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**INTERGENERATIONAL TRANSMISSION OF
EMOTION REGULATION IN THE FRAMEWORK OF
THE EMOTIONAL CASCADE MODEL THROUGH
CHILDHOOD EMOTIONAL INVALIDATION**

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INTERGENERATIONAL TRANSMISSION OF EMOTION REGULATION IN
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CHILDHOOD EMOTIONAL INVALIDATION


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ABSTRACT

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The current study aimed to investigate the intergenerational transmission of emotion regulation in the framework of the Emotional Cascade Model through perceived childhood emotional invalidation. In this context, the mediating roles of perceived childhood emotional invalidation and emotional cascades (rumination, thought suppression, catastrophizing) in the association between the emotion regulation difficulties of parents and the dysregulated behaviors (excessive reassurance-seeking, drinking to cope, NSSI, bulimia symptoms) of emerging adults were investigated through serial mediation analyses. The participants in the study consist of 148 emerging adults and parent dyads. The results revealed that perceived childhood emotional invalidation and thought suppression serially mediated the relationship between emotion regulation difficulties of parents and excessive reassurance-seeking, drinking to cope, and NSSI behaviors of emerging adults. Further, perceived childhood emotional invalidation and then catastrophizing played a serial mediating role between parents' emotion regulation difficulties and emerging adults' excessive reassurance-seeking behaviors. On the other hand, it was found that perceived childhood emotional invalidation and rumination did not have a serial mediating effect between the emotion regulation difficulties of parents and any of the dysregulated behaviors of emerging adults.

Keywords: Emotion Regulation, Emotional Cascade Model, Perceived Childhood Emotional Invalidation, Dysregulated Behaviors, Intergenerational Transmission

ÖZET

Duygu Düzenlemenin Çocuklukta Algılanan Duygusal Onaylanmama Yoluyla Duygusal Çağlayan Modeli Çerçevesinde Kuşakaşkın Aktarımı

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Bu çalışma, duygu düzenlemenin çocuklukta algılanan duygusal onaylanmama yoluyla nesiller arası aktarımını Duygusal Çağlayan Modeli çerçevesinde araştırmayı amaçlamıştır. Bu bağlamda, ebeveynlerin duygu düzenleme güçlükleri ile beliren yetişkinlerin düzenlenemeyen davranışları (aşırı onay isteme, baş etmek için içki içme, kendine zarar verme, bulimia semptomları) arasındaki ilişkide, çocuklukta algılanan duygusal onaylanmama ve duygusal çağlayanların (ruminasyon, düşünce bastırma, felaketleştirme) seri aracılık rolleri araştırılmıştır. Araştırmanın örneklemini 148 beliren yetişkin ve ebeveyn çifti oluşturmaktadır. Sonuçlar, çocuklukta algılanan duygusal onaylanmama ve düşünce bastırmanın, ebeveynlerin duygu düzenleme güçlükleri ile beliren yetişkinlerin aşırı onay isteme, başa çıkmak için içme ve kendine zarar verme davranışları arasındaki ilişkide seri aracılık rolü olduğunu ortaya çıkarmıştır. Ayrıca, çocuklukta algılanan duygusal onaylanmama ve felaketleştirmenin, ebeveynlerin duygu düzenleme güçlükleri ile beliren yetişkinlerin aşırı güvence arama davranışları arasında seri aracılık rolü oynamıştır. Öte yandan, çocuklukta algılanan duygusal onaylanmama ve ruminasyonun, ebeveynlerin duygu düzenleme güçlükleri ile beliren yetişkinlerin herhangi bir düzenlenemeyen davranışı arasında seri aracılık etkisinin olmadığı saptanmıştır.

Anahtar Kelimeler: Duygu Düzenleme, Duygusal Çağlayan Modeli, Çocuklukta Algılanan Duygusal Onaylanmama, Düzenlenemeyen Davranışlar, Nesiller Arası Aktarım

