46***	.50***	.32***	.16**

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

III.1.4. Criterion Validity of the DERS

Prior to the criterion validity analysis, participants profile related to *Psychological Distress* and *Difficulty of Emotion Regulation* were examined. The mean scores and standard deviations, ranges for the BSI and its subscales are given on Table 4, and the mean score, standard deviations, ranges for the DERS and its subscales are given on Table 5.

Table 4. Descriptive Statistics about BSI and its subscales

	N	N of İtems	Min.	Max.	Scale Max.	Mean	SD
BSI	287	53	2	161	212	48.86	32.92
Subscales of BSI							
ANXIETY	320	13	0	38	52	11.10	8.48
DEPRESION	326	12	0	41	48	14.41	9.91
NEGATIVE SELF	321	12	0	42	48	10.06	8.55
SOMATIZATION	325	9	0	22	36	5.75	5.20
HOSTILITY	317	7	0	25	28	8.29	5.57

Table 5. Descriptive Statistics about DERS and its subscales

	N	N of items	Min.	Max.	Scale Max.	Mean	SD
DERS	324	35	40	143	175	78.83	19.89
Subscales of DERS							
GOAL	331	5	5	25	25	16.24	4.74
STRATEGY	330	8	8	37	40	17.30	6.43
NONACCEPTANCE	332	6	6	27	30	10.55	4.11
IMPULSE	332	6	6	30	30	12.55	5.25
CLARITY	336	5	5	24	25	10.70	3.29
AWARENESS	333	5	5	23	25	11.53	3.42

In order to examine the criterion validity of the DERS, two extreme groups were generated on the basis of the participants' BSI scores. The BSI scores with the highest and lowest 30th percentile were grouped as 'high psychological distress' and 'low psychological distress' categories respectively. In the 'high Psychological distress' group, there were 87 participants, who had a mean BSI score of 90.87 (SD = 23.23) and for this group the BSI scores ranged from 60 to 161. In the 'low psychological distress' group there were 90 participants, who had a mean BSI score of 16.72 (SD = 6.99) and for this group the BSI scores ranged from 2 to 28. As a criterion validity, the DERS scores were expected to be significantly different for these groups with high vs. low psychological distress. To observe the significant differences between these groups on their DERS measures, a one way ANCOVA was conducted by taking *Gender* as the covariate factor. Thus, Gender effect was controlled on global DERS scores of both high and low distress groups.

The analysis did not reveal a significant effect of Gender as covariate F (1,167) = .5, ns), while indicated a significant group main effect, F (1, 170) = 121.3, p < .001. Consistent with the expectations, the participants with high psychological distress reported more difficulty in emotion regulation (M= 95.62, SD= 1.90) than those with low psychological distress (M= 66.65, SD= 1.82).

Additionally, as part of the criterion validity again, DERS subscales were expected to be significantly different for these groups with high and low psychological distress. In order to examine differences between groups, a 2 (Group: high vs. low psychological distress) × 6 (Subscales of DERS: AWARENESS, CLARITY, STRATEGY, GOAL, IMPULSE, NONACCEPTANCE) MANCOVA was conducted by taking Gender as the Covariate for examining its effect on DERS factors. MANOVA revealed a significant group main effect for the measures of DERS (multivariate F(6,162) = .20.99, p< .001) after controlling the effect of Gender. That is, in general, DERS subscales differentiated between the groups with high vs. low psychological distress. Univariate analyses, with Bonferroni corrections confirmed this group main effect for each subscale of DERS (see Table 6). Mean differences revealed that the participants having high psychological distress reported more difficulty on every factor of emotion regulation as compared to those participants having low psychological distress.

Table 6. Univariate Effects of Low vs. High Distress Group on DERS Subscales and Mean differences

DERS subscales	Low Psychological Distress	High Psychological Distress	TOTAL Mean	df	Mean Square	F
GOAL	13.79	18.91	16.35	1,167	1115.40	56.86**
STRATEGY	13.64	22.27	17.96	1,167	3149.42	99.29**
NONACCEPTANCE	8.95	12.96	10.95	1,167	684.30	42.98**
IMPULSE	10.15	16.59	13.37	1,167	1761.66	73.36**
CLARITY	9.27	12.41	10.84	1,167	417.58	45.58**
AWARENESS	10.87	12.47	11.67	1,167	108.73	9.18*

*p < .01; ** p < .001

III.2. Examining the Association among Psychological Distress, Emotion Regulation and Attachment Styles as an Additional Evidence for Construct Validity

In Chp. I, expected relationship among psychological health, attachment style and emotion regulation were emphasized. These findings were confirmed on a Turkish sample with the Turkish version of DERS, RQ and BSI, indicating the strength of DERS' Construct Validity on the basis of three different relationship models among attachment style, emotion regulation and psychological health: (1) Participants reported to have Ss, Ds, Ps, Fs and Mixed Insecure Attachment Style (see Chp. III.2.1.) in RQ scale were compared in terms of their emotion regulation skills measured by total DERS scores (high scores indicating more difficulty in emotion regulation). (2) Additionally, after grouping Attachment Style into two categories, (i.e., Insecure and Secure) differential effect of Insecure vs Secure categories on DERS Factor scores, namely NONACCEPTANCE, AWARENESS, STRATEGY, GOAL, CLARITY, IMPULSE scores were examined. (3) Moreover, in order to examine the mediator role of the Emotion Regulation in

Attachment Style and Psychological Distress relationship two Regression Analyses were carried out. In the first Regression Analysis, Ss, Ds, Ps , Fs and DERS were examined as predictors of Psychological Distress measured by BSI. Here the entrance of DERS into the regression equation was expected to weaken the association between the attachment styles and Psychological Distress in the second step. In the second Regression Analysis, Ss, Ds, Ps and Fs were examined as predictors of DERS for an additional evidence of the mediator role of the DERS.

III..2.1. Determination of the Attachment Styles of the Participants

RQ results revealed that among 338 participants, 41 participants did not complete RQ thus were treated as missing data, 142 participants rated themselves highest on the *secure* category and consistently they put a check next to the secure categorization indicating that they perceived themselves as having secure attachment style, 22 of the participants rated themselves highest on the *dismissing* category and consistently they put a check next to the dismissing category, 33 participants rated themselves highest on the *preoccupied* category and consistently again put a check next to the preoccupied category. Similarly 37 participants mentioned themselves as *fearful* through both rating highest and checking next to the fearful category. Though for these 234 participants the ratings and endorsed categorizations were consistent, for the rest of the participants some inconsistencies were observed.

Regarding the inconsistencies, 46 participants rated themselves highest on one of the insecure categories (i.e., preoccupied, fearful, or dismissing categories), however they put a check next to the insecure category that was different than the category on which they had rated themselves highest. Though these two assessments were inconsistent with each other, for these 46 participants they were consistently indicating the insecure attachment style, hence these participants were called as mixed insecure style (see Discussion Section for more explanation). Finally, for the remaining 17 participants the situation was more complicated. Although, they rated themselves highest on the secure category, they put a check next to the insecure categories, or vice versa. Those participants were eliminated from further analyses.

III.2.2. Examining the Attachment Styles and DERS Relationship

The amount of difficulty on emotion regulation was expected to be different for people having different attachment styles namely, Ss and Ds, Ps, Fs, Mixed Insecure Type. In order to analyze the possible attachment style differences on emotion regulation, Oneway ANOVA was conducted with 5 different categories of attachment styles (i.e., Ss, Ds, Ps, Fs and Mixed Insecure Type).

The analysis revealed significant main effect of attachment style, $F(4, 264) = 11.05$, $p < .001$. Posthoc analysis conducted with Tukey's HSD at .05 alpha level indicated that, Ss have significantly less difficulty on

emotion regulation (M= 71.68) than people having Ps (M= 89.97), Fs (M= 82.92), and mixed insecure style (M= 88.73). On the other hand participants having Ds (M= 77.09, N=22) were found to have no significant difference on their emotion regulation skills compared to people having either Ss or other insecure styles (i.e., Ps, Fs, and mixed insecure group). Similarly, emotion regulation skills of Ps, Fs, and Mixed Insecure group did not differ from each other significantly (see Table 7).

Table 7. Mean Differences of DERS according to Attachment Styles

SECURE N=135	DISMISSING N=22	PREOCCUPIED N=32	FEARFUL N=36	MIXED INSECURE N=44
71.68a	77.09ab	89.97b	82.92b	88.73b

Note:The mean scores that do not share the same letter subscript on the same raw are significantly different from each other at .05 alpha level of Tukey.

Parallel to the above assumption regarding the possible differences on difficulties of emotion regulation for those having different types of attachment styles, DERS subscales were also expected to be differed on the basis of attachment styles. For this analysis to avoid complexity, attachment styles were considered under two categories as Secure and Insecure. Those participants having Ss were again called as Secure group, whereas the participants who were categorized in one of the insecure categories (i.e., Ds, PS, Fs and mixed insecure style) were called as the insecure group. As a result of this grouping we ended up with 135 *Secure* participants and 134 *Insecure* participants. In order to

analyze the assumed relation, 2 (Group: Secure vs. Insecure) × 6 (Subscales of DERS: AWARENESS, CLARITY, STRATEGY, GOAL, IMPULSE, NONACCEPTANCE) MANOVA was conducted. MANOVA revealed significant main effect of Group. That is, in general the scores of DERS subscales differentiated between the groups having secure vs. insecure attachment styles (Multivariate F (6,262) = 6.95 p < .001, Wilks' Λ = .86). Univariate analyses confirmed this group main effect for all subscales of DERS by using a Bonferroni adjusted alpha level of .01, except for the AWARENESS subscale (see Table 8). Mean differences revealed that the participants having insecure attachment styles reported more difficulty on all factors of emotion regulation, except being aware of their feelings, as compared to those participants having secure attachment style.

Tablo 8. Means and SDs of Attachment Styles on DERS factors

DERS Subscales	SECURE	INSECURE	TOTAL	Multivariate F(6,262)=6.95*	Wilks'Λ=.86	Univariate F(1,267)
GOAL	15.88 (.41)	17.31 (.41)	16.32 (.30)			11.926*
STRATEGY	15.11 (.54)	19.34 (.54)	17.22 (.38)			30.593*
NONACCEPTANCE	9.46 (.34)	11.46 (.34)	10.46 (.24)			17.472*
IMPULSE	10.07 (.44)	13.75 (.44)	12.41 (.31)			18.350*
CLARITY	9.72 (.27)	11.69 (.27)	10.70 (.19)			26.183*
AWARENESS	10.99 (.30)	12.00 (.30)	10.50 (.21)			5.664,ns

*p ≤ .001.

III.2.3. Examining Mediator Role of Emotion Regulation between Attachment Styles and Psychological Distress

In order to examine the proposed mediator role of the emotion regulation, two regression analysis were conducted. In the first regression analysis psychological distress was the dependent variable. In order to examine the mediator effect of emotion regulation, four ratings of participants on attachment styles namely Ss, Ds, Ps and Fs (Mixed Insecure Style which was determined as the fifth insecure attachment style category was not examined, since attachment styles were not included into this analysis as categorical variables) were entered into the analysis as continuous variables in the first step and emotion regulation entered into the analysis in the second step. The second regression analysis conducted to provide further support for the mediator role of the emotion regulation. Here, DERS was the dependent variable and four Attachment Styles as predictor variables entered into the analysis in one step.

According to the results of the first regression analysis (see Table 9.A), Ss (β = -.13, t (274) = -2.0, p < .05) was negatively associated with psychological distress, whereas, Ps (β = .30, t (274) = 5.18, p < .001), and Fs (β =.19, t (274) = 3.02, p < .01) revealed positive associations with psychological distress. On the contrary, Ds did not reveal a significant association with psychological distress (β = .07, t (274) = 1.29, ns). Attachment styles explained 24 % of the variance (F (4, 270)

= 21.17, p < .001). Thus, except Ds, attachment styles were found to be significantly associated with psychological distress. In the second step with the entrance of the emotion regulation, explained variance increased to 43 % (F change (1, 269) = 89.23, p < .001). Emotion regulation was found to be significantly associated with psychological distress (β = .51, t (274) = 9.45, p < .001). Additionally, results of this final step partially confirmed the mediating role of emotion regulation, that is, after controlling the effect of DERS, the association of attachment styles with psychological distress decreased except for Ds [for Ss, β = -.02, t (274) = .38, ns; for Ps, β = .16, t (274) = 2.96, p < .01); for Fs, β = .10, t (274) = 1.82, ns; for Ds, β = .07, t (274) = 1.44, ns] (Figure 1). The Sobel test revealed that Ss path was significantly mediated by emotion regulation (Z = -3.42, p < .001), Ps path was significantly mediated by emotion regulation (Z = 4.57, p < .001), Fs path was significantly mediated by emotion regulation (Z = 2.86, p < .01). Thus, all these analyses confirmed that psychological distress and attachment styles relationship were partially mediated by emotion regulation.

According to the results of the second regression analysis (see Table 9.B). Ss (β = -.21, t (319) = -3.66, p < .001), Ps (β = .28, t (319) = 5.24, p < .001), Fs (β = .17, t (319) = 3.00, p < .01) revealed significant association with emotion regulation. On the other hand, Ds (β =-.03, t (319) = .59, ns) did not reveal a significant association with emotion

regulation. Attachment styles explained 26 % of the variance ($F(4, 315) = 27.22$, $p < .001$). These findings confirmed the association of attachment style, except for Ds, with emotion regulation, as evidence to the mediator role of the emotion regulation.

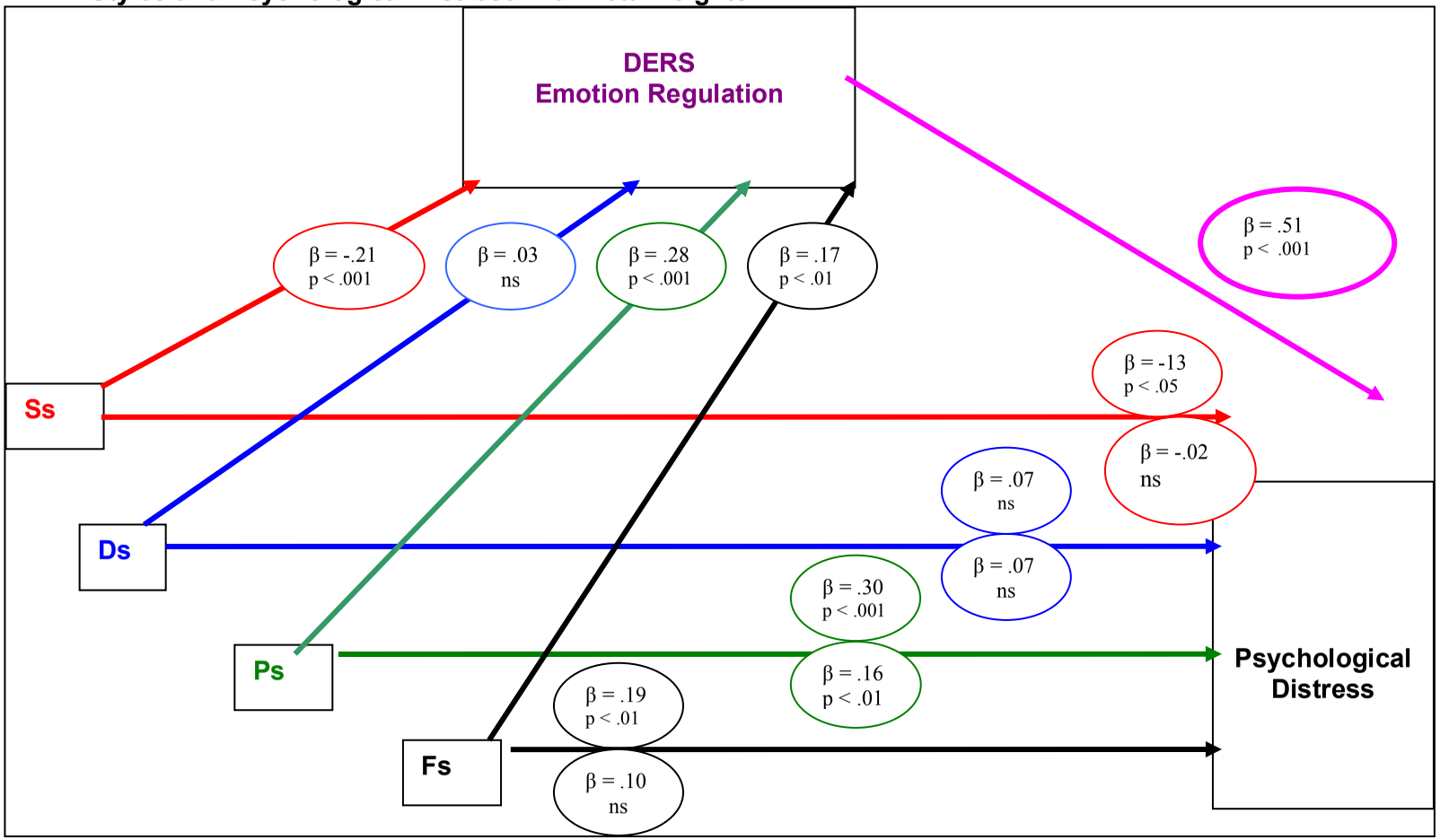
The results indicated that Ps, Fs and lower level of Ss tended to increase difficulties in emotion regulation, which then caused psychological distress. Thus, the association between attachment styles and psychological distress were maintained by the difficulties experienced in emotion regulation. Furthermore, difficulties in emotion regulation fully mediated the relationship of Ss and Fs with psychological distress, and partially mediated the relationship of Ps with psychological distress. That is, after controlling for difficulties of emotion regulation, the association of Ss and Fs with psychological distress disappeared, though it still remained significant for Ps.

Table 9. Testing the Mediator Role of Emotion Regulation between Attachment Styles and Psychological Distress Relation.

	Predictors in set	F Change for set	t for v/in set Predictors	df	Beta (β)	Model R^2 Change
A. Regression 1 DV:	Psychological Distress					
I.	Attachment Styles:	21.17***		4,270		.24
	Ss		-2.00*	270	-.13	
	Ds		1.29	270	.07	
	Ps		5.18***	270	.30	
	Fs		3.02**	270	.19	
II.	Emotion Regulation:	89.23*		1,269		.19
	DERS		9.45***	269	.51	
	Ss		-0.38	269	-.02	
	Ds		1.44	269	.07	
	Ps		2.96**	269	.16	
	Fs		1.82	269	.10	
B. Regression2 DV:	DERS					
I.	Attachment Styles	27.22***		4,315		.26
	Ss		-3.66***	315	-.21	
	Ds		0.59	315	.03	
	Ps		5.24***	315	.28	
	Fs		3.00**	315	.17	

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

Figure 1 . Path Model for the Mediation of DERS between Secure (Ss), Dismissing (Ds), Preoccupied (Ps), Fearful Attachment Styles and Psychological Distress with Beta-weights.



Reduced Model	Full Model
F (4, 269) = 40.32, p < .001	F (5, 270) = 21.17, p < .001
R^2 = .43	R^2 = .24

Note, Summary for the path model of the relationship between Four Attachment Style Categories (Ss, Ds, Ps, Fs), Emotion Regulation and Psychological Distress, including Beta-weights (β), F values, and R^2's for the model before Emotion Regulation was included (Reduced Model) and after the inclusion of Emotion Regulation as a mediator (Full Model); β and p values for the each Attachment Style and Psychological Distress which are above the path the coefficients before the mediator entered into the equation, the coefficients below the path represent the coefficients after the mediator entered into the equation.

CHAPTER IV

DISCUSSION OF THE STUDY I

The *first aim* of Study I consisted of establishing the validity and the reliability of the Turkish version of DERS was actualized. Turkish version of DERS was found to have good psychometric properties. Turkish version had approximately similar factor structure with the original version, indicating its construct validity. As it can be seen on Table 2, 6 factors accounted for 62.39 % of the total variance which was slightly more than the variance accounted for by the original 6 factor version (i.e., 55.68 %). Only one item was found to have different pattern when compared to the original factor structure: The meaning of this item, either in English or in Turkish, was interpreted as “accepting the experience of negative emotion” (“When I’m upset I acknowledge my emotions”), although, it has been loaded under the AWARENESS factor in the original study. Moreover, internal consistency analysis indicated that it was a weak item and this item was excluded from the Turkish version of DERS; Other 35 items had similar pattern of factor loadings compared to the original study, in other words they loaded under the same factors that they had loaded in the original study.

Turkish version of DERS and its subscales were found to be internally consistent confirming the original study (Gratz & Roemer, 2004). Since, Gratz and Roemer carried out test-retest reliability analysis on very

limited size (i.e., n = 21), they suggested to examine test-retest reliability analysis with greater sample size for further research. The test-retest reliability coefficients of the Turkish versions which were conducted on a larger sample (i.e., n = 59) were good for the total DERS, STRATEGY, GOAL, AWARENESS subscales, and moderate for CLARITY, NONACCEPTANCE, IMPULSE subscales of the DERS. Moreover, *split half reliability* coefficients of DERS which were analyzed only on the Turkish sample were considerably high.

Considering the concurrent validity of DERS, this study revealed that psychological distress and affect regulation were found to be significantly associated, which verifies the assumption that affect regulation is a unifying function of diverse psychological distress (see the Introduction section). The DERS was strongly and positively correlated with BSI and its subscales, except for the Somatization subscale of BSI which had a moderate and positive correlation with DERS. Moreover, the Somatization subscale of BSI had low and positive correlation with all subscales of DERS. The DERS subscales, BSI and its subscales, other than Somatization were moderately and positively correlated with each other except for AWARENESS subscale of DERS which had low correlation with BSI and its subscales.

As for the criterion validity of DERS, it was found that the groups having high vs low psychological distress were successfully

differentiated on the basis of DERS and its subscales. In other words, those participants having high psychological distress had significantly more difficulty to regulate their emotions in general and specifically had more difficulty of emotional awareness, to identify and to accept the negative emotions they experience, to develop any strategy in order to overcome their negative emotions, to continue goal directed behavior while experiencing negative emotions and they become more impulsive when they experienced negative emotions, compared to those having low psychological distress. Thus, regarding the low correlation of AWARENESS subscale with BSI and its subscales it can be said that AWARENESS factor has an association with BSI or psychological distress, but this relation is weaker than the relation between other DERS subscales and BSI.

Before discussing the results related to the *second aim* of Study I, some measurement issues should be highlighted regarding RQ. Since RQ is a categorical measure in nature, responses of the participants may be more problematic due to their self-insight and their honesty compared to the dimensional measures of Attachment Style (Hazan & Shaver, 1990; Brennan, Clark & Shaver, 1998) and AAI which is claimed to measure the unconscious aspects of the attachment relationship (Main, 2000). Empirical data have given some evidence that self-report and interview measures (AAI) moderately correlate, self–report measures are also strong indicators of attachment style and

AAI's power to measure unconscious aspects is a mythology because of the defensive strategies of participants during an interview (Bartholomew & Shaver, 1998 cited in Bartholomew & Moretti, 2002; Griffin & Bartholomew, 1994). Nevertheless, dimensional measures are found to be more precise than typological/categorical measures since true typology is discussible and it is claimed to be a certain region on two dimensional space (Brennan Clark & Shaver, 1998; Fraley & Waller, 1998 cited in Shaver& Fraley, 2007 online). RQ on which participants rate themselves with 7 point scale according to the degree of their closeness to the pattern described in 4 paragraphs and also assigned themselves to more representing paragraph or category of attachment and, Relationship Scale Questionnaire (RSQ) (Griffin & Bartholomew, 1994) on which participants rated themselves with 7 point scale for each of the 30 items and later assigned to 4 category by researcher (see, also Chp. III.2.2.) were studied on Turkish population and results based on dimensional analysis rather than categorical data were found to be more valid (Sümer & Güngör, 1999). Additionally, RSQ was found to have more power to discriminate the 4 category (Ss, Ds, Ps and Fs) compared to RQ. However, RSQ and the dimensional attachment measures such as Experiences in Close Relationships (ECR) developed by Brennan, Clark & Shaver (1998, see also Chp. I.2.), and ECR-revised by Fraley, Waller and Brennan (2000) were designed to measure the attachment behavior in romantic relationship and emphasize this in almost every item composing the scale. Since

the aim of the Study I (and Study II) was to measure the attachment behavior of individuals in relation to 'other' in general, RQ was used in Study I (and in Study II) since it was the only attachment scale to measure the attachment in broader sense. Furthermore, both categorical and dimensional data driven from RQ were analyzed through MANOVA for testing the association between attachment style and DERS, and regression analyses for testing the mediator role of DERS between Attachment Style and Psychological Distress respectively. Both analyses indicated the similar results regarding attachment style which was also confirming the validity of the RQ.

As for the *second aim* of Study I regarding first relationship model, results regarding DERS and RQ relation provided strong evidence about the association between emotion regulation and attachment style which were mentioned as developmentally relevant factors in the introduction section. Initially, considering the distribution of attachment styles in the current sample, the proportion of Ss in the sample were 51 % or insecures were 49 %. This proportion of attachment styles in a sample were congruent with the several studies carried out with North American samples (Bartholomew & Horowitz, 1991; Cozerelli, Sumer & Major, 1998; Griffin & Bartholomew, 1994 cited in Sumer & Gungor, 1999). Therefore the normativity hypothesis that the secure attachment should be the highest rated category among attachment styles (Schmitt et. al., 2004) was confirmed in this sample. Research based on the

attachment style and affect regulation relationship mostly included the hyperactivating and the deactivating strategies of preoccupied attachment and dismissing attachment respectively (Mikulincer, Shaver & Pereg; 2003; Shaver & Mikulincer, 2002). This Study analyzed the emotion regulation as a global factor comprehending modulating affect rather than cutting of the emotion or intensifying it. Therefore, Study I provided an original finding that supports the discrimination of secure and insecure attachment styles on emotion regulation and additional evidence for the construct validty of the DERS scale. Moreover, a fifth insecure attachment style category was identified in this study and this category exhibited a similar pattern as Fs and Ps. First of all, Mixed Insecure Attachment Style, which was determined as the fifth category as a result of RQ analysis, needs some interpretation. Since the sample was mostly composed of late adolescents, Mixed Insecure Attachment Style group might have had an identity problem which led them to experience difficulty to identify themselves with one attachment category on RQ. Another, interpretation could be that, *Mixed Insecure Attachment Style* group might have unresolved\disorganized attachment styles as suggested by Main et.al. (2000) or mixed *anxious-avoidant type* as Crittenden (1988, cited in Brennan, Clark & Shaver, 1998) identified which was an indication of ambivalent experiences and confused internalization as a working model as a result of abusive care-giving (Dutton, Saunders, Starzomski & Batholomew, 1994; Patrick, Hobson, Castle, Howard & Mauhan, 1994). In this Study,

participants having *Mixed Insecure Attachment Style* were found to have similar pattern with participants having other insecure styles such as Ps and Fs through reporting significantly more difficulty of emotional regulation than Ss. These findings also provided evidence that the Insecure Attachment Style was associated with affect dysregulation as mentioned in the introduction section. On the other hand, Ds did not differ on emotion regulation from Ss and from participants having other insecure styles. Ds were found to have some difficulty of emotion regulation but not so intensive to differentiate them from Ss. This result was consistent with other studies, including studies on Turkish sample (Barholomew & Horowitz, 1991; Bylsma, Cozzarelli & Sumer, 1997; Cozzarelli, Sumer & Major, 1998; Dozier & Lee, 1995; Sümer & Güngör, 1999). Therefore researchers suggested that Ds exhibiting closer pattern to Secure participants compared to other insecure participants could be influenced by the similar self model of Ss and Ds. Therefore, Ds might be in between the Ss and other Insecure groups in terms of emotion regulation.

As for testing the *second aim* of Study I regarding the second relationship model, DERS factors were subjected to analysis with all insecure participants in one group and secure partcicipants in other group. This merged data provided additional and more detailed findings concerning emotional regulation and attachment style association. Insecure participants had more difficulty on focusing on their feelings, to

identify what they experience, to accept their negative emotions, to develop any strategy to overcome the negative emotion, to continue their goal under negative feeling and to stay in control, than secure participants. This finding also strengthened the construct validity of the Turkish verion of DERS.

Furthermore, the *second aim* of Study I regarding the third relationship model was also almost accomplished strengthening the validity as well. In other words, mediation analyses indicated that participants having *Ps* and *Fs* were found to experience high level of distress while *Ss* were experiencing low level of distress. Furthermore, Ps' and Fs' difficulty of emotion regulation were found to be a mediating factor for high level of psychological distress, while Ss' effective emotion regulation were found to be a mediating factor for low level of psychological distress. On the other hand, *Ds* did not associate with high levels of *psychological distress* and so that their emotion regulation skills did not emerge as a mediator for those factors. The reason of this finding might be similar 'self' model of Ds to Ss which was discussed before in this section.

Therefore the results indicating pyschometric properties of the Turkish version of DERS and the results confirming the relationship models emphasized in the literature displayed that DERS is a reliable and valid instrument measuring emotion regulation in Turkish.

CHAPTER V

STUDY II

Comparison of Clinical versus Control Group on Association among Psychological Distress, Emotion Regulation, Attachment Style, and Mental Construction of their Relational World

Bowlby (1979, 1989) established his attachment theory on the assumption that healthy development is based upon the quality of the relationship or attachment established between the care-giver and the infant. Care-giver's availability as a response to the baby's need of proximity is easily processed by the baby as calming and secure in arousal situations. As a consequence of the recurrent mutual interactions, proximity is maintained and self autonomy grows out from this secure attachment. On the other hand, anxious, inconsistent interventions result with over-stimulation and indifference of care-giver results under-stimulation on the baby's side. Early interactive regulation between infant and care giver is internalized by the child and this internalized pattern later dominates how individual regulates his/her emotions through coping strategies when s/he experiences distress and, thus, this process is accepted as a precursor of psychological health for later life (Beebe, Knoblauch, Rustin & Sorter, 2003; Beebe, Sorter, Rustin & Knoblauch, 2003; Bowlby, 1988; Fonagy, 1999[1]; Fonagy, Gergely, Jurist & Target, 2002; Linehan, 1993; Main, 2001;

Rugancı, 2003; Sloman, Attkinson, Milligan & Liotti, 2002; Stern, 2004; Tronick, 2002).

Ainsworth et. al. (1978) tested the basic assumptions of Bowlby's Attachment Theory through "Strange Situation" experiments, in which, 12-18 months old children were systematically observed under the conditions where they were separated from the significant other, left with a stranger alone and they reunited with their mother. As a result of this process, they classified children as having one of the three attachment styles which were, (1) secure, (2) anxious/ambivalent or anxious/resistant (3) avoidant.

Bowlby assumed that dynamics of this early relationship are internalized by an infant as a cognitive component of attachment. This internalized hypothetical structure of the infant's relational world is called *internal working model*. Individual develops a pattern of attachment as a product of internal working model. Internal working models have two components, such as *self* and *others* which are experienced as interconnected and complementary to each other.

Batholomew & Horowitz (1991) experimented the Bowlby's (1987) assumption of self and other attachment models in relation to attachment styles and developed their four category model. They suggested that (1) if a person has internalized a positive self model and other model, s/he is comfortable and autonomous in his/her close relationships, so has a

secure attachment style; (2) If a person has internalized a positive self model, but a negative other model, s/he avoids from and is counterdependent to close relationships, so has a *dismissing* attachment style; (3) If one has internalized a negative self model, but a positive other model, s/he is dependent to and anxiously preoccupied with the close relationships, so has a *preoccupied* attachment style; (4) If one has a negative self and other models, s/he fears and avoids from close relationships, so has a *fearful* attachment style.

Individual differences regarding attachment that were proven through empirical research were also proven to be associated to the affect regulation and psychological health, confirming the attachment theory. This assumption is also in the line with recent findings showing that healthy emotion regulation is accepted as a potentially unifying function of individual's psychological health, or on the contrary, problem in emotion regulation is accepted as a possible sign of diverse psychological distress, personality disorders and/or maladaptive behaviour (Gratz & Roemer, 2004). *Secure attachment* helps to regulate the affect of an infant and it is a background of a secure attachment style (Ss) as an evidence of psychological health (Bowlby, 1989; Fonagy, 1999[1]; Fonagy, Gergely, Jurist & Target, 2002). Confirming the assumptions Ss were found to use *security based* affect regulation strategies such as awareness, acknowledgment of distress, problem focused coping and support seeking (Mikulincer, 2006; Waters, Rodriguez & Ridgeway, 1998).

People having insecure attachment styles are found to be either under-regulating or over-regulating their emotions. People who have *Dismissing attachment style* (Ds) or avoidant type are insecurely attached to their significant others and devalue them by minimizing their importance (Jellema, 2000). Bowlby (1979, 1985) also emphasized compulsive care giving rather than taking and compulsive self-reliance features of avoidant type. They found to be over-regulating their affect or using *deactivating strategies* (Dozier & Kobak, 1992; Fonagy, 1999[1]; Fonagy, Gergely, Jurist, Target, 2002, Vogel & Mallinckrodt, 2005) such as eliminating or suppressing negative affect through inhibiting awareness and detach themselves from the others rather than getting support. They rely more on cognitive information rather than emotional experience. Especially negative affect is alien to those having Ds. Having Ds is developmentally correlated by maternal insensitivity, interference, ignoring, or rejection of the child (Jellema, 2002).

On the other hand, those having insecure *preoccupied attachment style* (Ps) or anxious/resistant type were found to rely on “affective logic”. Therefore they tend to use hyperactivating strategies such as engaging in emotional focused coping through ruminating and increasing the anxiety to unbearable levels for themselves (Dozier & Kobak, 1992; Kobak & Sceery, 1988; Mikulincer, Shaver & Pereg, 2003; Shaver & Mikulincer, 2002). They depend on others to comfort them, since they lack effective

coping strategies. In other words, those having Ps under-regulate their emotions (Fonagy, 1999[1]). Ps are developmentally associated with the inconsistent, unpredictable parental style or parental style of emotional enmeshment, or differential tolerance with particular expressions of affect. They hold on to others or make them focus themselves by expression of intense emotions (Jellema, 2000, 2002). Additionally, those having *fearful attachment style* try to regulate their emotions through avoiding others as they perceive them as a source of pain and threat, but this does not help to overcome their anxiety, since they similarly lack effective coping strategies (Bartholomew & Horowitz, 1991).

Like *Secure based script,* the *deactivating* and *hyperactivating* affect regulation strategies were found to be associated to psychological distress such as negative mood, depression and anxiety, loneliness and interpersonal problems (Wei, Vogel, Ku & Zakalik,, 2005; Wei, Heppner, & Mallinckrodt, 2003). As expected, *attachment style* is also found to be associated to current psychological health or psychopathology, such as emotional adjustment, psychological distress, depression and anxiety, interpersonal problems, Post Traumatic Stress Distresss (Batholomew & Horowitz, 1991; Declercq & Willemsen, 2006; Mikulincer, 2006; Ritz, FitzGerald, Wiley & Gibbs, 1995; Pielage, Gerlsma, Schaap, 2000; Wei, Mallinckrodt, Larson & Zakalik, 2005).

Briefly, attachment style and affect regulation are interconnected developmental features of human life which are also associated with psychological health. Furthermore, emotion regulation was found to be a mediator or an important contributor of attachment style and psychological health relationship (Wei, Vogel, Ku & Zakalik,, 2005; Wei, Heppner, & Mallinckrodt, 2003). Study 1, also provided an empirical support about the association of Ss, Ps and Fs with more global emotion modulation disability and the association of these factors with the psychological health in a Turkish sample as well. Specifically, Ps and Fs had more difficulty of regulating their emotion compared to Ss. Ds was found to have some difficulty of emotion regulation but not so intensive to differentiate them from Ss, consistent with the other studies, including studies on Turkish sample (Bartholomew & Horowitz, 1991; Sümer & Güngör, 1999); Furthermore, high psychological distress associated to more difficulty to regulate the emotions in general and to the sub-factors such as more difficulty of emotional awareness, to identify and to accept the experience of negative emotions, to develop any strategy in order to overcome the negative emotions, to continue goal directed behavior while experiencing negative emotions and become more impulsive when negative emotions experienced compared to those having low psychological distress; Moreover, Ps, Fs and lower level of Ss were found to be associated with more difficulties in emotion regulation, which then caused psychological distress. Thus, the association between attachment styles and

psychological distress were maintained by the difficulties experienced in emotion regulation.

Bowlby (1985, 1988) had also emphasized that affect regulation strategies which lead to defensive appraisal of self and others were registered into the internal working models. Supporting this assumption (Dozier & Kobak, 1992; Kobak & Sceery, 1988; Mallinckrodt, 2000; Mikulincer, Shaver & Pereg; 2003; Shaver & Mikulincer, 2002), under stress *avoidant* individuals enhanced their positive self evaluation and perceived others different from themselves as they depend on their deactivating strategies, their attachment themes seemed preconsciously activated, but they consciously and immediately inhibit them when separation was the issue; while anxious individuals increase the devaluation of their self in order to get support from others and exaggerated their closeness to others, whether in the threat situation or not they preoccupied with attachment figures, hyper focusing on the separation and rejection as a result of their hyperactivating strategies; on the contrary, it was found that Ss positive perception of self and others did not increase or decrease in relation to the threatening situation, they did not constantly involve with the attachment figures, rather their system activated in threat situation for using positive attachment themes as a source to reduce distress (Mikulincer, 2006; Mikulincer & Orbach, 1995; Waters, Rodriguez & Ridgeway, 1998).

Bartholomew & Horowitz (1991) had already examined this mutually confirming and complementing nature of the mental models in secure and insecure attachment styles through integrating the interpersonal theory into their study. They found that Ps settled on the warm-dominant quadrant, also emphasizing their over expressiveness; Ps' view of their negative self was accompanied by blaming themselves as a response to the rejected, cold style of the others and this maintains their positive view of others. On the other hand, Ds' view of negative others was accompanied by cold, rejecting style and maintains their self-esteem. Fs' negative self perception was found to be accompanied by introversion and subassertion, and they settled slightly negative side of the cold-warmth dimension. Ss were found not having extreme profile of interpersonal style settling on positive part near the crossing point, origin of the axis.

Gallo, Smith & Ruiz (2003) also examined the interpersonal dynamics of attachment on an Interpersonal circumplex space. They found that higher Ss (i.e. less anxious, less avoidant) was associated to high *friendliness* and high *dominance* and lower *neuroticism*, memories of more friendly interactions with parents; Ss reported more affiliation from both father and mother toward themselves, and more positive current interpersonal functioning such as higher levels of perceived social support, less actions of hostility/impatience, insensitivity, interference from others compared to insecure attachment, and positive interactions between parents; While,

higher Fs (more anxious, more avoidant) was associated to more negative social relationships, more hostile interactions between mothers and fathers compared to other attachment styles, males with Fs reported mothers as more controlling and fathers as more submissive; While high Ps (more anxious, less avoidant) associated to greater *friendliness*, *neuroticism* and *conscientiousness,* males with Ps reported greater enmeshment with their mother, but less affiliation from mothers; High Ds was more related to less *conscientiousness* and *openness* .

Therefore interpersonal nature of working models, complementarity and reciprocity of 'self' and 'other' models and different attachment styles having different 'self' and 'other' models were confirmed by the studies. Those studies in a way confirmed the interpretation done by Main et. al.'s after Strange Situation Experiment findings for several times. That was, preoccupied (anxious), dismissing (avoidant) individuals had problems in attachment behavior but still had an organized pattern while individual's having disorganized attachment had inconsistent behaviors that were out of a certain pattern. Those insecure attachment styles like secure attachment style were consistent with their mental models.

Kelly's (1991/1955) Theory of Personal Construct is tried to capture every realm of the relational, social world of an individual as an internal pattern or working models. Personal Construction of an individual can be represented and analyzed by Repertory Grid Test (RGT) which

provides deeper analysis of an individual's unique construction as well as collective data (Ryle, 1997; Fransella & Baninster, 1977; Feixas & Alvarez, 2007). The core structures are *core constructs* of the personal construction that organize the tacit or implicit knowledge about 'self' and 'others'. Those deeper structures enable one to generate predictions as Kelly put forth (1991/1955; Perris, 200). Kelly (1991/1955) described the core construct as the most comprehensive construct in the *organization corollary* (see Chp. I. 5.) that is more resistant to change. RGT was used as an instrument to identify the individual's *core constructs* about the 'self' and 'others' on a relational realm and to identify the change in deeper structures in a therapy process. Therefore, RGT configurations can be assumed as the schematic expressions of *working models* concerning attachment theory.

In the Study II, the relationship between *emotion regulation* and *attachment style; emotion regulation* and *psychological distress; attachment* and *psychological distress were* investigated again, but this time comparing two groups, namely Clinical and Control Groups. Mediator role of *emotion regulation* between *attachment style* and *psychological distress* was examined for these two different groups. Additionally, mental construction of interpersonal world of the five different insecure style (Ds, Ps, Fs, Mixed Insecures) and Ss were compared.

Moreover, in order to evaluate the relational representation of ‘self’ and ‘other’ models, common RGT configurations of the participants in each attachment style group and clinical status (clinical vs control group) were subjected to content analysis that was supported with the quantitative results of the RGT analyses that were capable of reflecting the personal construction of interpersonal world (Kelly, 1991/1955). Additionally, each attachment style groups were compared into itself as clinical group versus control group through qualitative analysis of common RGT configurations and those analyses were supported with additional cognitive structure analyses of the RGT that have some implication of problems about cognitive functioning.

METHOD OF THE STUDY II

V.1. Participants

V.1.1. Clinical Group

92 individuals who were at least lycee graduate participated into the Study II consisting the Clinical Group and 45 of these participants applied to University Psychological Treatment Center, 11 of them applied to private psychological or psychiatric treatment centers, 31 of them applied to psychiatry departments of the hospitals, 5 of them taking psychiatric or psychological treatment who were known by the researcher but did not want to mention their help source. Participants were tried to be chosen being either at the beginning of their treatment or being in the first month of the treatment process. Diagnosis of the participants in the Clinical Group can be seen on Table 10 (see V.3. for giving Diagnosis). They were 41 Males and 50 Females (one did not mention his/her sex) having age range of 17 to 46 (M = 27, SD = 7.3), born in 44 Different settlements and lived most of their time in 32 Different settlements both in Turkey and abroad.

TABLE 10. Diagnosis Of The Clinical Group From Different Help Source And Attachment Style

HELP SOURCE	ATTACHMENT STYLE	N	DIAGNOSIS
BILKENT UNIVERSITY	SECURE	1	ADAPTATION PROBLEM AND ADD
STUDENT DEVELOPMENT AND COUNSELING CENTER		1	DEPRESSION
		2	PROBLEM IN HETEROSEXUAL RELATIONS
		2	ANXIETY DISORDER
		1	ADD
		1	OCD
	DISMISSING	1	IDENTITY CONFUSION
	PREOCCUPIED	3	PROBLEM IN PERSONALITY ORGANIZATION
		1	PANIC DISORDER
		1	BIPOLAR DISORDER TYPE 2
		1	DEPRESSION
		2	IDENTITY CONFUSION
		2	SELF-ESTEEM PROBLEM
		1	ADAPTATION PROBLEM/ADD
	FEARFUL	1	DEPRESSION AND ANXIETY
		3	DEPRESSION
		1	SELF-ESTEEM PROBLEM
		1	IDENTITY CONFUSION
		1	INTERPERSONAL PROBLEMS
		1	SCHIZOID PERSONALITY ORGANIZATION
		1	PROBLEM IN PERSONALITY ORGANIZATION AND SUCIDE ATTEMPT
		1	ADD
	MIXED INSECURE	1	PERFORMANS ANXIETY
		1	SELF-ESTEEM
		1	IDENTITY CONFUSION
		1	PROBLEM IN PERSONALITY ORGANIZATION
		5	PROBLEM IN PERSONALITY ORGANIZATION AND SELF-ESTEEM
ANKARA MEDICAL HOSPITAL ADOLESCENCE CLINIC	SECURE	1	SUBSTANCE ABUSE
	PREOCCUPIED	1	DEPRESSION
		1	PROBLEM IN PERSONALITY ORGANIZATION
	FEARFUL	1	DEPRESSION
	MIXED INSECURE	1	IDENTITY CONFUSION
		1	DEPRESSION
GAZI UNIVERSITY MEDICAL HOSPITAL PSYCHIATYRY CLINIC	SECURE	1	ANOREXIA
		1	PANIC DISORDER
		1	SOMATİZATION DISORDER
		1	DEPRESSION
	PREOCCUPIED	1	ADAPTATION PROBLEM
		1	OCD
	FEARFUL	3	PROBLEM IN PERSONALITY ORGANIZATION
		1	DEPRESSION
		1	OCD
	MIXED INSECURE	2	PROBLEM IN PERSONALITY ORGANIZATION
		1	DEPRESSION
PRIVATE CENTER	SECURE	1	NARSİSTİC PERSONALITY ORGANIZATION
	PREOCCUPIED	1	SOCIAL FOBİA
	FEARFUL	1	PROBLEM IN PERSONALITY ORGANIZATION

HELP SOURCE	ATTACHMENT STYLE	N	DIAGNOSIS
		1	DEPRESSION WITH SOCIAL PHOBIA
BAŞKENT UNIVERSITY MEDICAL HOSPITAL PSYCHIATRY CLINIC	SECURE	1	PROBLEM IN PERSONALITY ORGANIZATION
PRIVATE CENTER	FEARFUL	1	SOCIAL ANXIETY
METU UYAREM	SECURE	1	PROBLEM IN INTERPERSONAL RELATIONS
	MIXED INSECURE	1	DEPRESSION WITH PANIC DISORDER
MADALYON PRIVATE PSYCHIATRY CLINIC	SECURE	1	ADAPTATION PROBLEM
		1	DEPRESSION AND ANXIETY
ATATURK EDUCATION HOSPITAL PSYCHIATRY CLINIC	SECURE	1	OCD AND DEPRESSION
	PREOCCUPIED	1	DEPRESSION
		1	ACUT STRES DISORDER
MISSING		6	
	EXCLUDED [1]	8	
TOTAL		92	

[1] cases who identified themselves both secure and insecure on the RQ.

V.1.2. Control Group

As a comparison group, 93 participants who were at least lycee graduate and who were tried to be matched with the Clinical Group participants according to the number of individuals belonging to different gender group and belonging to 3 different age categories (see Table 11). For this group the age range was between 18 and 46 ($\underline{M}$ = 27, $\underline{SD}$ = 7.2), and there were 44 males and 48 females (one did not mention his/her sex). Participants who were taking psychological or psychiatric help during administration were excluded from the Control Group.

Table 11. Gender and Age Profiles of The Clinical Group and Control Group

Status	Gender	Age Levels			Total
		(17-4)	(25-34)	(35-46)	
Clinical	Male	16	15	9	41*
	Female	26	17	6	49*
Missing	1		2		3
Total		42	32	15	92
Control	Male	16	17	11	44
	Female	26	18	4	48
Missing	1				1
Total		42	35	15	93

*age level of one male and female did not known, therefore could not be placed on the table

V.2. Instruments

V.2.1. RQ, BSI, DERS:

The RQ and BSI scales which were described in the Study I, were used. Turkish version of DERS which was standardized in the Initial Study was included in the second study as well.

V.2.2. Repertory Grid Test (RGT)

RGT which was developed by Kelly (1991) as mentioned in the Introduction section, was used to analyze the personal construct system of the participants.

When the participant centered approach is carried out RGT is usually administered through interviewing the participants. Number of elements and constructs generated by the persons may differ from individual to individual and context to context. Other alternative of RGT administration is investigator centered approach which was used in this study. This approach provides the researcher for making comparisons

on individual or group basis. Therefore, in order to make comparisons among groups, investigator centered approach was used in which the constructs and elements were chosen by the researcher,

a. Generation of the Constructs and Elements

1. 7 voluntary participants, 4 female and 3 male having age range of 18-43, were interviewed through the Classical Grid Generation version developed by Kelly (1991) (see App. VII). On this phase, they did 22 different comparisons, each time comparing three given *elements* (i.e., person) in their lives. On each comparison, they generated the best *construct* which describes the similarity of the two persons in their life, but at the same time discriminated them from the third person in their life. The discriminated third person could be described by the opposite of this construct. Thus, each generated construct had its opposite which could be placed two opposite pools of one dimension. In this way, every participant generated 22 constructs each having opposite constructs on their opposite pool.
2. A list was set consisting of 132 constructs from all generated constructs (see App. VIII). If generated constructs for both poles were repeated by different participants this constructs were excluded from the list, but included into the list if one construct pool differed.
3. Three Academicians, one from Clinical Psychology field, and two from Developmental Psychology field selected the constructs, after considering the comprehensiveness of the constructs based on the

dynamics of the attachment theory and the following criteria that Kelly (1991) emphasized in his original work:

a) fertility: variety of constructs to generate hypothesis (e.g., IQ is not good in this sense)

b) propositionality: independence of constructs that allows a different proposition

c) dichotomy: clarity of the opposite pools

d) permeability: applicability range to different ‘elements’

e) definability: concreteness to operationalize

f) temporality: not being situation specific

g) sociability: ability to define ‘elements’ in role relationship with each other

4. Three different lists were set after the evaluation of the three academicians, specifically, (1) constructs rated by three of the academicians formed List 1, (2) constructs rated by two of the academicians formed List 2 and (3) constructs rated by one of the academicians formed List 3. Additionally, in each list all construct dimensions were grouped according to their semantic closeness.

5. Three academicians and the researcher gathered in order to finalize a Consensus List from these three lists.

a) Initially, only one of the constructs from each group having semantic closeness (mentioned at item 4) were chosen and put into the consensus list from List 1, List 2 and List 3.

b) Consensus List of constructs was finalized with 32 items (see App. IX for *Consensus List*).

c) A qualitative analysis was carried out in order to identify the interpersonal pattern of the items on the Consensus List. They were tried to be placed on a relational sphere provided by Gallo, Smith and Ruiz (2003), namely *The Interpersonal Circumplex*. Horizontal axis was representing hostility versus friendliness and vertical axis was representing dominance vs. submissiveness. (see App. X)

6. Final Item selection procedure for constructs of RGT:

a) In order to compare the factor structure of the items with the results of the qualitative analysis, Consensus List was transformed into a 32 item Likert type scale (see App. XI) and administered to 103 participants, 73 female, 20 male undergraduate students from Psychology and Sociology Departments of a university (10 did not mention their sex).

b) Two Factor solution was successively differentiated the Dominance vs. Submissive and the Hostility vs. Friendliness interpersonal dimensions, except 3 items which had item loadings of less than .30 under both factors (i.e., *not preoccupied-preoccupied, responsible-irresponsible, consistent-inconsistent* (see App. XII for Factor Structure of Generated Constructs).

c) Results were considerably consistent with the qualitative analysis, only *ingenuous-arrogant* has loaded onto friendliness

vs. hostility rather than dominance vs. submissiveness dimension, and *flexible-strict* and *jealous-not jealous* have loaded onto dominance vs. submissiveness dimension rather than friendliness vs. hostility.

h) 7 from dominance vs. submissiveness and 6 from friendliness vs. hostility dimensions, totally 13 items were selected as *constructs* of RGT. Kelly's (1992) criteria of fertility, propositionality, dichotomy, permeability, definability, temporality: sociability mentioned at item 3 were reconsidered while selecting the 13 items.

7. *Elements* were generated by the researcher considering the significant environment of an individual which has the possibility to contribute to the formation of one's attachment style and to the possible contemporary attachment context.

8. RGT profile was established (see App. XIII) on which participants were expected to rate the elements under each bipolar constructs (such as supportive-indifferent) on a 7 point scale, 1 representing the extreme negative pole (indifferent) where 7 representing the extreme positive pole (supportive).

V.3. Procedure

Researcher had informed the administrators about the administration of the scales, especially about RGT application. For Clinical Group administrator was either the researcher or the Clinician. Diagnostic

information was taken from these Clinicians. They were asked to give diagnosis considering DSM-IV categories, if the participant's problems could not be diagnosed, they were asked to mention the complaints of the participant. For Control Group administrator was either the researcher or a key person from public or private offices (e.g., primary school, veterinary hospital, publishing company, university, hospital, private project office personals and university students from Ankara and Istanbul).

Scales were either administered to the Clinical Sample in the treatment center or they filled out the scales outside the centers/clinics and returned to the administrator, similarly the Control Group members filled out the scales either in the office or returned them back to the administrator after they filled out outside the office. Before the administration they were briefly informed about the study and if they accepted to contribute to the study, detailed information about RGT were given.

CHAPTER VI

RESULTS OF THE STUDY II

VI.1. Investigation of Attachment Style and Clinical Status Differences on Emotion Regulation Skills

Attachment style was taken into analysis as an independent variable with two levels, namely Ss vs Insecure Attachment Style (INSSs) as measured by RQ. Clinical Status was another independent variable with two levels, namely Clinical vs Control Group. Emotion Regulation as a dependent variable was measured by DERS, higher scores indicating more difficulty to regulate emotion. Significant difference in DERS depending on Ss vs INSs, Clinical Group vs Control Group and interaction effect of independent variables on DERS level were examined.

Different skills of emotion regulation (i.e., DERS subscales) have been expected to differ for different groups of samples (i.e., clinical versus control) and for different types of attachments (i.e., secure versus insecure). Since the number of participants in each attachment style category for the two samples was not sufficient enough to run the comparative analysis (Table 12) attachment styles were considered under two categories as Secure and Insecure. Those participants

having Ss were again called the Secure group, whereas the participants who were categorized in one of the insecure categories (i.e., Ds, PS, Fs and mixed insecure style) constituted the Insecure group as in the first study (see Results Section of the First Study).

Table 12. Attachment Style Profiles of the Participants

	Attachment Styles						
	Secure	Dismissing	Preoccupied	Fearful	Mixed Insecure	Excluded[1]	Total
CLINICAL GROUP	27 (% 32)	3 (% 4)	21 (% 25)	21 (% 25)	12 (% 14)	8	92
CONTROL GROUP	47 (% 60)	8 (% 10)	12 (% 15)	7 (% 10)	4 (%5)	15	93
Total	74	11	33	28	16	23	185

[1]participants rating themselves as being both insecure and secure

In order to analyze the expected group differences and attachment style differences on DERS subscales 2 (Attachment Styles: Secure vs. Insecure) x 2 (Group: Clinical vs. control samples) between subjects MANOVA with 6 subscales of DERS (i.e., AWARENESS, CLARITY, STRATEGY, GOAL, IMPULSE, NONACCEPTANCE) was conducted. MANOVA revealed significant main effect of Attachment Styles. That is the scores of DERS subscales differentiated between the groups having secure vs. insecure attachment styles (Multivariate $\underline{F}$ (6,149) = 4.3 $\underline{p}$ < .001; Wilks' Λ = .85). Univariate analyses confirmed this group main effect, by using a Bonferroni adjusted alpha level of .01, for each subscale of DERS except for the AWARENESS subscale (see Table 13). As can be seen from Table 13, mean differences revealed that the

participants having insecure attachment styles reported more difficulty on all factors of emotion regulation except for AWARENESS factor as compared to those participants having secure attachment style.

Another main effect which was revealed by MANOVA was the main effect of the Group; thus emotion regulation skills of the participants from the clinical versus control group have revealed significant differences (Multivariate F (6,143) = 6.16, $\underline{p} < .001$; Wilks' $\Lambda = .80$). By using a Bonferroni adjusted alpha level of .01, univariate analyses confirmed this group main effect for all subscales of DERS, except for the AWARENESS subscale (see Table 13). Mean differences revealed that clinical group reported more difficulty on emotion regulation skills, except for awareness skills as compared to the control group. There was no significant interaction effect, in other words, clinical status of the participants did not interact with the attachment styles in terms of emotion regulation abilities.

Table 13. DERS Subscale Means and SDs for the Exploration of the Interaction Effect , Attachment Style Main Effect and Group Main Effect Respectively

	CONTROL GROUP		CLINICAL GROUP		INTERACTION EFFECT CLINICAL STATUS X ATTACHMENT STYLE	BOTH GROUPS		MAIN EFFECT OF ATTACHMENT STYLE		CONTROL GROUP	CLINICAL GROUP	MAIN AFFECT OF CLINICAL STATUS	
	Ss	INSs	Ss	INSs	Multivariate F(6,149) = .39,ns Wilks'Λ=.99	Ss	INSs	Multivariate F(6,149) = 4.30*** Wilks'Λ=.85	Univariate F (1,154)	TOTAL	TOTAL	Multivariate F(6,149) = 6.32*** Wilks'Λ=.80	Univariate F (1,154)
ACCEPTANCE	9.29	10.90	12.15	15.34		10.72	13.12		7.96**	10.10	13.75		18.41***
	(1.0)	(.76)	(1.0)	(.63)		(.63)	(.57)			(.60)	(.61)		
STRATEGY	13.44	17.84	19.0	24.34		16.22	21.09		21.39***	15.64	21.67		32.81***
	(1.24)	(.94)	(1.24)	(.85)		(.78)	(.71)			(.74)	(.75)		
IMPULSE	10.71	13.42	13.19	17.51		11.95	15.47		15.66***	12.07	15.35		13.70***
	(.80)	(.72)	(1.05)	(.71)		(.66)	(.60)			(.62)	(.63)		
GOAL	13.02	15.58	16.50	19.14		14.76	17.36		10.59***	14.30	17.82		19.41***
	(.72)	(.86)	(.94)	(.64)		(.59)	(.54)			(.56)	(.57)		
CLARITY	8.78	10.42	10.54	12.98		9.66	11.70		13.10***	9.60	11.76		14.67***
	(.51)	(.61)	(.67)	(.45)		(.42)	(.38)			(.40)	(.40)		
AWARENESS	11.87	12.52	11.69	13.64		11.78	12.99		4.75,ns	12.19	12.58		0.49,ns
	(.50)	(.60)	(.65)	(.45)		(.41)	(.37)			(.39)	(.40)		

*** $p < .001$; ** $p \leq .01$

VI.2. Investigation of Attachment Style and Clinical Status on Psychological Distress

Attachment style was taken into analysis as an independent variable with two levels, namely Ss vs Insecure Attachment Style (INSs) measured by RQ. Similarly, Clinical Status of participants was another independent variables having two levels, namely Clinical Group vs Control Group. Psychological Distress as a dependent variable was measured by BSI, higher scores indicating more psychological distress. Significant difference in psychological distress depending on Ss vs INSs, Clinical Group vs Control Group and interaction effect between these independent variables were examined.

Psychological Distress Level (i.e., BSI) has been expected to be different for different groups of samples (i.e., clinical versus control) and for different types of attachments (i.e., secure versus insecure, see also Chp. III.3.1. for the categorization). In order to analyze the group differences and attachment style differences on BSI, 2 (Attachment Styles: Secure vs. Insecure) x 2 (Group: Clinical vs. control samples) between subjects design ANOVA was conducted. ANOVA revealed significant main effect of Group (see Table 14). That is the scores of BSI differed between the control group vs. clinical group ($\underline{F}$ (1,156) = 6.11 $\underline{p}$ < .05, Eta^2= .04). Mean differences revealed that the Clinical Group ($\underline{M}$ = 63.12) reported more psychological distress as compared to the Control Group ($\underline{M}$ = 48.70).

ANOVA also revealed a significant main effect of Attachment Style (see Table 14). That is the scores of BSI differentiated between the participants having Secure Attachment Style vs. the participants having Insecure Attachment Style (F (1,156) = 16.74, p < .001, Eta²= .10). Mean scores showed that those with Insecure Attachment Style (M = 43.97) reported more psychological distress than those with secure attachment style (M = 67.85). There was no significant interaction effect, in other words, attachment style of participants did not interact with the clinical status of the participants in terms of psychological distress level.

Table 14. Comparison Statistics of Clinical Status and Attachment Style on Psychological Distress (BSI)

	Type III Sum of Squares	df	Mean Square	F
CLINICAL STATUS	7640.43	1	7640.43	6.11*
ATTACHMENT STYLE	20946.72	1	20946.72	16.74**
CLINICAL STATUS X ATTACHMENT STYLE	213.29	1	213.29	.17,ns.
Error	195151.86	156	1250.97	

* p < .05, * p < .01

VI.3. Investigating the Mediator Role of Emotion Regulation between Attachment Style and Psychological Distress Relation.

VI.3.1. Control Group

In order to test the mediator role of the emotion regulation in Control Group, two regression analyses were conducted. In the first regression analysis psychological distress level (BSI) was the dependent variable. In order to examine the mediator effect of emotion regulation after controlling the effect of Age in the first step (due to the wide age range in the sample), attachment style was entered into the analysis in the second step as a dichotomous variable (i.e., Ss vs INSs) and emotion regulation entered into the analysis in the third step. The second regression analysis conducted to provide further support for the mediator role of the emotion regulation. Thus, emotion regulation (DERS) was the dependent variable and after controlling for the effect of Age in the first step, Attachment Style was entered into the analysis as a predictor variable in the second step.

According to the results of the first regression analysis (see Table 15), in the first step, Age explained 13 % of variance ($F(1,75) = 11.19$, $p \leq .001$) and was found to be negatively associated with psychological distress ($\beta = -.36$, $t(75) = -3.35$, $p \leq .001$), in other words younger participants reported higher level of psychological distress. After controlling the effect of age, in the second step Attachment style

increased the explained variance to 17 % (Fchange (1, 74) = 3.97, p ≤ .05) and revealed positive association with psychological distress. In other words, participants reporting to have INSs had higher level of psychological distress. At the last step, DERS revealed a significant association with psychological distress (β = .63, t (73) = 6.77, p < .001) and emotion regulation increased the explained to 49 % of the variance (F (1, 73) = 45.76, p < .001). Thus, participants reported to have difficulty in emotion regulation had higher levels of psychological distress. Additionally, results of this final step confirmed the mediating role of emotion regulation, that is, after controlling its effect, the association of attachment style with psychological distress decreased and was no more significant [β =-.04, t (73) = .45, ns]. The Sobel test revealed that Attachment Style path was significantly mediated by emotion regulation (Z = 2.45, p ≤ .01).

According to the results of the second regression analysis (see Table 15). In the first step, Age revealed a significant association with emotion regulation (β = -.35, t (75) = -3.2, p < .01) and explained 12 % of the variance (F (1, 75) = 10.35, p < .01). In other words, younger participants reported more difficulty in emotion regulation. After controlling the effect of Age, Attachment Style was found to be significantly associated with emotion regulation (β = .28, t (74) = 2.62, p ≤ .01) and increased the explained variance to 20 % (F change (1, 74) = 6.84, p < .01).

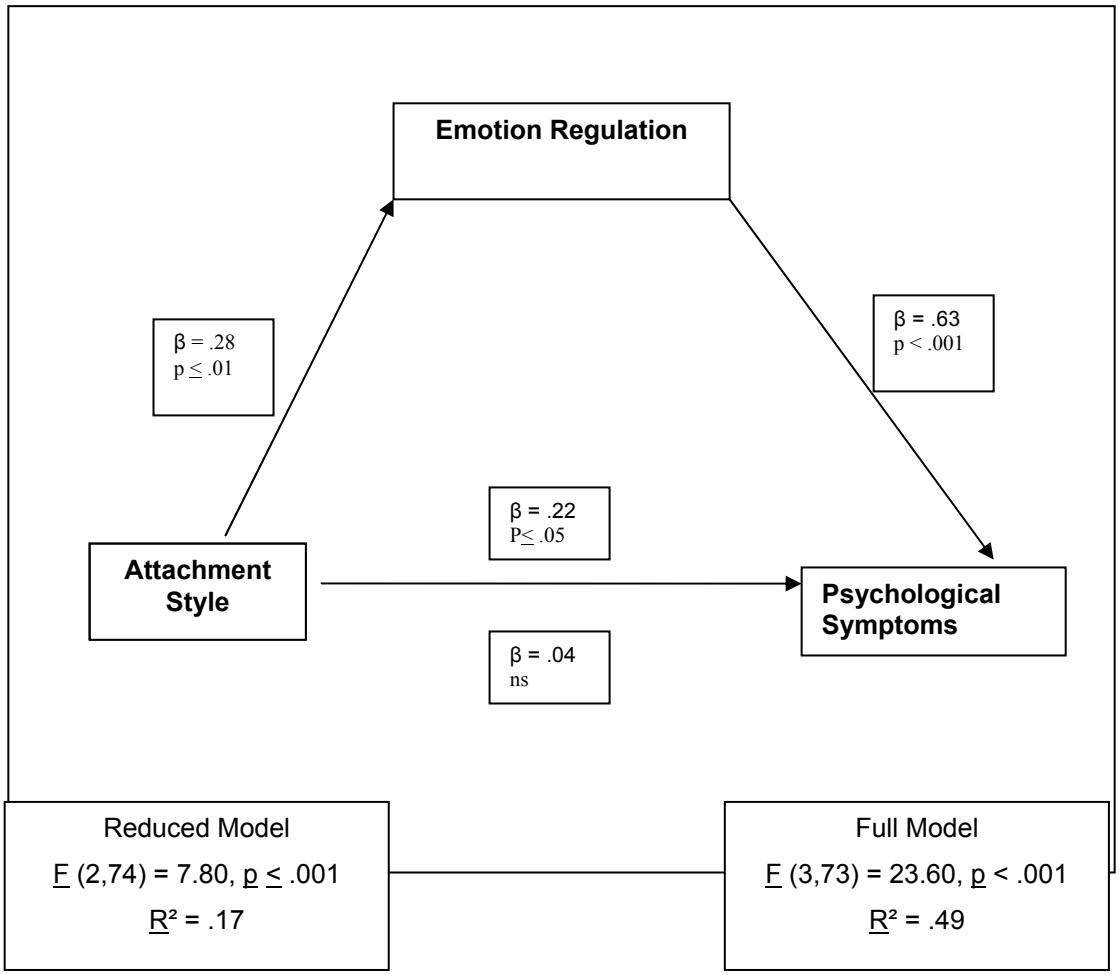
Results of these two regression analysis together with the Sobel test confirmed that association of attachment style with psychological distress is mediated by the emotion regulation in Control Group. In other words, the results indicated that INSs tended to increase difficulties of emotion regulation in non-clinical sample, which then caused psychological distress in this group. Thus, the association between attachment styles and psychological distress were maintained by the difficulties experienced in emotion regulation. Furthermore, difficulties in emotion regulation fully mediated the relationship INSs with psychological distress in non-clinical sample. That is, after controlling for difficulties of emotion regulation, the association of INSs with psychological distress disappeared.

Table 15. Testing the Mediator Role of Emotion Regulation between Attachment Styles and Psychological Distress Relation in Control Group.

	Predictors in set	F Change for set	t for v/in set Predictors	df	Beta (β)	Model R^2 Change
Regression 1 DV:	Psychological Distress					
I.	Control Variable:	11.19**		1,75		.13
	Age		-3.35**	75	- .36	
II.	Attachment Style:	3.97*		1,74		.04
	Ss vs INSs		1.99*	74	.22	
III.	Emotion Regulation:	45.76***		1,73		.32
	DERS		6.77***	73	.63	
	Ss vs INSs		0.45	73	.04	
Regression2 DV:	DERS					
I.	Control Variable:	10.35**		1,75		.12
	Age		- 3.22**	75	- .35	
II.	Attachment Style:	6.84**		1,74		.07
	Ss vs INSs		2.62**	74	.28	

** * $p < .001$; ** $p \leq .01$; * $p \leq .05$

Figure 2. Path Model for Mediation of DERS between Attachment Style and Psychological Distress in Control Group with Beta-Weights



Note, Summary for the path model of the relationship between Attachment Style, Emotion Regulation and Psychological Distress in Control Group, including Beta-weights (β), F values, and R^2's for the model before Emotion Regulation was included (Reduced Model) and after the inclusion of Emotion Regulation as a mediator (Full Model); β and p values for the Attachment Style and Psychological Distress which are above the path represent the values before the mediator has been entered into the equation, those which are below the path represent the values after the mediator has been entered into the equation.

VI.3.2. Clinical Group

In order to test the mediator role of the emotion regulation in Clinical Group, similar regression analyses were conducted. In the first regression analysis psychological distress (BSI) was the dependent variable. In order to examine the mediator effect of emotion regulation after controlling the effect of Age in the first step, attachment style was entered into the analysis as a dichotomous variable (i.e., Ss vs INSs) in the second step and emotion regulation entered into the analysis in the third step. The second regression analysis conducted to provide further support for the mediator role of the emotion regulation. Thus, DERS was the dependent variable and after controlling for the effect of Age in the first step, Attachment Style was entered into the analysis as a predictor variable in the second step.

According to the results of the first regression analysis (Table 16), in the first step, Age of Clinical Group did not reveal significant association with psychological distress ($\beta = .02$, $\underline{t}\ (78) = .14$, ns), and had no significant contribution to explained variance with 0 % ($F\ (1,78) = .02$, ns). After controlling the effect of Age, in the second step Attachment style increased the explained variance to 11 % ($F_{change}\ (1, 77) = 9.01$, $\underline{p} \leq .01$) and revealed positive association with psychological distress ($\beta = .33$, $\underline{t}\ (77) = 3.00$, $\underline{p} < .01$). In other words, participants reporting to have INSs had higher level of psychological distress. At the last step,

DERS revealed a significant association with psychological distress (β = .57, t (76) = 5.79, p < .001) and emotion regulation increased the explained variance to 38 % (F Change (1, 76) = 33.55, p < .001). Thus, participants reported to have difficulty in emotion regulation had higher levels of psychological distress. Additionally, results of this final step confirmed the mediating role of emotion regulation, that is, after controlling its effect, the association of attachment style with psychological distress decreased and was no more significant [β = .11, t (76) = 1.04, ns]. The Sobel test revealed that Attachment Style path was significantly mediated by emotion regulation (Z = 3.13, p < .01).

According to the results of the second regression analysis (see Table 16). In the first step, Age did nt reveal a significant association with emotion regulation (β = -.01, t (78) = -.11, ns) and had almost no contribution to explained variance with 0 % (F (1, 78) = .01, ns). After controlling the effect of Age, Attachment Style was found to be significantly associated with emotion regulation (β = .40, t (77) = 3.71, p < .001) and increased the explained variance to 15 % (F change (1, 77) = 13.76, p < .001).

Results of these two regression analysis together with the Sobel test confirmed that the association of attachment style with psychological distress was mediated by the emotion regulation in Clinical Group as well. In other words, the results indicated that INSs tended to increase

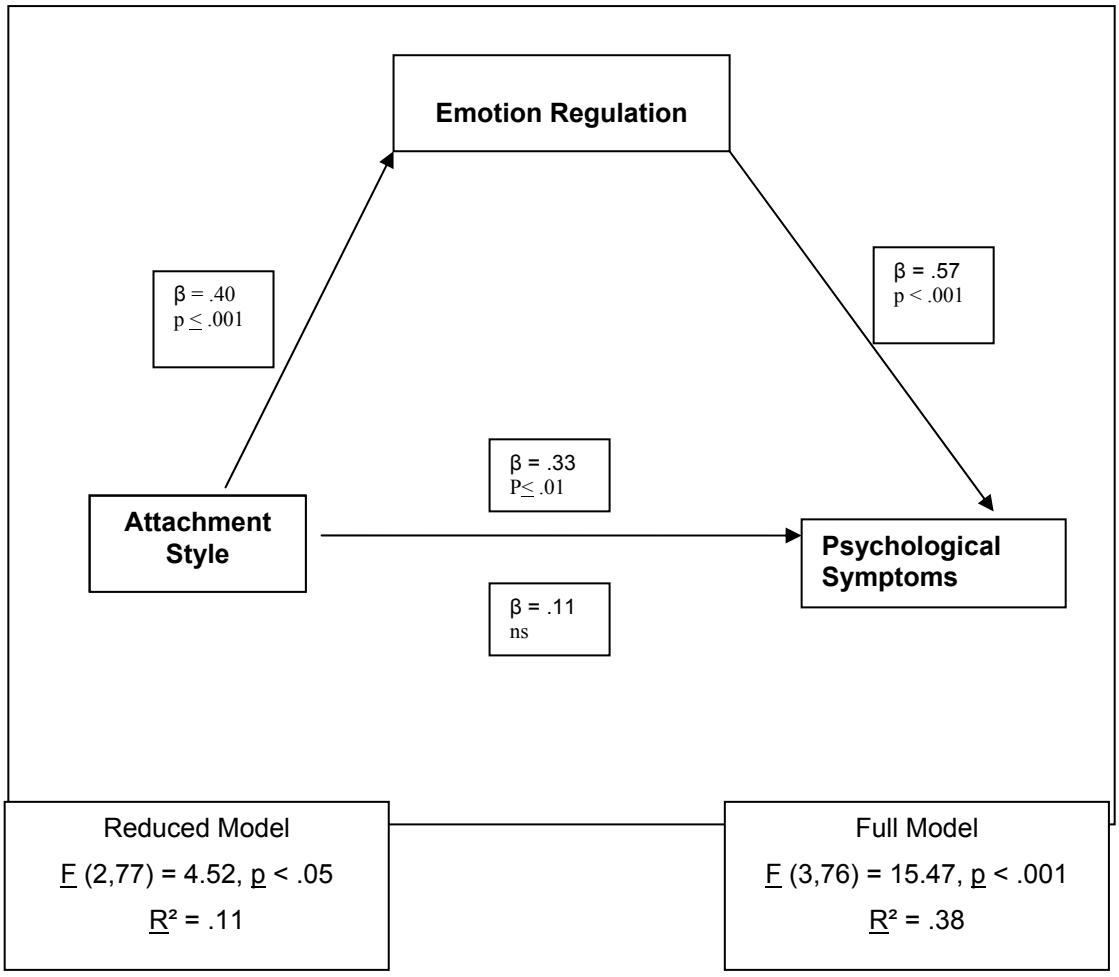
difficulties of emotion regulation in clinical sample, which then caused psychological distress in this group. Thus, the association between attachment styles and psychological distress were maintained by the difficulties experienced in emotion regulation. Furthermore, difficulties in emotion regulation fully mediated the relationship of INSs with psychological distress in clinical sample. That is, after controlling for difficulties of emotion regulation, the significant association of INSs with psychological distress disappeared.

Table 16. Testing the Mediator Role of Emotion Regulation between Attachment Styles and Psychological Distress Relation in Clinical Group.

	Predictors in set	F Change for set	t for v/in set Predictors	df	Beta (β)	Model R^2 Change
Regression 1 DV:	Psychological Distress					
I.	Control Variable:	.02,ns		1,78		0.0
	Age		.14,ns	78	.02	
II.	Attachment Style:	9.01*		1,77		.11
	Ss vs INSs		3.00*	77	.33	
III.	Emotion Regulation:	33.55**		1,76		.27
	DERS		5.79**	76	.57	
	Ss vs INSs		1.04,ns	76	.11	
Regression2 DV:	DERS					
I.	Control Variable:	.01,ns		1,78		0.0
	Age		- .11,ns	78	- .01	
II.	Attachment Style:	13.76**		1,77		.15
	Ss vs INSs		3.71**	77	.40	

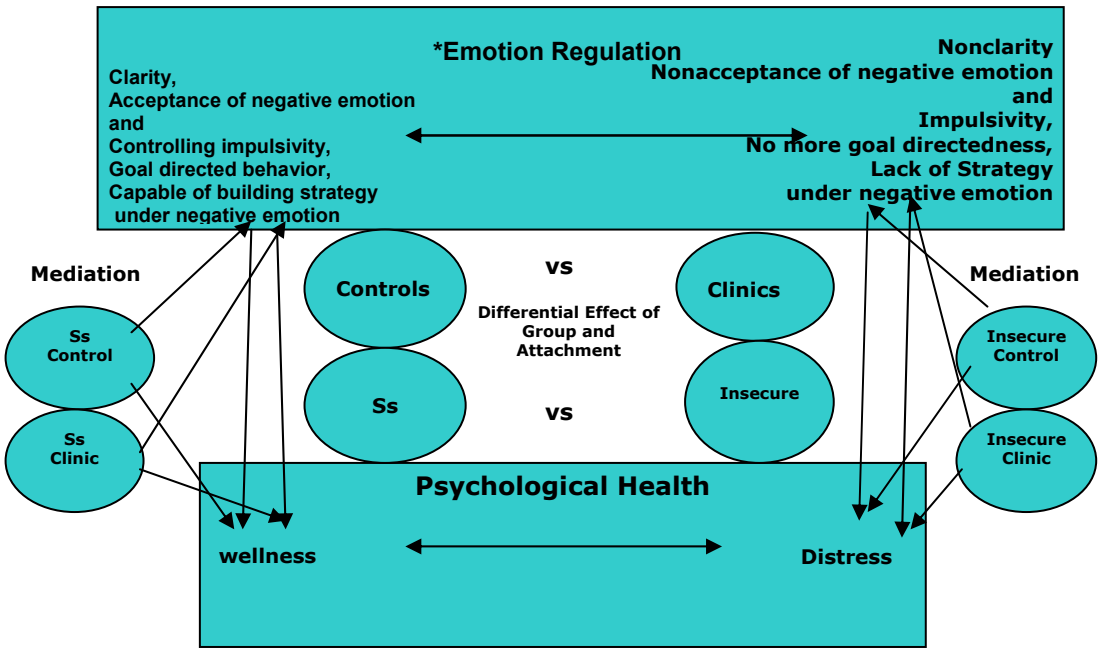
** $p < .001$; * $p < .01$

Figure 3. Path Model for Mediation of DERS between Attachment Style and Psychological Distress in Clinical Group with Beta-Weights



Note, Summary for the path model of the relationship between Attachment Style, Emotion Regulation and Psychological Distress in Clinical Group, including Beta-weights (β), F values, and R^2's for the model before Emotion Regulation was included (Reduced Model) and after the inclusion of Emotion Regulation as a mediator (Full Model); β and p values for the Attachment Style and Psychological Distress which are above the path represent the values before the mediator has been entered into the equation, those which are below the path represent the values after the mediator has been entered into the equation.

Figure 4. Schematic Expression of Overall Results



*Awareness did not differentiate between Groups and between Attachment Styles

VI.4. Results of the RGT Analysis

Participants who filled out RGT were classified according to their Attachment Styles rated on RQ. 80 participants from the Clinical Group and 64 participants from Control Group, total of 144 Participants completed the whole RGT together with DERS, RQ and BSI, without any missing value. 144 participants could also be identified to have one of the Ds, Ps, Fs and Mixed Insecure Attachment Styles (see Table 17 for the profile of the control and the clinical groups).

Table 17. Attachment and Gender Profile's of Clinical and Control Group Who Filled out the RGT

GROUP			INSECURE ATTACHMENT STYLE				TOTAL
GENDER	SECURE	DISMISSING	PREOCCUPIED	FEARFUL	MIXED INSECURE	INSECURE TOTAL	
Clinical							
Male	11	3	9	7	5		
Female	13	-	12	13	7		
Total	24	3	21	20	12	56	80
Control							
Male	19	2	5	5	2		
Female	17	4	5	2	2		
Missing	1						
Total	37	6	10	7	4	27	64
Total	61	9	31	27	16	83	144

In order to make comparisons between the participants having different attachment styles from clinical and control groups, the personal constructions about their significant environment were examined through Slater Analysis by using Idiogrid Program (Grice, 2006). Initially each participants RGT scores were loaded onto an individual grid. As each individual grid contains the same elements and the same constructs in the same order they could be matched. Since matchable grids were required

for calculating the average grid of a certain group or category, thus, Average Grid Analysis could be computed. Average Grid transforms all individual grids into a single average grid of a group. While computing the Average Grids, general degree of correlation between each grid with average grid was calculated. The individual grid which correlated with average grid below .20 was excluded from the analysis in order to clear out the effect of less similar grids compared to the rest. Ten Average Grids from these individual grids were generated by running *Slater Analysis for Multiple Grids*. Specifically, *Average Grid of 1) Ss, 2) Ds, 3) Ps, 4) Fs, 5) Mixed Insecures in the Control Group, Average Grid of 6) Ss, 7) Ds, 8) Ps, 9) Fs and 10) Mixed Insecures in the Clinical Group.*

Each Average Grid was subjected to a Slater Analyses which were represented on a graph (see Figures 4 to 14).

Since "*Grids are not compared statistically and instead researchers rely on descriptive statistics or Principle Component Graphs to highlight the difference between grids*" (personal communication Grice, 2005, see App. XIV), Slater Analyses and Polarity Analysis option of the Idiogrid Program were used for supporting the content analysis of the grids. Element and Construct loadings on two dimensional component space that were driven from Principle Component function of Slater Analyses (only two of the component which had the highest eigenvalue and the accounted variance were transformed into two dimensional graph) were used for identifying the mental construction of participants personal space. Each component was assigned to a certain dimension

regarding the loading of the elements under each of them (see Table 18, 19, 21, 22, 24, 25, 27, 28, 30, 31). The way the elements were situated on the graph of component space relative to each other and relative to the constructs can be observed on the Figures 5 to 14. Two other Salter Analyses options were also used as objective tools that would support the interpretation of the graphs (see Table 18, 19, 21, 22, 24, 25, 27, 28, 30, 31). These are, the Elements Direction Cosines (Correlations), which is the correlation between *element angles,* in order to identify the degree of similarity among the construction of two elements, and Element Euclidian Distances as in the Pythagorean Geometry, which indicates the closeness of the two elements to each other in terms of their personal space. Additionally, Polarity Analyses were carried out in order to calculate the proportions of construction of element on the negative pole to its total construction on either pole of *affiliation* and *dominance* dimensions. If above 50 % of the construction were construed at the negative pole this was mentioned in the results as an indication of the switching to negativity (see Table 18, 19, 21, 22, 24, 25, 27, 28, 30, 31).

Furthermore, Cognitive Measures which provide an opportunity to interpret the structure of the mental construction of each attachment style were calculated through Summary Indices and Implicative Dilemma Analyses options of the idiogrid program (Grice, 2003). Those statistics were mostly used for the comparison of the grids of the

different Attachment Styles (see Table 20, 23, 26, 29, 32). Through the Summary Indices, *Matching Score* (Bieri Complexity), *Intensity Analysis* were carried out. Specifically for Matching Score,

> A 'match' constitutes an identical rating for a given element on two constructs. For each pair of constructs the number of matches is identified and the 'total number of matches in grid' is computed as the sum of all matches. Results can range from 0 to the maximum number of matches in the grid….A high matching score indicates 'lower complexity', and a low matching score indicates 'grater complexity' (p. 36).

Low Matching Score or high Complexity gives information about the more differentiated cognitive system. Intensity or a measure of tightness or looseness of constructs is based on the Pearson Product Moment Correlations among constructs. High intensity scores indicate the tightness of the construction, while low intensity scores indicate the looseness of the construction. The high intensity score gives information about the more integrated cognitive structure.

RGT examines the *Implicative Dilemma* through identifying the constructs that the 'self' and the 'ideal self' are construed at the opposite poles. The *dilemma* emerges when the undesirable construct correlates highly with some other desirable construct on the grid.

Another issue was considered specific to each attachment style in each group. Bartholomew and Horowitz (1991) identified the working model of 'self' and the 'other' as related to the four attachment category described by 4 different paragraphs (see also Chp. I.3.). The 'self'

model was calculated through adding Ss and Ds scores on RQ and subtracting this result from the added score of Ps and Fs, and 'other' model was calculated through adding Ds and Fs scores on RQ and subtracting the result from added score of Ss and Ps (see also Bartholomew, 1990; Schmitt et. al., 2004). In this study, 1 SD above the 'self' model mean scores and 1 SD above the 'other' model mean scores were established as high profiles, while 1 SD below the 'self' model mean scores and 1 SD below the 'other' model mean scores were established as low profiles, finally, 'self' and 'other' model scores in mean range were established as average profiles. In order to provide an additional information to feed each RGT profile of the each attachment style from clinical and non-clinical sample, the working model profiles of each participant in each attachment style category from either clinical or control groups were investigated and reported on the Table 20, 23, 26, 29, 32.

VI.4.1. Ss

a. Control Group

3 individual grids were eliminated from the group since they had low correlation with the Average Grid.