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LIST OF ABBREVIATIONS

BPD Borderline Personality Disorder

NSSI Non- Suicidal Self-Injury

ERS Excessive Reassurance Seeking



CHAPTER 1

INTRODUCTION

The association between emotion and behavioral dysregulation has been thoroughly discussed by numerous theorists in the literature (Linehan, 1993; Chapman et al., 2006). However, an integrative theory was lacking to explain how maladaptive emotion regulation leads to dysregulated behaviors. In an effort to bridge this gap, the Emotional Cascade Model (ECM) (Selby et al., 2008) proposes that ruminative processes play a pivotal role in understanding why certain individuals resort to maladaptive behaviors when confronted with challenging emotions, while others can effectively navigate these emotions by employing more adaptive strategies. As a prominent theory in emotion regulation, there is still much to understand about the clinical and psychosocial factors that contribute to the emergence of emotional cascades. Therefore, it is crucial to investigate the individual and familial elements that influence the development of dysregulated cognitive strategies for managing emotions. In this context, a wide range of studies yielded that the development of emotion regulation is profoundly influenced by parents' own emotion regulation skills (Bariola et al., 2011; Rutherford et al., 2015), and parental emotion socialization (Eisenberg et al., 1998; Suveg et al., 2011). Childhood emotional invalidation, which represents only an aspect of emotion socialization, refers to parents' rejecting, dismissing, or criticizing reactions to their children's emotional experiences and is also associated with emotion dysregulation in adulthood (Linehan, 1993). Accordingly, the current study aimed to investigate the intergenerational transmission of emotion regulation in the framework of the emotional cascade model through childhood emotional invalidation.

The following sections will begin with conceptualizations of emotion regulation and dysregulation. Then, the impacts of parental emotion regulation on the development of offspring's emotion regulation skills will be introduced from a life span development perspective. Following the conceptualization of emotional invalidation and associated mental health outcomes, its relationship with parental emotion regulation will be discussed. Subsequently, the Emotional Cascade model will be explained, followed by a discussion on its potential connections with parental emotion regulation. Finally, the scope of the current thesis and its hypotheses will be presented.

1.1 Emotion Regulation and Dysregulation

Psychology has been long interested in comprehending how individuals deal with and manage their reactions to challenging or unfavorable situations. Accordingly, emotion regulation has been a widely studied concept in clinical and developmental psychology literature since the mid-1990s (Gross, 2015) and has been operationalized distinctly by various frameworks. Emotion regulation refers to the ability to respond to the ongoing demands of life experiences with a range of emotions in a socially acceptable and adaptive manner. This includes the ability to display spontaneous responses as well as the ability to delay dysfunctional reactions when necessary (Cole et al., 1994). In brief, emotion regulation entails the management of various dimensions of emotional expression, such as its intensity, onset, and duration, to accomplish a goal. Emotion regulation is suggested to have a pivotal role in everyday life for healthy functioning (Gross et al., 2006) and is indicated to be influential on various aspects of life, such as social relationships and physical and psychological health (Koole, 2009). Adaptive emotion regulation, which involves ‘modulating the experience of emotions rather than eliminating certain emotions’ (Gratz & Roemer, 2004) (i.e., problem-solving, reappraisal), is associated with effective interpersonal functioning (Richards et al., 2003), increased psychological adjustment and self-esteem (Nezlek & Kuppens, 2008), and resilience (Troy & Mauss, 2011). On the contrary, maladaptive emotion regulation (i.e., rumination, suppression), which comprises emotion regulation difficulties hindering one’s ability to reach a goal (Cicchetti et al., 1995), is related to adverse outcomes such as elevated risk of psychopathology (Aldao & Nolen-Hoeksema, 2012), memory problems (Richards & Gross, 2000), lower cardiac output and ventricular contractility (Mauss et al., 2007), and anxiety (Chang et al., 2004).

Emotion regulation is an essential aspect of mental well-being and psychological adjustment. To illustrate, deficits in emotion regulation have been associated with several adverse mental health outcomes, such as anxiety disorders (Amstadter, 2008), depression (Joormann & Gotlib, 2010), difficulties with impulse control and alcohol-related consequences (Dvorak et al., 2014), addictive behaviors (e.g., alcohol and drug abuse, gambling disorder, video game addiction) (Estévez et al., 2017), borderline personality features (Cheavens et al., 2012), and eating disorders symptoms (Stice, 2001; Mikhail & Kring, 2019). In this context, another vital concept is emotion dysregulation, which was appointed as the ‘hallmark of psychopathology’ (Beauchaine et al.,

2007). Broadly, emotion dysregulation occurs when an individual's typical emotion patterns start to interfere with functioning, hindering processes such as social relationships and attention, potentially leading to psychopathology (Cole et al., 1994). Still, its conceptualization has distinct explanations, especially concerning the difference between emotion dysregulation and deficiencies in emotion regulation. Emotion dysregulation is distinct from challenges in emotion regulation in that it assumes the presence of an emotion regulation system that is functioning inadequately or in a maladaptive manner, whereas deficiencies in emotion regulation arise when these strategies are absent (Cole et al., 1994; Cicchetti et al., 1995). On the contrary, Gratz and Roemer (2014) addressed emotion dysregulation and difficulties in emotion regulation as multifaceted constructs that concern a) absence of awareness and understanding of emotions, b) lack of acceptance of emotional responses, c) lack of access to effective emotion regulation strategies d) challenges in regulating impulses amid the presence of negative emotions, and e) struggling to engage in goal-directed behaviors during the presence of negative emotions. All in all, emotion dysregulation, though subject to diverse interpretations, generally encompasses deficiencies in the regulation of emotions as well as the maladaptive utilization of strategies ordinarily considered adaptive (Cole et al., 1994; Thompson, 2019).