Figure 5. Slater Analyses for Ss in Control Group

N = 34

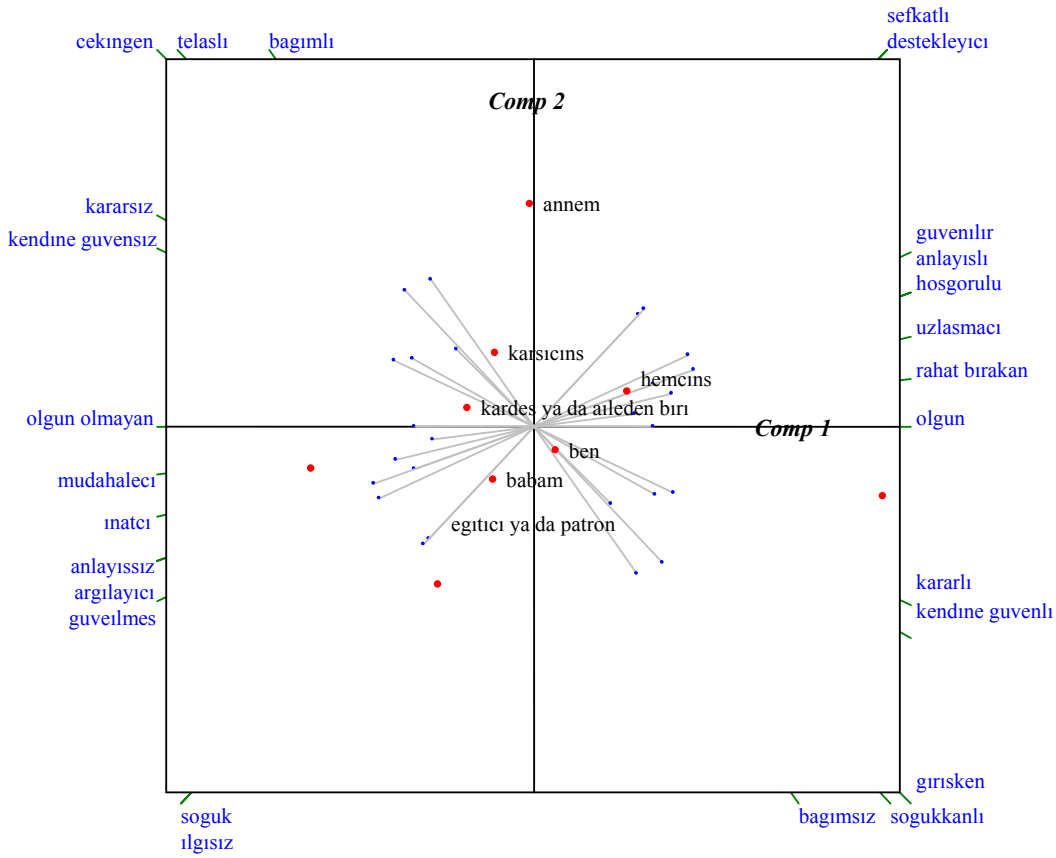


Table 18. Slater Analyses and Polarity Analysis for Ss in Control Group

Elements	Self-Other Euclidian Distance	Self-Other Correlations	Proportion to be placed on the negative pole	Loadings on Dominance	Loadings on Submissiveness
self	-	-	0.46	0.22	-0.23
Ideal self	3.45	0.17	0.00	3.38	-0.68
mother	2.74	-0.30	0.38	-0.03	2.15
father	1.38	0.11	0.77	-0.39	-0.52
Sibling/relative	1.48	-0.11	0.92	-0.63	0.19
Close friend	1.58	-0.14	0.08	0.90	0.33
Romantic fig.	1.55	0.11	0.77	-0.37	0.71
Authority fig.	2.25	-0.05	0.62	-0.92	-1.54

Independent-Dependent and *even tempered--disconcerted* were relatively central constructs regarding their vector lengths for Ss in the Control Group and they describe their world more on *dominance-submissive* dimension regarding 2 components appeared as a result of Principle Component Analysis (see Figure, 5 and Table 18). They seemed not to have exaggerated, splitted self and other models, except mother and authority figure who were construed as having split properties and placed on more extreme points, former placed on *friendliness* pole, also close to *submissiveness,* and later construed as considerably hostile, but having some *dominant* qualities as construed 62 % on negative pole. Romantic figure in their life and sibling/close relative were more close to their mother in terms of submissiveness, however they are very close to the mid-point of *dominant-submissive* dimension, even former whose 77 % characteristics and later whose

92 % characteristics were construed as being on negative side of the dimension. Ss in the control group seemed to have *positive 'self' model* on the mid-range whose 46 %characteristics were construed on negative pole, however having *dominant* characteristics, but not at the same degree of their 'ideal self' which was construed extremely *dominant*. Their father was construed more hostile than their close friend but not very distant from the close friend who was slightly on the opposite side of the *affiliation* dimension and father was also construed close to their 'self' who was slightly on the opposite side of the *dominance* dimension. Briefly, they construe their close environment not having extreme negative qualities rather everyone was construed close to each other and their self, this might be an integration of positive and negative aspects in their close environment. They are not very far from their 'ideal self' especially being in moderate degree *independent, assertive and even-tempered,* they construe themselves closer to their father who was some degree authoritarian than his/her *affectionate, supportive* but *submissive* mother (see also Table 18).

)

b. Clinical Group

Figure 6 Slater Analyses for Ss in Clinical Group

N = 24

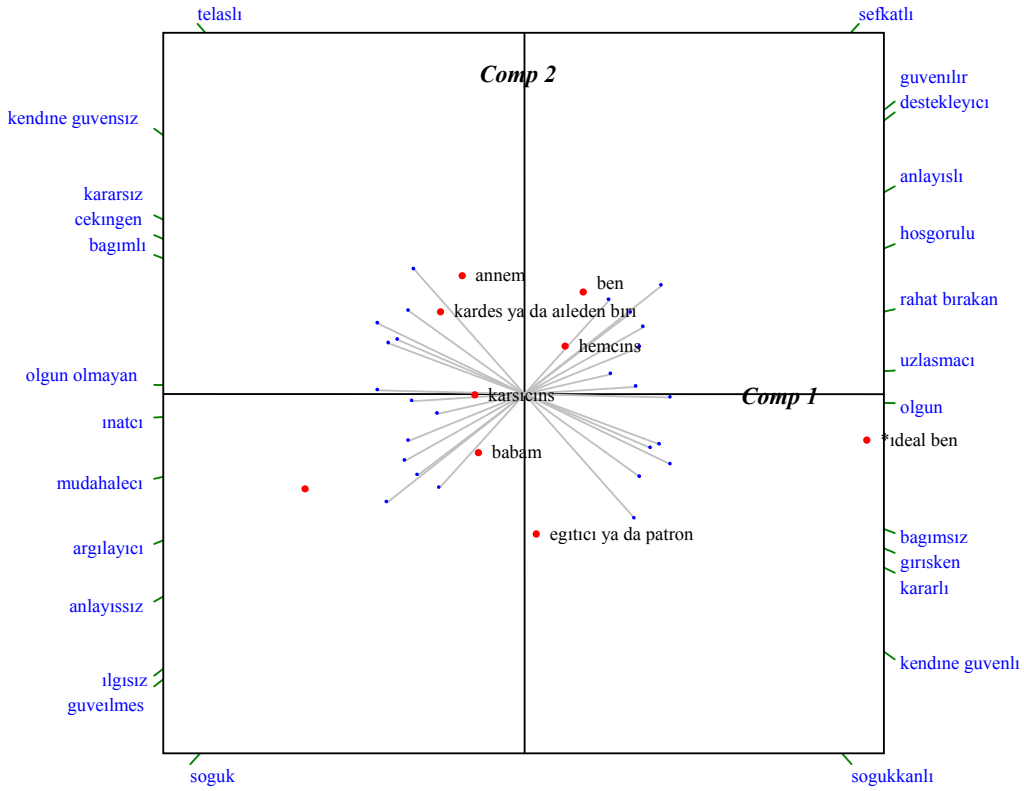


Table 19. Slater Analyses and Polarity Analysis for Ss in Clinical Group

Elements	Self-Other Euclidian Distance	Self-Other Correlations	Proportion to be placed on the negative pole	Loading on Dominant	Loading On Submissiveness
Self			0.23	0.42	1.14
Ideal self	3.84	0.24	0.00	3.90	-0.33
mother	2.39	0.14	0.62	-0.81	1.48
father	2.67	-0.64	0.69	-0.40	-0.69
Sibling/relative	1.64	0.38	0.69	-1.01	0.85
Close friend	1.24	0.55	0.23	0.37	0.52
Romantic fig.	1.80	-0.22	0.77	-0.62	-0.05
Authority fig.	3.05	-0.73	0.54	0.59	-1.58

The central constructs for Ss in Clinical Group were *Supportive-Indifferent* and *even tempered-disconcerted* respectively and they describe their personal world more with *dominance-submissiveness* dimension (see Figure 6 and Table 19). Like Ss in the Control Group, Participants having Ss in Clinical Group were construed their 'self' and 'others' without exaggerating, instead they perceive 'self' and 'other', either having negative or positive characteristics in moderate range. Only 'ideal self' and 'authority figure in their life' were construed at the extremity of the *dominant* side. They construed their 'self' as *friendly* as their close friend who was placed close to the mid-point of the *affiliation* dimension. 'Self' especially construed as being *affectionate, trustworthy, supportive,* % 23 of whom was construed as being on the negative pole, having some *submissive* characteristics. On the other side of this dimension there were romantic figure in their life and their father, they were *hostile* but again very close to midway of *affiliation* dimension. Although they were more distant to their 'ideal self' compared to Ss in the Control Group, they are the second closest figure to their ideals especially having resemblance with their *friendliness*. What they idealize was the opposite of their mother and sibling/close relative who were submissive. Briefly, Ss in the Clinical Group had very close 'others' profile to Ss in the Control Group, only difference was authority figure who was *even-tempered,* having *high self-confidence,* regarding 'self', they were lacking dominant characteristics, although they

perceive themselves friendly as being *affectionate, supportive* and trustworthy as Ss in the Control Group. Authority figure seems to be their role model being close to their ideals.

They were not very much different in terms of component space emerged as a result of principle component analysis and also interms of cognitive structure (see Table 20), since Ss in Control and in Clinical Group have approximately similar concerning integrity and differentiation of their cognitive system. Additionally, both Groups have no implicative dilemmas. For both groups 1/3 of the participants were having mid-range 'working model' profiles (see Table 20).

Table 20. Complexity and Dilemma Profile of Ss

	Self, Other Model Profiles (RQ)	INTENSITY	BIERI COMPLEXITY (match score)	IMPLICATIVE DILEMMA
Ss in CONTROL (N=34)	• 3 high self-high other • 9 high self • 11 high other • 11 around average	3046	2	0
Ss in CLINIC (N=24)	• 6 high self • 9 high other • 11 around average	3177.6	0	0

VI.4.2. Ds

a. Control Group

Figure 7. Slater Analyses for Ds in Control Group

)

N = 6

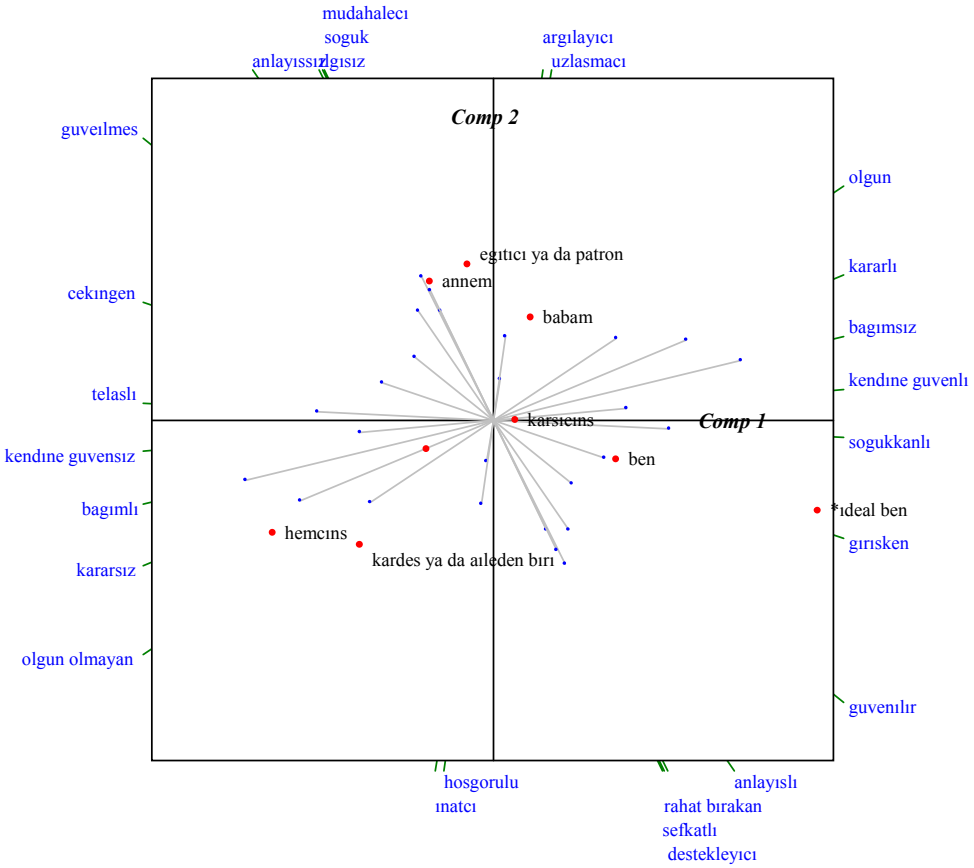


Table 21. Slater Analyses and Polarity Analysis for Ds in Control Group

Elements	Self-Other Euclidian Distance	Self-Other Correlations	Proportion to be placed on the negative pole	Loading on Dominance	Loading On Hostility
Self			0.08	1.53	-0.49
Ideal self	2.97	0.79	0.00	4.03	-1.12
mother	3.60	-0.19	0.46	-0.77	1.72
father	3.14	-0.11	0.31	0.47	1.26
Sibling/relative	3.75	-0.31	0.38	-1.65	0.85
Close friend	4.70	-0.55	0.23	-2.73	0.52
Romantic fig.	2.42	0.11	0.38	0.27	0.00
Authority fig.	3.54	-0.42	0.23	-0.31	1.91

Decisive-Indecisive and *independent-dependent* were relatively central constructs for Ds in the Control Group and they describe their world with both *dominance and affiliation dimensions* regarding 2 components (see Figure 7 and Table 21). 'Ideal self' was construed at the extremity being *friendly* and *dominant*. The closest element to their ideals was their 'self' both especially being *assertive* and second closer figure to their ideals was their romantic figure in their life, but very close to the origin of the both dimensions. Their 'Ideal self' was contrasting with mother, and authority figure who were construed as *hostile,* both being especially *disunderstanding, cold, manipulative and indifferent* and very close to each other. Their father had a resemblance to their 'self' and their ideals having *dominant* qualities, but father was closer to mother as also being *hostile.* Specifically, father was construed as *cooperative,* but contradicting to this position he was also construed as *judgemental.* Father characteristics were contrasting to close friend and sibling/close

relative who were placed at the opposite pole as being *submissive.* Nobody's characteristics were construed above 50 % on negative pole. Briefly, they could not differentiate their mother from authority figure, and their close friend and sibling/close relative can not also be differentiated from each other being similarly *submissive*. Only their romantic figure was *dominant* and *friendly,* but in moderate degree. On the contrary, their 'self' was construed as distinguished and having positive characteristics, closer to their Ideal 'self'.

b. Clinical Group

Figure 8 Slater Analyses for Ds in Clinical Group

N = 3 (all males)

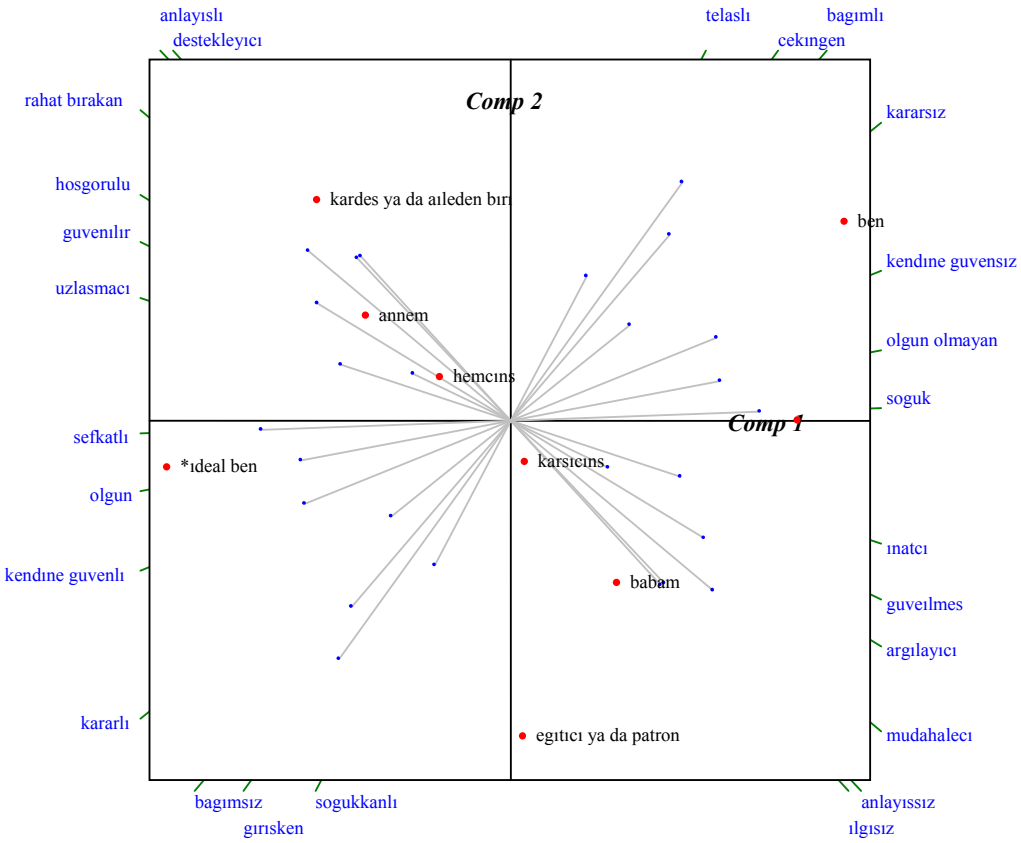


Table 22. Slater Analyses and Polarity Analysis for Ds in Clinical Group

Elements	Self-Other Euclidian Distance	Self-Other Correlations	Proportion to be placed on the negative pole	Loading on Hostility	Loading on Submissiveness
self			0.77	3.75	2.25
Ideal self	8.32	-0.72	0.00	-3.87	-0.53
mother	5.81	-0.19	0.08	-1.63	1.17
father	5.51	0.00	0.46	1.20	-1.84
Sibling/relative	6.94	-0.28	0.31	-2.18	2.49
Close friend	5.23	-0.10	0.15	-0.80	0.48
Romantic fig.	5.70	-0.17	0.38	0.16	-0.46
Authority fig.	7.05	-0.37	0.46	0.13	-3.56

Assertive-Timid and *emancipatory-manipulative* were relatively more central constructs for Ds in Clinical Group and they describe their world regarding both *dominance* and *affiliation* dimensions (see Figure 8 and Table 22) . Contrary to the Ds in the Control Group, Male Ds in the Clinical Group placed their 'self' and their 'ideal self' at the opposite extreme poles of the *dominant-submissive* dimension, former placed on the extremity of *submissiveness,* later placed on the extremity of the *dominance.* They construed very distant from each other in terms of personal space and only the characteristics of their 'self' were construed above 50 % on the negative pole (77 %). Another contrasting figures placed on the extremities by Ds were authority figure being *hostile* on one side and sibling/close relative being *friendly* on the other side. Additionally, contrary to Ds in the Control Group their mother and father construed as opposite figures, former being *friendly* and later being *hostile.* The close friend was construed on the *friendliness s*ide, while romantic figure was on the *hostile* side, but both being very close to the mid-point of the *affiliation* dimension. Briefly, they have splitted 'others' model, parents in their

life mostly splitted into positive and negative extremes. Their 'self' model was considerably isolated with negative characteristics and very distant from their ideal self, contrary to Ds in the Control Group.

Regarding content analysis Ds in Control Group and Clinical Group had a different profile, however, they were very similar concerning their cognitive structure, in terms of *integrity* and *differentiation* (see Table 23). Both group had similar amount of *implicative dilemma* as well. Ds in both groups did not have very *integrated* system, also had less differentiation system compared to Ss, Ps and Fs, except Mixed Insecures in both groups. For both groups all Ds seemed to have 'working model' profiles above or below average.

Table 23. Complexity and Dilemma Profiles of Ds

	Self Other Model profiles (RQ)	INTENSITY	BIERI COMPLEXITY (match score)	IMPLICATIVE DILEMMA
Ds in CONTROL (N=6)	• 1 high self • 3 low other	1486	6	3 (1.)
Ds in CLINIC (N=3)	• 1 high self • 2 low other	1836	5	2 (2.)

1. '*self' was construed as 'judgemental', ideal self was construed as 'tolerant', dilemma:1. 'tolerant' person tended to be 'dependent'. 2. 'tolerant' person tended to be 'immature'. 3. 'tolerant' person tenbded to be 'indecisive'.*
2. *'self' was construed as 'disconcerted', ideal self was construed as 'even tempered', dilemma:1. 'even tempered' person tended to be 'indifferent'. 2. 'even tempered' person tended to be 'disunderstanding'.*

VI.4.3. Fs

a. Control Group

Figure 9. Slater Analyses for Fs in Control Group

N= 7

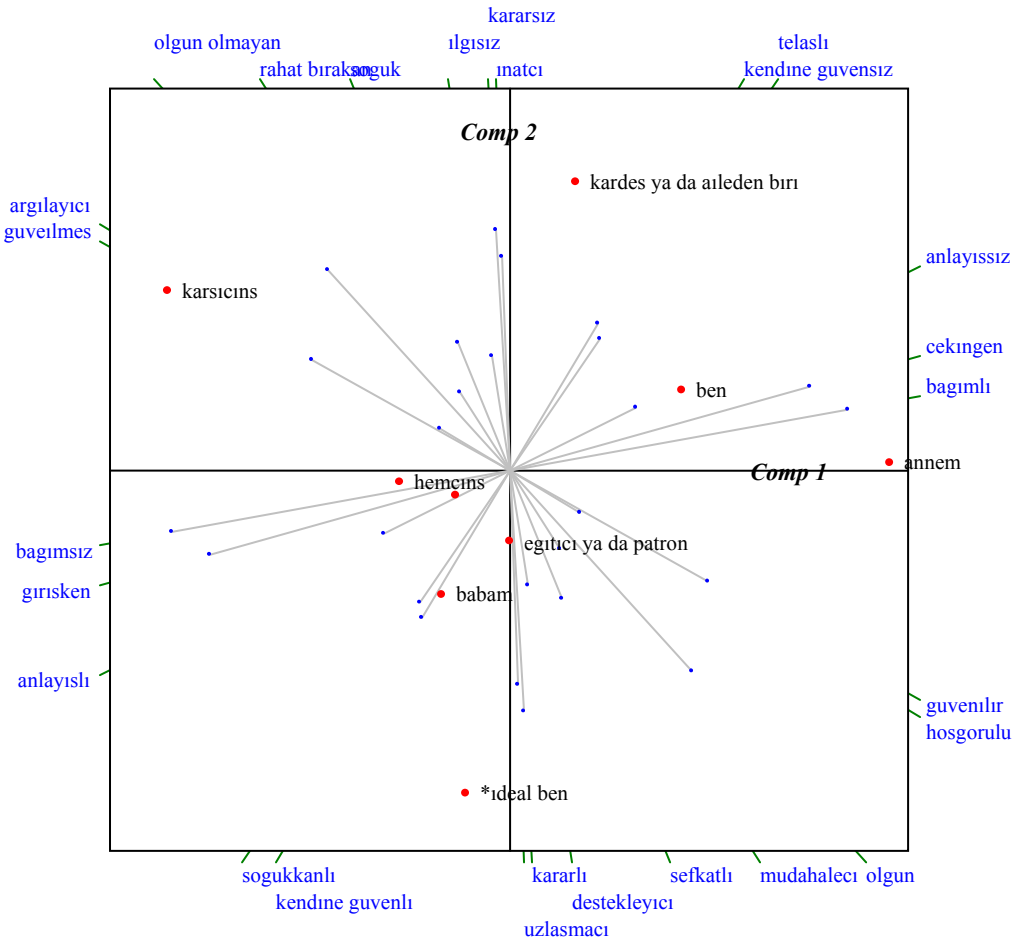


Table 24. Slater Analyses and Polarity Analysis for Fs in Control Group

Elements	Self-Other Euclidian Distance	Self-Other Correlations	Proportion to be placed on the negative pole	Loading Submissive - Friendly	Loading Submissive - Hostile
self			0.69	0.88	0.43
Ideal self	2.70	-0.28	0.00	-0.23	-1.74
mother	1.77	0.53	0.62	1.96	0.04
father	2.82	-0.54	0.38	-0.35	-0.67
Sibling/relative	2.13	0.15	0.92	0.34	1.55
Close friend	2.09	-0.40	0.46	-0.57	-0.07
Romantic fig.	2.86	-0.29	0.69	-1.76	0.97
Authority fig.	2.16	-0.07	0.54	0.0	-0.39

Independent-Dependent, assertive-timid, decisive-indecisive and *mature-immature* were relatively more central constructs for Fs in Control Group (see Figure 9 and Table 24). 'Ideal' self of Fs was nearly close to extremity of the both *friendliness* and *dominant* side. Father was the closest figure to their ideal having similar characteristics. Their close friend and authority figure in their life were very close to their father, former being especially *dominant* and later being especially *friendly*. Their 'ideal self', father, close friend and authority figure were contrasting to their sibling/close relative whose characteristics were construed 92 % on negative pole, and to their 'self' who were construed as submissive being construed 69 % on the negative pole. Their 'self' was also close to their mother who was construed as the opposite of the close friend in terms of being extremely *submissive* and 62 % of her characteristics were construed as on negative pole. However, their 'self' was not construed as much *friendly* as mother,

especially being *disunderstanding*. On the other hand, romantic figure was construed as very distant from 'others' in Fs's life and 69 % of whom was construed on negative pole, showing some similarity to close friend as being *dominant*, and to sibling/close relative as being *hostile .* Briefly, their 'others' model was composed of mixed characteristics of good and bad similar to their 'self' model, but this mixture was signifying a lot of *dilemma* (see Table 26) . Their father, close friend and authority figure were complementary figures to their lacking characteristics or they were role models as being close to their ideals. Nevertheless, 'others', even their 'ideals' were not very distant from the 'self' in terms of personal space. They seem to be in a friendly atmosphere regarding especially, mother, father and authority figure.

a. Clinical Group

Figure 10. Slater Analyses of Fs in the Clinical Group

N = 21

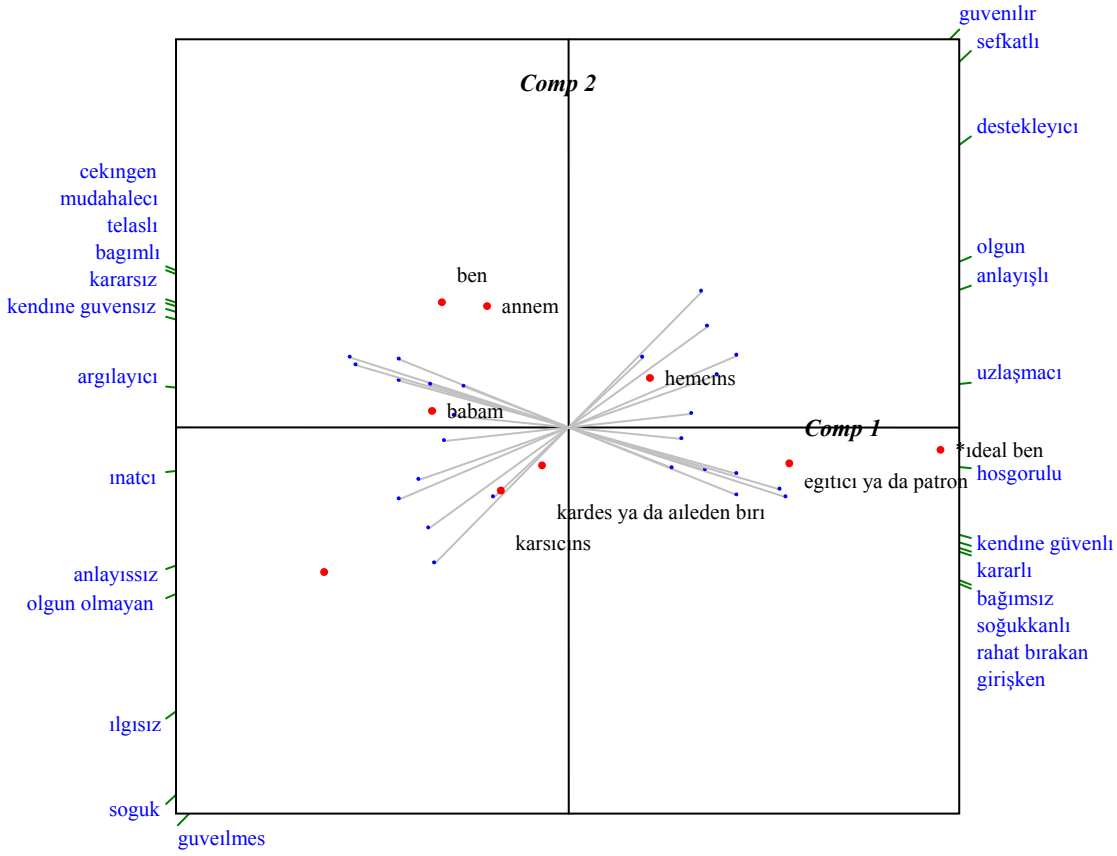


Table 25. Slater Analyses and Polarity Analysis for Fs in Clinical Group

Elements	Self-Other Euclidian Distance	Self-Other Correlations	Proportion to be placed on the negative pole	Loading on Friendly	Loading on Submissive
self			0.77	-1.21	1.21
Ideal self	5.15	-0.58	0.00	3.61	-0.23
mother	2.87	0.11	0.62	-0.78	1.17
father	1.87	0.54	0.85	-1.31	0.16
Sibling/relative	2.37	-0.29	0.54	-0.24	-0.37
Close friend	2.50	-0.01	0.23	0.79	0.47
Romantic fig.	2.27	0.06	0.69	-0.64	-0.62
Authority fig.	4.06	-0.68	0.15	2.13	-0.36

Affectionate-Cold and decisive-indecisive were relatively central constructs for Fs in Clinical Group (see Figure 10 and Table 25). They construed 'ideal self' at the extremity of the *dominant* and the *friendliness* pole very close to authority figure. That is, similar to Fs in the Control Group they view authority figure as a *role model.* Close friend was also construed as *friendly*, but not *dominant as* their role model and construed relatively closer to the mid-point of the dimension. Similar to Fs in the Control Group they construe romantic figure in their life 69 % on the negative pole having *hostile* characteristics but this time on the mid-range close to the origin. Sibling/Close relative of Fs in the Clinical Group was also *similar* to the Fs in the Control Group being *hostile,* this time having some *dominant* characteristics; however, both characteristics were on the mid-range. Similar to Fs in the Control Group Fs in the Clinical Group also construed their 'self' and their mother as *submissive,* but contrary to them Fs in the Clinical Group they perceive their father, whose 85 % characteristics were on the negative pole, also having some *submissive* characteristics and having some *hostile* characteristics especially being *judgemental.* Again their 'self' was not very friendly as their

mother, especially being *manipulative* and 77 % of whom were construed on the negative pole. Briefly, they construed their 'self' were not in very friendly atmosphere regarding father, sibling/relative and romantic figure, only close friend and mother were in a degree the sources of affiliation and they are in need of identification with more powerful figures other than their close environment. They construed their close environment close to each other in terms of personal space as Fs in Control Group, but this time they were far away from their ideals and role model. Although their 'self' was very much similar to Fs in Control Group, their 'other' model seems to be more negative compared to them. However their cognitive structure (see Table 26) seems approximately similar in *differentiation* but considerably more *integrated* than the Fs in the Control Group having no implicative dilemma as well. Except 3 participants from Clinical Group, most of the Fs from both groups had 'working model' profiles below or above average (see Table 26).

Table 26. Complexity and Dilemma Profiles of Fs

	Self Other Model Profiles (RQ)	INTENSITY	BIERI COMPLEXITY (match score)	IMPLICATIVE DILEMMA
Fs in CONTROL (N=7)	• 2 low self-low other • 5 low other	1178	1	9 (1.2.3.4.5.6.)
Fs in CLINIC (N=20)	• 8 low self-low other • 4 low self • 5 low other • 3 around average	3260	3	0

1. *'self' was construed as 'timid', ideal self was construed as 'assertive', Dilemma: 1. 'assertive' person tended to be 'untrustworthy', 2. 'ssertive' person tended to be 'immature'*
2. *"self was construed as 'self-inconfident', ideal self was construed as 'self-confident'. Dilemma: 3. 'self-confident' person tended to be 'manipulative'.*
3. *'self was construed as 'dependent', ideal self was construed as 'independent'. Dilemma: 4. 'independent' person tended to be 'untrustworthy. 5. 'idependent' person tended to be 'immature'.*
4. *'self was construed as 'cold', ideal self was construed as 'affectionate'. Dilemms: 6. 'affectinate' person tended to be 'manipulative'.*
5. *'self was construed as 'disunderstanding', ideal self was constued as 'understanding'. Dilemma: 7. 'understanding' person tended to be 'untrustworthy'. 8. 'understanding' person tended to be 'immature'.*
6. *'self was construed as 'indecisive', ideal self was construed as 'decisive'. Dilemma: 9. 'decisive' person tended to be 'manipulative'.*

VI.4.4. Ps

a. Control Group

One individual Grid was eliminated from the analysis since it had low correlation with the Average Grid.

Figure 11. Slater Analysis for Ps in Control Group

N = 10

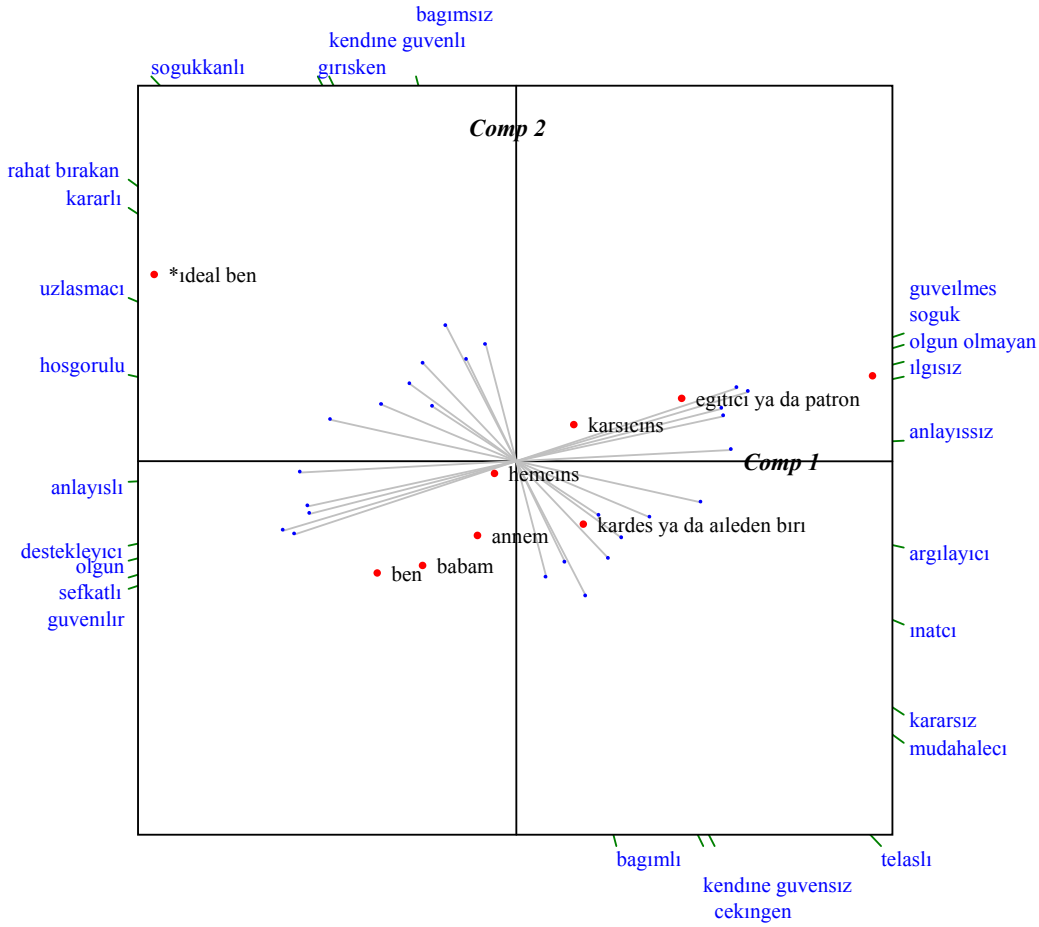


Table 27. Slater Analyses and Polarity Analysis for Ps in Control Group

Elements	Self-Other Euclidian Distance	Self-Other Correlations	Proportion to be placed on the negative pole	Loading On Hostility	Loading On Dominance
self			0.23	-0.24	-0.40
Ideal self	5.17	0.34	0.0	-0.63	0.65
mother	3.45	0.04	0.23	-0.07	-0.26
father	2.32	0.58	0.15	-0.16	-0.37
Sibling/relative	3.09	0.04	0.54	0.12	-0.22
Close friend	2.38	0.50	0.31	-0.04	-0.05
Romantic fig.	3.73	-0.40	0.38	0.10	0.13
Authority fig.	5.62	-0.85	0.54	0.29	0.22

Affectionate-Cold and mature-immature were more central constructs relatively for Ps in the Control Group (see Figure 11 and Table 27). 'Ideal self' of Ps was also at the extremity and construed as being *friendly*, *dominant* and also contrasting to their sibling/close relative who was construed as *hostile* and *submissive,* whose % 54 of characteristics were construed at the negative pole like authority figure. Both their self, mother and father were construed as being *friendly* and contrasting authority figure who was construed as *hostile* and slightly *dominant.* Close friend and romantic figure were very close to each other, but construed at the opposite poles of the affiliation dimension former being at the origin, slightly *friendly*, but later being slightly *hostile* and having some *dominant* characteristics. Briefly, they construed a friendly but submissive atmosphere regarding their parents who could not be differentiated from each other and perceived close to their 'self' as well. Thus, their 'other' model and 'self' model were positive in terms of affiliation, but lacking *dominant* characteristics. Their 'self' was far

from their ideals in terms of being *dominant*, but still correlating in terms of being *friendly.* However, sibling/close relative and authority figure were very much splitted with negative characteristics.

b. Clinical Group

Figure 12. Slater Analyses for Ps in Clinical Group

N = 21

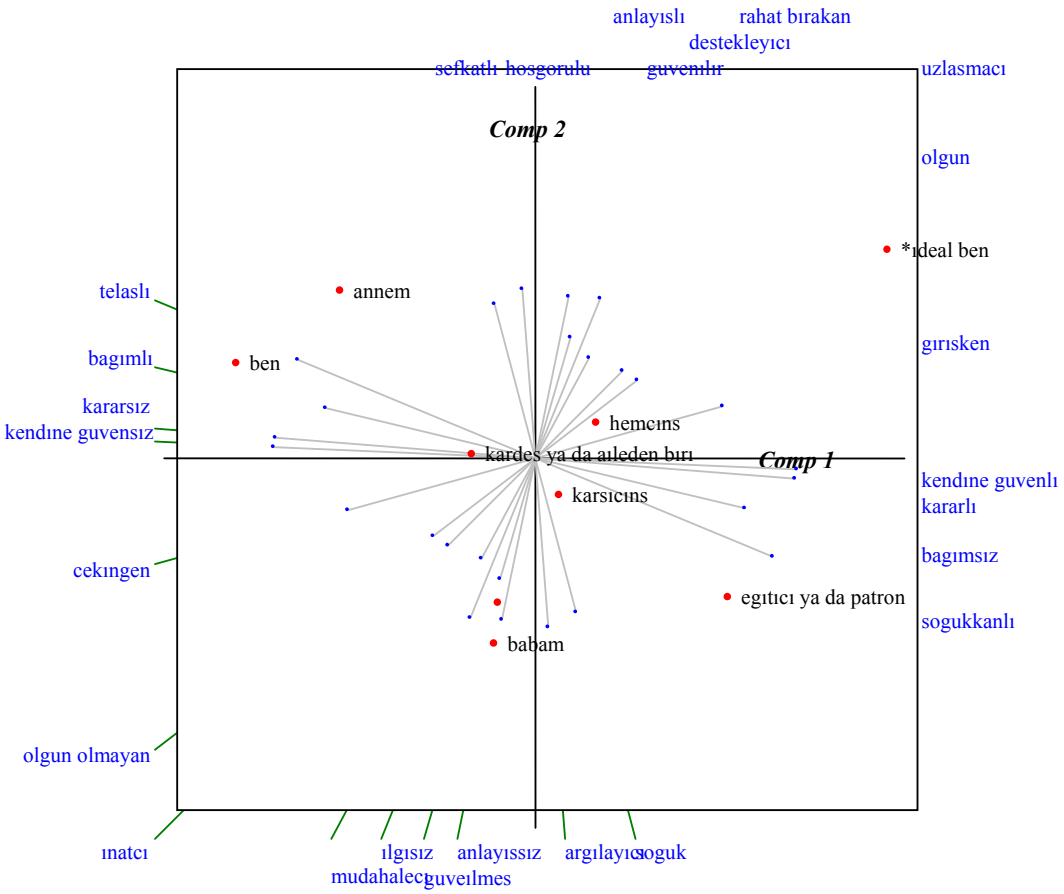


Table 28. Slater Analyses and Polarity Analysis for Ps in Clinical Group

Elements	Self-Other Euclidian Distance	Self-Other Correlations	Proportion to be placed on the negative pole	Loading on Dominance	Loading on Friendliness
Self			0.38	-2.59	0.82
Ideal self	5.79	-0.65	0.00	3.08	1.81
mother	1.88	0.75	0.38	-1.69	1.45
father	3.47	-0.07	0.69	-0.36	-1.62
Sibling/relative	2.58	0.39	0.54	-0.54	0.04
Close friend	3.34	-0.27	0.15	0.54	0.30
Romantic fig.	3.22	-0.29	0.23	0.21	-0.33
Authority fig.	4.82	-0.89	0.46	1.68	-1.21

Even tempered-Disconcerted, decisive-indecisive and *self-confident-self-inconfident* were relatively central constructs for the Ps in Clinical Group (see Figure 12 and Table 28). Similar to Ps in Control Group, they construed their 'ideal self' on the extremity of the *dominan*ce and *friendliness* pole close to their close friends. Again similar to Ps in Control Group, their 'self' and their mother were also construed *friendly* and close to each other*,* but this time more *submissive,* especially 'self' being *disconcerted, dependent, indecisive and inconfident*. Sibling/close relative was similarly construed, although his/her characteristics were construed 54 % on the negative pole, s/he was very close to the midpoint of affiliation dimension. Similar to Ps in Control Group authority figure and romantic figure were construed as being *hostile* and this time more *dominant*. But, contrary to Ps in the Control Group Fs construed their father as *hostile* and *submissive,* whose characteristics were construed 69 % on the negative pole at the opposite side of the 'ideal self'. Briefly, they perceived themselves partly in friendly environment concerning their mother and close friend. Their 'other' model was mostly positive, but not much closer to 'self' as in Control Group, rather 'father' and 'self' were distant

from everyone but close to each other. What they idealize was the opposite of their father. Their 'self' model was also positive in terms of *affiliation* but lacking *dominant* characteristics and approximately at similar distance from their ideals as Ps in Control Group and their friendliness was congruent with their ideals.

Although, Ps in Clinical Group had approximately similar level of *integration* and *differentiation* of cognitive structure, they had many *implicative dilemmas* compared to Ps in the Control Group who seem free from *dilemmas* (see Table 29). Except one participant from Clinical group, most of Ps from both groups had 'working model' profiles below and above average (see Table 29).

Table 29. Complexity and Dilemma Profiles of Ps

	Self Other Model Profiles	INTENSITY	BIERI COMPLEXITY (match score)	IMPLICATIVE DILEMMA
Ps in CONTROL (N=10)	• 4 low self-high other • 4 low self • 2 high other	2703	3	0
Ps in CLINIC (N=21)	• 3 low self-high other • low self • 4 high other • 1 around average	2296	1	6 (1.2.3.4)

.

1. *'self ' was construed as 'self-inconfident', ideal self was construed as 'self-confident'. Dilemma:1. 'self-confident' person tended to be 'cold'.*
2. *'self' was construed as 'disconcerted', ideal self was construed as 'even tempered', dilemma:2. 'even tempered' person tended to be 'cold'. 3. 'even tempered' person tended to be 'judgemental'.*
3. *'self' was construed as 'dependent', ideal self was construed as 'independent'. Dilemma: 4. 'independent' person tended to be 'cold'. 5. 'idependent' person tended to be 'judgemental'.*
4. *'self' was construed as 'indecisive', ideal self was construed as 'decisive'. Dilemma: 6. 'decisive' person tended to be 'cold'.*

VI.4.5. Mixed Insecures

a. Control Group

Figure 13. Slater Analysis of Mixed Insecures in Control Group

N = 4

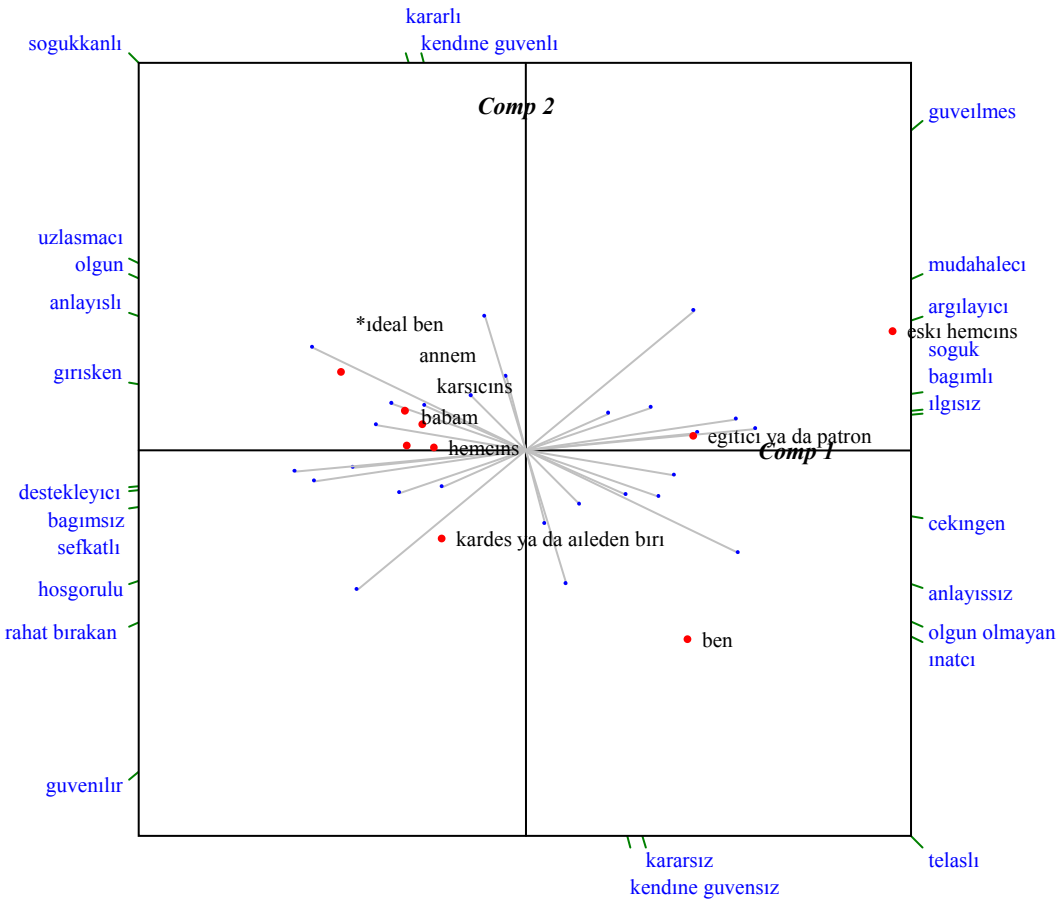


Table 30. Slater Analyses and Polarity Analysis for Mixed Insecures in Control Group

Elements	Self-Other Euclidian Distance	Self-Other Correlations	Proportion to be placed on the negative pole	Loading on Submissiveness	Loading on Friendliness
self			0.62	2.12	-2.48
Ideal self	5.76	-0.74	0.0	-2.40	1.01
mother	4.92	-0.64	0.0	-1.56	0.51
father	4.52	-0.60	0.0	-1.53	0.05
Sibling/relative	3.93	0.00	0.15	-1.08	-1.15
Close friend	4.49	-0.56	0.0	-1.19	0.04
Romantic fig.	4.63	-0.60	0.08	-1.35	0.32
Authority fig.	3.47	0.38	0.69	2.19	0.18

Cooperative-Obstinate and *trustworthy-untrustworthy* were relatively central constructs for Mixed Insecures in Control Group (see Figure 13 and Table 30). Participants having mixed insecure style placed their 'self' on the extremity of *hostile* and *submissive* pole, very distant from 'others' in their life and their characteristics were construed 62 % on the negative pole. Their 'self' was contrasting her 'ideal self' who was construed close to their father, mother, close friend and romantic figure in their life and who were similarly construed as *dominant* and *friendly* like their 'ideal self', at the same time totally construed 100 % on the positive pole. Their 'self' was very far from them, only relatively closer to the authority figure in their life who was construed as *hostile* and 69 % of whom being construed on the negative pole. Briefly they have negative 'self' model and extremely positive 'others' model, except authority. They had some *implicative dilemmas* about being *trustworthy* (see Table).

b. Clinical Group

Figure 14. Slater Analyses for Mixed Insecures in Clinical Group

N = 12

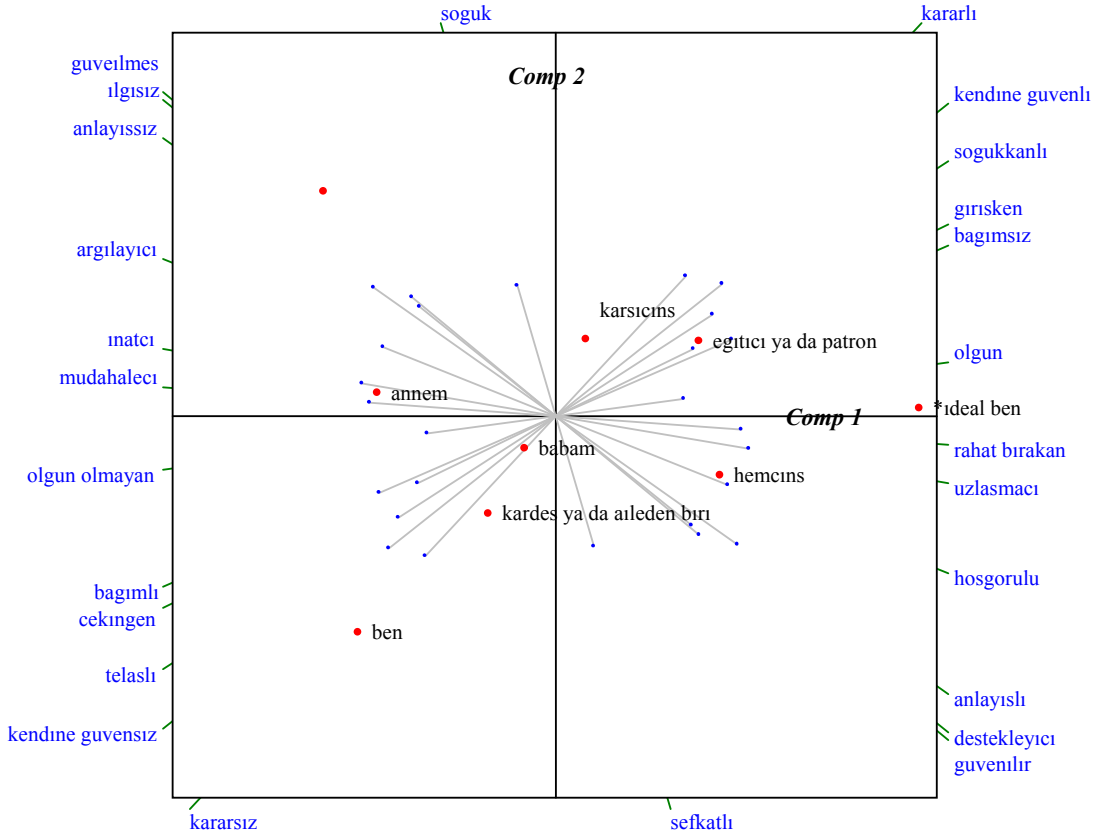


Table 31. Slater Analyses and Polarity Analysis for Mixed Insecures in Clinical Group

Elements	Self-Other Euclidian Distance	Self-Other Correlations	Proportion to be placed on the negative pole	Loading on Friendliness	Loading on Dominance
self			0.69	-2.21	-2.43
Ideal self	6.83	-0.65	0.00	4.09	0.08
mother	3.36	0.37	0.62	-1.99	0.26
father	3.14	0.35	0.69	-0.35	-0.37
Sibling/relative	2.44	0.72	0.62	-0.74	-1.10
Close friend	4.58	-0.34	0.08	1.85	-0.66
Romantic fig.	4.27	-0.56	0.31	0.35	0.86
Authority fig.	5.18	-0.84	0.00	1.61	2.52

Understanding-Disunderstanding and *even tempered-disconcerted* were relatively central constructs for Mixed Insecures n Clinical Group (see Figure 14 and Table 31). Like Participants having Mixed Inecure Attachment Style in Control Group, they construed their 'self' as extremely *submissive*, also whose characteristics were 69 % on the negative pole, especially being *inconfident, indecisive* and at the opposite of authority and romantic figure who were *dominant* and whose were construed approximately 100 % on the positive pole. Their 'ideal self' was defined more with *friendliness* like their close friend. Contrary to Mixed Insecures in Control Group they construed their mother, father and sibling/close relative as *hostile-submissive* as their 'self'. In fact, mother was more *hostile* relatively and 62 % of their characteristics were construed on the negative pole, while father was very close to the mid-point of the *dominance* dimension, but his characteristics were 69 % on the negative pole like sibling/relative who was construed 62 % being on the negative pole. Briefly, They had negative 'self' model and their 'others' model was also negative regarding their parents. However, they had positive 'other'

models such as authority figure and romantic figure who were percieved as complemantary to their characteristics being role models. They perceive their ideal self was very distant to themselves even more distant from the Mixed Insecures in Control Group.

Although Mixed Insecures in Control Group and Clinical Group had approximately similar degree of *integration* of cognitive structure, Mixed Insecures in Control Group seemed to have less *differentiated* system (see Table 32). On the contrary to this finding, Mixed Insecures had more *implicative dilemmas* comparing Mixed Insecures in Control Group. Control Group participants seemed to experience conflict whether being dominant means being *untrustworthy* while Clinical Group seemed to experience conflict whether being dominant means being *cold.*

Except one participant from the Clinical Group, most of the Mixed Insecures had 'working model' profiles below or above average (see Table 32).

Table 32. Complexity and Dilemma Profiles of Mixed Insecures

	Self Other Model Profiles	INTENSITY	BIERI COMPLEXITY (match score)	IMPLICATIVE DILEMMA
Mixed Insecure in CONTROL (N=4)	• 1 low self-low other • 2 low self • 1 low other	3032	17	2 (1.2.)
Mixed Insecure in CLINIC (N=12)	• 3 low self-low other • 6 low self • 2 low other • 1 around average	2975	5	3 (3.4.5.)

1. *'self' was construed as 'not self-confident', ideal was construed as 'self-confident; Dilemma:1.'self-confident' person tended to be 'untrustworthy'*
2. *'self' was construe as 'indecisive', ideal self was construed as 'decisive' Dilemma: 2. 'decisive' person tended to be 'untrustworthy'.*
3. *'self' was construed as 'self-inconfident', ideal self was construed as 'self-confident'. Dilemma:1. 'self-confident' person tended to be 'cold'.*
4. *'self' was construed as 'disconcerted', ideal self was construed as 'even tempered', dilemma:2. 'even tempered' person tended to be 'cold'.*
5. *'self' was construed as 'indecisive', ideal self was construed as 'decisive'. Dilemma: 3. 'decisive' person tended to be 'cold'.*

VII. DISCUSSION OF THE STUDY II

VII.1. Ranges of Different Attachment Styles in the Samples

Participant's distribution to each attachment style category were different in the Control Group compared to the Clinical Group. Number of secure participants in the Clinical Group were nearly half of the number of secure participants in the Control Group. Or, on the contrary, number of insecure participants in Control Group were about half of the insecure participants in the Clinical Group. This distribution is in the line of the expectations when we consider the overall literature which was mentioned before, additionally the results of Study I and Study II, which provided evidence for the association of the *secure attachment* to *psychological health.* Thus, as a consequence secure individuals might need clinical intervention less than the insecures. The percentage of secures in the Control Group of Study II was higher than the Study I (60 %, 47 % respectively) and more than the percentage mentioned in the literature (ranging in 40-50 %, see Sümer & Güngör, 1999). The Control sample in Study II was established as a matched sample for the comparison group. This might be a reason that the distribution of secures differs from normative range compared to Study I and other studies in the literature.

VII.2. Attachment Style and Clinical Status Differences on Emotion Regulation.

The results indicated that the first aim of the Study II mentioned above was almost accomplished in the line of the assumptions and the emphasized literature (see Chp.I.7.b.). In detail, secure participants were found to have less problem on regulating their emotions than insecure participants. Specifically, they had better *acceptance of their negative emotional experience, more skillfull to clarify what they were feeling, more likely to behave according to their goals and could control their behaviour even under negative affect, did not feel helpless under the negative affect* compared to insecure participants. Only, there was no significant difference between a*wareness skills* of secure and insecure participants. Therefore, for a Turkish sample emotion regulation skills which can be considered as *secure based scripts* (Mikulincer, 2006; Waters, Rodriguez & Ridgeway, 1998) exept *awareness* were confirmed as being associated to secure attachment style. This study brought a wider scope to the emotion regulation from *awareness* to developing effective strategies to overcome negative affect as discussed in Study I (see Chp. IV). Therefore, in this sense this was an additional evidence to the findings of the Study I which supports the secure individual's capacity to modulate their emotions compared to insecure individuals. The original finding of the Study II was the comparison of clinical sample with non-clinical sample.

Individuals taking psychological or psychiatric help were found to have difficulties in every emotion regulation skill except *awareness.* Neverthless, Ss wre still found to have better emotion regulation compared to insecures even when they were experiencing clinical problem. This result was an indication of the strength of the secure attachment style in emotion regulation even in clinical condition compared to insecure attachment styles. Also, this indicates the validity of a self-report attachment questtionaire (RQ) in a clinical sample opposed to the notions in the literature that questioning the validity of the self-report attachment scales in clinical sample (Bartholomew & Moretti, 2002). However, a*wareness* skills did not differ either in terms of attachment style or the individual's clinical status. In validity analyses carried out in the Study I (see Chp.III.1.), *awareness* was found to be the factor of emotion regulation that had least discriminative power. This might be because the content of the items in AWARENESS subscale of the DERS as discussed before (see Chp. IV) or might be an artifact of different types of *awareness* discussed in the literature, which makes *awareness* less measurable. Stern (2004), emphasizing the distinction between *awareness* (minimal consciousness) which is merely a phenomenal condition focusing on an experience and c*onsciousness* (reflective consciousness) which is the awareness of being aware. This description is very much congruent with the *self-awareness* (or self-focused attention) and *self-consciousness* distinction (Fenigstein, Scheier, & Buss, 1975; Rugancı, 1995). That is, *self-*

awareness is a state dependent, phenomenal factor that emerges with accompanying salient negative affect, while s*elf-consciousness,* is a trait. Reflective consciousness is similar to *internal state awareness* dimension of *self-consciousness* which has been confirmed as a sub-factor of the *private self consciousness* on a Turkish sample (Rugancı, 1995). Literature was giving some evidence about the association of private *self-consciousness and* psychological distress, such as high private self-consciousness was associated to high level of psychological distress as an immediate influence, but was associated to low level of psychological distress in the long run. This association could not be observed in the short-term but the depressive participants' dispositional tendency *of private self-consciousness* found to protect their self-esteem in the long-run compared to non *privately self-conscious* individuals in a Turkish sample (Rugancı, 1988). The items in the *internal state awareness subscale* are very much similar to the items in the AWARENESS subscale of DERS (see App. XV). The examination of AWARENESS displayed some similarity to the short term results of the Rugancı's (1988) study, such as the lack of association of AWARENESS with psychological distress (and distress related variable attachment style) compared to other emotion regulation abilities. Apparently, the only realm that self-report scales could measure is what one has into his/her consciousness and this might not involve the true phenomenal experience as Stern has discriminated. Therefore, there might be a validity issue concerning what AWARENESS subscale

measures. Another explanation could be that this might be due to a cultural factor that 'to focus on affect' might have a different phenomenal experience for a Turkish sample. This issue needs further investigation.

Similarly, in the line of emphasized literature, individuals having secure attachment styles were found to have less psychological distress compared to insecures in a Turkish sample as well. Those participants who were getting psychological or psychiatric help were also found to have more psychological distress than those who did not seek clinical treatment. Neverthless, here again secure attachment style seems to protect the individuals even when experiencing clinical problem. That is, secure individuals getting treatment were found to experience less psychological distress than insecure individuals getting treatment.

VII. 3. Mediator Role of Emotion Regulation

The results indicated that the *second aim* (see Chp.I.7.b.) of the Study II was also accomplished. In other words, for both clinical sample and non-clinical sample, those having *insecure* attachment styles were found to have difficulty in emotion regulation while *secure* attachment styles were more capable of regulating their negative emotions. Furthermore, their difficulty of emotion regulation was found to be an explanatory factor how the attachment style they have leads high level of psychological distress, while for the secure individuals, effective emotion regulation was found to be a mediating factor between their

attachment style and low level of psychological distress. In other words, attachment style determines how one regulates his/her emotions and how emotion is regulated in turn determines the psychological health of an individual.

This mediator role of emotion regulation were used to be based on *emotional cut off* for the association between the dismissing attachment style and psychological distress, and *emotional arosual* for the association between the preoccupied attachment style and psychological distress in previuos empirical studies (Wei, Vogal, Ku & Zakalik, 2005) as mentioned in Study I as well (Chp.IV.). In this study like in the Study I, more global factor of emotion regulation measured by DERS were found to be a mediating factor. This broader perspective of emotion regulation also provided to see the contribution of secure attachment capacity to regulate emotion on psychological health both for the control and clinical sample. Furthermore, even including the Ds into the overall insecure attachment category that was found to have no significant impact on emotion regulation and psychological distress in Study I, the difficulty of emotion regulation were fully mediate the relationship between the insecure attachment style and psychological distress in both samples. Similar pattern of mediation in clinical sample is an original finding for this study.

It might be interpreted that, for insecure attachment styles emotion regulation problem is a common, unifying factor behind the psychological symptoms.

VII. 4. Personal Construction of the Different Attachment Styles

RGT results about Bieri complexity generally exhibited low matching score (at most 17 as for Mixed insecure Style, despite maximum 702 possible matches). These might be because of the selection precision of the constructs that are capable to differentiate based on the Kelly's 'propositionality' and 'permeability' criteria (see Chp.V.2.2.). Thus, participants differentiation score might be calculated on constructs that were already differentiated. Thus, the results interpreted considering this possibility and the highest matching score were evaluated as indicating highest cognitive simplicity.

Each attachment style group from either clinical or non-clinical sample had different number of participants and some groups had considerably fewer partcipants, i.e. three Ds and four Mixed Insecures in non-clinical sample. RGT analyses do not require a certain number of participants since there is no comparisons based on statistical significance. Even one individual is accepted as a source of information for RGT analyses (Fransella & Baninster, 1987). What is important in this case is the capability of the group members representing the characteristics of the assigned category.

Previuos findings of the Study II displayed the advantage of having secure attachment style or disadvantage of having insecure attachment styles regarding emotion regulation and psychological distress for both clinical and non-clinical samples. In this condition, RGT analyses results seemed to provide some answers for the accomplishment of the *fourth* aim of the Study II regarding the characteristics of the *secure* individuals that makes them to seek psychological or psychiatric help, and some characteristics of *insecure* individuals that might be effective in their help seeking behavior at least at the time of the study. Results can be interpreted as partly being in the line of the previuos research and also providing some additional information as RGT included additional 'object relations' data such as the representations of relationships between 'self' and sibling, close friend, authority figure and 'ideal self' (see Table 33).

Ss in both groups were integrating the 'positives' and 'negatives' into 'self' and 'other' as Barthoomew & Horowitz (1991) pointed out by emhasizing their moderate profiles around origin of the dimensions rather than splitting. In fact, generally, they had positve 'self' and 'other' models similar to the findings of Gallo et. al. (2003) and Levy et. al. (1998) but in moderate range. As for a support to their mid-range profile, 1/3 of the Ss participants from Control and approximetly 1/2 of Ss partcipants in the Clinical Group had average 'self' and 'other'

profiles regarding RQ scores which was the greater number of 'average' profile compared to all insecure attachment styles. Additionally, they had differentiated cognitive process due to Bieri index similar to Levy et. al.'s (1998) findings. Therefore, they can be said to have better *cognitive complexity* or multi-dimensional view relative to other attachment styles. Ss from both groups were defining their personal world more concerning *submissive-dominant* dimensions due to the 'components' named according to the loadings of the 'elements'. Ss in the Control Group were *dominant* as expected and congruent with the findings of the previous studies (Bartholomew & Horowitz ,1991; Shaver & Brennan, 1992; Gallo, Smith, Ruiz, 2003) and everyone in their environment were less *dominant* than their 'self'. Authority figure might be an object of transference regarding *hostility* which was splitted onto this figure. This transference relationship might be from father to authority due to their closeness, while they might transfer their relationship with mother that is complementary (*dominance* of 'self' complementing the *submissiveness* of mother in *affiliation*) to romantic figure in their life. Few differences of Ss in the Clinical Group from Ss in the Control Group were their lacking *dominant* characteristics, their being a little bit more distant from their ideals although being more *friendly* and idealizing authority as a complementary to this inefficiency of Clinical Group, and their relationship with 'father', this time, seemed to be transferred to romantic figure who was less *friendly* as 'father'. Considering these results, self-confidence might be more related to

dominance rather than being *friendly*. Franks & Marolla (1976 , see also Ruganci, 1988) differentiated 'self-confidence' or 'inner' self-esteem which is more related to achievement related characteristics, here 'self' is an active agent that depending on an inner source stemming from the feeling of capacity, potency, competence and, 'self-worth' or 'outer' self-esteem which is more related to how others view us, thus more depending on approval and acceptance, so more relational (see App. VI for their scale to measure two dimensions of self-esteem). *Affiliation* dimension may be more related to 'outer' self-esteem. Having positive 'self' model either as *dominant* or *friendly* seems to protect one regarding healthy emotion regulation and psychological health considering the general results of the Study II (see Chp. VI.2.). However results discriminating the Control Group from the Cinical Group might also indicate that 'self-confidence' or being assertive, confident, decisive, even-tempered, mature are more related to psychological health than *friendliness (affiliation)*. Characteristics related to 'self-confidence' might be interpreted as more connected to the characteristics of ego (Freud, 1917, 1923, see also Ogden, 2002; Kohut, 1977) and, on the contrary, 'self-worth', being affectionate, understanding, supportive, tolerant, trustwothy might be interpreted as connected to superego. Thus, if there is some problems in ego development, personal investment on superego carries some defensive characteristics rather than healthy development of ego ideals (Freud, 1917,1923). If we clarify this approach with Kohut's (1977, see also

Wolf, 1988) terminology who revised the Classical Psychoanalytic Theory assuming ‘self’ as a product of ‘experience’ rather than a structural division (id, ego, superego) functioning around a drive: According to Kohut’s Psychology of Self, ‘self’ has *bipolar* structure and the experience of true ‘self’ as integrated unit basicly depends on the tension between these poles organizing the creativity of the individual toward his/her ideal goal and provides the experience of continuity in time and space; That is, one pole involves the effective *mirroring* of *selfobject* (‘selfobject’ is significant other in Kohut’s terms and joint spelling of ‘self’ and ‘object’ emphasizes the attachment of ‘self’ with significant other) as a response to the need of the infant to be confirmed as a being (see also Chp. I.1), and effective mirroring results with the experience of true self organizing the basic ambitions for power and success; Thus, for healthy development of self-esteem both natural weakness and growing strength of the infant should be contained or acknowledged at the same time by the significant others, otherwise disconfirmed parts of the self are splitted from the ‘self’ creating a *false ‘*self’; In this case, the grandiose phantasies are a defense for his/her feeling of emptiness, inner deathness resulting from the splitted section of the self; The other pole, namely *idealizing* pole involves internalizing the calming, soothing or regulating functions of the idealized significant other; This can be possible through appropriate expectations of the parents from the infant and gardual, tolerable confrontations or *optimal frustrations* of child that the ‘other’ is not perfect, so that the fantasy of

‘ideal’ can be internalized by the child as an ‘ego ideal’ (see also Siegel, 1996); But, if the emotional needs of the infant are not responded by the idealized figure with optimal frustration, if the tension of the biological drives can not be controlled or neutralized through the effective intervention of the significant other, and if the superego lacks the idealized figure during oedipal period and begining of latency (3-7 years), child develops affect regulation problems and problems of the healthy superego containing realistic values and standarts; Therefore, the developmental line feeding only idealizing pole may result with social values lacking ambition to actualize or as an opposite, developmental line feeding only mirroring needs might provide ambitions that are not directed to an appropriate ideals. Secure attachment is a product of both poles, so some mirroring problems might prevent to provide self-confident base while compansated with the proper feeding of idealized pole. In this case, there might be more investment to ‘self-worth’ rather than ‘self-confidence’ . This might be the case for Ss in the Clinical Group. if we explain this fact with the affect regulation terms which were mentioned in Chp.I.2.2: if one lacks self-confident characteristics there is a possibility that the equilibrium between self-regulation and interactive regulation is injured and shifted more to interactive regulation enhancing the *affiliation*, because of the excessive focus on the ‘other’. However, the equilibrium is the necessary condition for psychological health.

Ds in the Control Group had similar positive, distinguished 'self' and negative 'other' model reported in the previous studies (Bartholomew & Horowitz ,1991; Gallo, Smith, Ruiz, 2003; Levy, Blatt & Shaver, 1998; Shaver & Brennan, 1992). They view the world from both *dominance* and *affiliation* dimensions and 'self' was capable of both, while 'other' incapable of both. Remembering that Ds' lack of impact on psychological distress (see Chp.III.4) and could not be differentiated from other insecures and from Ss at emotion regulation skills (see Chp.III.2.2.) in Study I, it can be said that their defensive posture or splitting negatives from the 'self' might be effective on these results. This interpretation is also congruent with the evaluation of Kobak & Sceery (1988) about the inconsistency between peer ratings indicating Ds' being more hostile, more anxious and having lower ego-resilience than Ss, and Ds' own ratings that displayed no significant difference of self-competence and distress from Ss. They interpreted this inconsistency as an indication of Ds' denial of experiencing negative affect (see also, Lopez, Melendez, Sauer, Berger & Wyssmann, 1998). There were two somewhat exceptional figures in the 'negative' other profile, one was a romantic figure in their lives who construed as slightly positive and close to their 'self' and the other was father who was *dominant* but attributed conflicting construcs regarding *affiliation*. Their construction of father was congruent to the theories that emphasize condtradictory memories of Ds or Avoidant attachment style, such as 'loving father at the same time rejecting' (see Chp.I.3.). This time father

was *cooperative* but *judgemental* as well. This result was also supporting their having considerable number of *dilemma*) which might be an indicator of problem in internalization of object-relations. Their construing of 'others' as *disunderstanding, cold, indifferent* and *manipulative* is also in the line of attacment research that emphasizes the self-reliant profile of Ds as a result of unavailable or rejecting parenting. Both Ds in the Control Group and Ds in the Clinical Group seem to have *less integrated* and *less differentiated cognitive system* relative to other groups. This result might imply a *fragmented* system indicating personality problem which was an additional evidence to splitting defense of Ds. This interpretation is in the line of Millon's and Crittenden's approach (cited in Page, 2001) who studied the association of personality disorders and attachment style.

Ds in Clinical Group was also viewing the world from dual frame of *domianance* and *affiliation*, but exhibited an interesting profile, 'self' being extremely *submissive,* distinguished from 'others' and very much distant from the ideal 'self' as opposed to Ds in the Control Group (even most distant profile from their ideals compared to other attachment styles). Their 'other' model was splitted as some of them on being 'negative' and rest on being 'positive' poles of the same dimension. This ambivalance towards 'other' might be an additional evidence that self-reliant Ds are resistant to take psychological help from a proffesional, but when they reach help due to increased symptoms or

due to collapse of the defenses since the 'self' is not *reliant* anymore, they might be considerably at worse condition. But, because of the insufficient number of participants in both Control and Clinical Group for statistical comparison, Ds differential contribution to psychological distress and to difficulty of emotion regulation could not be identified in total insecures as a support to this cross sectional inference. This finding can be supported by retrospective data that will identify the change of Ds in time. In fact, fewest number of participants in the Clinical Group were Ds. This might be also an indication of their self-reliance and resistance to get help from external source. But as Ds in the Clinical Group were very few in number (N=3) and all being male participants, although their working model profiles were at extreme there may still be a problem that they were not a prototype of Ds. Therefore, this finding also needs a further support with more broader sample of Ds.

Fs in both Control and Clinical Group define their relational world through both *affiliation* and *dominance* dimensions. Both Fs, in the Control Group and the Clinical Group, had negative 'self' model especially being *submissive* and not being very *friendly* congruent with the findings of Bartholomew & Horowitz (1991) and Shaver & Brennan (1992). This insufficient *affiliation* for both group may imply a social skills deficit as well. Fs in two group had both negative and positive 'other' models. This finding is slightly different from the previous

literature which emphasizes the 'other' model of them as negative (Gallo et. al., 2004), but congruent with the findings of Levy, Blatt and Shaver (1998) who displayed that Fs integrate 'good' and 'bad' aspects like Ss (see Table 33). Romantic figure was consistently negative 'other' model in their life for both groups, and authority figure was consistently the postive role model for both groups. The mother was consistently the significant figure providing affiliation but *submissive,* passive and inconfident for both groups. The difference between two groups were the father figure who was *dominant* and *friendly* being a role model for Fs in the Control Group, on the contrary, being the opposite of the role model in the Clinical group. Fs in the Clinical Group were lacking an 'object relations' with dominant, friendly figures in their significant environment. Therefore, this might imply social skills deficit in a passive environment, needing idealizable authority. But unexpectedly, Fs in Clinical Group had integrated and somewhat differentiated system indicating *cognitive complexity* with no *implicative dilemma,* this also congruent with the findings of Levy et. al. (1998) about Fs (see Table 33). On the other hand, expectedly, Fs in Clinical Group was very distant from their ideal 'self' indicating their lack of self-confidence. One reason of more mentally soothed condition of Fs in Clinical Group or ability to do *mentalization* like Ss (Levy, Blatt & Shaver, 1998) might due to their being under the control of a mental health proffessional (authority) whom they can idealize. However, Fs in Control group had many *implicative dilemmas,* the less integrated

cognitive system compared to all attachment styles from both groups, although highly differentiated. This might imply the unorganized, in a way a 'caotic' system. Their implicative dilemmas indicate that they seemed to be confused whether to be *dominant* means being *hostile* at the same time. This conflicting system around the undifferentiated nature of being *dominant* from being *hostile* might be a reason of their inibited 'self'. As in the case of Ds mentioned before, insufficient number of Fs in Control group did not provide an opportunity to statistically compare Fs in the Control Group with Fs in the Clinical Group in terms of emotion regulation and psychological distress. Therefore, in order to be sure about the reliability of the findings and at least understand this paradoxical result of more adaptive cognitive structure of Fs in Clinical Group than Fs in Control Group, further examination on more broader sample of Fs is needed.

For both groups Ps' 'self' model was positive regarding *affiliation.* This in a way confirmes Gallo et. al.'s (2004) findings and partially confirms the findings of Bartholomew & Horowitz (1991) findings who additionally emphasized some *dominant* characteristics of Ps before rejected by 'other' (see Table 33). In both group Ps' 'other' model were very much similar to their 'self' model having *affiliative* characteristics but lacking *dominance,* except authority and romantic figure who were *dominant* from both groups, but *hostile* and except fathers of Ps in Clinical Group who were *hostile*. For both groups Ps seemed to process their

relational world through both *affiliation* and *dominance*. Regarding content analyses only difference between the Ps in two groups was Ps negative representation of father in the Clinical Group. Concerning *cognitive system,* both groups had approximetly similar *integrity* in moderate level compared to other attachment styles. The *differentiation* capacity of both group did not have marked difference of *cognitive complexity.* However, Clinical Group had many *implicative dilemmas* mostly implying confusions about 'whether being independent, confident, decisive and even-tempered means cold'. This might indicate how 'affection' was important for them. Additionally, since those dimensions were central for Clinical Group their conflict might lead them more negative experience.

Since previous studies carried out on 4 factor model and on taxonomic analysis of attachment models that did not include the *Disorganized Attachment Style,* there is no opportunity to do comparative evaluation with the previous studies about Mixed Insecures with other four Attachment styles (Ss, Ds, Ps, Fs). Neverthless, studies about *Disorganized Attachment Style* might be a means to compare with the Mixed Insecures that seemed to emerge in this study as a fifth category. Mixed Styles from both group seemed to have approximately similar *cognitive structure* indicating tightness or rigidity with high *integrity* score but also having high matching score indicating *cognitive simplicity* regarding Bieri index and have approximately similar number of many

implicative dilemmas. Especially, mixed insecures in Control Group seemed to have less differentiation capacity compared to all other attachment styles. Content analysis also indicates the Control Group's difficulty to differentiate the 'other' models in their life and splitted all negative characteristics onto 'self' and authority figure while viewing all 'others' as being positive representing their ideals. 'self' model of clinical group was also similarly negative, however they had both negative and positive 'other' models. Negative 'others' were parents especially mother, while positive 'others' were close friend, romantic figure and authority figure. Clinical Group was also extremely far from their ideals. Mixed insecure group seemed to have most cognitive constriction and simplicity compared to other attachment styles. This type of problem about cognitive process is associated to neurotic problems rather than personality problems (see Chp.I.6). However, unresolved/disorganized attachment type which was assumed to be related to Mixed Insecure type in Study I (see Chp.IV) were associated mostly with multiple, split representations of 'self' and 'other' models with lack of integration imlying *mentalization deficit* or *deficit in reflective function* (Fonagy, Gergely, Jurist, & Target, 2002; Fonagy & Target, 1997; Liotti, 1999*).* This fregmented profile was associated with Ds in the Clinical Group rather than Mixed Insecures from both groups. Cognitive Simplicity of Mixed Insecures indicates unidimensional view of the mental functioning. Mixed Insecures might display a fixation of cognitive abilities at *teleological* period which was the prerequisite of

mentalization during developmental process. *Teleological* mind functions according to percieved rationality based on overgeneralization of behavioral outcomes without representing actual rationality which comprises the thoughts and feelings of both 'self' and 'other' (Fonagy & Target, 1997; Gergely, 2003). Mixed Insecures' problem of *differentiation* (this was apparent in content analyses as well) and rigidity seems to have some similarity with *teleological* functioning. Again insufficient number of participants having Mixed Insecure attachment style in Control and Clinical Group prevents to compare the Ds and Mixed Insecures in terms of emotion regulation and psychological distress. Therefore, further studies examinning the differential effect of Ds and Mixed Insecure attachment style for the comparison of them from both clinical and non-clinical samples on cognitive functioning, emotion regulation and on psychological distress are needed.

Most of the Insecure participants from both groups seemed to have extreme 'working model' profiles since profiles were above or below the average. This finding was congruent with the RGT profiles, since 'self' and 'other' mostly construed as more 'positive' or 'negative' compared to Ss in both groups.

In overall evaluation, the common difference between insecure participants from the Control and the Clinical Group was the

construction of *father*. Fathers of the Clinical Group were *hostile. submissive* 'self' in the Control Group (except Ds who were dominant) were *affiliated* with the father while *submissive* 'self' in the Clinical Group were subjected to the *hostility* of father. This might be destructive and inhibitive for the insecures in the Clinical Group in reciprocity of *submissiveness* and *hostility*. This might also be an evidence for the theories that assume the supportive role of father as an alternative attachment figure (Leowald, 1960) and for the studies that prove the importance of differential perception of the father by the child in development process (Levy, Blatt & Shaver, 1998). Considering the *mirroring* and *idealizing* poles of the 'self' development according to the Psychoanalytic Self Pschology of Kohut (1977) mentioned before, father is generally evaluated as more related to the *development of ideals* especially during preoedipal (18 months-36 months) and oedipal-early latency period (3-7 years of age). In other words, mothers seems to 'push' with ambitions emerged through their *mirroring* and father seems to 'pull' with appropriate ideals through feeding the child's idealization needs. Therefore, for the insecure Controls, *dominance* or *friendliness,* or both characteristics of father might provide compensatory 'object relations' supporting their emotion regulation and pschological health compared to insecures in Clinical Group. The differential role of *father* on attachment and on psychological health should be analyzed in further research.

Table 33. Studies and Findings about the Working Models of Different Attachment Styles

Attacment Style	Bartholomew & Horowitz (1991)	Shaver & Brennan (1992)	Gallo, Smith, Ruiz (2003)	Levy, Blatt & Shaver, (1998)	Study 2 Control Group	Study 2 Clinical Group
Ss	Not extreme profile (around origin)	Dominant & Friendly	Dominant & Friendly, less neurotic Positive other (Friendly,sensitive,supportive) Father not submissive & allows autonomy	Positive other model Parents more warm, benevolent, less ambivalent, less punitive than anxious & avoidants Descriptions More differentiated, articulated and elaborated on conceptual level	Not extreme self & Other profile self:(dominant-assertive, even tempered, independent) Mother submissive & friendly, father less friendly around the origin, Other (less dominant) Authority hostile Ideal self dominant & friendly	Not extreme self & other profile Self friendly but less dominant Mother submissive Father & Romantic fig. less friendly around the origin Authority dominant & friendly Ideal self dominant & friendly
Ds	Positive Self Negative Others	For all insecure attachment hostile and submissive	Less conscientious, less open	Parents punitive, malevolent less articulated, less differentiated	Self friendly & dominant-assertive Mother hostile, Close friend submissive, Father dominant, judgemental, romantic figure positive, Authority hostile Ideal self friendly & dominant	Self extremely submissive Mother friendly Father hostile Others around origin Authority hostile Ideal self dominant

Attacment Style	Bartholomew & Horowitz (1991)	Shaver & Brennan (1992)	Gallo, Smith, Ruiz (2003)		Study 2 Control Group	Study 2 Clinical Group
Fs	Negative self (introverted, subassertive), slightly cold	All insecure attachment hostile & submissive	Mother dominant Father submissive, both less allows the autonomy, hostile interaction between them More negative social relationships	Parents punitive, malevolent But descriptions well differentiated and integrated like Ss	Self submissive, sibling/relative submissive & less friendly Mother friendly & submissive Father friendly & dominant Romantic fig. dominant, hostile Close friend dominant Authority friendly Ideal self friendly & dominant	Self submissive, not very friendly, Mother submissive & friendly, Father, romantic fig. submissive & hostile close friend friendly Authority dominant & friendly Ideal self dominant & friendly
Ps	Self warm & dominant, over expressive, after rejection perceive self negative Others positive	All insecure attachment hostile & submissive	Self friendly, conscientious, neurotic Males enmeshed with mother, but mother less friendly		Self, mother, father friendly & submissive and all less differentiated. Authority hostile & dominant Ideal self friendly & dominant	Self, mother friendly & submissive Father hostile & submissive Close friend friendly & romantic fig. dominant at mid-range Authority dominant Ideal self dominant & friendly
Mixed Insecures					Self hostile & submissive Father, mother, close friend, romantic figure friendly & dominant Authority hostile Ideal self friendly & dominant	Self submissive Mother, father not very friendly & submissive Close friend &Romantic fig. friendly & dominant Authority dominant Ideal self friendly & dominant

VIII. CONCLUSION, LIMITATIONS AND IMLPLICATIONS OF STUDY I AND STUDY II

VIII.1. General Conclusion: 'Security' Of Secure Attachment

Bowlby's theoretical assumptions and related infant research based on his assumptions regarding attachment theory about the secure and insecure attachments were supported in Turkish late adolescents and adult samples in the present studies. Secure attachment appeared as a significant determinant of psychological health in both studies. Affect regulation that is observed to be established as a major component of attachment behavior during early development appeared as a mediator factor that is maintaining the secure attachment and pyschological health association. Even for clinical sample, secure attachment seems to be a prohealth resource that have an impact on low level of psychological symptoms through modulating negative affect compared to insecure attachment. Moreover, better cognitive complexity and better integration were associated with secure attachment compared to insecure attachment. However, better regulation of negative affect, in turn better psychological health were associated with secure attachment having dominant 'self' model compared to secure attachment having friendly 'self' model lacking dominant characteristics. This is very important implication for clinical practice which emphasizes

the role of ‘inner competence’ for a lively organism that is competent for self-regulation rather than affiliated profile.

Addditionally, being interrelated to attachment style, difficulty in emotion regulation seems to be a unifying factor of pyschological symptoms. This was also very important implication of the two studies emphasizing emotion regulation skills of an individual as a target of therapeutic process.

In Study II, differential impact of Ds, Ps, Fs and Mixed Insecures from each group on emotion regulation and psychological health could not be analyzed because of the insufficient sample size, but insecure participants, overall, seemed to have difficulty of regulating their negative affect, have more psychological distress and additionally have more problems in their personal construction of relational world and more problems concerning their cognitive complexity compared to Ss regardless of group effect. In Study I differential effect of each insecure category on emotion regulation and on psychological distress of non-clinical sample can be observed. There again the disadvantage of Fs, Ps and Mixed Insecures on negative affect regulation and incapability of Fs’, Ps’ (when analayzed as continuous variables) negative affect regulation appeared to be an important component or mediator factor that leads psychological distress. Ds could not be differentiated from Ss and other insecures in respect to its impact on regulating negative

affect and did not seem to have any significant effect on psychological distress. This differential effect could not be reexamined on the non-clinical and the clinical samples in Study II, beacuse of the insufficient sample size for the statistical analyzes, rather insecure attachment was examined as a general factor. It is apparent that every category of insecure attachment is a risk factor for psychological distress. This seems even valid for Ds also regarding their *fragmented* nature of 'working models' with lack of differentiation displayed in RGT results. Insecure attachment is a risk factor for psychological health due to insufficient capability to modulate the negative affect. Thus, they seem to be more vulnurable to psychological distress when exposed to stressful situation. Additionally, insecure attachment exhibit a kind of mentalization problem with having many implicative dilemmas and/or having cognitive constriction and/or disintegrated cognitive profiles. Therefore, this might be an evidence for the coexistence of problem of regulating the negative affect and mentalization deficit which were interwoven into insecure attachment during the developmental process mentioned in the introduction section (see Chp.I.1.1.). On the other hand, secure individuals are also exposed to stress situation that needs affect regulation in order to return the homestesis. Most probably, through their effective mentalization they are capable of regulating their emotion and return to the balance state. Thus, their psychological health gets less injured compared to insecure individuals as can be observed also from the two studies.

VIII.2. Implications For Clinical Practice

The results of the study might be considered to have implications for both psychological prevention and intervention. These present studies showed that other than romantic attachment, assumptions related to attachment theory in respect to psychological health are observed in Turkish samples as well. Specifically, insecure attachment occurred as a risk factor for psychological health. Therefore, since child rearing practices play a great role in developmental background of the attachment style and due to lack of demographic planing, economic problems, lack of generational transfer of effective child rearing, lack of knowledge about child rearing (Kağıtçıbaşı, 1989) in Turkish Culture, parents may not have an oportunity to fulfill this necessary background through mentalization enhancing practices for secure attachment. Thus, educating the parents about effective *mirroring* including calming, soothing behaviour and attunement or synchorinizing the affective interplay can be considered as an important preventive measure for psychological health. Considering the result regarding the importance of 'father's role in attachment, educating the father on relational aspects seems to be a necessary component of this education. In this respect, educating the practitionares or *first step health personals* (e.g., public health professionals) who can deliver services to the parents before and after birth regarding *mirroring* and *idealizing* dynamics and related

practices of child rearing and their application, might be an effective tool for widening the prevention.

Furthermore, considering mother's *depression* as a contributor to insecure attachment and affect regulation problems, and in turn destructing the mentalization process of infant (Beebe and Lachman, 2002; Fonagy, Gergely, Jurist & Target, 2002; Kohut, 1977), postpartum depression of mother needs attention from the responsible authorities. Both primary and secondary prevention are suggested for this issue, through raising consciousness of mothers regarding the symptoms of postpartum depression and possible help sources about the issue, and providing intervention with effective strategies if depression is a case.

Considering the results showing secure individual's skills as a prohealth resource in especially Control Group, *social skills training* in early years of child either as a prevention or an interventon strategy might contribute to the *dominance* and *affiliation* of an individual, through which fear of 'other' can be reduced. Additionally, as social skills training will provide an individual to be more closer to the 'others', the representation of both negative 'self' and 'other' can be challanged.

The role of 'authority figure' in individuals life was apparent in RGT results indicating that they were either positive tranference figures of

early attachment relationship or role models closest to their ideals or negative transference figures in their life. Thus, especially, preschool and primary school teachers being a candidate of role models in children's life might be considered secondary target for the education about attachment issues as a contributor to child's psychological health.

Considering intervention, *emotion regulation* capacity, being a core of psychological symtoms, or a unifying factor being a background of psychological symptoms, can be suggested to be a criterion of the psychological health. Therefore, improvement in emotion regulation capacity rather than psychological symptoms can be considered as a target outcome of the psychotherapy. Current studies varified that *relational pattern, affect and cognitive model of the relational world* are interrelated domains regarding individual's *psychological health.* Therefore therapeautic interventions should be effective to transform these three domains in process. Thus, what was developmental once (see Chp.I) can be assumed to be valid for the pyschotherapy, in other words, mentalization based therapy is a tool to transform the 'working models' and to enhance the emotional regulation capacity (Beebe and Lachman, 2002; Fonagy, 1999[3]; Fonagy, Gergely, Jurist & Target, 2002; Stern, 2004). In this way, not the historical past but the 'functional past' that influences the current life of an individual can be transformed through corrective experience and his/her understanding of

current ways of being with ‘other’. Extension of ‘intersubjective consciousness’ (Stern, 1985) is necessary for the transformation of ‘working models’ in the therapy. This can occur only by Relational Therapies that favors the emotional existence of the therapist besides his/her cognitive existence in the therapeutic process. With the effective contribution of the therapist on interactive regulation, there exist some moments of phenomenological synchronization between therapist and patient. Those are the moments that the patient both affectively and mentally comprehends how s/he is represented by the therapist or mentalized by the therapist. Recurrence of these moments were the true context for interpretation that facilitates the mentalization of patient (Beebe and Lachman, 2002). Here referring to Fonagy’s (1999[3]) utterance in American Psychoanalytic Association Meeting seems to be very appropriate:

> Representational changes are in the direction of a fuller and more eleborated representations of the mental states of internal objects and the self. Enchanced reflective capacity (mentalization) allows patients to integrate splitt-off parts of the self and create object representations with complex thoughts, mixed emotions, and differentiated desire. Symptomatic improvement should be associated with such changes..

VIII.3. Limitations of the Study and Implications for Further Research

The adaptation of a scale measuring emotion regulation (DERS) and examining the 'working models' and related cognitive system through RGT for the frist time on a Turkısh sample were another important results of the current studies. For measuring the change in psychotherpy RGT seemed an effective measure that indicates content and structural aspects of mentalization and DERS appeared as a reliable and valid instruement to measure emotion regulation. These instruments, RGT with the generation of 'constructs' and 'elements' by the investigator of this study and DERS, are also promising for usage in research including more broader samples.

Concerning RGT, in order to test the change in a therapy process idiographic data is suggested, that is the construction of the relational world with constructs generated by the patient. Through this way, deeper understanding of an individual's personal construction can be achieved and this finding can be observed together with emotion regulation and attachment style dynamics of the individual before, during and after the therapy. This data might also provide a comparison of individual data with results of the current study displaying group data.

Insufficient sample size was a limitation of Study II. Although RGT configurations provided unique profiles of each attachment style for both Clinical and Control groups, lack of information about their category specific *emotion regulation abilities* and *psychological distress level* could not be identified. Thus, this also limited the interpretation of RGT results. Therefore, differential effect of each insecure style on emotion regulation and psychological distress on broader Clinical and Control Samples can be suggested for examining unique profiles of Ds, Ps, Fs and possibly emerging Mixed Insecures. Furthermoe, regarding RGT results additional retrospective data driven from the Clinical Group might provide additional information for the comparison of Clinical and Control Group profiles.

Moreover, in Study II there was not sufficient data in order to identify whether Mixed Insecures were associated to *disorganized attachment* and having such attachment style associates with the highest risk factor compared to other insecure attachment styles regarding psychological health. Thus, additional factors that could provide more information about the Mixed Insecure Style is suggested to be examined in further studies.

RQ was only instrument used to measure attachment styles in current studies, since it was the only self-report scale that measures Attachment Style in general rather than romantic attachment. This might

be considered as another limitation of current studies, since the reliability of the categorical divisions wasn't strengthen with another instrument measuring attachment. Therefore, other than romantic attachment, dimensional scale measuring Attachment Style in general sense is suggested to be developed. Additionally, in the same study, besides self-report measures qualitative analysis evaluating the current or retrospective data driven from projective or interviewing methods is suggested to be used for deeper information about the individual's attachment dynamics and for increasing the reliability of the results. Furthermore, projective data that might provide some information about the unconscious attachment dynamics is suggested as a method to go beyond the defenses of individuals having dismissing attachment style.

REFERENCES

Ainsworth, M. D. S., Blehar, M. C., Waters, E. & Wall, S. (1978). *Pattern of attachment: A psychological study of strange situation.* Hillsdale, NJ: Erlbaum.

American Psychiatric Association: Diagnostic and statistical manual of mental disorders, fourth ed. (DSM-IV) (1994). Amerikan Psikiyatri Birliğinin izniyle, çev. Köroğlu E. (1994). *DSM-IV tanı ölçütleri başvuru el kitabı*, Hekimler Yayın Birliği, Ankara.

Ammaniti, M.; Ljzendoorn, M. H. V.; Speranza, A. M. & Tambelli, R. (2000). Internal working models of attachment during late adolescence: An exploration of stability and change. *Attachment and Human Development,* 2 (3), 328-346.

Ansel, E. B. & Pincus, A. L. (2004). Interpersonal perception of the five-factor model of personality: An examination using structural summary method for circumplex data.

Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal Relationships, 7,* 147-178.

Bartholomew, K. & Horowitz, L. (1991). Attachment styles among young adults: A test of four category model. *Journal Personality and Social Psychology,* 61, 226-241.

Bartholomew K. & Moretti, M. (2002). The dynamics of measuring attachment. *Attachment and Human Development,* 4 (2), 162-165.

Beck, A. T. (1976). *Cognitive Therapy and the Emotional Disorders.* International University Press: NY.

Beebe, B.; Knoblauch, S.; Rustin, J.; Sorter, D. (2003) İntorduction: A systems view. *Psychoanalytic Dialogues: A Journal of Relational Perspectives,* 13(6), 743-776.

Beebe, B.; Rustin, J.; Sorter, D; Knoblauch, S. (2003) An expanded view of intersubjectivity in infacy and its application to psychoanalysis. *Psychoanalytic Dialogue: Symposium on Intersubjectivity in Infant Research and Its Application for Adult Treatment, Part 1.* 13(6), 805-841.

Beebe, B. & Lachman, F. (2002). *Infant research and adult treatment: Co-constructing interactions.* Hillsdale, NJ: The Analytic Press.

Beebe, B.; Sorter, D. ; Rustin, J.; Knoblauch, S. (2003) A comparison of Meltzoff, Trevarthen, and Stern. *Psychoanalytic Dialogue: A Journal of Relational Perspectives,* V: 13(6), 777-804.

Beebe, B.; Rustin, J.; Sorter, D. ; Knoblauch, S. (2003) An expanded view of intersubjectivity in infancy and its application to psychoanalysis. *Psychoanalytic Dialogue: A journal of Relational Perspectives,* V: 13(6), 803-841.

Bowlby, J. (1979). *The making and breaking affectional bonds.* Tavistock: London.

Bowlby, J. (1988). *A Secure base: Clinical Application of attachment theory*. London, England: Routledge.

Bowlby, J. (1989). *Attachment and loss: Attachment.* (4th ed.). London, England: Penguin Books.

Bowlby, J. (1987). *Attachment and loss: Separation and Loss: Anxiety and anger.* (6th ed.). London, England: Penguin Books.

Bowlby, J. (1985). *Attachment and loss: Loss* (3rd ed.). London, England: Penguin Books.

Bylsma, W. H., Cozzarelli, C., & Sümer, N. (1997). Relation between adult attachment styles and global self-esteem. *Basic and Applied Social Psychology, 19*, 1-16.

Carson, R. C. (1969). *Interaction concepts of personality.* Chicago: Aldine.

Clark, D. A. (1995). Percieved limitations of standart cognitive therapy: A consideration of efforts to revise Beck's theory and therapy. *Journal of Cognitive Psychotherapy: An International Quarterly,* 9, 153-172.

Cozzarelli, C., Sümer, N., & Major, B. (1998). Mental models of attachment and coping with abortion. *Journal of Personality and Social Psychology, 74*, 453-467.

Damasio, A. R. (1998). *Descartes'ın yanılgısı: duygu, akıl ve insan beyni* [Descartes' error: Emotion, reason, and human brain (1994)]. Cağaloğlu, İstanbul: Varlık Yayınları a.ş.

Declercq, F. & Willemsen, J. (2006). Distress and post-traumatic stress disorder in high risk professionals: Adult attachment style and dimensions of anxiety and avoidance.

Derogatis, L. R. (1992). *The brief symptom inventory (BSI), administration, scoring and procedures manual=II.* Clinical Psychometric Research Inc.

Dutton, D. G., Saunders, K., Starzomski, A., & Batholomew, K. (1994). Intimacy-anger and insecure attachments as precursors of abuse in intimate relationships. *Journal of Applied Social Psychology,* 24, 1367-1386.

Dozier, M. & Kobak, R. R. (1992). Psychophysiology in attachment interviews: converging evidence for deactivating strategies. *Child Development.* 63, 1473-1480.

Dozier, M. & Lee, S. W. (1995). Discrepancies between self and other-report of psychiatric symptomatology: Effects of dismissing attachment strategies. *Development and Psychopathology.* 7, 217–226.

Elicker, J., Englund, M. & Sroufe, L. A. (1992). Predicting peer competence and peer relationships in childhood from early parent-child relationships.

R. Parke & G. W. Ladd (eds.). *Family and Peer Relationships: Mode of Linkage,* 77-106. Hillsdale, New Jersey: L. Erlbaum.

Emde, R. (1988). Developmental terminable and interminable: 1. Innate and motivational factors from infancy. *International Journal Of Psychoanalysis* ,69, 23-42.

Emde, R. (1983). Pre-representational self and its affective core. *Psychoanalytic Study of Child,* 38, 165-192.

Feixas, G. & Alvarez, J. A manual for the repertory grid [2007, online]. *A protocol for recording the administration.* Available: http://www.terapiacognitiva.net/record/pag/ index.htm

Feixas, G. & Saul, L. A. (2003). Detection and analysis of the cognitive conflicts: Implication for case formulation of the therapy process. In T. Scrimali & L. Grimaldi (Eds.) *Cognitive Psychotherapy Toward a New Millenium* (pp. 173-176). NY: Pelenum Press.

Feixas, G. & Saul, L. A. (2004). The multi-center project: An integration on the role of cogntitive conflicts in health. *The Spanish Journal of Psychology.* 7(1), 69-78.

Fenigstein, A., Scheier, M. F., Buss, A. H. (1975). Public and private self-consciousness: Assessment and theory. *Journal of Consulting and Clinical Psychology,* 43 (4). 522-527.

Flavell, J. (1979). Matacognition and cognitive meaning. *American Psychologist,* 84, 906-911.

Fonagy, P. (1999¹, May) *Transgenerational consistencies of attachment: A new theory.* Paper presented in American Psychoanalysis Association meeting, Washington DC, USA.

Fonagy, P. (1999², May). *Pathological Attachments and Therapeutic Action.* Paper presented in American Psychoanalytic Association Meeting, Washington DC, USA.

Fonagy, P. (1999³, April) *The process of change and the change of process: What can change in 'good analysis'.* Paper presented in American Psychoanalysis Association meeting, NY, USA.

Fonagy, P.; Gergely, G.; Jurist, E. L.; Target, M. (2002*). Affect regulation, mentalization and development of the self*. Other Press, NY.

Fonagy , P. ; Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology,* 9, 679-700.

Fraley, R. C.; Garner, J. P. & Shaver, P. R. (2000). Adult attachment and defensive regulation of attention and memory. *Journal of Personality and Social Psychology,* 79, 816-826.

Fraley, R. C. & Shaver, P. R. (1997). Adult attachment and the suppression of unwanted thoughts. *Journal of Personality and Social Psychology,* 73, 1080-1091.

Fraley, R. C. & Shaver, P. R. (2000). Adult romantic attachment: Theoretical developments, emerging controversies, and unanswered questions. *Review of General Psychology.* 4 (2), 132-154.

Faley, R. C., Waller, N. G. & Brennan, K. A. (2000) An item response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology,* 78, 350-365.

Franks, D. D & Marolla, J. (1976). Efficacious action and social approval as interacting dimensions of self-esteem: A tentative formulation through construct validation. *Sociometry .* 39 (4), 324-341

Fransella, F. & Baninster, D. (1987) (2nd. Ed.). *A manual for repertory grid technique.* Academic Press Inc., London LTD.

Freud, S. (1917). Morning and Melancholia*. Standart Edition.* Vol. 14.

Freud, S. (1923). Group Psychology and the Analysis of the Ego. *Standart Edition.* Vol. 18.

Gallo, L. C.; Smith, T. W. ; Ruiz, J. M. (2003). An international analysis of adult attachment style: Circumplex descriptions, recalled developmental experiences, self-representations and internal functioning in adulthood. *Journal of Personality,* 71 (2), 171-180.

Gergely, G. (2003). The development of teleological versus mentalizing observational learning strategies in infancy. *Bulletin of Menninger Clinic,* 67 (2), 113-131.

Gratz, K. L.; Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and behavioral assessment*, 26 (1), 41-47.

Grice, J. (2003) İdiogrid analysis with repertory grid, Version 2.3. OK, USA.

Griffin, D. & Bartholomew, K. (1994). Models of the self and other: Fundemental dimensions underlying measures of adult attachment. *Journal of Personality and Social Psychology,* 67, 430-445.

Gross, J. J. & Hohn, O. P. (2003). Individual differences in two emotional regulation processes: Implication for affect, relationship, and well-being. *Journal of Personality and Social Psychology,* 85 (2), 348-362.

Grossmann, K. E.; Grossmann, K. (1991). Attachment quality as an organizer of emotional and behavioral responses in a longitudinal perspective. In C. M. Parkes, J. Stevenson-Hinde & P. Marris (Eds.), *Attachment across the life-cycle.* (pp. 93-114). London: Routledge.

Habermas, J. (1979). *Communication and the Evaluation of Society.* London, England: Heinemann.

Hamilton, C. E. (2000) Personality and social development: Continuity and Discontinuity of attachment from infancy through adolescence. *Child Development*, (71), 690-694.

Jellema, A. (2000) Insecure attachment states: Their relationship to borderline and narcissistic personality disorders and treatment process in cognitive analytic therapy, *Clinical Psychology and Psychotherapy,* 7, 138-154.

Jellema, A. (2002) Dismissing and preoccupied insecure attachment and procedures in CAT: Some implications in CAT practice. *Clinical Psychology and Psychotherapy*, 9, 225-241.

John, O. P. & Gross, J. J. (2004). Healthy and unhealthy emotion regulation: Personality process, individual differences, and life span development. *Journal of Personality,* 72 (6), 1301-1333.

Johnson, S. M. (1991). *The symbiotic character* . N.Y., London, W.W. Norton & Company.

Johnson, S. M. (1994). *Character styles* . N.Y., London, W.W. Norton & Company.

Kağıtçıbaşı, Ç. (1989). Child rearing in Turkey and an intervention research. *Psychology & Developing Societies*, 1 (1), 37-52.

Karaman, T. (1990). *Psikosomatik hastalarda aile algısı ve ruhsal yapılanma.* T.C. Akdeniz Üniversitesi Tıp Faültesi Psikiyatri Ana Bilim Dalı uzmanlık tezi, Antalya, Türkiye.

Kelly, G. A. (1991) *The psychology of personal constructs (Vol.1 & 2)*. From original publication in 1955, W. W. Norton & Co. Inc. by NY.Routledge 11 New Fetter Lane , London.

Kiesler, D. J. (1983). The 1982 interpersonal circle: A taxonomy for complementarity in human transactions. *Psychological Review, 90,* 185-214.

Kobak, R.R. & Sceery A. (1988). Attachment in late adolescence: Working models, affect regulation, and representations of self and others. *Child Development.* 59,135–146.

Kohut, H. (1966). Forms and transformations of narcissism. *Journal of the American Psychoanalytic Association.* 14, 243-272.

Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.

LeDoux, J. (1996). *The emotional brain: The mysterious inderpining of emotional life*. Simon & Schuster: NY University.

Levy, K. N.; Blatt, S. J. & Shaver, P. R. (1998). Attachment style and parental representations. *Journal of Personality and Social Psychology.* 74 (2), 407-419.

Linehan, M. M. (1993). *Cognitive-Behavioral treatment of borderline personality disorder.* The Guilford Press, A Division of Guilford Publications, Inc., NY.

Liotti, G. (1999). The nucleus of bordeline personality disoder: An integrative hypothesis. *Italian Journal Psicoterapia.* 5, 53-65.

Lopez, F. G., Malendez, M. C., Sauer, E. M., Berger, E. & Wyssmann, J. (1998). Internal working models, self-reported problems, and help-seeking among college students. *Journal of Counseling Psychology.* 45 (1), 79-83.

Mahoney, M.J. (1980). Psychotherapy and structure of personal revolutions. *Psychotherapy Process,* Mahoney, M. J. (Ed.). Plenium: NY, pp 157-180.

Mahoney, M.J. (1988). Constructive meta-theory: I. Basic features and historical foundations. *International Journal of Personal Construct Psychology*, 1, 1-35.

Masterson, J. F., Klein, R. (Ed.) (1989). *Psychotherapy of the disorders of the self: The Masterson Approach.* Brunner/Mazel Pub., N:Y.

Main, M. (2000) Special Issue - Psychoanalysis, development, and the life cycle: The organized categories of infant, child, and adult attachment: flexible vs. inflexible attention under attachment-related stress *The Journal of the American Psychoanalytic Association,* 48 (4), 1055-1095.

Main, M. (2000) Special Issue - Psychoanalysis, development, and the life cycle: Disorganized infant, child, and adult attachment: Collapse in behavioral and attentional strategies. *The Journal of the American Psychoanalytic Association,* 48 (4), 1096-1127.

Mallinckrodt, B. (2000). Attachment, Social competencies, social support, and interpersonal process in psychotherapy*. Pychotherapy Research,* 10(3), 239-266.

Mallinckrodt, B. & Wei, M. (2005). Attachment, social competency, social support and, Psychological distress. *Journal of Counseling Psychology,* 52 (3), 358-367.

Maunder, R. G. & Hunter, J. J. (2001). Attachment and psychosomatic medicine: Developmental contributions to stress and disease. *Psychosomatic Medicine,* 63, 556-567.

Meltzoff, A. N. (2007). “Like me”: a foundation for social cognition. *Developmental Science,* 10 (1), 126-134.

Mikulincer, M. (1998). Adult attachment style and affect regulation: Strategic variation in self-appraisal. *Journal of Personality and Social Psychology,* 75, 420-435.

Mikulincer, M. (2006). Attachment and affect regulation in adolescence and young adulthood. *Conference Paper, EARA-2006,* Antalya, Turkey.

Mikulincer, M. & Orbach, I. (1995). Attachment style and repressive defensiveness: The accessibility and architecture of affective memories. *Journal of Personality and Social Psychology,* 68, 917-925.

Mikulincer M, Orbach I, Iavnieli D. (1998). Adult attachment style and affect regulation: strategic variations in subjective self-other similarity. *Journal of Personality and Social Psychology,* 75(2), 436-448.

Mikluncer, M., Shaver, P. R., Pereg, D. (2003). Attachment theory and affect regulation: The dynamics, development, and cognitive consequences of attachment-related strategies. *Motivation and Emotion,* 27 (2), 77-102.

Mitchell, S. (2000). *Relationality.* Hillsdale, New Jersey: Analytic Press.

Noftle, E. E., Shaver, P.R. (2006). Attachment dimensions and the big five personality traits: Associations and comparative ability to predict relationship quality. *Journal of Research in Personality* , 40 (2), 179-208.

Ogden, T. (2002). New reading of the origins of object-relations theory. *International Journal of psychoanalysis.* 83, 767-782.

Page, T. (2001). Attachment and personality disorders: Exploring maladaptive developmental pathways. *Child and Adolescent Social Work Journal.* 18 (5), 313-334.

Patrick, M., Hobson, R. P., Castle, D., Howard, R. & Mauhan, B. (1994). Personality disorder and the mental representation of early social experience. *Developmental Psychology,* 6, 375-388.

Perris, C. (2000). Personality-related disorders of interpersonal behaviour: A developmental-constructivist cognitive psychotherapy approach to treatment based on attachment theory. *Clinical Psychology and Psychotherapy.* 7, 97-117.

Pere, D. & Mikulincer, M. (2004). Attachment style and the regulation of negative affect: Exploring individual differences in mood congruency effects on memory and judgement. *Personality and Social Psychology Bulletin.*30 (1), 67-80.

Pielage, S. B.; Gerlsma, C.; Schaap, C.P.D.R. (2000). Insecure attachment as a risk factor for psychopathology. *Clinical Psychology and Psychotherapy.* 7, 296-302.

Pine, F. (1990). *Drive, ego, object and self* ; *A synthesis for clinical work.* Basic Books, a division of Harper Collins Pub.

Rice, K. C., FitzGreald, D. P., Wiley, T. J. & Gibbs, C. L. (1995). Cross-sectional and longitudinal examination of attachment, separation individuation and college student adjustment. *Journal of Counseling & Development,* 73, 463-474.

Rugancı, R. N. (1988). *Self-esteem, self-consciousness & depression.* Unpublished master's thesis, Middle East Technical University Library.

Rugancı, R. N. (1995). Private and public self-counsciousness subscale of the Fenigstein, Scheier and Buss self-consciousness scale: A Turkish translation. *Personality & Individual Differences,* 18 (2), 279 - 282.

Rugancı, R. N. (2003) Sınır kişilik bozukluğunda dürtüsel saldırganlığın ve duygulanım dengesizliğinin psikofarmakolojisi. *Türk Psikoloji Yazıları,* 6(11-12), 33-41.

Ryle, A. (1997). *Cognitive analytic therapy and borderline personality disorder: The model and the method.* John Wiley & Sons Ltd., West Sussex, England.

Safran, J. D. & Segal, Z.V. (1990). *Interpersonal Process in Cognitive Therapy.* Basic Books: NY.

Scheer J. W & Catina A. (Eds.). (1996). Empirical Constructivism in Europe - The Personal Construct Approach. *Giessen: Psychosozial Verlag*, pp. 13-17.

Schmitt, D. P. et. al. (2004). Patterns and universalities of adult romantic attachment across 62 cultural regions. *Jurnal of Cross Cultural Psychology,* 35 (2), 367-402.

Shaver, P. R. & Fraley, R. C. Self-Report measures of adult attachment (2007, online). *Available: http://www.psych.uiuc.edu/-refraley/measures/measures.html.*

Shaver, P. R. & Mikulincer, M. (2002). Attachment-Related psychodynamics. *Attachment and Human Development,* 4, 133-161.

Shore, A. N. (1996). The experience dependent maturation of in the orbital pre-frontal cortex and the origin of developmental pathology. *Development and Psychopathology,* 8, 59-87.

Shore, A. N. (2001a). Effects of early relational trauma on right brain development, affect regulation and mental health. *Infant Mental Health Journal,* 22 (1-2), 7-66.

Shore, A. N. (2001b). Effects of secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal,* 22 (1-2), 201-269.

Siegel, A. M. (1996). *Heinz Kohut and the psychology of the self*. The Makers of Modern Psychotherapy, Routledge.

Sloman, L.; Atkinson, L.; Milligan, K.; Liotti, G. (2002) Attachment, social rank, and affect regulation: Speculations on an ethological approach to family interaction . *Family Process*, 41, 313-323.

Sroufe, L. A.; Carlson, E. A.; Levy, A. K. & Egeland, B. (1999). Implication of attachment for developmental pasychopathology. *Development and Psychopathology,* 11,. 1-13.

Stern, N. D. (1985) *The interpersonal world of the infant : A view from psychoanalysis and developmental psychology.* Basic Books New York.

Stern, N. D. (2004) *The present moment: In psychotherapy and everyday life.* W. W. Norton & Company. NY.

Sümer, N. (2006). Parental warmth, rejection, and attachment security among Turkish high school students. *Conference Paper.* EARA-2006, Antalya, Turkey.

Sümer, N. & Güngör, D. (1999) Yetişkin bağlanma stillerinin Türk örneklemi üzerinde psikometrik değerlendirmesi ve kültürler arası karşılaştırma. *Türk Psikoloji Dergisi,*14(43), 71-106.

Şahin, N. H. & Durak, A. (1994). Kısa semptom envanteri: Türk gençleri için uyarlaması. *Türk Psikoloji Dergisi,* 9(31), 44-56.

Traverthen, C. (1989). Development of early social interactions and the affective regulation of brain growth. In C. von Euier, H. Frossberg & H. Llagercrantz (Eds.) *Neurobology of Early Infant Behavior*, pp. 191-216, London: Macmillan.

Tolpin, M. (1986) Discussion of “psychoanalytic developmental theories of the self: An integration” by Morton Shane and Estelle Shane*. Advances in Self Psychology ,pp. 47-68. A. Goldberg (Ed.), NY.İUP.*

Tronick, E. Z. (2002) A model of infant mood states and Sandarian affective waves. *Psychoanalytic Dialogues,* 12 (1), 73-99.

Vogal, D. L. & Wei, M. (2005). Adult attachment and help seeking intent: The mediating roles of psychological distress and perceived social support. *Journal of Counseling Psychology,* 52 (3), 347-357.

Waters, E.; Hamilton, C. E.; Weinfield, N. S. (2000) Personality and social development: And early adulthood: The stability from infancy to adolescence and early adulthood: General introduction. *Child Development*, (71), 678-683.

Waters, H.S., Rodrigues, L. M. & Ridgeway, D. (1998). Cognitive underpinning of narrative attachment assessment. *Journal of Experimental Child Psychology*, 71, 211-234.

Wei, M.; Heppner, P. P. & Mallinckrodt, B. (2003). Perceived coping as a mediator between attachment and psychological distress: A structural equation modelling approach. *Journal of Counseling Psychology,* 59, 438-447.

Wei, M.; Mallinckrodt, B., Russell, D. W. & Abraham, W. T. (2004). Maladaptive perfectionism as a mediator and moderator between adult attachment and depressive mood. *Journal of Counseling Psychology,* 51 (2), 201-212.

Wei, M.; Russell D. W. & Zakalik, R. A. (2005). Adult attachment, social self-efficacy, self-disclosure, loneliness and subsequent depression for freshmen college students: A longitudinal study. *Journal of Counseling Psychology,* 52 (4), 602-614.

Wei, M.; Heppner, P. P., Russell, D. W. & Young, S. K. (2006). Maladaptive perfectionism and ineffective coping as a mediator between attachment and future depression: A prospective study. *Journal of Counseling Psychology,* 53 (1), 67-79.

Wei, M.; Vogel, D. L.; Ku, T-Y. & Zakalik, R. A. (2005). Adult attachment, affect regulation, negative mode and interpersonal problems: The mediating roles of emotional reactivity and emotional cut-off. *Journal of Consulting Psychology,* 52 (1), 14-24.

Wiggins, J. S., Phillips, N., & Trapnell, P. (1989). Circular reasoning about interpersonal behavior: Evidence concerning some untested assumptions underlying diagnostic classification. *Journal of Personality and Social Psychology, 56,* 296-305.

Winnicott, D. W. (1965). *The Maturational Process and the Facilitating Environment ,* NY: International Universities Press.

Wolf, E. S. (1988). *Treating the self: Elements of clinical self psychology.* The Guilford Press. NY.

Young, J. (1990). *Schema-focused cognitive therapy for personality disorders: A schema focused approach*. Sarasota, FL: Professional Resource Exchange.

APPENDIX A

Study I: Settlements That the Participants lived longest in their life

Longest Lived Settlement	Ferquency	Percent
Türkiye	1	.3
Ankara	117	34.6
Çubuk/Ankara	1	.3
Kalecik	1	.3
Istanbul	39	11.5
Izmir	24	7.2
Çeşme/Izmir	1	.3
Selçuk/Izmir	1	.3
Bergama	1	.3
Adana	14	4.1
Kozan/Adana	1	.3
Konya	7	2.1
Ereğli/Konya	1	.3
Aksaray	1	.3
Seydişehir	1	.3
Bolu	3	.9
Gölcük	1	.3
Düzce	3	.9
Eskişehir	6	1.8
Bursa	6	1.8
Denizli	5	1.5
Buldan/Denizli	1	.3
Aydın	4	1.2
Sultanhisar/ Aydın	1	.3
Kocaeli/Izmit	4	1.2
Adapazarı	1	.3
Antalya	4	1.2
Finike/Antalya	1	.3
Samsun	5	1.5

Mersin	4	1.2
Malatya	4	1.2
Zonguldak	4	1.2
Iskenderun	3	.9
Hatay	3	.9
Balıkesir	3	.9
Manisa	3	.9
Bandırma	3	.9
Elazığ	2	.6
Gaziantep	2	.6
Karaman	2	.6
Tunceli	2	.6
Ereğli (Karadeniz)	2	.6
Karabük	1	.3
Safranbolu	1	.3
Tokat	1	.3
Turhal/Tokat	1	.3
Yalova	2	.6
Tarsus	2	.6
Rize	2	.6
Edirne	2	.6
Kütahya	2	.6
Uşak	1	.3
Çorum	1	.3
Diyarbakır	1	.3
Kırıkkale	1	.3
Sivas	1	.3
Kayseri	1	.3
Gümüşhane	1	.3
Trabzon	1	.3
Fatsa/Ordu	1	.3
Şırnak	1	.3
Bartın	1	.3
Isparta	1	.3
Artvin	1	.3
Kırklareli	1	.3
Kilis	1	.3
Yozgat	1	.3
Muş	1	.3

Kargı/Çorum	1	.3
Kırşehir	1	.3
K.Maraş	1	.3
Erzincan	1	.3
Şemdinli/Hakkari	1	.3
Lefkoşa Ve Kıbrıs	5	1.5
Malta	1	.3
Missing	3	.9
Total	338	100.0

APPENDIX B

Difficulties in Emotion Regulation Scale (DERS)

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line beside each item:

1----------2----------3----------4----------5

almost never (0-10%) | sometimes (11-35%) | about half the time (36-65%) | most of the time (66-90%) | almost always (91-100%)

_____ 1) I am clear about my feelings.

_____ 2) I pay attention to how I feel.

_____ 3) I experience my emotions as overwhelming and out of control.

_____ 4) I have no idea how I am feeling.

_____ 5) I have difficulty making sense out of my feelings.

_____ 6) I am attentive to my feelings.

_____ 7) I know exactly how I am feeling.

_____ 8) I care about what I am feeling.

_____ 9) I am confused about how I feel.

_____ 10) When I'm upset, I acknowledge my emotions.

_____ 11) When I'm upset, I become angry with myself for feeling that way.

_____ 12) When I'm upset, I become embarrassed for feeling that way.

_____ 13) When I'm upset, I have difficulty getting work done.

_____ 14) When I'm upset, I become out of control.

_____ 15) When I'm upset, I believe that I will remain that way for a long time.

_____ 16) When I'm upset, I believe that I'll end up feeling very depressed.

_____ 17) When I'm upset, I believe that my feelings are valid and important.

_____ 18) When I'm upset, I have difficulty focusing on other things.

_____ 19) When I'm upset, I feel out of control.

_____ 20) When I'm upset, I can still get things done.

_____ 21) When I'm upset, I feel ashamed with myself for feeling that way.

1----------2----------3----------4----------5
almost never sometimes about half the time most of the time almost always
(0-10%) (11-35%) (36-65%) (66-90%) (91-100%)

_____ 22) When I'm upset, I know that I can find a way to eventually feel better.

_____ 23) When I'm upset, I feel like I am weak.

_____ 24) When I'm upset, I feel like I can remain in control of my behaviors.

_____ 25) When I'm upset, I feel guilty for feeling that way.

_____ 26) When I'm upset, I have difficulty concentrating.

_____ 27) When I'm upset, I have difficulty controlling my behaviors.

_____ 28) When I'm upset, I believe that there is nothing I can do to make myself feel better.

_____ 29) When I'm upset, I become irritated with myself for feeling that way.

_____ 30) When I'm upset, I start to feel very bad about myself.

_____ 31) When I'm upset, I believe that wallowing in it is all I can do.

_____ 32) When I'm upset, I lose control over my behaviors.

_____ 33) When I'm upset, I have difficulty thinking about anything else.

_____ 34) When I'm upset, I take time to figure out what I'm really feeling.

_____ 35) When I'm upset, it takes me a long time to feel better.

_____ 36) When I'm upset, my emotions feel overwhelming.

APPENDIX C

Backtranslations and Process of Generating the Final Version of the Translation.

(*Backtranslation of different backtranslaters were written in different colours below).*

Aşağıdaki cümlelerin size ne sıklıkla uyduğunu altlarında belirtilen 5 dereceli ölçek üzerinde değerlendiriniz. Her bir cümlenin altındaki 5 noktalı ölçekten, size uygunluk yüzdesini de dikkate alarak yanlızca birine işaret koyunuz.

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

1. Ne hissettiğim konusunda netimdir. (CLARİTY)[1]

I'm clear about what I feel.

I'm clear about what I feel.

I'm clear about my feelings.✓

✓item was kept according to the citeria at Chp. II.2.1.a.1.

2. Ne hissettiğimi dikkate alırım.(AWARENESS)[2]

I watch out what I feel.

I pay attention to what I feel.

I take into consideration what I feel.

Nasıl hissettiğime dikkat ederim (double check, See Chp. II. 2.1.a.3 and 4)

Nasıl hissettiğimi dikkate alırım (supervisor's suggestion, see Chp.II.2.1.a.6).

3. Duygularım bana aşırı ve kontrolsüz gelir.(IMPULSE)

I experience my feelings as extreme and uncontrolled.

[1] Reverse item

[2] "

My feelings are extreme and uncontrolled.

My feelings seem to me extreme and uncontrollable.

Duygularım bana dayanılmaz ve kontrolsüz gelir (Alternative from, see Chp. II.2.1.a.2).

*Duygularım bana **dayanılmaz** ve kontrolsüz gelir (supervisor's suggestion, see Chp.II.2.1.a.6).*

4. Ne hissettiğim konusunda hiç bir fikrim yoktur.(CLARITY)

I don't have any idea about what I feel.

I have no idea about my feelings.

I have no idea about how I feel.✓

✓item was kept according to the citeria at Chp. II.2.1.a.1.

5. Duygularıma bir anlam vermekte zorlanırım.(CLARITY)

I hardly give meaning to my feelings. *Ya da* It troubles me to give meaning to my feelings.

I have difficulty meaning my feelings.

I have difficulty giving meaning to my feelings.

Duygularıma bir anlam vermekte zorlanırım (double check, See Chp. II. 2.1.a.3 and 4).

6. Duygularıma karşı duyarlıyımdır.(AWARENESS)[3]

I'm sensitive to my feelings.

I'm sensitive about my feelings.

I'm sensitive towards my feelings.

Ne hissettiğime dikkat ederim (double check, See Chp. II. 2.1.a.3 and 4).

Duygularımı dikkate alırım *(supervisors suggestion, see Chp.II.2.1.a.6).*

7. Ne hissettiğimi tam olarak bilirim.(CLARITY)[4]

I exactly know what I feel.✓

I exactly know what I feel.✓

[3] Reverse item

[4] "

I know exactly how I feel.✓

✓item was kept according to the citeria at Chp. II.2.1.a.1.

8. Ne hissettiğimi önemserim.(AWARENESS)[5]

I do consider what I feel.

I do care what I feel.✓

I give importance to what I feel.

✓item was kept according to the citeria at Chp. II.2.1.a.1.

9. Ne hissettiğim konusunda çelişki yaşarım/Duygularımı ayırd etmekte. güçlük çekerim (CLARITY)

I experience conflict about what I feel / I hardly differentiate my feelings.

I face contradiction about what I feel / I have difficulty in differentiating my feelings.

I experience ambivalence about what I feel

Ne hissettiğim konusunda net değilimdir (double check, See Chp. II. 2.1.a.3 and 4).

*Ne hissettiğim konusunda **karmaşa** yaşarım (supervisors suggestion, see Chp.II.2.1.a.6).*

10. Kendimi kötü hissetmeyi kabullenebilirim (AWARENESS)[6]

I can accept feeling upset.

I may accept to feel bad.

I can accept feeling low.

Kendimi kötü hissettiğimde duygularımı dikkate alırım (double check, See Chp. II. 2.1.a.3 and 4).

*Üzüntülü olduğumda **duygularımı kabul ederim** (supervisors suggestion, see Chp.II.2.1.a.6).*

[5] Reverse item

[6]

11. Kendimi kötü hissettiğimde böyle hissettiğim için kendime kızarım.(NONACCEPTANCE)

When I feel upset, I get angry to my self because of feeling this way.✓

When I feel bad, I get angry to myself because of feeling bad.

I get angry with myself for feeling low.

✓item was kept according to the citeria at Chp. II.2.1.a.1.

12. Kendimi kötü hissettiğim zaman utanırım.(NONACCEPTANCE)

I feel embarassed when I feel upset.✓

When I feel bad I feel ashamed.

I'm ashamed when I feel low.

✓item was kept according to the citeria at Chp. II.2.1.a.1.

13. Kendimi kötü hissettiğimde çalışmakta güçlük çekerim.(GOALS)

When I feel upset, I hardly work/study.

When I feel bad I find it difficult to work.

I find it difficult to work, when I feel low.

Kendimi kötü hissettiğimde işlerimi bitirmekte zorlanırım (Alternative from, see Chp. II.2.1.a.2).

*Üzüntülü olduğumda **işlerimi bitirmekte zorlanırım** (supervisors suggestion, see Chp.II.2.1.a.6).*

.

14. Kendimi kötü hissettiğimde kontrolden çıkmaya başlarım.(IMPULSE)

I begin to go out of control when I feel upset.✓

When I feel bad I start losing self control.

I start to loose my control when I feel low.

✓item was kept according to the citeria at Chp. II.2.1.a.1.

15. Kendimi kötü hissettiğimde bu duygudan uzun süre kurtulamayacağıma inanırım. / Kendimi kötü hissettiğimde uzun süre öyle kalacağıma inanırım✓.(STRATEGIES).

When I feel upset I believe I'm not going to be able to get rid of this feeling for a long time./ I believe I will stay on like that for a long time.

When I feel bad I believe I won't be able to survive from this feeling for a long time.

When I feel low i fl that I can't escape this feeling for a long time / When I feel low, I believe that I will remain like that for a long time.✓

✓item was kept according to the citeria at Chp. II.2.1.a.1.

16. Kendimi kötü hissetmemin yoğun depresif duyguyla sonuçlanacağına inanırım.(STRATEGIES)

I believe it will end up with depressive feeling when I feel upset.✓

I believe feeling bad would result in intense depressive feelings.

I believe that feeling low will result in intense depressed feelings.

✓item was kept according to the citeria at Chp. II.2.1.a.1.

17. Kendimi kötü hissettiğimde duygularımın yerinde ve önemli olduğuna inanırım.(AWARENESS)[7]

When I feel upset I believe my feelings are quite relevant and important.

When I feel bad I believe that my feelings are right and important.

When I feel low, I believe that my feelings are appropriate and important.

✓item was kept according to the citeria at Chp. II.2.1.a.1.

18. Kendimi kötü hissederken başka şeylere odaklanmakta zorlanırım.(GOALS)

I have difficulty in focusing different things when I feel upset.✓

I have difficulty in focusing other things while I'm feeling bad.

I have difficulty in focusing other things when I feel low.

✓item was kept according to the citeria at Chp. II.2.1.a.1.

19. Kendimi kötü hissederken kontrolden çıktığım duygusu yaşarım.(IMPULSE)

I feel as if I go out of control while I feel upset.✓

I feel out of control while I'm feeling bad.

When I feel low, I feel as if I am out of control.

✓item was kept according to the citeria at Chp. II.2.1.a.1.

[7] Reverse item

20. Kendimi kötü hissediyor olsam da çalışmayı sürdürebilirim.(GOALS)[8]

I am able to keep on working even I feel upset.

I can keep working even if I feel bad.

I can continue working even though I am feeing low.

Kendimi kötü hissettiğimde işlerimi sürdürebilirim (double check, See Chp. II. 2.1.a.3 and 4).

Üzüntülü olduğumda yine ***de işlerimi yapabilirim*** *(supervisors suggestion, see Chp.II.2.1.a.6).*

21. Kendimi kötü hissettiğimde bu duygumdan dolayı kendimden utanç duyarım.(NONACCEPTANCE)

When I feel upset, I feel ashamed of my feeling.

I feel ashamed of myself when I feel bad.

When I feel low, I get ashamed of myself for feeling so.

Üzüntülü olduğumda böyle hissettiğimden dolayı ***kendimden utanırım*** *(supervisors suggestion, see Chp.II.2.1.a.6).*

22. Kendimi kötü hissettiğimde sonradan kendimi daha iyi hissetmenin bir yolunu bulacağımı bilirim.(STRATEGIES)[9]

When I feel upset, I know I'll find a way of feeling better later.

When I feel bad I know that I'll find a way of feeling better later.

When I feel low, I know that later on I'll find a way of feeling better.

Kendimi kötü hissettiğimde eninde sonunda kendimi daha iyi hissetmenin bir yolunu bulacağıma inanırım (Alternative from, see Chp. II.2.1.a.2).

Üzüntülü olduğumda ***eninde sonunda kendimi daha iyi hissetmenin bir yolunu bulacağıma inanırım*** *(supervisors suggestion, see Chp.II.2.1.a.6*)

23. Kendimi kötü hissettiğimde bunu zayıflık olarak yaşarım.(NONACCEPTANCE)

When I feel upset, I experience this as weakness.

When I feel bad I experience this as a weakness.

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8 ‹›

9 Reverse item

When I feel low, I experience it as a weakness.

Kendimi kötü hissettiğimde zayıf biri olduğum duygusuna kapılırım (Alternative form, see Chp. II.2.1.a.2).

*Üzüntülü olduğumda **zayıf olduğum duygusuna kapılırım** (supervisors suggestion, see Chp.II.2.1.a.6).*

24. Kendimi kötü hissettiğimde de davranışlarım kontolümün altındadır.(IMPULSE)[10]

My behaviours are under my control even I feel upset.

My behaviours are under my control even when I feel bad.

My behaviour is under my control when I'm feeling low too.

*Üzüntülü olduğumda **davranışlarımın kontrolünü sürdürebileceğime inanırım** (supervisors suggestion, see Chp.II.2.1.a.6).*

25. Kendimi kötü hissetmek bana suçluluk duygusu yaşatır.(NONACCEPTANCE)

Feeling upset makes me feel guilty, *veya* Feeling upset rushes me into guilt feelings.

To feel bad makes me feel guilty.

Feeling low makes me feel guilty.

Kendimi kötü hissettiğim için suçluluk duyarım (Alternative from, see Chp. II.2.1.a.2).

*Üzüntülü olduğumda böyle hissettiğim için **kendimi suçlu hissederim** (supervisors suggestion, see Chp.II.2.1.a.6).*

26. Kendimi kötü hissettiğimde konsantre olamakta zorlanırım.(GOALS)

I hardly concentrate when I feel upset.

I have difficulty to concentrate when I feel bad.

I find it difficulty to concentrate when I am feeling low.

✓**item was kept according to the citeria at Chp. II.2.1.a.1.**

[10] Reverse item

27. Kendimi kötü hissettiğimde davranışlarımı kontrol etmekte zorlanırım.(IMPULSE)

I hardly control my behaviours when I feel upset.

I have difficulty to control my behaviours when I feel bad

I have difficulty in controlling my behaviour when I am feeling low.

✓**item was kept according to the citeria at Chp. II.2.1.a.1.**

28. Kendimi kötü hissettiğimde daha iyi hissetmenin hiç bir yolu olmadığına inanırım.(STRATEGIES)

When I feel upset, I believe there's no other way to feel better.

I feel there is no way to feel better when I feel bad.

When I feel low, I believe there's no way of feeling better.

Kendimi kötü hissettiğimde daha iyi hissetmem için yapacağım hiç birşey olmadığına inanırım (Alternative from, see Chp. II.2.1.a.2).

Üzüntülü olduğumda kendimi daha iyi hissetmem için yapacağım hiç birsey olmadığına inanırım (supervisors suggestion, see Chp.II.2.1.a.6).

29. Kendimi kötü hissettiğimde böyle hissettiğim için kendimden rahatsız olurum.(NONACCEPTANCE)

When I feel upset, I am disturbed by myself because of feeling this way.

I get uncomfartable with myself for feeling bad.

When I am low, I feel uncomfartable with myself for feeling like this.

Kendimi kötü hissettiğimde böyle hissettiğimden dolayı kendimden rahatsız olurum (double check, See Chp. II. 2.1.a.3 and 4).

Üzüntülü olduğumda böyle hissettiğim için kendimden rahatsız olurum (supervisors suggestion, see Chp.II.2.1.a.6).

30. Kendimi kötü hissettiğimde, kendim için çok fazla endişenlemeye başlarım.(STRATEGIES)

I begin to worry about myself excessively when I feel upset.

I start worrying a lot for myself when I feel bad.

I start worrying about myself a great deal when I am feeling low.

Kendimi kötü hissettiğimde, kendim için çok fazla endişenlemeye başlarım(double check, See Chp. II. 2.1.a.3 and 4).

*Üzüntülü olduğumda **kendim hakkında çok kötü hissetmeye başlarım** (supervisors suggestion, see Chp.II.2.1.a.6).*

.

31. Kendimi kötü hissettiğimde kendimi bu duyguya bırakmaktan başka yapabileceğim bir şey olmadığına inanırım. / Kendimi kötü hissettiğimde kendimi bu duyguya bırakmaktan başka çıkar yol olmadığına inanırım (STRATEGIES)

When I feel upset , I believe I've nothing to do other than letting myself to this feeling. / When I feel upset, I believe there's no way out of letting myself to this feeling.

I believe there is no way other than let myself in to this feeling when I feel bad.

When I feel low, I believe that there is nothing I can do other than subject myself to this feeling. / When I feel low, I believe there's no solution other than subjecting myself to this feeling.

Kendimi kötü hissettiğimde tek yapabilceğim şeyin kendimi bu duyguya bırakmak olduğuna inanırım (double check, See Chp. II. 2.1.a.3 and 4).

Üzüntülü olduğumda kendimi bu duyguya bırakmaktan başka yapabileceğim bir şey olmadığına inanırım (supervisors suggestion, see Chp.II.2.1.a.6).

32. Kendimi kötü hissettiğimde davranışlarım üzerindeki kontrolümü kaybederim.(IMPULSE)

When I feel upset, I lose my control on my behaviours.✓

When I feel bad I lose my control over my behaviours.

When I feel low, I lose my control over my behaviours.

✓item was kept according to the citeria at Chp. II.2.1.a.1.

33. Kendimi kötü hissettiğimde başka bir şey düşünmekte zorlanırım.(GOALS)

I hardly think about other things when I feel upset.

When I feel bad I find difficult to think about another thing.

When I feel low, I find it hard to think of anything else.

✓**item was kept according to the citeria at Chp. II.2.1.a.1.**

34. Kendimi kötü hissettiğimde gerçekte duygumun ne olduğunu anlamak için zaman ayırırım.(AWARENESS)[11]

When I feel upset, I spent time for clarifying my feelings.

When I feel bad I take my time to really understand what my feeling is.

When I feel low, I devote time to understanding what my true feeling is.

✓**item was kept according to the citeria at Chp. II.2.1.a.1.**

35. Kendimi kötü hissettiğimde bu duygunun geçmesi çok uzun zaman alır.(STRATEGIES)

When I feel upset, this feeling doesn't leave me for a long time.

When I feel bad , It takes a long time for this feeling dissappear.

When I feel low, It takes a great deal of time for this feeling to pass.

Kendimi kötü hissettiğimde tekrardan kendimi iyi hissemem çok uzun zamanımı alır (Alternative from, see Chp. II.2.1.a.2).

*Üzüntülü olduğumda **kendimi daha iyi hissetmem uzun zaman alır** (supervisors suggestion, see Chp.II.2.1.a.6).*

36. Kendimi kötü hissettiğimde duygularım dayanılmaz olur.(STRATEGIES)

When I feel upset, my feelings are unbearable.

My feelings are unbearable when I feel bad.

When I feel low, my feelings become unbearable.

✓**item was kept according to the citeria at Chp. II.2.1.a.1.**

[11] Reverse item

APPENDIX D:

TURKISH VERSION OF DIFFICULTY OF EMOTION REGULATION SCALE

Aşağıdaki cümlelerin size ne sıklıkla uyduğunu altlarında belirtilen 5 dereceli ölçek üzerinde değerlendiriniz. Her bir cümlenin altındaki 5 noktalı ölçekten, size uygunluk yüzdesini de dikkate alarak, yanlızca bir tek rakkamı yuvarlak içine alarak işaretleyiniz.

1. Ne hissettiğim konusunda netimdir.

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

2. Ne hissettiğimi dikkate alırım.

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

3. Duygularım bana dayanılmaz ve kontrolsüz gelir.

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

4. Ne hissettiğim konusunda hiç bir fikrim yoktur.

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

5. Duygularıma bir anlam vermekte zorlanırım.

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

6. Ne hissettiğime dikkat ederim.

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

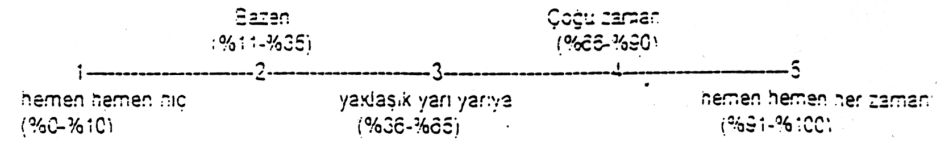
7. Ne hissettiğimi tam olarak bilirim.

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

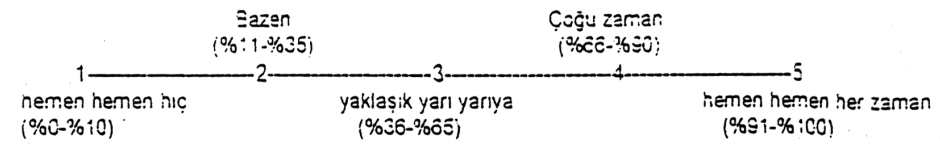
8. Ne hissettiğimi önemserim.

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

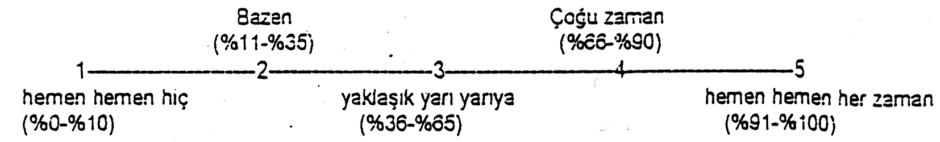
9. Ne hissettiğim konusunda karmaşa yaşarım.



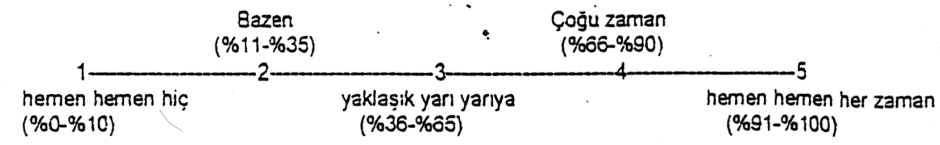
(*) 10. Kendimi kötü hissetmeyi kabullenebilirim.



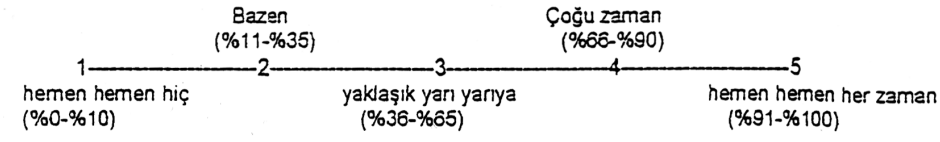
11. Kendimi kötü hissettiğimde böyle hissettiğim için kendime kızarım.



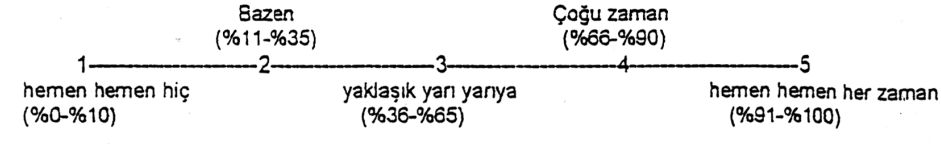
12. Kendimi kötü hissettiğim için utanırım.



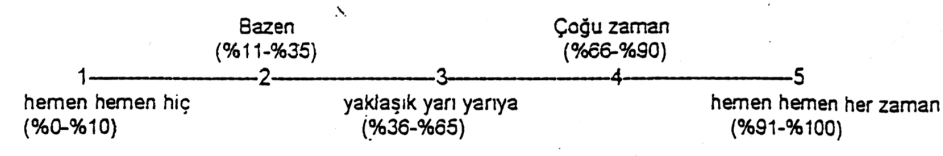
13. Kendimi kötü hissettiğimde işlerimi bitirmekte zorlanırım.



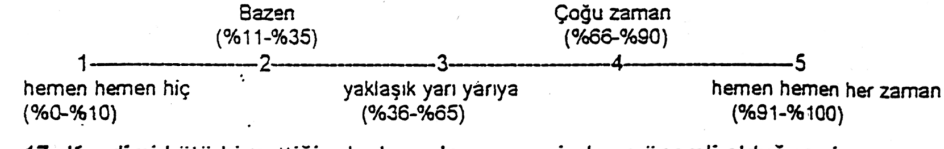
14. Kendimi kötü hissettiğimde kontrolden çıkarım.



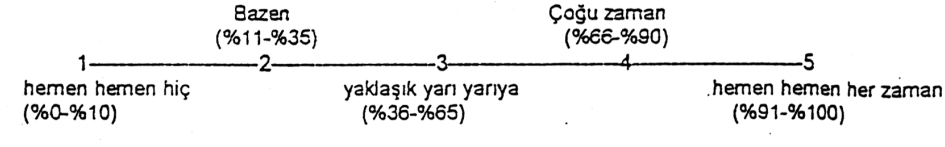
15. Kendimi kötü hissettiğimde uzun süre böyle kalacağıma inanırım.



16. Kendimi kötü hissetmemin yoğun depresif duyguyla sonuçlanacağına inanırım.

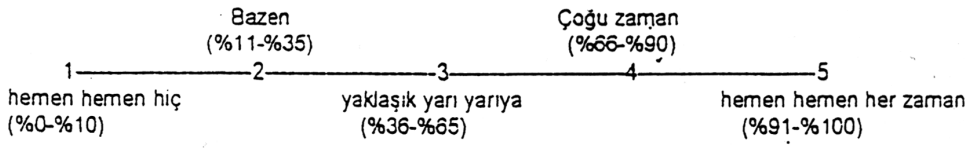


17. Kendimi kötü hissettiğimde duygularımın yerinde ve önemli olduğuna inanırım.

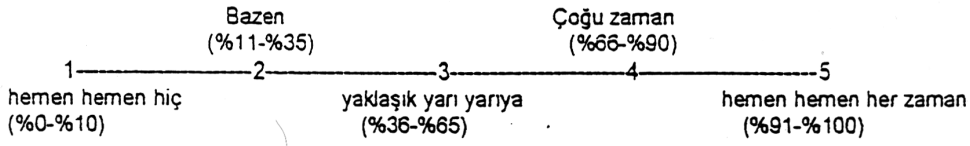


(*) Excluded Item

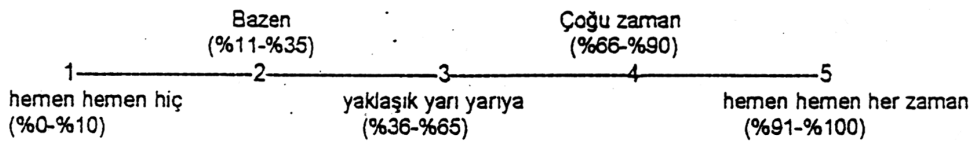
18. Kendimi kötü hissederken başka şeylere odaklanmakta zorlanırım.



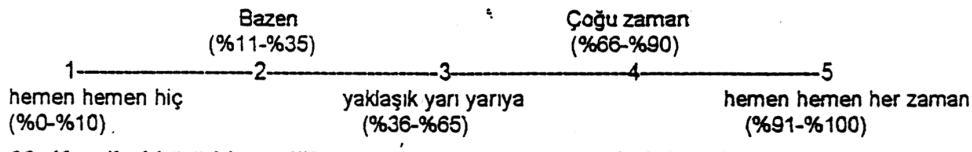
19. Kendimi kötü hissederken kontrolden çıktığım duygusu yaşarım.



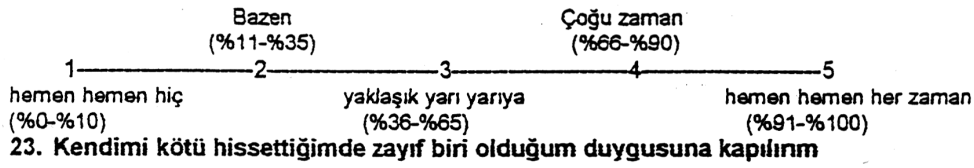
20. Kendimi kötü hissediyor olsam da çalışmayı sürdürebilirim.



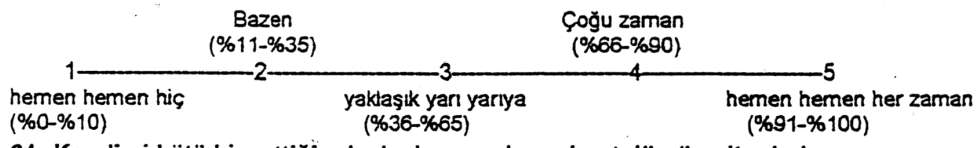
21. Kendimi kötü hissettiğimde bu duygumdan dolayı kendimden utanırım.



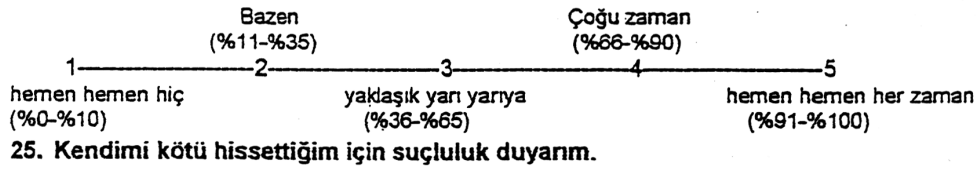
22. Kendimi kötü hissettiğimde eninde sonunda kendimi daha iyi hissetmenin bir yolunu bulacağımı bilirim.



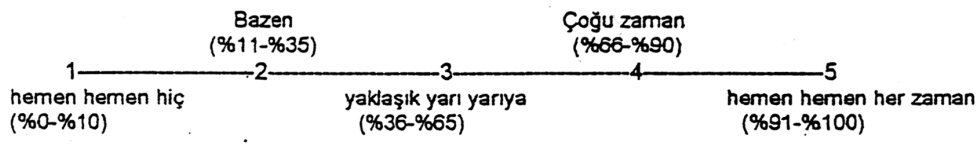
23. Kendimi kötü hissettiğimde zayıf biri olduğum duygusuna kapılırım



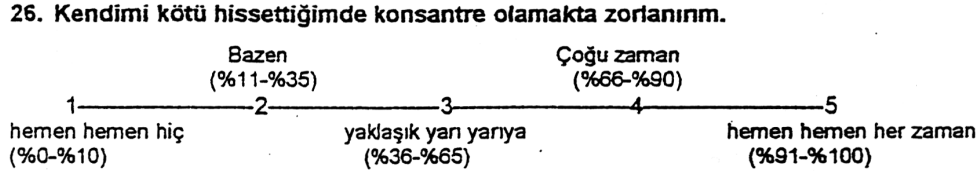
24. Kendimi kötü hissettiğimde de davranışlarım kontolümün altındadır.



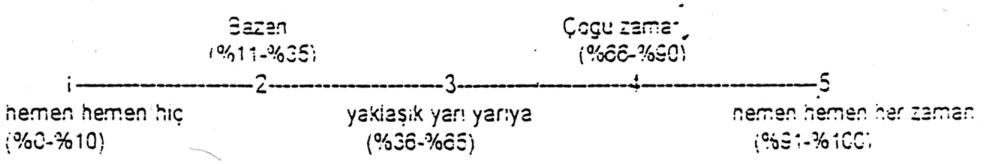
25. Kendimi kötü hissettiğim için suçluluk duyarım.



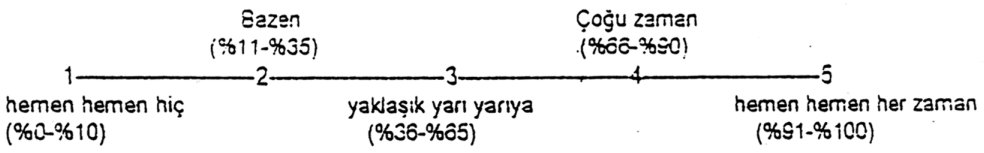
26. Kendimi kötü hissettiğimde konsantre olamakta zorlanırım.



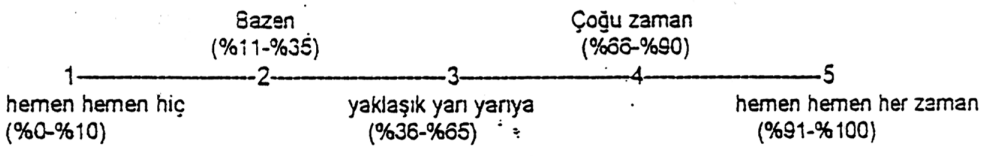
27. Kendimi kötü hissettiğimde davranışlarımı kontrol etmekte zorlanırım.



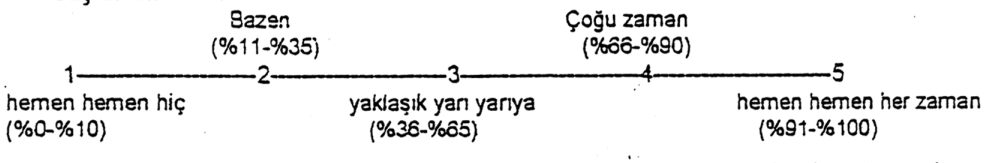
28. Kendimi kötü hissettiğimde daha iyi hissetmem için yapacağım hiçbir şey olmadığına inanırım.



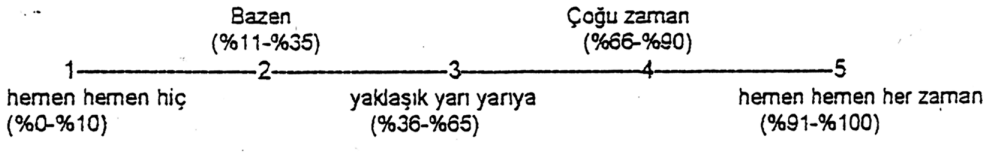
29. Kendimi kötü hissettiğimde böyle hissettiğim için kendimden rahatsız olurum.



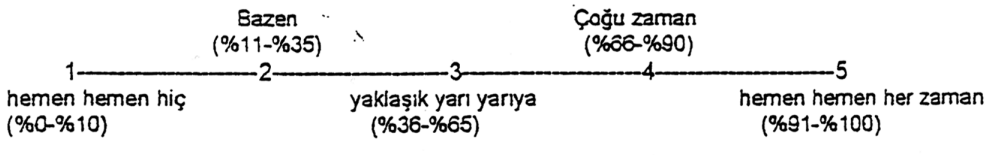
30. Kendimi kötü hissettiğimde, kendimle ilgili olarak çok fazla enişenlenmeye başlarım.



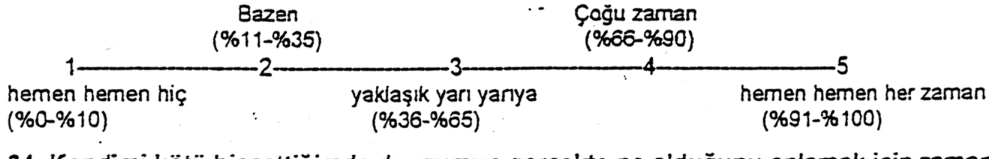
31. Kendimi kötü hissettiğimde kendimi bu duyguya bırakmaktan başka çıkar yol olmadığına inanırım.



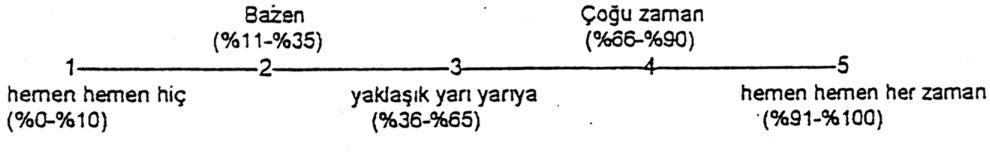
32. Kendimi kötü hissettiğimde davranışlarım üzerindeki kontrolümü kaybederim.



33. Kendimi kötü hissettiğimde başka bir şey düşünmekte zorlanırım.



34. Kendimi kötü hissettiğimde duygumun gerçekte ne olduğunu anlamak için zaman ayırırım



35. Kendimi kötü hissettiğimde, kendimi daha iyi hissetmem uzun zaman alır

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

36. Kendimi kötü hissettiğimde duygularım dayanılmaz olur.

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

37. Olumsuz duyguların hayatımda yeri yoktur.

	Bazen		Çoğu zaman	

APPENDIX E:
RELATIONSHIP QUESTIONNAIRE

(İÖ-RQ)

Lütfen aşağıdaki paragrafların her birinin sizi ne oranda doğru tanımladığını değerlendiriniz. Değerlendirmenizi aşağıdaki yedi aralıklı ölçek üzerinde uygun rakamı daire içine alarak yapınız. *1 = **beni hiç tanımlamıyor**, 7= **beni tamamen tanımlıyor***. Orta noktadaki rakamlar ise genellikle orta derecede doğru tanımladığını gösterir.

1. Başkaları ile kolaylıkla duygusal yakınlık kurarım. Başkalarına güvenmek, onlara bağlanmak ve başkalarının bana güvenip bağlanması konusunda kendimi oldukça rahat hissederim. Birilerinin beni kabul etmemesi ya da yalnız kalmak beni pek kaygılandırmaz.

Beni hiç tanımlamıyor						Beni tamamen tanımlıyor
1	2	3	4	5	6	7

2. Yakın duygusal ilişkiler içinde olmaksızın çok rahatım. Benim için önemli olan kendi kendine yetmek ve tamamen bağımsız olmaktır. Ne başkalarına güvenmeyi ne de başkalarının bana güvenmesini tercih ederim.

Beni hiç tanımlamıyor						Beni tamamen tanımlıyor
1	2	3	4	5	6	7

3. Başkalarına duygusal olarak tamamen yakın olmak isterim. Fakat genellikle başkalarının benimle benim arzu ettiğim kadar yakınlık kurmakta isteksiz olduklarını görüyorum. Yakın ilişki(ler) içinde olmazsam huzursuzluk duyarım, ancak bazen başkalarının bana, benim onlara verdiğim kadar değer vermeyecekleri için endişelenirim.

Beni hiç tanımlamıyor						Beni tamamen tanımlıyor
1	2	3	4	5	6	7

4. Başkaları ile yakınlaşmak konusunda rahat değilim. Duygusal olarak yakın ilişkiler kurmak isterim, ancak başkalarına tamamen güvenmek ya da inanmak benim için çok zor. Başkaları ile çok yakınlaşırsam incinip kırılacağımdan korkarım.

Beni hiç tanımlamıyor						Beni tamamen tanımlıyor
1	2	3	4	5	6	7

Yukarıdaki 4 paragrafın altındaki ölçekleri işaretledikten sonra, ayrıca, yukarıdaki paragraflardan sizi en iyi tanımlayan paragrafın yanındaki boş çizgi üzerine X işareti koyunuz. Yanlızca bir tek paragrafı işaretleyiniz.

Kaynak: Bartholomew, K., & Horowitz, L.M. (1991). Attachment styles among young adults: A test of four category model. *Journal of Personality and Social Psychology*, 61, 226-244.

Uyarlayanlar: Sümer, N., & Güngör, D. (1999). Yetişkin bağlanma stillerinin Türk örneklemi üzerinde psikome değerlendirmesi ve kültürler arası bir karşılaştırma. *Türk Psikoloji Dergisi*, 14(43), 71-106.

APPENDIX F:

BRIEF SYMPTOM INVENTORY (BSI)

İnsanların bazen yaşadıkları belirtiler ve yakınmaların düzeyi belirtilmiştir. Listedeki her maddeyi lütfen dikkatle okuyunuz. Sonra o belirtinin sizi BUGÜN DAHİL, SON BİR HAFTADIR NE KADAR RAHATSIZ ETTİĞİNİ yandaki bölmede uygun olan yerde işaretleyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösteriniz.

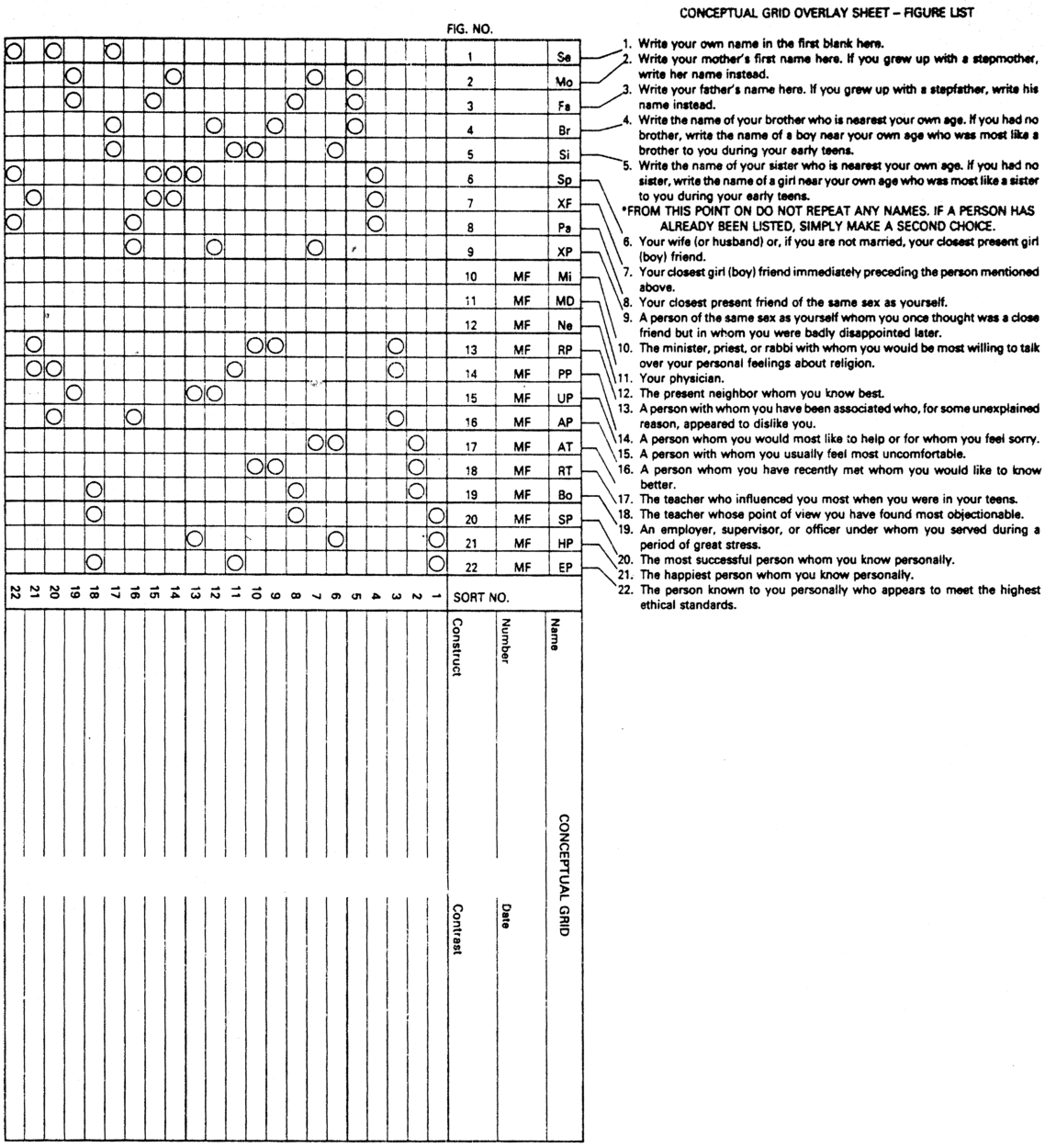
ÖRNEK

Aşağıdakiler sizi ne kadar rahatsız ediyor.	HİÇ	BİRAZ	ORTA DERECEDE	EPEY	ÇOK FAZLA
Bedensel ağrı	⓪	①	②	●	④

Aşağıdakiler sizi ne kadar rahatsız ediyor:		HİÇ	BİRAZ	ORTA DERECEDE	EPEY	ÇOK FAZLA
1. İçinizdeki sinirlilik ve titreme hali	1.	⓪	①	②	③	④
2. Baygınlık, baş dönmesi	2.	⓪	①	②	③	④
3. Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri	3.	⓪	①	②	③	④
4. Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	4.	⓪	①	②	③	④
5. Olayları hatırlamada güçlük	5.	⓪	①	②	③	④
6. Çok kolayca kızıp öfkelenme	6.	⓪	①	②	③	④
7. Göğüs (kalp) bölgesinde ağrılar	7.	⓪	①	②	③	④
8. Meydanlık (açık) yerlerden korkma duygusu	8.	⓪	①	②	③	④
9. Yaşamınıza son verme düşünceleri	9.	⓪	①	②	③	④
10. İnsanların çoğuna güvenilemeyeceği hissi	10.	⓪	①	②	③	④
11. İştahta bozukluklar	11.	⓪	①	②	③	④
12. Hiçbir nedeni olmayan ani korkular	12.	⓪	①	②	③	④
13. Kontrol edemediğiniz duygu patlamaları	13.	⓪	①	②	③	④
14. Başka insanlarla beraberken bile yalnızlık hissetme	14.	⓪	①	②	③	④
15. İşleri bitirme konusunda kendini engellenmiş hissetme	15.	⓪	①	②	③	④
16. Yalnızlık hissetme	16.	⓪	①	②	③	④
17. Hüzünlü, kederli hissetme	17.	⓪	①	②	③	④
18. Hiçbir şeye ilgi duymama	18.	⓪	①	②	③	④
19. Ağlamaklı hissetme	19.	⓪	①	②	③	④
20. Kolayca incinebilme, kırılma	20.	⓪	①	②	③	④
21. İnsanların sizi sevmediğine, kötü davrandığına inanmak	21.	⓪	①	②	③	④
22. Kendini diğerlerinden daha aşağı görme	22.	⓪	①	②	③	④
23. Mide bozukluğu, bulantı	23.	⓪	①	②	③	④
24. Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu	24.	⓪	①	②	③	④
25. Uykuya dalmada güçlük	25.	⓪	①	②	③	④
26. Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etme	26.	⓪	①	②	③	④
27. Karar vermede güçlükler	27.	⓪	①	②	③	④
28. Otobüs, tren, metro gibi umumi vasıtalarla seyahatlerden korkma	28.	⓪	①	②	③	④
29. Nefes darlığı, nefessiz kalma	29.	⓪	①	②	③	④
30. Sıcak soğuk basmaları	30.	⓪	①	②	③	④
31. Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak kalmaya çalışma	31.	⓪	①	②	③	④
32. Kafanızın "bomboş" kalması	32.	⓪	①	②	③	④
33. Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar	33.	⓪	①	②	③	④
34. Günahlarınız için cezalandırılmanız gerektiği	34.	⓪	①	②	③	④
35. Gelecekle ilgili umutsuzluk duyguları içinde olmak	35.	⓪	①	②	③	④
36. Konsantrasyonda (dikkati birşey üzerinde toplama) güçlük / zorlanma	36.	⓪	①	②	③	④
37. Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi	37.	⓪	①	②	③	④
38. Kendini gergin ve tedirgin hissetme	38.	⓪	①	②	③	④
39. Ölme ve ölüm üzerine düşünceler	39.	⓪	①	②	③	④
40. Birini dövme, ona zarar verme, yaralama isteği	40.	⓪	①	②	③	④
41. Bir şeyleri kırma / dökme isteği	41.	⓪	①	②	③	④
42. Diğerlerinin yanındayken kendinin çok fazla farkında olmak, yanlış bir şeyler yapmamaya çalışmak	42.	⓪	①	②	③	④
43. Kalabalıklarda rahatsızlık duymak	43.	⓪	①	②	③	④
44. Bir başka insana hiç yakınlık duymamak	44.	⓪	①	②	③	④
45. Dehşet ve panik nöbetleri	45.	⓪	①	②	③	④
46. Sık sık tartışmaya girme	46.	⓪	①	②	③	④
47. Yalnız bırakıldığında / kalındığında sinirlilik hissetme	47.	⓪	①	②	③	④
48. Başarılarınız için diğerlerinden yeterince takdir görmeme	48.	⓪	①	②	③	④
49. Yerinde duramayacak kadar tedirgin hissetme	49.	⓪	①	②	③	④
50. Kendini değersiz görme / değersizlik duyguları	50.	⓪	①	②	③	④
51. Eğer izin verirseniz insanların sizi sömüreceği duygusu	51.	⓪	①	②	③	④
52. Suçluluk duyguları	52.	⓪	①	②	③	④
53. Aklınızda bir bozukluk olduğu fikri	53.	⓪	①	②	③	④

APPENDIX G:

GENERATION OF GRID BY CLASSICAL METHOD



Kelly, G. A. (1991) *The psychology of personal constructs* (Vol.1 & 2). From original publication in
1955, W. W. Norton & Co. Inc. by NY.Routledge 11 New Fetter Lane , London., p. 193

APPENDIX H:

GENERATED CONSTRUCTS AS A RESULT OF CLASSICAL METHOD

1. HIRSLI ---------- HIRSSIZ
2. EMPATİK ---------- EMPATİ YAPMAYAN
3. EMPATİK---------- BEN MERKEZCİ
4. KENDİNE GÜVENLİ---------- KENDİNE GÜVENSİZ
5. ÖZGÜVENLİ---------- KENDİNE GÜVENSİZ
6. KENDİNE AŞIRI GÜVENLİ---------- KENDİNE GÜVENİ YOK
7. KENDİYLE BARIŞIK---------- KENDİYLE SORUNLU
8. SORUNSUZ---------- SORUNLU
9. AİLESİ DÜZENLİ---------- AİLESİ DÜZENSİZ
10. SORUMLU---------- SORUMSUZ
11. SORUMLULUK SAHİBİ---------- SORUMSUZ
12. PRENSİP SAHİBİ---------- SORUMSUZ
13. GERÇEKCİ---------- GERÇEKCİ DEĞİL
14. GERÇEKCİ---------- HAYALCİ
15. RAHAT---------- ENDİŞELİ
16. RAHAT---------- GERGİN
17. SOĞUK KANLI---------- TELAŞLI
18. KALENDER---------- MÜKEMMELİYETÇİ
19. GÖSTERİŞSİZ---------- GÖSTERİŞLİ
20. GENİŞ----------TAKINTILI
21. SAPLANTISIZ---------- SAPLANTILI
22. BAĞIMSIZ----------BAĞIMLI
23. ÖZERK---------- BAĞIMLI
24. KÜLTÜRLÜ---------- KÜLTÜRSÜZ
25. BİLGE---------- BİLGİSİZ
26. İYİ NİYETLİ---------- SİNSİ
27. İYİ---------- KÖTÜ
28. ÇEKİCİ---------- İTİCİ
29. GİRİŞKEN---------- ÇEKİNGEN
30. ATILGAN----------ÇEKİNGEN
31. KONTROLLÜ---------- KONTROLSÜZ
32. ESPİRİLİ---------- ESPRİSİZ
33. EYLENDİRİCİ---------- BAYIK
34. EYLENDİREN---------- SIKICI
35. AKTİF---------- PASİF
36. DEĞİŞKEN---------- DURAĞAN
37. AĞIR KANLI---------- ATİK

38. AĞIR KANLI---------- ÇEVİK
39. ÇAPKIN---------- ÇAPKIN DEĞİL
40. DUYGUSAL---------- MANTIKLI
41. DUYGUSAL---------- KATI
42. ESNEK---------- KATI
43. ESNEK---------- KURALCI
44. DEĞİŞİME AÇIK---------- TUTUCU
45. ÖZGÜR DÜŞÜNCELİ---------- TUTUCU
46. MUHAFAZAKAR DEĞİL---------- MUHAFAZAKAR
47. GELENEKSEL---------- MODERN
48. AÇIK FİKİRLİ---------- SABİT FİKİRLİ
49. UFKU GENİŞ---------- DAR UFUKLU
50. ÖNYARGISIZ---------- ÖNYARGILI
51. ANLAYAN---------- ANLATAN
52. DESTEKLEYİCİ---------- KÖSTEKLEYİCİ
53. TUTARLI---------- TUTARSIZ
54. GÜÇLÜ---------- GÜÇSÜZ
55. GÜÇLÜ---------- ZAYIF
56. BAŞARILI---------- BAŞARISIZ
57. ÇALIŞKAN---------- TEMBEL
58. MUTLU---------- MUTSUZ
59. ALÇAK GÖNÜLLÜ---------- UKALA
60. MÜTEVAZI---------- KİBİRLİ
61. AÇIK SÖZLÜ---------- YALANCI
62. SICAK---------- SOĞUK
63. ŞEFKATLİ---------- SOĞUK
64. ŞEFKATLİ---------- ŞEVKATSİZ
65. KORUYUCU---------- ZARAR VERİCİ
66. UZLAŞMACI---------- İNATÇI
67. UZLAŞMACI---------- KAVGACI
68. SORGULAYICI---------- UYUMLU
69. DİRENEN---------- PES EDEN
70. KABUL EDİCİ---------- ELEŞTİREL
71. YOL GÖSTEREN---------- YOL GÖSTERİLEN
72. ÖĞRETEBİLEN---------- ÖĞRETEMEYEN
73. YARDIM EDEN---------- YALNIZ BIRAKAN
74. HOŞGÖRÜLÜ---------- YARGILAYICI
75. KABUL EDİCİ---------- YARGILAYICI
76. ÖZGÜR BIRAKAN---------- MÜDAHALECİ
77. RAHAT BIRAKAN---------- MÜDAHALECİ

78. YAKIN---------- MESAFELİ
79. YAKIN---------- UZAK
80. SAMİMİ---------- SAMİMİYETSİZ
81. İÇTEN---------- YAPMACIK
82. İŞBİRLİĞİ YAPABİLEN---------- İŞBİRLİĞİ YAPAMAYAN
83. SICAK KANLI---------- SOĞUK
84. SICAK KANLI---------- KATI
85. İSRARCI---------- EDİLGEN
86. SOĞUKKANLI---------- FEVRİ
87. SAKİN---------- SİNİRLİ
88. İDARECİ---------- FEVRİ
89. SOĞUKKANLI---------- EVHAMLI
90. SOĞUKKANLI---------- GERGİN
91. ARKADAŞ CANLISI---------- ASOSYAL
92. KAPALI---------- AÇIK
93. DUYGULARINI DIŞARI YANSITMAYAN----------DIŞADÖNÜK
94. İÇEDÖNÜK---------- DIŞADÖNÜK
95. KORUNMALI---------- KORUNMASIZ
96. İYİMSER---------- KARAMSAR
97. ŞANSLI---------- ŞANSSIZ
98. DÜZENLİ---------- DÜZENSİZ
99. TİTİZ---------- DAĞINIK
100. DİSİPLİNLİ---------- DİSİPLİNSİZ
101. TUTUMLU---------- TUTUMSUZ
102. KISKANÇ DEĞİL---------- KISKANÇ
103. OLGUN---------- OLGUN DEĞİL
104. OLGUN---------- ÇOCUKSU
105. OLGUN---------- GELİŞMEMİŞ
106. POLİTİK---------- POLİTİK DEĞİL
107. RADİKAL---------- ILIMLI
108. DOĞRUCU---------- İMACI
109. SAF---------- KURNAZ
110. ZEVKLİ---------- ZEVKSİZ
111. BENCİL---------- VERİCİ
112. BENCİL---------- FEDAKAR
113. BENCİL---------- DÜŞÜNCELİ
114. KIVRAK ZEKALI---------- DONUK ZEKALI
115. ZEKİ---------- ZEKİ DEĞİL
116. PRATİK ZEKALI---------- DETAYCI
117. SEKSİ---------- SEKSİ DEĞİL

118. İYİLİKSEVER---------- KÖTÜLÜK SEVER
119. İÇGÖRÜLÜ---------- İÇGÖRÜSÜZ
120. İNSANCIL---------- DÜŞMANCIL
121. SAYGILI---------- SAYGISIZ
122. DUYARLI---------- DUYARSIZ
123. İLGİLİ---------- UMURSAMAZ
124. GÜVENİLİR---------- GÜVENİLMEZ
125. ANLAYIŞLI---------- ANLAYIŞSIZ
126. KEYFE DÜŞKÜN---------- ZORLUKLARI YAŞAYAN
127. YARATICI---------- YÜZEYSEL
128. UYUM GÜCÜ YÜKSEK---------- UYUMSUZ
129. GÜZEL---------- ÇİRKİN
130. MOTİVE EDİCİ---------- ENGELLEYİCİ
131. İYİ DİNLEYİCİ---------- KÖTÜ DİNLEYİCİ
132. DOYUMLU---------- DOYUMSUZ

Akademisyen Uzmanların Ekledikleri

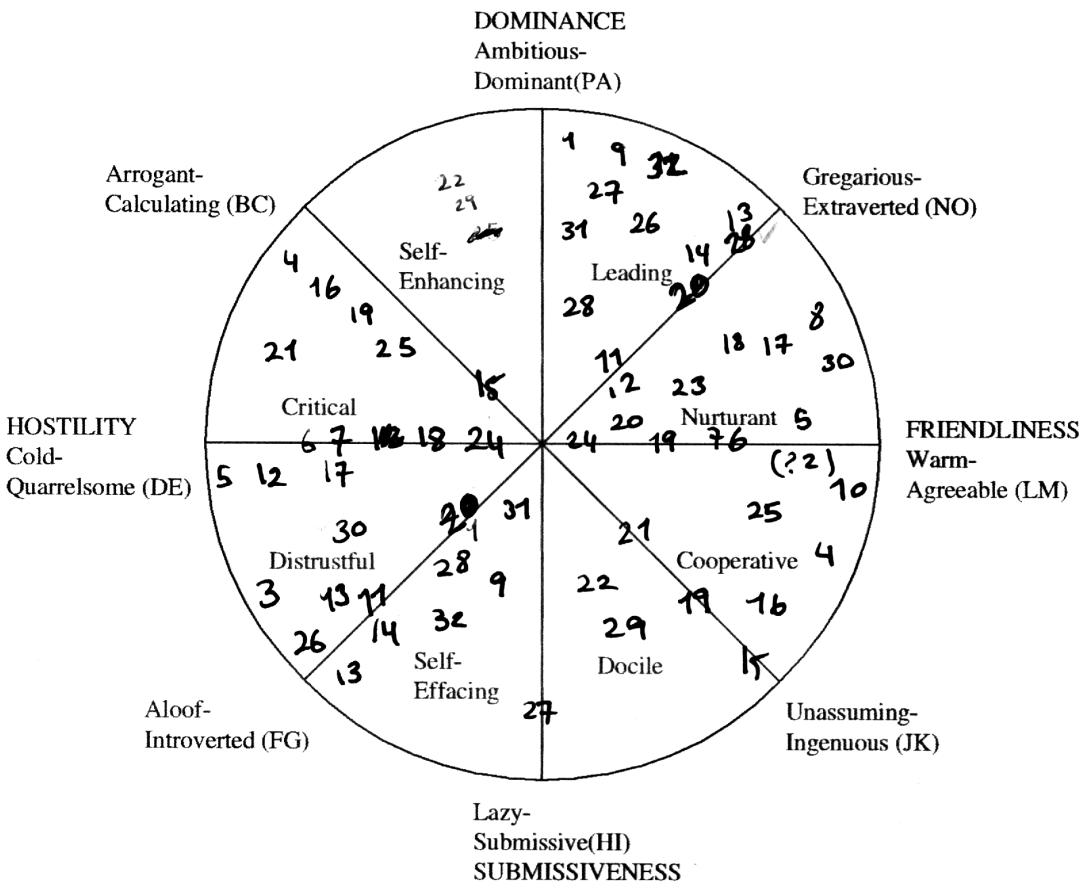
LÜTFEN EKLENMESİNİ UYGUN GÖRDÜĞÜNÜZ YAPI TAŞLARINI AŞAĞIYA ZIT KUTBUYLA BİRLİKTE YAZINIZ.

KENDİNİ BAŞKALARINA AÇAN--------- AÇMAYAN (SELF DISCLOSURE)
DESTEKLEYİCİ---------- KENDİNE DÖNÜK
ALINGAN---------- ALINGAN DEĞİL
GERGİN---------- SAKİN
ÜZGÜN---------- NEŞELİ
YARATICI---------- YÜZEYSEL
ÖZGÜN---------- SIRADAN
KARARLI---------- KARARSIZ
BECERİKLİ---------- BECERİKSİZ
HUZURLU---------- GERGİN

APPENDIX I:
CONSENSUS LIST

1. GİRİŞKEN---------- ÇEKİNGEN
2. DUYGUSAL---------- MANTIKLI
3. TUTARLI---------- TUTARSIZ
4. UZLAŞMACI---------- İNATÇI
5. İYİMSER---------- KARAMSAR
6. KISKANÇ DEĞİL---------- KISKANÇ
7. DUYARLI---------- DUYARSIZ
8. GÜVENİLİR---------- GÜVENİLMEZ
9. KENDİNE GÜVENLİ---------- KENDİNE GÜVENSİZ
10. GERGİN---------- SAKİN
11. SOĞUK KANLI---------- TELAŞLI / FEVRİ
12. RAHATLATICI---------- GERGİNLİK YARATAN
13. SAPLANTISIZ---------- SAPLANTILI
14. BAĞIMSIZ---------- BAĞIMLI
15. İYİ NİYETLİ---------- ÇIKARCI
16. ESNEK---------- KURALCI
17. DESTEKLEYİCİ---------- KÖSTEKLEYİCİ / İLGİSİZ
18. ŞEFKATLİ---------- SOĞUK / İLGİSİZ
19. HOŞGÖRÜLÜ---------- YARGILAYICI
20. YAKIN---------- MESAFELİ
21. RAHAT BIRAKAN---------- MÜDAHALECİ / MÜTECAVİZ
22. OLGUN---------- OLGUN OLMAYAN
23. FEDAKAR / ÖZVERİLİ---------- BENCİL
24. ANLAYIŞLI---------- ANLAYIŞSIZ
25. UYUMLU---------- UYUMSUZ
26. SORUMLULUK SAHİBİ---------- SORUMSUZ
27. BASKIN---------- PASİF / ÇEKİNİK
28. GÜÇLÜ---------- ZAYIF
29. MÜTEVAZI---------- KİBİRLİ
30. KORUYUCU---------- İHMAL EDEN
31. KARARLI---------- KARARSIZ
32. YETERLİ---------- YETERSİZ

APPENDIX J:
THE INTERPERSONAL CIRCUMPLEX (KIESLER, 1996) CONSISTS OF TWO DIMENSIONS THAT DESCRIBE PERSONALITY AND SOCIAL BEHAVIOR



The interpersonal circumplex. Horizontal axis is hostility vs. friendliness. Vertical axis is dominance vs. submissieness. The octant scales are identified around the outside (with usual notation in parenthesis). Additional descriptors are noted within the octants.

Gallo, L. C.; Smith, T. W. ; Ruiz, J. M. (2003). An international analysis of adult attachment style: Circumplex descriptions, recalled developmental experiences, self-representations and internal functioning in adulthood. *Journal of Personality*, 71 (2), 171-180. p. 146

APPENDIX K:
SCALE FOR TESTING THE FACTOR STRUCTURE OF THE GENERATED CONSTRUCTS

Aşağıda karşılarında zıtları olan sıfatlar bulunmaktadır. Sıfatlardan ilki sizi tamamen tanımlıyorsa 1'i, tamamen olmasa bile kendinizi ilk sıfata daha yakın olarak kabul ediyorsanız 2'yi, eğer ilk sıfatla zıt uçtaki sıfatın tam ortasında biryerlerde olduğunuzu düşünüyorsanız 3'ü, zıt uçtaki sıfata daha yakın olduğunuzu düşünüyorsanız 4'ü, zıt uçtaki sıfatın sizi tamamen tanımlıdığını düşünüyorsanız 5'i işaretleyiniz..

1. GİRİŞKEN 1----------2----------3----------4----------5 ÇEKİNGEN
2. DUYGUSAL 1----------2----------3----------4----------5 MANTIKLI
3. TUTARLI 1----------2----------3----------4----------5 TUTARSIZ
4. UZLAŞMACI 1----------2----------3----------4----------5 İNATÇI
5. İYİMSER 1----------2----------3----------4----------5 KARAMSAR
6. KISKANÇ DEĞİL 1----------2----------3----------4----------5 KISKANÇ
7. DUYARLI 1----------2----------3----------4----------5 DUYARSIZ
8. GÜVENİLİR 1----------2----------3----------4----------5 GÜVENİLMEZ
9. KENDİNE GÜVENLİ 1----------2----------3----------4----------5 KENDİNE GÜVENSİZ
10. SAKİN 1----------2----------3----------4----------5 GERGİN
11. SOĞUK KANLI 1----------2----------3----------4----------5 FEVRİ
12. RAHATLATICI 1----------2----------3----------4----------5 GERGİNLİK YARATAN
13. İLİŞKİYE TAKINTILI 1----------2----------3----------4----------5 İLİŞKİYE TAKINTISIZ
14. BAĞIMSIZ 1----------2----------3----------4----------5 BAĞIMLI
15. İYİ NİYETLİ 1----------2----------3----------4----------5 ÇIKARCI

16. ESNEK 1----------2----------3----------4----------5 KURALCI

17. DESTEKLEYİCİ 1----------2----------3----------4----------5 İLGİSİZ

18. ŞEFKATLİ 1----------2----------3----------4----------5 SOĞUK

19. HOŞGÖRÜLÜ 1----------2----------3----------4----------5 YARGILAYICI

20. YAKIN 1----------2----------3----------4----------5 MESAFELİ

21. RAHAT BIRAKAN 1---------2---------3---------4---------5 MÜDAHALECİ

22. OLGUN 1----------2----------3----------4----------5 OLGUN OLMAYAN

23. FEDAKAR 1----------2----------3----------4----------5 BENCİL

24. ANLAYIŞLI 1----------2----------3----------4----------5 ANLAYIŞSIZ

25. UYUMLU 1----------2----------3----------4----------5 UYUMSUZ

26. SORUMLULUK SAHİBİ 1---------2---------3---------4---------5 SORUMSUZ

27. BASKIN 1----------2----------3----------4----------5 PASİF

28. GÜÇLÜ 1----------2----------3----------4----------5 GÜÇSÜZ

29. MÜTEVAZİ 1----------2----------3----------4----------5 KİBİRLİ

30. KORUYUCU 1----------2----------3----------4----------5 İHMAL EDEN

31. KARARLI 1----------2----------3----------4----------5 KARARSIZ

32. YETERLİ 1----------2----------3----------4----------5 YETERSİZ

APPENDIX L:

FACTOR STRUCTURE OF CONSENSUS LIST ABOUT CONSTRUCTS OF INTERPERSONAL CIRCUMPLEX

İTEMS	FACTORS	
	Friendship-Hostility	Dominant-Submissive
HOŞGÖRÜ-YARGILAYICI	**.81**	-.01
UZLASMACI-İNATÇI	**.75**	-.25
UYUMLU-UYUMSUZ	**.71**	-.18
ANLAYıSLI-ANLAYIŞSIZ	**.70**	.05
ŞEFKATLİ-SOĞUK	**.70**	-.02
DESTEKLEYİCİ-İLGİSİZ	**.59**	.29
FEDAKAR-BENCİL	**.58**	.17
MUTEVAZI-KİBİRLİ	**.57**	-.26
IYIMSER-KARAMSAR	**.51**	.15
DUYGUSAL-MANTIKLI	**.51**	-.36
YAKıN-MESAFELİ	**.51**	.07
DUYARLı-DUYARSIZ	**.50**	.07
IYI NİYETLİ-ÇIKARCI	**.48**	.09
KORUYUCU-İHMAL EDEN	**.47**	.19
GUVENİLIR-GÜVENİLMEZ	**.44**	.20
SAKIN-GERGİN	**.33**	-.01
SORUMLUK SAHİBİ-SORUMSUZ	.25	.05
TUTARLı-TUTARSIZ	.22	.20
KENDINE GÜVENLİ-GUVENSİZ	.03	**.72**
KARARLı-KARARSIZ	-.04	**.66**
GUCLU-GÜÇSÜZ	.06	**.66**
BAGıMSıZ-BAĞIMLI	-.14	**.62**
GIRIŞKEN-ÇEKİNGEN	-.06	**.56**
BASKıN-PASİF	-.07	**.56**
YETERLI-YETERSİZ	.05	**.55**
KıSKANC-KISKANÇ DEĞİL	.01	**.54**
ESNEK-KURALCI	-.11	**.50**
SOGUKKANLI-FEVRİ	-.01	**.43**
OLGUN-OLGUN OLMAYAN	.19	**.42**
RAHATLATICI-GERGİNLİK YARATAN	.34	**.35**
RAHAT BIRAKAN-MÜDAHALECİ	.13	**.33**
İLİŞKİYE TAKINTILI-TAKıNTıSIZ	.08	—

Extraction Method: Principal Component Analysis. Rotation Method: Promax with Kaiser Normalization, Factor Loadings above .30

Appendix M:
REPERTORY GRID TEST

Arkadaki sayfada 'kendinizi' ve 'çevrenizdeki kişileri' belli sıfatlar çerçevesinde değerlendirmeniz istenmektedir. Her sıfatın yanında onun zıttı olan bir sıfat bulunmaktadır. Söz konusu kişi ***ilk sıfat*** tarafından **tamamen** tanımlanıyorsa **1'i**, ilk sıfat tarafından tamamen olmasa da **oldukça iyi** tanımlandığını düşünüyorsanız **2'yi**, ilk sıfat tarafından **biraz** tanımlandığını düşünüyorsanız **3'ü** işaretleyiniz. Söz konusu kişinin ilk sıfatın karşısındaki ***zıt uçtaki sıfat*** tarafından **tamamen** tanımlandığını düşünüyorsanız **7'yi**, zıt sıfat tarafından tamamen olmasa da **oldukça iyi** tanımlandığını düşünüyorsanız **6'yı**, zıt sıfat tarafından **biraz** tanımlandığını düşünüyorsanız **5'i** işaretleyiniz. Eğer bu kişinin ***ilk ve zıt uçtaki sıfatın*** tam **ortasında** bir yerde olduğunu düşünüyorsanız **4'ü** işaretleyiniz. Her hangi bir kişiyi bir sıfat ve zıttı çerçevesinde değerlendirirken ***seçmiş olduğunuz rakkamsal değeri söz konusu sıfat ve kişinin kesiştiği kutucuğa yazınız. Örneğin:*** Kendinizi ***oldukça*** 'Çekingen' buluyorsanız. 'Girişken-Çekingen' sıfatlarının hizasındaki 'ben' kutucuğunun içine **6** rakkamını yazınız.

Teşekkür ederiz.

Ad-Soyad:

Tarih:

KOD:

1 Girişken	1 Çekingen											
2 Uzlaşmacı	2 İnatçı											
3 Güvenilir	3 Güvenilmez											
4 Kendine Güvenli	4 Kendine Güvensiz											
5 Soğukkanlı	5 Telaşlı											
6 Bağımsız	6 Bağımlı											
7 Destekleyici	7 İlgisiz											
8 Şefkatli	8 Soğuk											
9 Hoşgörülü	9 Yargılayıcı											
10 Rahat Bırakan	10 Müdahaleci											
11 Olgun	11 Olgun Olmayan											
12 Anlayışlı	12 Anlayışsız											
13 Kararlı	13 Kararsız											
		1	2	3	4	5	6	7	8	9		
		Ben	İdeal Ben	Annem	Babam	Kardeş-ya da Aileden Biri	Yakın Hemcins	Yakın Karşı Cins	Patron ya da Eğitici	Şu Anda Görüşmediği Bir Arkadaş		

1 Tamamen 2 Oldukça 3 Biraz 4 Ortası 5 Biraz 6 Oldukça 7 Tamamen

The empty chart is taken from,
Feixas, G. & Alvarez, J. A manual for the repertory grid [online]. *A protocol for recording the administration*. Available: http://www.terapiacognitiva.net/record/pag/index.htm

APPENDIX N:

PERSONAL COMMUNICATION WITH JAMES W. GRICE THROUGH E-MAIL

Subject: Re: from Turkey
Date: Wed, 23 Nov 2005 22:23:22 -0600
From: James W Grice <jgrice@okstate.edu>
To: Neslihan Ruganci <ruganci@bilkent.edu.tr>

Hi Neslihan,
I do remember you, and I am happy to read that your research is moving forward. I have provided my thoughts below in blue font.

Dear Mr. Grice,
As a reminding cue about me: a time ago you helped me to get the idiogrid program. Since that time, I completed my initial research about generating constructs and elements.I need to ask you some questions about analysis but I don't want to disturb you ..If It is ok for you Do you mind to inform me about following questions??
1. Following steps of my research requires group analysis, in other words , I need to analyze 5 different groups, in each group there will be approximately 20 participants..and compare them on the basis of Bieri complexity, intensity, element distances, element correlations..I was thinking to transfer every inidividual data onto SPSS and get means for every group and compare them through ANOVA..however your program gives Consensus grid..Can it be valid to take consensus grid for every group and compare them(here I have difficulty as I could not understand how to differentiate the groups as there is no significance level?)..also can it be valid to take graph of slater analysis of consensus grid and interpret as a group graph..

***Yes, you can compare the Consensus grids created from Generalized Procrustes Analysis (GPA) using any of the grid comparison procedures in Idiogrid. In fact, you can use GPA on the Consensus grids, although you should beware that it is such an efficient mathematical algorithm that it will likely find very high consensus among the Consensus grids that is not reliable. The Slater analysis or other methods of comparing the grids might be better than GPA. You can, for instance, get the PCA plots for each Consensus grid and compare those. As for significance tests, other than the Randomization Test in GPA, none are available for comparing complete grids. The Slater Analysis for two grids will conduct t-tests for construct and element means, but the entire grids are not compared. Researchers instead typically rely on descriptive statistics or comparing PCA graphs to highlight differences between grids.

If all of your grids have the same elements and constructs, you might also consider computing a simple average of the grids. Look under the "Edit" option of the Main Menu when the Grid Data window is active. The consensus grid from GPA is also something of an average grid, but it is one that is derived from rescaled and rotated grids. With either the GPA Consensus grids or simple average grids, you can compare the groups.

2. AS my participants will be provided by standart constructs and elements (for comparision I should have done in this way)..Is it valid to use Bieri complexity and Fransella's etc. intensity analysis?
Yes, I believe so. These indices are based on the ratings in the grid, so ratings for provided or elicited constructs and elements can be analyzed.

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http://psychology.okstate.edu/faculty/jgrice/personalitylab/
http://www.idiogrid.com/ (Idiogrid Software)

APPENDIX O

INTERNAL STATE AWARENESS SUB-SCALE OF PRIVATE SELF-CONSCIOUSNESS SCALE

9*. Genellikle duygularıma karşı duyarlıyımdır

15*. Duygu durumumda olan değişikliklere karşı duyarlıyımdır.

*original item number

Developed by Fenigstein, A., Scheier, M. F., Buss, A. H. (1975). Public and private self-consciousness: Assessment and theory. *Journal of Consulting and Clinical Psychology,* 43 (4). 522-527.

Adapted into Turkish by Rugancı, R. N. (1995). Private and public self-counsciousness subscale of the Fenigstein, Scheier and Buss self-consciousness scale: A Turkish translation. *Personality & Individual Differences,* V:18 (2), 279 - 282.

APPENDIX P:

SEMANTIC DIFFERENTIAL SELF-ESTEEM SCALE (SDSS)

(Inner Self-Esteem Subscale)

3.	Dayanıklı	___	___	___	___	___	___	___Dayanıksız
8.	Lider	___	___	___	___	___	___	___İzleyici
9.	Başarılı	___	___	___	___	___	___	___Başarısız
10.	Değerli	___	___	___	___	___	___	___Değersiz
11	Güvenli	___	___	___	___	___	___	___Güvensiz
15.	Kapasiteli	___	___	___	___	___	___	___Kapasitesiz
16.	Özgür	___	___	___	___	___	___	___Bağımlı
17.	Yetenekli	___	___	___	___	___	___	___Yeteneksiz
19.	İradeli	___	___	___	___	___	___	___İradesiz
20.	Güçlü	___	___	___	___	___	___	___Güçsüz
21.	Kararlı	___	___	___	___	___	___	___Kararsız
22.	Sorumlu	___	___	___	___	___	___	___Sorumsuz

(Outer Self-Esteem Subscale)

1.	İlgili	___	___	___	___	___	___	___İlgisiz
2.	Umutlu	___	___	___	___	___	___	___Umutsuz
4.	Fedekar	___	___	___	___	___	___	___Bencil
5.	Şefkatli	___	___	___	___	___	___	___Sefkatsiz
6.	Sempatik	___	___	___	___	___	___	___Antipatik
7.	Hoş	___	___	___	___	___	___	___Berbat
12.	Cömert	___	___	___	___	___	___	___Açgözlü
13.	Dengeli	___	___	___	___	___	___	___Dengesiz
14.	Dürüst	___	___	___	___	___	___	___Dürüst değil
18.	Sevimli	___	___	___	___	___	___	___Sevimsiz
23.	İyi	___	___	___	___	___	___	___Kötü
24.	Güvenilir	___	___	___	___	___	___	___Güvenilmez

_____ . _____

Developed by Franks, D. D & Marolla, J. (1976). Efficacious action and social approval as interacting dimensions of self-esteem: a tentative formulation through construct validation. *Sociometry* 39 (4), 324-341.

Adapted to Turkish by Rugancı, R. N. (1988). *Self-esteem, self-consciousness & depression*. Unpublished master's thesis, Middle East Technical University Library.

APPENDIX R

Turkish Summary

Bağlanma Biçimi, Duygu Regülasyonu, Psikolojik Rahatsızlık ve İlişkisel Dünyanın Zihinsel Olarak Yapılandırılması Arasındaki İlişki

Bowlby (1979/1989) Bağlanma Kuramını bebek ve bakıcısı arasındaki ilişkinin ya da bağlanmanın kalitesinin sağlıklı gelişimi belirlediği varsayımı üzerine temellendirmiştir. Bebeğin uyarılmışlık içindeki yakınlaşma gereksinimine bakcının uygun tepkiyi vermesi bebek tarafından yatıştırıcı ve güven verici olarak deneyimlenir. Tekrar eden bu karşılıklı etkileşim sonucunda yakınlık sürekli kılınır ve özerklik bu güvenli bağlanmadan doğar. Öte yandan, bakıcının kaygılı, tutarsız müdahaleleri bebekte aşırı uyarılmayla, kayıtsızlığı ise yetersiz uyarımla sonuçlanır. Bu erken dönemdeki karşılıklı regülasyon bebek tarafından içselleştirilir ve içselleştirilen bu örüntü, sonraları, olumsuz deneyim sırasında duygularıyla nasıl baş edeceğini belirler. Dolayısıyla, bu süreç ileriki yaşamındaki psikolojik sağlıklılığının temel öncülü olarak kabul edilir (Beebe, Knoblauch, Rustin & Sorter, 2003; Beebe, Sorter, Rustin & Knoblauch, 2003; Bowlby, 1988; Fonagy, 1999[1]; Fonagy, Gergely, Jurist & Target, 2002; Linehan, 1993; Main, 2001; Rugancı, 2003; Sloman, Attkinson, Milligan & Liotti, 2002; Stern 1990; Tronick, 2002).

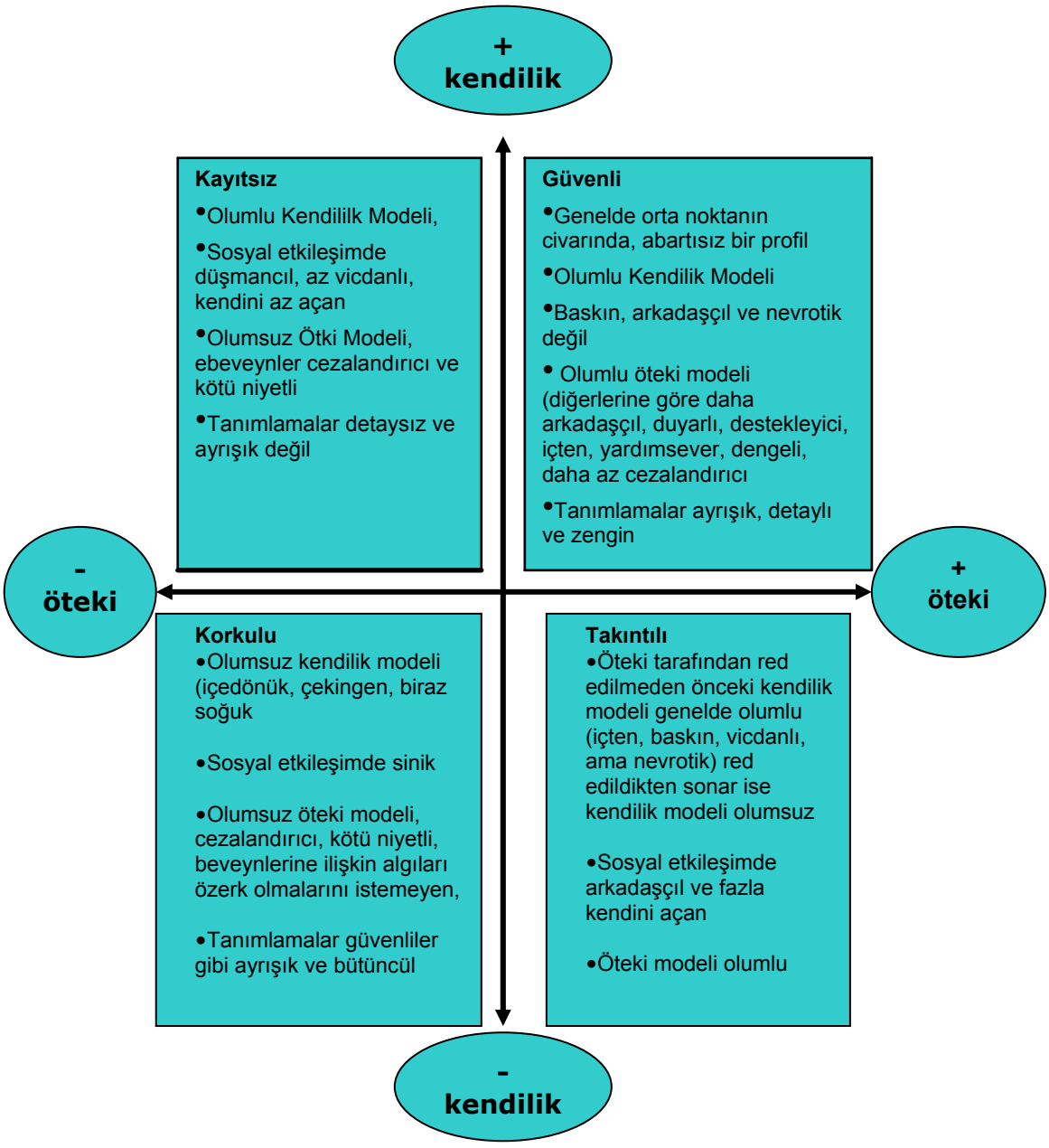
Ainsworth ve arkadaşları (1978) 'Yabancı Ortam' deneyleriyle, 12-18 aylık bebekleri yakınlarından ayrılma, yabancıyla yanlız bırakılma ve tekrar yakınlarıyla birleşme durumlarında gözleyerek Bowlby'nin Bağlanma Kuramının temel varsayımlarını test etmiştir. Gözlemler sonucunda çocukları (1) güvenli (2) kaygılı/dengesiz ya da kaygılı/takıntılı (3) kaçınan olarak farklı bağlanma biçimlerine sahip olarak sınıflandırmıştır.

Bowlby erken dönemdeki bağlanma ilişkisinin dinamiklerinin bağlanmanın bilişsel boyutu olarak içselleştirildiğini ileri sürmüştür. Çocuk tarafından içselleştirilen bu ilişkisel yapı, 'işleyen iç modeller' olarak adlandırılır. Birey kendi 'işleyen model'inin ürünü olarak bağlanma biçimi geliştirir. 'içsel işleyen modeller'in 'kendilik ve ' öteki' olarak birbirini tamamlayan ve birbirine bağlı deneyimlenen iki boyutu vardır.

Bartholomew ve Horowitz (1991) Bowlby'nin bu 'kendilik' ve 'öteki' bağlanma modellerine ilişkin varsayımlarını, geliştirdikleri 'dörtlü bağlanma modeli' çerçevesinde test etmişlerdir. Araştırmalarının sonucunda, eğer kişinin olumlu kendilik ve öteki modeli varsa, yakın ilişkilerinde rahat ve özerk olduğunu ve *güvenli* bağlanma biçimine sahip olduklarını; eğer, kendilik modeli olumlu, ama öteki modeli olumsuz ise yakın ilişkilerden kaçındığını ve *kayıtsız* bağlanma biçimine sahip olduklarını; eğer, kendilik modeli olumsuz ve öteki modeli olumlu ise kaygılı, yakın ilişkilerinde bağımlı ve dolayısıyla *takıntılı* bağlanma biçimine sahip olduklarını; ve de eğer hem kendilik hem de öteki modelleri olumsuzsa yakın ilişkilerden

kaçındıklarını ve *korkulu* bağlanma biçimine sahip olduklarını tespit etmişlerdir. Bu çalışmayı izleyen, bağlanma biçiminin 'işleyen modellerini'

Şekil A. Araştırmaların Bağlanma Biçimlerinin 'Kendilik' ve 'Öteki' Modeline İlişkin Bulguları



Bartholomew & Horowitz (1991)	Shaver & Brennan (1992)	Gallo, Smith, Ruiz (2003)	Levy, Blatt & Shaver, (1998)

inceleyen daha detaylı çalışmalarda ise Şekil A'da özetlenen bulgular tespit edilmiştir.

Böylelikle, 'işleyen modeller'in kişilerarası doğası, 'kendilik' ve 'öteki'nin birbirini tamamlayıcılığı ve karşılıklılığı, farklı bağlanma biçimi olan kişilerin farklı 'işleyen modellere' sahip olduğu varsayımı bu çalışmalar yoluyla desteklenmiştir.

Bowlby'nin (1985, 1988) ileri sürmüş olduğu erken dönem duygu regülasyon stratejilerinin 'kendilik' ve 'öteki' modelleriyle kaynaşarak içselleştirildiği varsayımı, yine amprik çalışmalar yoluyla desteklenmiş ve bağlanma biçimine özgü bireysel farklılıklara bağlı olarak kişilerin farklı duygu regülasyon stratejileri uyguladıkları doğrulanmıştır (Mikulincer, 2006; Waters, Rodriguez & Ridgeway, 1998; Wei, Vogel, Ku & Zakalik, 2005; Wei, Heppner, & Mallinckrodt, 2003). Şöyle ki, *güvenli* bağlananlarda olumsuz duygu deneyiminin farkına varma, sorunu kabul, problem odaklı başetme ve sosyal destek alma gibi *güven temelli* stratejiler gözlenirken; *kayıtsız* bağlananlarda *iç aktivasyonu durduran* (deactivating), farkındalığı ketleyip, kendini başkalarından ayırma yoluyla olumsuz duyguyu bastıran ve yok eden aşırı regüle edici stratejiler; *takıntılı* bağlananlarda yatıştırıcı strateji yetersizlikleri nedeniyle olumsuzluğa takılarak *iç aktivasyonu dayanılmaz düzeylere kadar arttıran* (hyperactivating) stratejiler ve yatıştırılmak için başkalarına bağımlı olma; *korkulu* bağlananlarda ise, başkalarını tehdit kaynağı olarak gördükleri

için onlardan kaçınma, ancak yine yetersiz yatıştırıcı stratejileri nedeniyle olumsuz duyguyla başa çıkamama gözlenmiştir.

Yine Bowlby'nin Bağlanma Kuramının sayıltılarından biri olan güvensiz bağlanma ve duygu regülasyon sorununun psikolojik rahatsızlıklarla ilişkili olduğu varsayımı araştırmalarla kanıtlanmıştır (APA, 1994; Batholomew & Horowitz, 1991; Bowlby, 1985; Declercq & Willemsen, 2006; Fonagy, 2001; Gratz & Roemer, 2004; Linehan, 1993; Liotti, 1999; Mikulincer, 2006; Ritz, FitzGerald, Wiley & Gibbs, 1995; Page, 2001; Pielage, Gerlsma, Schaap, 2000; Wei, Mallinckrodt, Larson & Zakalik, 2005). Ayrıca, bağlanma biçimi ve psikolojik sağlıklılık arasındaki ilişkiye duygu regülasyonunun aracılık ettiği öne sürülmüş ve *kayıtsız* bağlananlarla psikolojik rahatsılık arasındaki ilişkiye *duygunun ketlenmesinin* (iç aktivasyonun durdurulması)*, takıntılı* bağlanma ile psikolojik rahatsızlık arasındaki ilişkiye ise *duygusal tepkiselliğin* (iç aktivasyonun arttırılması) aracılık ettiği bulunmuştur (Wei, Vogal, Ku & Zakalik, 2005).

Kelly (1991/1955) Kişisel Yapı Kuramında 'işleyen model'lere benzer biçimde kişinin ilişkisel, sosyal dünyasının içselleştirilmiş temsilini irdelemeye çalışmıştır. Bireyin bu Kişisel Yapılandırmasının analizi için Repertory Grid Testini (RGT) geliştirmiştir. RGT hem bireyin biricik dünyasının derin olarak incelenmesini hem de bireylerin toplu verilerinin analizini sağlamaktadır (Ryle, 1997; Fransella & Baninster, 1977; Feixas & Alvarez, 2008). RGT, kişinin ilişkisel alana dair içselleştirdiği en kapsayıcı ve derinde olan,

‘kendiliği’ ve ‘öteki’ hakkındaki *çekirdek yapı*’yı tespit etmek üzere kullanılmaktadır. Dolayısıyla, RGT konfigürasyonları Bağlanma Kuramının ‘işleyen modellerinin’ şematik anlatımı olarak kabul edilebilir.

Tüm bu kuramsal alt yapıya bağlı olarak vurgulanan *psikolojik sağlıklılık*, *bağlanma biçimi*, *duygu düzenleme* ve *kişinin ilişkisel dünyasının zihinsel yapılandırması* arasındaki ilişkinin Türk örenklemi üzerinde araştırılması amaçlanmıştır. Bu amaç doğrultusunda İki çalışma yapılmıştır.

Çalışma 1

Türkçe’de olumsuz duygu regülasyonunu ölçen herhangi bir ölçek bulunmamaktadır. Bu nedenle orjinali Gratz ve Roemer (2004) tarafından geliştirilen *Duygu Regülasyon Zorluğu Ölçeği’*nin (DERS) Türkçeye güvenilir ve geçerli bir ölçek olarak uyarlanması için aşağıdaki araştırmalar hedeflenmiştir:

Amaç

a. Testin güvenirliğinin incelenmesi açısından toplam ve alt ölçeklerin alfa katsayısı, Test-Tekrar Test Güvenirliği ve İki Yarım Güvenirliği,
b. Yapı Geçerliği açısından Türkçe versiyonunun faktör yapısı,
c. Eş Zamanlı Güvenirlik açısından Türkçe versiyonun ve alt ölçeklerinin Kısa Semptom Envanteri (BSI) ve alt ölçekleriyle olan korelasyonu,
d. Ölçüt Güvenirliği açısından Türkçe versiyonun duygu regülasyonu açısından psikolojik belirti düzeyi yüksek ve düşük olan grupları birbirinden ayırd edebilirliği,

e. Yapı Geçerliğine destek olması açısından literatürde Duygu Regülasyonu, Bağlanma Biçimi ve Psikolojik Rahatsızlık arasındaki 3 tür bağlantı modelinin teyit edilmesi : (1) Toplam duygu regülasyon stratejilerinde güvenli bağlananların kayıtsız, takıntılı, korkulu bağlananlardan daha iyi duygu regülasyonu yapabildikleri, (2) Farklı duygu regülasyon stratejilerinde de güvenli bağlananların güvensiz bağlanalardan daha iyi duygu regülasyonu yapabildikleri (3) Duygu Regülasyon Becerisinin güvenli bağlanma ve psikolojik sağlılılık ilişkisine aracılık ettiği ve duygu regülasyon sorununun *kayıtsız, takıntılı*, ve *korkulu* bağlanma ve psikolojik rahatsızlık ilişkisine aracılık ettiği varsayımlarının test edilmesi amaçlanmıştır.

Sonuçlar ve Tartışma

Çalışma Bilkent Üniversitesi, ODTÜ ve Hacettepe Üniversitelerinden, Büyük bölümü Türkiye ve altısı yabancı ülkede olmak üzere 75 farklı yerleşim bölgesinde uzun süre yaşamış, 25 ayrı bölümde okuyan, 207 kız ve 122 erkek (9 katılımcı cinsiyetini belirtmemiştir) olmak üzere 338 öğrenci ile yapılmıştır. Duygu Regülasyonu, Gratz ve Roemer'in (2004) geliştirdikleri Farkındalık, Netlik, Kabul, Dürtü Kontrolü, Amaca Yönelik Davranabilme, Strateji alt ölçeklerinden oluşan DERS'in Türkçe versiyonu ile, Bağlanma Biçimi Bartholomew ve Horowitz'in (1991) geliştirdikleri ve Sümer ile Güngör'ün (1999) Türkçe'ye uyarladığı İlişki Ölçeğiyle (RQ), Psikolojik Rahatsızlık ise Derogatis 'in (1992) geliştirdiği ve Şahin ile Durak'ın (1994) Türkçe'ye uyarladıkları Kaygı, Depresyon, Olumsuz

Kendilik, Düşmancıllık alt ölçeklerinden oluşan Kısa Semptom Envanteri (BSI) ile ölçülmüştür. Katılımcılardan 59'una en az 20 en fazla 33 gün arayla DERS'in Türkçe versiyonu tekrar uygulanmıştır.

Bulgular, DERS'in Türkçe versiyonunun Alfa Katsayısı, Test-Tekrar Test Güvenirliği, İki Yarım Güvenirliği, Yapı Geçerliği, Eş Zamanlı Geçerlik ve Ölçüt Geçerliği açısından dikkate değer bir güvenirlik ve geçerlik gösterdiğini ortaya koymuştur. Ayrıca, Katılımcıların RQ'yu yanıtlarken kendilerini birden fazla güvensiz kategoriye dahil etmeleri sonucunda *Karma Güvensiz* Bağlananlar grubu oluşmuş, bu grubun, erken dönemde bağlanma kişisinden istismara dayalı muamele görmeleri sonucunda 'kendilik' ve 'öteki' modellerinin karmaşık biçimde içselleştirildiğine işaret ettiği varsayılan (Crittenden, 1988 cited in Brennan, Clark & Shaver, 1998; Dutton, Saunders, Starzomski & Batholomew, 1994; Main et.al., 2000; Patrick, Hobson, Castle, Howard & Mauhan, 1994) *Ayrışmamış/Organize Olmayan* Bağlanma Biçimine sahip olduğu düşünülmüştür. *Güvenli* Bağlanmaya sahip olduğunu belirten grubun, diğer 3 güvensiz bağlanma grubundan (*kayıtsız* haricindeki *Takıntılı, Korkulu, Karma Güvensiz* grupları) anlamlı biçimde duygularını daha iyi regüle edebildiği doğrulanmıştır. *Kayıtsız* bağlananların hem *güvenli* bağlananlardan hem de diğer güvensiz bağlanan gruplardan ayrışamamasının, literatürde de tespit edilen ve *kayıtsız*ların güvenli ve güvensizlerin ortasında özelliklere sahip bir grup olduğu (Barholomew & Horowitz, 1991; Bylsma, Cozzarelli & Sümer, 1997; Cozzarelli, Sumer & Major, 1998; Dozier & Lee, 1995; Sümer & Güngör, 1999) yorumunu

desteklediği düşünülmüştür. Ayrıca, *güvenlil*erin toplam bir grup olarak güvensizlerden her bir duygu regülasyon stratejisinde anlamlı olarak farklılaştığı gözlenmiştir. Ek olarak, Psikolojik Sorun ve *Güvenli, Takıntılı, Korkulu* Bağlanma arasındaki ilişkiye *Duygu Regülasyonun* aracılık ettiği tespit edilmiştir. Bu sonuçlar da DERS'in Türkçe versiyonunun geçerliğine ek olarak destek vermiştir.

Çalışma 2

Çalışmanın kuramsal arka planında belirtilen yaklaşımların ve çalışmaların ışığı altında *bağlanma biçimi*, *duygu regülasyonu, psikolojik rahatsızlık* ve *ilşkisel dünyanın zihinsel yapılanması* arasındaki ilişki gerek Kontrol gerekse Klinik Grupta karşılaştırmalı olarak araştırılmıştır. Genel olarak, bu söz konusu olgular arasındaki ilişkilerin *güvenli* bağlanmanın her iki grupta da psikolojik sağlılıkla bağlantılı, koruyucu bir olgu olduğu ve bu bağlantıda aracı olgu olarak duygu regülasyonun ilişkiyi açıklayan değişken olduğu varsayılmıştır. Bu varsayım üzerine Çalışma 2'nin amaçları aşağıdaki gibi şekillendirilmiştir.

Amaç

a. Klinik Grubun Kontrol Grubundan daha fazla *duygu regülasyon zorluğu* ve daha fazla *psikolojik rahatsızlık* yaşadığı,

b. *Güvenli* bağlananların Klinik ya da Kontrol Grup farkı gözetmeksizin daha iyi *duygu regüle edebildikleri* ve *daha az psikolojik rahatsızlık* yaşadıkları,

c. Gerek Klinik Grupta gerekse Kontrol Grubunda, *güvenli* bağlananlarla *psikolojik sağlıklılık* ilişkisine, *sağlıklı duygu regülasyonunun* ya da *güvensiz* bağlananlarla *psikolojik rahatsızlık* ilişkisine *duygu regülasyon zorluğunun* aracılık ettiği,

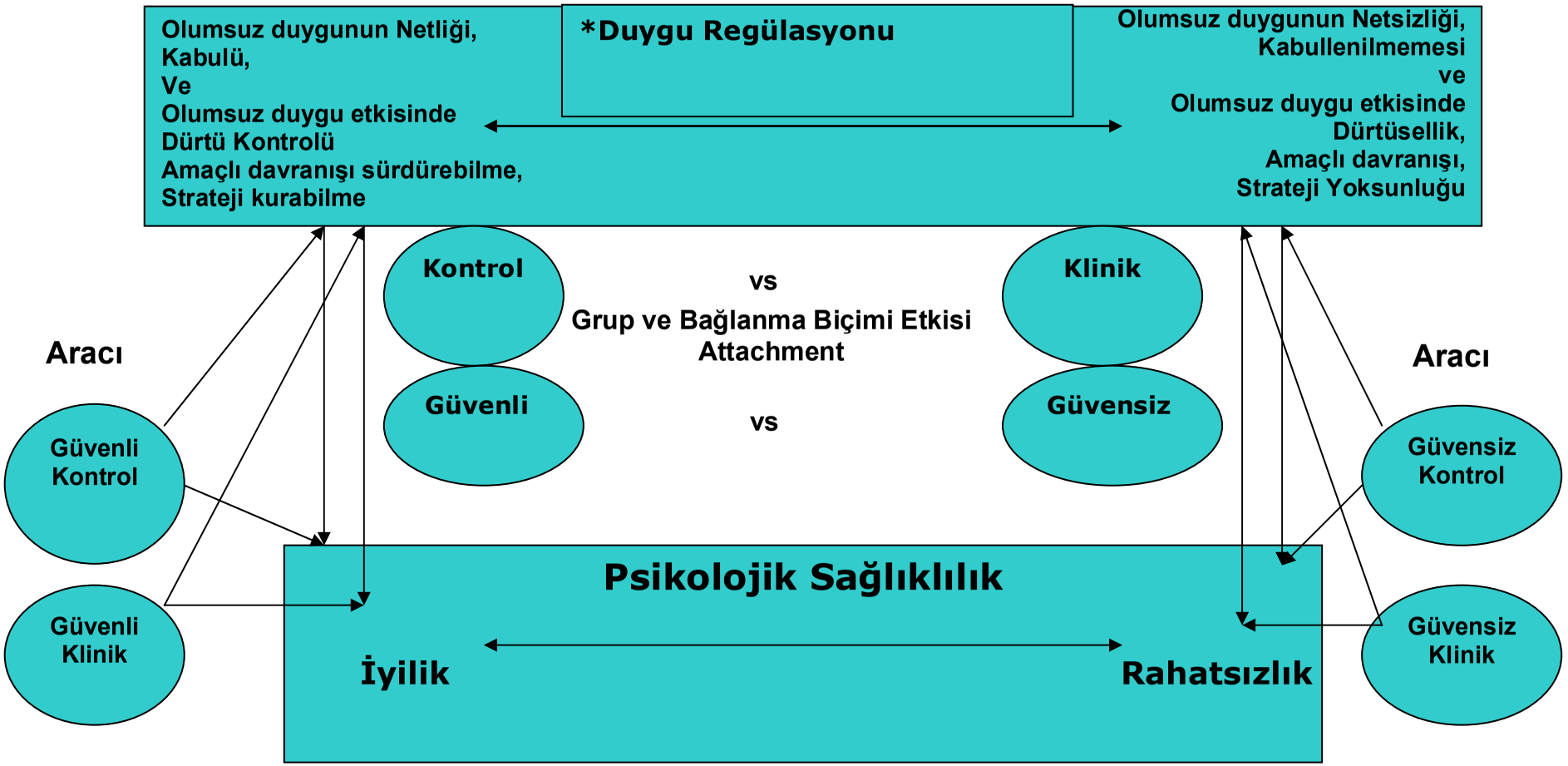
d. İlişkisel Dünyanın Zihinsel Yapılandırılması açısından ise RGT konfigürasyonlarının 'kendilik' ve 'öteki' modellerini bağlanma biçimleri özelinde inceleyen, daha önceki çalışmalarla tutarlı, ama daha detaylı ve kişinin içselleştirdiği daha farklı 'öteki' temsillerini de (kardeş, otorite, yakın arkadaş gibi) yansıtan daha zengin bulgular vereceği (bakınız Şekil 1) ve ayrıca hem Klinik hem de Kontrol Grubundaki farklı bağlanma biçimlerinin *bilişsel* süreçlerindeki çok *yönlülük* ve *bütünlük* hakkında yine *güvenli* bağlanma lehinde sonuçlar sunacağı ve aynı bağlanma biçimlerinin Klinik ve Kontrol grubu arasındaki farklılıklarını açıklayacağı amaçlanmıştır.

Sonuçlar ve Tartışma

Çeşitli özel ve resmi psikiyatrik ve psikolojik yardım kaynaklarından yardım alan 92 katılımcı Klinik Grubu, ve cinsiyet, yaş dağılımı olası olduğu ölçüde bu gruba eşitlenen 93 katılımcı da Kontrol Grubu oluşturmuştur. Her iki gruba da, bir önceki çalışmada uygulanan DERS, BSI, RQ ve *İlişkisel Dünyanın Zihinsel Yapılandırılmasını* tespit amacıyla, *yapı taşları* araştırmacı ve akademik uzmanların çalışmaları sonucunda oluşturulan ve *unsurları* (elements) da araştırmacı tarafından belirlenen, Kelly'nin geliştirmiş olduğu RGT uygulanmıştır.

Beklendiği gibi Klinik grubun Kontrol Grubuna oranla, Farkındalık becerisi dışında daha daha *iyi duygu regülasyonu* sağladığı ve daha *az psikolojik rahatsızlık* gösterdiği tespit edilmiştir. Yine beklenildiği gibi *güvenli* bağlanaların *güvensiz* bağlananlara oranla, Farkındalık becerisi dışında, grup farkı olmaksızın *daha iyi duygu regülasyonu* yapabildiği ve hem Klinik hem de Kontrol Grup için *güvenli* bağlanma ile *psikolojik sağlıklılık* arasındaki ilişkiyi *sağlıklı duygu regülasyonu* açıklarken, *güvensiz* bağlanma ile *psikolojik rahatsızlık* arasındaki ilişkiyi de *duygu regülasyon zorluğu*nun açıkladığı bulunmuştur. Bu sonuçlar, şematik olarak bir araya getirilmiş şekliyle Şekil B'de görülmektedir.

Şekil B. Sonuçların Şematik Anlatımı



*Farkındalık Gruplar arasında ve Bağlanma Biçimlerine göre ayrışmadı

İlişkisel Dünyanın Zihinsel Yapılandırılması açısından, her iki gruptaki güvenli bağlananların 'olumsuz' ve 'olumlu' temsilleri birbirinden ayırmaksızın 'kendilik' ve 'öteki' içinde bütünleştirdiği, *güvensiz* bağlananların her biçimine kıyasla daha fazla *bilişsel çok yönlülüğe* ve *bütüncül işleyişe* sahip olduğu gözlenmiştir. Klinik gruptaki *güvenli*lerin 'kendilik' modeli *arkadaşçıl* özelliklere sahipken, Kontrol grubundan farklı olarak *baskın* özelliklerden yoksun olduğu görülmüştür. Böylelikle, psikolojik sağlıklılığın *arkadaşçıllık*tan çok, olgun, girişken, güvenli, kararlı olma gibi, *baskın* 'kendilik' modeliyle ilişkili olabileceği düşünülmüştür.

Klinik ve Kontrol Grubundaki *kayıtsız, takıntılı, korkulu ve karma güvensiz* bağlananların sayısı her birini ayrı bir grup olarak istatistiksel olarak kıyaslayacak oranda olmadığı için tüm güvensiz bağlananlar bir grup içinde incelenmiştir, öte yandan, RGT konfigürasyonları niteliksel değerlendirilmelerle incelendiği için her bir güvensiz grup (*kayıtsız, takıntılı, korkulu ve karma*) ayrı ayrı değerlendirilmiştir.

*Kayıtsızl*arın Çalışma 1'in sonuçlarına göre *güvenli* ve diğer *güvensiz* bağlanaların ortasında bir özellik göstermesine karşın, RGT sonuçları bunu doğrulamamıştır. 'Kendilik' modelleri olumlu olan Kontrol Grubundaki *kayıtsızlar*ın bile en *parçalanmış* bilişsel işleyişi sergiledikleri gözlenmiştir. Olumlu 'kendilik' modeline karşın bilişsel yapı incelemesinde böyle bir sonucun çıkması, *kayıtsızların* literatürde belirtilen 'olumsuz' 'öteki' modellerine tepki olarak savunmacı bir tutum geliştirdiği varsayımını desteklemektedir (Bartholomew & Horowitz, 1991; Kobak & Sceery, 1988).

Ayrıca, Klinik grubun oldukça 'olumsuz' bir 'kendilik' modeline sahip olmasını bu savunmanın çöküşü olarak ileri sürmek olasıdır. Ancak Klinik Gruptaki konfigürasyonun *kayıtsızların* savunmaları olmaksızın ortaya çıkacak bir durum olduğundan emin olmak gruplar arası değil grup içi karşılaştırmalı bir analizle olanaklıdır. Bu durum araştırmanın sınırlılığıdır. Dolayısıyla, bu çıkarımı desteklemek için Klinik Grubundan alınacak Geriye Dönük (retrospectıve) veriye gereksinim duyulmaktadır.

Klinik Grubundaki *korkulu* bağlananların, Levy ve arkadaşlarının bulgularını destekleyen biçimde, *güvenli* bağlananlarla benzer ölçüde *bilişsel çok yönlülüğe* sahip oldukları, ancak onlardan farklı olarak 'olumsuz' 'kendilik ' modeline sahip oldukları tespit edilmiştir. Her iki gruptaki *korkuluların* genellikle, 'olumlu' ve 'olumsuz' özellikleri 'öteki' modelleri içine bütünleyebildikleri, ancak Klinik Gruptakilerin *baba* modelinin Kontrol Grubundan farklılaşarak *düşmancıl* olduğu gözlenmiştir. Öte yandan, beklenmedik biçimde, Kontrol Grubu oldukça kaotik ve çok dilemma gösteren bütünlükten yoksun bir bilişsel yapı sergilemiştir. Bu sonucu yorumlamak eldeki çalışma verileriyle oldukça güçtür, ancak *korkuluların* 'otorite kişisini' fazlaca idealize ettiği tespit edilmiştir, dolayısıyla Klinik Grubun Kontrol Grubuna oranla bariz biçimde yatışmış bir zihinsel profil sergilemesi, bir olasılık, tedavide olmasına ve otorite yerine geçebilecek bir Klinisyenle ilişki içinde olmasına bağlanabilir. Bu varsayımın da yine Geriye Dönük veri ile yeniden analiz edilmesi gerekmektedir.

Her iki gruptaki *takıntılı* bağlananların da, 'olumlu' 'kendilik' modelleri olduğu ve *ilişkisellik* (affiliation) açısından bu anlamda ideal kendiliklerine yakın oldukları tespit edilmiştir. Bu bulgu, Gallo ve arkadaşlarının (2004) bulgularını, ve de Bartholomew ve Horowitz'in (1991) 'öteki' tarafından red edilmeden önceki *takıntlı* profili olarak vurguladığı sonuçlarını desteklemektedir. Her iki gruptaki *takıntılıların* da yine 'olumlu' ve 'olumsuz' özellikleri 'öteki' modelleri içine bütünledikleri, ancak Kliniktekilerin *baba* modelinin Kontrol Grubundan farklı olarak *düşmancıl* olduğu gözlenmiştir. Her iki grupun da *Bilişsel yönlülük* ve *bütünlük* derecesi aynıdır ve diğer bağlanma biçimlerine göre orta düzeydedir, ancak Klinik Grubun daha fazla sayıda *dilemması* bulunmaktadır.

Kontrol Grubundaki *karma güvensiz* bağlananların 'öteki' modellerini birbirinden ayrıd edemediği ve hepsini birden tümüyle 'olumlu' modelledikleri ve onlardan ayırdıkları 'olumsuz' özellikleri de olduğu gibi 'kendilik' ve 'otorite' modellerine yansıttıkları gözlenmiştir. Klinik Grubun da 'kendilik' modeli benzer biçimde 'olumsuz'dur, ancak onların hem 'olumlu' hem de 'olumsuz' olan 'öteki' modelleri vardır. Her iki gruptaki *karma güvensizler* de, diğer bağlanma biçimlerine sahip gruplara kıyasla en fazla *bilişsel darlığı (tek yönlülük)* ve *basitliği* göstermişlerdir. Bu tür bir *bilişsel yapı*nın nevrotik sorunlara işaret ettiğine dair literatür bulguları vardır (Baninster & Fransella, 1977). Ancak Çalışma 2'deki denek sayısının yetersizliği bu grubun *duygu regülasyonu* ve *psikolojik rahatsızlık* düzeylerinin karşılaştırmalı olarak daha net betimlenebilmesini engellemiştir ve ayrıca çalışmadaki veriler bu grubun her hangi bir

psikolojik rahatsızlık özelinde risk grubu oluşturup oluşturmadığını tespit etmeye yeterli değildir.

Güvensiz bağlananların ortak özelliklerine bakıldığında Klinik Grubun *baba* modelinin Kontrol Gruptan farklı olarak *düşmancıl* olduğu dikkati çekmektedir. Bu sonuç bağlanma ilişkisinde *babanın* destekleyici rolünü vurgulayan kuramcıları (Leowald, 1960) ve babanın anne modelinden ayrışık olmasının önemini vurgulayan araştırmacıları (Levy, Blatt & Shaver, 1998) desteklemektedir. 'Kendilik' modeli *'sinik'* olan Klinik Grupta *baba* modelinin *düşmancıl* olması, bu ilişkinin karşılıklılıktan kaynaklanan bir kısır döngü içinde daha fazla psikolojik gerilime yol açabileceğini düşündürmektedir..

Özetle, sonuçlar genel olarak değerlendirildiğinde güvensiz bağlananların *güvenli* bağlananlara kıyasla daha fazla *duygu regülasyon zorluğu* ve *psikolojik rahatsızlık* yaşadığı, ve *ilişkisel dünyanın zihinsel yapılanması* açısından dikkate değer sorunları olduğu gözlenmiştir.

Çalışmaların Doğurguları ve Gelecek Çalışmalar için Öneriler

Her iki çalışma da romantik ilişki dışında da Bağlanma Kuramının varsayımlarının Türk örnekleminde geçerli olduğunu ortaya koymaktadır. Çalışma *güvensiz bağlanma* ve *duygu regülasyon sorununun* risk olgusu olduğunu göstermesi açısından oldukça dikkate değer bulgular göstermiştir. Dolayısıyla, önleyici Klinik Çalışmalar açısından,

ebeveynleri, *zihinselleştirmeyi,* dolayısıyla *duygu regülasyonunu* ve *güvenli bağlanmayı* geliştirici çocuk yetiştirme pratikleri açısından eğitmenin ve bu eğitim içinde özellikle babaları erken dönemde çocukları ile ilişkilerinin onun gelişimindeki rolü açısından bilinçlendirmenin önemli olduğu düşünülmektedir. Ayrıca, bağlanma ilişkisinde risk olgusu olarak görülen annlenin doğum sonrası depresyonuna (Beebe and Lachman, 2002; Fonagy, Gergely, Jurist & Target, 2002; Kohut, 1977) yönelik önleyici çalışmaların yapılması önerilmektedir. Ayrıca, 'otorite kişisi' ya yakın ilişki dinamiklerinin aktarılma olasılığı olan, ya da ideal kendiliği temsil eden modeller olarak tespit edilmiştir. Bunu dikkate alarak okul öncesi ve ilköğretim okullarındaki eğiticilere çocuk için 'bağlanma kişisi olarak nasıl bir seçenek oluşturdukları ve rol modelinin bağlanma sürecindeki anlamı' hakkında eğitimler verilmesi önerilmektedir.

Çalışmada *duygu regülasyon sorunu* psikolojik rahatsızlıkların arka planındaki ortak bir sorun olarak tespit edilmiştir. Dolayısıyla, psikoterapideki gelişimin, psikolojik sağlıklılığın ya da iyileşmenin ölçütü olarak *duygu regülasyonu becerisi* ve bu beceriyi ölçebilecek güvenilir ve geçerli bir araç olarak da DERS önerilmektedir. Ayrıca, bağlanma ilişkisini düzeltmeyi ve zihinselleştirme becerisini geliştirmeyi hedefleyen, bu çerçevede karşılıklı duygu regülasyonu ve ilişkisel bilinç alanındaki genişlemeye önem veren İlişkisel ve Bütüncül psikoterapi yaklaşımları, çalışmada tespit edilen risk olgularını giderici, daha etkili yaklaşımlar olarak önerilmektedir (Beebe and Lachman, 2002; Fonagy, Gergely, Jurist & Target, 2002).

Çalışma 2'deki katılımcı sayısının yetersizliği güvensiz bağlanma gruplarının ayrı ayrı analiz edilememesine yol açmıştır. RGT sonuçları her bir bağlanma grubunun derinine incelenmesini sağlamış ancak genelleme ve çıkarımlar açısından çalışma verileri yetersiz kalmıştır. Bu nedenle, daha geniş bir örnek üzerinde her bir bağlanma biçimini *duygu regülasyonu, psikolojik rahatsızlık düzeyleri* açısından da birbiriyle kıyaslayacak ve *ilişkisel dünyanın zihinsel yapılanmasına ilişkin* Kontrol Grupla kıyaslamak üzere Klinik Gruptan Geriye Dönük veri alarak çalışmanın sonuçlarını zenginleştirecek yeni araştırmalar önerilir. Ayrıca, bağlanma biçiminin ölçümününün güvenirliğini desteklemek için araştırmalarda, kategorik ölçümlerin yanısıra kullanılabilecek, bağlanmanın romantic ilişkideki dinamikleri dışındaki bağlanma dinamiklerini ölçen, boyutsal ya da kendi kendini değerlendirme dışında daha derinlemesine bilgi verebilecek ölçümlerin geliştirilmesi önerilmektedir.

DERS'in *duygu regülasyonundaki* değişimi ölçmek ve RGT 'nin 'işleyen modellerin' içeriğini ve *bilişsel yapıyı* tespit etmek için uygun testler olduğu düşünülmektedir. Böylelikle, psikoterapideki değişimi ölçmek ya da psikoterapi süreç araştırmalarında kullanılmak üzere her iki testin birlikte uygulanması önerilmektedir. Ayrıca, RGT 'nin aynı zamanda idiografik, kişiye özgü *yapı taşlarının* tespit edilebildiği bir ölçek olduğunu hatırlatılarak, her bir bağlanma biçimine sahip katılımcının kendi

oluşturduğu yapı taşlarıyla bu çalışma bulgularının karşılaştırılmasının da çalışmayı destekleyici olması açısından önemli olduğu düşünülmektedir.

APPENDIX S

CURRICULUM VITAE

RUHSAR NESLİHAN RUGANCI

Date of Birth : 08. Feb.1962

Home Address : Filistin Sok. No: 47/3 06700 G.O.P – ANKARA

Job Address : Student Development and Counseling Center, 20. Block No: 5-6, Bilkent University, 06800, Bilkent – ANKARA

Phone : 0. 312. 290 1785

EDUCATIONAL BACKGROUND

2001 - 2008 Phd., Middle East Technical University (**METU**), Institude of Social Sciences, **Clinical Psychology PhD Program.**

2005 – 2007 Certified from Distant Education Program of Chicago Institute for Pyscoanalysis.

1997 – 2001 Hacettepe University, Institute of Social Sciences**, Clinical Psychology PhD Program, Special Student.**

-130 hours Clinical supervision (Verbatim form**)**

1985 - 1988 M.S., Middle East Technical University, Institute of Social Sciences**, Applied/ Clinical Psychology.**

Clinical Psychologist Internship:

- Etlik School for the **Mentally Retarded**, March, 1987 - June, 1987.
- **Child** Mental Health Department, Hacettepe University, Medical Faculty Hospital, September, 1986 - February, 1986.
- **Adult** Psychiatric Clinic, Ankara University Medical Faculty Hospital, February, 1986 - July, 1986.

1979 - 1983 B.S., Middle East Technical University, **Department of Psychology.**

Clinical Psychologist Internship:

- Adult Psychiatry Clinic, Mevki Military Hospital, ½ Semestr.

1968 - 1979 Primary & Secondary School; T.E.D. Ankara College.

WORK EXPERIENCE

2007- Private Practice as a Psychotherapist.

1994 – 2004 Coordinator (Head of) Student Development and Counseling Center (SDCC)

- Organization, supervision of the services offered by the SDCC

1988 – Present, Clinical Psychologist 'Student Development & Counseling Center' (SDCC), Bilkent University (B.U.)

- Individual and group psychotherapy
- Crisis intervention (developmental, situational)
- Preventive activities (preparing brochures and manuals, giving seminars and workshops on *stress management, interpersonal relations,improving self-expression and listening skills, adaptation to university life, improving concentration & study skills, developing and improving self-esteem, realistic self-evaluation, coping with panic attacks, coping with depression, coping with anxiety, coping with perfectionism, coping with shyness, understanding intimate relations, effective time-managment, improving problem solving skills, relaxation training…etc)*
- Providing psychological information or consultation to the personnel and to the departments or units of B.U. when necessary
- Doing research on the related issues
- Monthly & annual evaluation of the accomplished work on the basis of the operational planning

1986-1988 Research Assistant, Department of Psychology, Middle East Technical University.

1984-1986 Psychologist, Psychiatry Clinic, Medical Hospital of Akdeniz University, Antalya.

- Administration of Psychological Tests,
- Individual Psychotherapy with Child, Adolescence, Adult in-patients and out-patients
- Observer at group psychotherapy sessions with adult out-patients and participation in discussion groups on group psychotherapy sessions.

COURSES TAUGHT

1988 – present **'What is Stress' Seminar**
' Improving Self-Expression & Listening Skills' Workshop
As a part of 'Stress Management' pocket

2000 **Improving Self-Expression & Listening Skills Workshop (GE 100)**
(a 2 hour must course in Bilkent University Student Orientation Program).

1988-1990 **Introduction to Psychology, (Psych 102);**
Social Psychology, (Psych 102)
(to Freshmen Students of Economics, Administrative and Social Sciences Faculty of Bilkent University).

1989 **'Leadership; Social Group & Communicational Patterns'**, (3 hours in-service training to the Ministry of Health), Bilkent University.

1986-1987 **Spring Semestre, 'Introduction to Psychology' (Psych- 102)**
(to Freshmen Students of the Department of Education, Middle East Technical University).

PUBLICATIONS

Rugancı, R.N. (2008) The Relationship among Attachment Style, Affect Regulation, Psychological Distress and Mental Construction of the Relational World . Unpublished doctoral dissertation, Middle East Technical University Library, Ankara.

Çuhadaroğlu, F.; Canat, S.; Kılıç, E.; Şenol, S.; Rugancı, N.; Öncü, B.; Hoşgör,A. G.; Işıklı, S.;Avcı, A. (2004) Adolescence and Psychological Problems: A Descriptive Study. Türkiye Bilimler Akademisi Raporları (Turkish Scientific Academy Project Reports), 4, Ankara.

Rugancı, R. N. (2003) Cognitive functioning and cognitive patterns in borderline Personality disorder. (including psychoanalitic psychotherapies to cognitive-behavioral therapies). Türk Psikoloji Yazıları, (11-12), 67-77.

Rugancı, R. N. (2003) Psychopharmacology of impulsive aggression and affective instability in borderline personality disorder. Türk Psikoloji Yazıları, (11-12), 43-52.

Rugancı, R. N. (2001) Shyness**.** Bilkent University Student Development and Counseling Center Handbooks, Meteksan A.Ş. ANKARA.

Şenol, S. & Rugancı, R.N. Ed. (1998), Sexuality during adolescence period: sexual development and problems. Child and Youth Mental Health Organization Publications: 2, Ayrıntı Press. ANKARA.

Rugancı, R. N. (1997) Stress . Bilkentliyiz; No:4

Rugancı, R. N. (1997) Mit of perfectionism and reality. Bilkentliyiz; No:5

Rugancı, R. N. (1997) Self-Esteem**.** Bilkent University Student Development and Counseling Center Handbooks, Meteksan A.Ş. ANKARA.

Child & Youth Mental Health Organization; Adolescence Commission. (1997) Reports of parallel workshops on problems of adolescence. Çocuk ve Gençlik Ruh Sağlığı Dergisi
(Child & Youth Mental Health Periodical), Vol: 4 (3), pp. 179-184.

Rugancı, R. N. (1995) Private and public self-counsciousness subscale of the Fenigstein, Scheier and Buss self-consciousness scale: A Turkish translation. Personality & Individual Differences, V:18 (2), 279 - 282.

A Time Life Films Inc. (1981) Stress management: A positive strategy; A time life video course (Stresle başaçıkma: Olumlu bir yaklaşım; Şahin, N. H. Ed**., translation**: N.H.Şahin; R. N.Rugancı; N.Sezgin; Y.Taş, Şahin; Türk Psikologlar Derneği Yayınları (1994) :2, ANKARA, Özyurt Press.

Blackburn, I. (1992) Coping with depression (Depresyon İle başaçıkmak; **translation:** Rugancı, R. N.; Şahin, N. H., İSTANBUL Remzi Kitabevi (4th ed. has been done).

Şahin, N.H.; Rugancı R.N.; Taş Y.; Kuyucu S.; Sezgin, N. (1992) "Stress related factors and effectiveness of coping among university students." International Journal of Psychology: 27. Psychology Congress Book, BRUSSEL.

Şahin, N.; Rugancı, R. N.; Sezgin, N.; Taş, Y. (1989) Expectations of the Bilkent University students from the psychological counseling and research center of the university; The 1th Adjustment problems of the university students symposium, scientific studies, Bilkent, ANKARA, Meteksan Pub.

Rugancı R. Neslihan, (1988) Self-esteem, self-consciousness & depression;, Unpublished master's thesis, Middle East Technical University Library, Ankara.

CITATIONS

- **Rugancı, R. N. (1995) Private and public self-counsciousness subscale of the Fenigstein, Scheier and Buss self-consciousness scale: A Turkish translation, Personality & Individual Differences, V:18 (2), 279 - 282.**

CITATION BY OTHERS

Robbins, R. W., Noftle, E. E. & Tracy, J. L. (online) Assessing self-consciousness emotions: A review of self-report and non-verbal measures, [to be published in: The self-consciousness emotions: Theory and research (in press). Tracy, J. L., Robbins, R. W. & Tangney, J. M. (Eds.). NY: Guilford. http://ubc-emotionlab.ca/wp-content/images/2007/07/assessment-chapter.pdf

Ruiperez MA, Belloch A. (2003). Dimensions of the self-consciousness scale and their relationship with psychopathological indicators. Personality and Individual Differences, 35 (4): 829-841.

Antony, M. M., Orsillo, S. M. & Roemer, L. (Eds.). (2002). Practitionars guide to empirically based measures of anxiety. AABT Clinical Assessment Series. Kluwer Academic Publishers, NY, Boston, Dordrecht, London, Moscow.

Grant AM, Franklin J, Langford P. (2002) The self-reflection and insight scale: A new measure of private self-consciousness.Social Behavaviour and Personality, 30 (8): 821-835.

Scandell DJ. (2001) Is self-reflectiveness an unhealthy aspect of private self-consciousness? Journal of Psychology , 135 (4): 451-461.

Chang, L. (1998) The self-consciousness scale in Chinese college students, Journal of Applied Social Psychology, V:28 (6), pp 550-561.

Realo, A. & Allic, J. (1998) The Estonian self-consciousness scale and its relation to the 5 factor model of personality, Journal of Personality Assessment, V:70 (1), pp 109-124.

Chang, L. (1998) Factor interpretation of the self-consciousness scale, Personality and Individual Differences, V:24 (5), pp 635-640.

CONFERENCES, INVITED TALKS, PRESENTATIONS

- Rugancı, R. N. (2007) **"Self and Interpersonal Regulation: Changing the Functional Past". Orbit of Change in Psychotherapy Process Panel; Işık Savaşır, III. Clinical Psychology Symposium: Approaches at the Junction of Change,** Ankara, 14-15 May 2007.

- Rugancı, N.; Hoşgör,A. G.; (2004) **"A Qualitative Study: Adolescence in a Rural Area"; Adolescence and Psychological Problems Panel Speech** (Çuhadaroğlu, F.; Canat, S.; Işıklı, S.; Kılıç, E.; Öncü, B.; Şenol, S. as other panellists presenting other part of the study), EARA-2004, Antalya, May 2004.

- Rugancı, R. N., **"Psychological Support of Bilkent University Student Development and Counseling Center during Emergency Conditions"; YOKREP ;** 6. Meeting : Services During Emergency Conditions ; YORET, Bilkent University, ANKARA, 18 June 2001.

- Rugancı, R. N., **"Psychological and Educational Support of Bilkent University Units Especially Student Development and Counseling Center for Peer Mentoring; YOKREP ;** 5. Meeting : Peer Mentoring ; YORET, Bilkent University, ANKARA, 6 June 2000.

- Rugancı, R. N., **"Certain characteristics of adolescence applied to various institutions in Ankara for psyhcological help**"; Adolescence Days 4: Medical Treatment of Adolescence Psychopathology ; Child & Youth Mental Health Organization, ANKARA, 3-4 Nov. 1999.

- Canat, S.; Çuhadaroğlu, F.; Rugancı, R. N.; Şenol, S.; Tüzün, Z.; **"Adolescence Workshop",** the 9th National Child & Adolescence Mental Health Congress**,** Child & Youth Mental Health Organization and Çukurova University Medical Faculty, ADANA, 28-30 Apr. 1999.

- Şahin, N.; Rugancı R.N.; Taş. Y.; Kuyucu S.; Sezgin N. **"Stress related factors & effectiveness of coping among university students"**, the 25th Congress of Psychology, BRUSSEL, 19-24 July 1992.

- Rugancı R. N. **" Self-consciousness, self-esteem & depression "** (Poster paper), World Congress of Cognitive Therapy, Oxford University, Warneford Hospital, Department of Psychiatry, LONDON, U.K., June - July, 1989.

- Şahin, N.; Rugancı, N.; Sezgin, N.; Taş, Y.. **"Expectations of Bilkent University students from the Psychological Counseling and Research Center of the university**"; the 1st Adjustment Problems of the University Students Symposium, Psychological Counseling and Research Center, Bilkent University, ANKARA, Dec., 1989.

- Rugancı R. N., **"Self-Cousciousness as a mediating variable in mood and self-esteem relationship."**, Sosyal Sigortalar Hospital, Psychiatry Clinic, ANKARA, 1988.

ATTENDED COURSES, PROGRAMS AND THERAPEAUTIC ACTIVITIES

- **Psychoanalytic Group; by Ü. Gürışık, MD (member of IPA).** April 2004-present, once every week. ANKARA

- **Psychoanalytic Supervision as a Group; Ü. Gürışık, MD (member of IPA).** May 2003-June 2003 and February 2004-April 2004**,** 1.5 hours every week. ANKARA

- **Psycoanalytic Self Psychology e-supervision as a group; by D. Sorter, PhD.** 2002-2004, through e-mail.

- **"Seminars and discussions from the perspective of Self Psychology": *Couple Therapy from the Perspective of Self Psychology*, by C. Leone, PhD** through WEB-net, moderator: A. Siegel, MD**,** Anatolian Psychoanalitic Psychotherapies Society; June 2004.

- **Application of Inborn Studies to Adult Psychotherapies,** D. Sorter, PhD**; Affect, Mood and Attachment Doring Infancy and Childhood,** R. Gruenthal, PhD; a 2 days workshop, Anatolian Paychoanalitic Psychotherapies Society , 7-8 May 2004.

- **Termination in Self Psychology,** by A. Siegel, Md**.,** 2 days workshop**.** Anatolian Paychoanalitic Psychotherapies Society, 2004.

- **"Seminars and discussions from the perspective of Self Psychology": *Psycoanalytic Developmental Theories of Self* , by M. Tolpin,** through WEB-net, moderator: A. Siegel, MD**,** Anatolian Psychoanalitic Psychotherapies Society; 2003.

- **Vertical Split in Psychoanalysis,** A. Goldberg and C. Goldberg**;** a 3 days workshop**,** Anatolian Paychoanalitic Psychotherapies Society, 4-6 September 2002.

- **"Case supervision and theoretical discussions from the perspective of Self Psychology"** , app. once every 1,5 months, full day meetings of members under the supervision of A. Siegel, MD through telephone conference system, Anatolian Psychoanalitic Psychotherapies Society; 1998-2003.

- **"Theory and Practice in Psychotherapy",** a 2 days workshop by A. Sıegel, MD & C. Joannidis, MD; Anatolian Paychoanalitic Psychotherapies Society , 4-5 November 2001.

- **"Self Psychology: Motivational Systems Theory"**, a 3 day workshop by J. Lichtenberg, MD; Anatolian Paychoanalitic Psychotherapies Society, 3-5 June 2001.

- **" Therapeautic process from the perspective of Self Psychology"** , a 5 day workshop by P.Orstein & A. Orstein; Anatolian Paychoanalitic Psychotherapies Society, ISTANBUL, 16 - 20 Oct. 2000.

- **"Heinz Kohut and Self Psychology; theory and practice";** a 4 day workshop by A.Siegel & R.Siegel; Anatolian Paychoanalitic Psychotherapies Society; ISTANBUL, 22-24 May 2000.

- **"Personality disorders and Gestalt Therapy II",** a 21 hour Gestalt workshop by Ceylan Tuğrul, PhD, Psychotherapy & Education Center , ANKARA, May 2000.

- **"Personality disorders and Gestalt Therapy I",** a 21 hour Gestalt workshop by Ceylan Tuğrul, PhD, Psychotherapy & Education Center , ANKARA, Feb. 2000.

- **"Defensive mechanisms of contact";** a 21 hour Gestalt workshop by Nifont Dolgopolov, PhD, Psychotherapy & Education Center, ANKARA, 25 - 27 Sept. 1999.

- **'Dealing with resistance in Gestalt Therapy'** 21 hour Gestalt workshop by Ceylan Tuğrul, PhD., Psychotherapy & Education Center, ANKARA 27-28 Feb - 1 March 1999.

- **'Introduction to Gestalt Therapy'** a 21 hour Gestalt workshop by Ceylan Tuğrul PhD, Psychotherapy & Education Center, ANKARA, 21-23 Nov. 1998.

- **"Introduction to Gestalt Therapy & awarness"** by Ceylan Tuğrul PhD. a 48 hour, experiential Gestalt group, Bilkent University, ANKARA, 1994.

- **"Managment styles; communication & problem solving", "Improving performance & decreasing negative work habits"**. 1 full day managment workshop by Canan Sümer, PhD., Bilkent University, ANKARA, 18 Oct. 1997.

- **"Catatimic imagery group"** by Ali Babaoğlu, MD., the 13th International, Group Psychotherapies Symposium**.** Association of the Group Psychotherapies, Bergama, İZMİR, May 1996.

- **'Recent developments in Cognitive-Behavioral Therapy'** by Thomas Dodd , Turkish Cognitive-Behavioral Therapies Association**,** , ANKARA, 27 March 1996.

- **"Improving management skills"** 4 full days managment workshop by Bilkent Uni. BUSEL Administration, ANKARA, February, 1995.

- **"Treatment of borderline personality disorder"** workshop by Celal Odağ, MD., 'the 4th International Congress of Group Psychotherapies'; Association of the Group Psychatherapies, Bergama, İZMİR, May, 1990.

- **Taking a 2,5 years (once in a week) Individual Psychotherapy** by Oya Reyal, PhD. (eclectic therapist), ANKARA, 1991-1994.

- **"Drug abuse: Prevention and treatment"** by Dr. Ileana Herrell - American Embassy, USIS Worldnet Announcement, ANKARA, January, 1990.

- **Series of seminars on psychotherapy, psychometry,** Hacettepe University Medical Faculty Hospital, Psychiatry Clinic, ANKARA, Sept. 1989 - Jan. 1990.

- **"Psychodrama group"** by Grete Leutz, MD. 'the 1st International Congress of Psychotherapies'; Association of Group Psychotherapies, Bergama, İZMİR, May, 1988.

- **"Psychodrama group"** by Erich Franzke, MD., 'Symposium of Group Psychotherapies: 2, Association of Group Psychotherapies, Bergama, İZMİR, May, 1987.

- **Supervision on Psychoanalytic Psychotherapies** by Ç. Büyükberker,MD. as a line manager, Medical Hospital of Akdeniz University, Antalya, 1984-1986.

- **Member of Encounter Group based on Psychodynamic Psychotherapies** by E. Gençtan, MD., 1982-83 Academic Semestre, For the Requirement of Psychology B.S. degree, METU.

- **Psychology Courses related to Psychoanalytic Psycotherapies as a requirement of B.S. (1979-1983), M.S. (1985-1988) and PhD (1998-present) degrees:**

- **Theories of Personality:** From Psychoanalytic to Psychodynamic Theories by A. Mutaf, PhD, 1 semestre, METU.
- **Theories of Psycotherapy:** From Psychoanalysis to Psycodynamic Theories by E. Gençtan, MD, 1 semestre, METU.
- **Psychological Assessment: Projective Tests:** Goodenough, TAT, Rorschach by D. Eker, PhD., 1 semestre, METU.
- **Issues in Psycotherapy:** Discussions about Antipsychiatry, by D. Eker, 1 semestre, METU.
- **Recent Developments in Adult Psychopathology II:** From Cognitive-Behavioral to Psychodynamic approaches. By group of instructors from different approaches. 1 semestre. Hacettepe University.
- **Techniques of Psychotherapy and Applications I-II:** From Cognitive-Behavioral to Psychoanalytic Psychotherapies. By group of instructors from different approaches including L. Zileli, MD. 2 semestres. Hacettepe University.
- **Psychological Assessment:** Rorschach and MMPI. By E. Kabakçı, PhD. 1 semeste. METU

OTHER PROFFESSIONAL ACTIVITIES

ORGANIZATION COMMITTEE MEMBERSHIPS

- **'I. Işık Savaşır Symposium'.** Turkish Psychology Association, Assist. Head of Organization Committee. Bilkent University, ANKARA, April, 2002.

- **'Focus group on profile of adolescents who applied to the mental health insitutions in Ankara'**, Child & Youth Mental Health Organization, Adolescence Commission. ANKARA - April 1998.

- **'Adolescence days 3: Adolescence & crime'**, Ege University Faculty of Medicine Child Psychiatry Clinic and Child & Youth Mental Health Organization, Adolescence Commission. İZMİR, Dec. 1997

- **'Adolescent case presentations from different institutions',** Child & Youth Mental Health Organization, Adolescence Commission, ANKARA, 1997 - 1998.

- **'Adolescence Days 2: Adolescence & Sexuality'**,' Child & Youth Mental Health Organization, Adolescence Commission, ANKARA, 5 - 6 Dec. 1997.

- '**Parallel workshops on 4 factors in relation to adolescence in Turkey.: education; social support; psychopathology**; **leason'**, Child & Youth Mental Health Organization, Adolescence Commission, ANKARA, 10 Jan. 1996.

- **The 1st Adjustment Disorders of the University Students Symposium**, Psychological Counseling and Research Center, Bilkent University, ANKARA, Dec. 1989.

- **The 4th National Psychology Congress'** Middle East Technical University, Department of Psychology **, Representative for the press**, ANKARA, Sept. 1986.

ASSOCIATION AND COMMISSION MEMBERSHIPS

2006-Present Founder and Member of **Ankara Contemprary Psychoanalytic Psychotherapies Association.**

2004-Present Founder and Member of the **Anatolian Psychoanalytic Psychotherapies Association**

2000 – Present Founder and Member of the Administrative Board of the **Turkish Gestalt Association**.

1999 – 2005 Member of the **Anatolian Psychoanalytic Psychotherapies Society .**

1996 – Present Member of **Child & Youth Mental Health Organization: Adolescence Commission.**

1995 – Present Member of **Cognitive Behavioral Therapies Association.**

1991- 1992 Member of the Administrative Board of the **Turkish Psychologists Association.**

1983 – Present Member of the **Turkish Psychologists Association.**