The conceptualizations of emotion dysregulation discussed above highlight the ability to inhibit impulsive and inappropriate behaviors and to align one's actions with desired goals, particularly when confronted with negative emotions. In this respect, research demonstrated that emotion dysregulation is associated with differing dysfunctional and impulsive behaviors such as non-suicidal self-injury (Linehan, 1993; Klonsky, 2009), binge eating symptoms (Whiteside et al., 2007), and alcohol consumption (Cooper et al., 1995). Selby and Joiner (2009) referred to those behaviors as 'dysregulated behaviors', which are suggested to possess emotion-regulating capabilities, serving as mechanisms for alleviating negative affect and distracting attention from distressing emotions (Klonsky, 2009). Although there are several models (e.g., Heatherton & Baumeister, 1991; Chapman et al., 2006) explaining the function of dysregulated behaviors on emotion regulation, the gap regarding the link between emotion and behavioral dysregulation was mainly addressed by the Emotional Cascade Model (Selby et al., 2009), which will be discussed in following sections of the current thesis.

1.2 Impacts of Parental Emotion Regulation on the Development of Offspring's Emotion Regulation Skills

The life span perspective discusses emotion regulation as a developmental process, suggesting that individuals do not possess these regulatory abilities from birth but acquire them through various developmental achievements such as motor and cognitive skills, particularly language acquisition (Garber & Dodge, 1991). Likewise, Tronick (1989) considers the regulation of self, others, and emotions as a life-long concern and argues that the way that adults navigate these aspects of life is shaped by their present circumstances, influenced by their regulatory patterns, and also their conscious and unconscious representations of past experiences. While attributing adult regulatory styles and representations solely to infancy and childhood would be an oversimplification, it is imperative to recognize their enduring influence. Despite the multifaceted nature of human development, it's also evident that these early experiences significantly impact adult emotional functioning.

Both theoretical frameworks and empirical studies have underscored the significant role of the social environment, especially within the family setting, in promoting the development of emotion regulation skills (Morris et al., 2007). There are a few models conceptualizing parental factors that impact the emotion-related processes of affected offspring (Gottman et al., 1996; Eisenberg et al., 1998; Morris et al., 2007). In terms of offspring's emotional development, Gottman et al. (1996) highlighted the importance of parental characteristics, such as parents' ability to regulate emotions and their beliefs about emotions. Considering the scope of the present study, it may be valuable to discuss the foundations of emotion regulation and its association with parents' emotion regulation.

It was indicated that the basis of emotion regulation lies in the gradual achievement of physiological homeostasis during the early stages of life, and it is structured through repeated interactions with a caregiver who responds promptly and sensitively to the infant's distress (Kopp, 1989; Tronick & Beeghly, 2011). Homeostasis, the internal stability individuals seek (Kopp, 1998), is disrupted during infancy by fluctuations in the infant's arousal level and bodily discomfort. Caregivers play a crucial role in regulating infant tension and distress through reading cues, responsively addressing the infants' needs, and establishing routines (Skoranski et al., 2017). Over time, infants

gradually internalize the internal regulation that their caregiver has provided. Since observing distress in others evokes emotional arousal, the ability to regulate these emotions plays a pivotal role in determining subsequent behaviors, and parents' own emotion regulation abilities appear to become more of an issue. Mothers with adept self-regulation abilities demonstrate a capacity to engage with their young children's emotional distress by reflecting and navigating their emotional states, exemplifying effective regulation, as noted by Grienenberger et al. in 2005. Caregiver's approach to an infant's distress and sensitivity of the caregiver has a significant role in accurately recognizing infant cues and responding adequately, which was found to be associated with better emotion regulation capacity in infants (Ainsworth et al., 2015; Bernier et al., 2010). Similarly, research (Leerkes et al., 2020) demonstrated a negative link between maternal emotion dysregulation, assessed with the Difficulties with Emotion Regulation Questionnaire (DERS), and maternal sensitivity. Further, it was found that maternal emotion dysregulation was associated with lowered and heightened mother-infant gaze synchrony, which indicates maladaptive mother-infant interaction and is related to problems in infant emotion regulation (Beebe et al., 2010). Supporting these, studies investigating the experiences of mothers with borderline personality disorder, which is characterized by difficulties in emotion regulation, revealed that mothers with BPD were more intrusive (Crandel et al., 2003; Hobson et al., 2005) and less sensitive to their infants (Newman et al., 2007). Lastly, another study showed that mothers with emotion regulation difficulties were more prone to show adverse reactions to infants' distress cues, such as crying and yelling (Morelen et al., 2016)

Attachment is another significant concept regarding the development of emotion regulation. A caregiver's accurate understanding of the infant's emotional cues and prompt responsiveness to the baby's needs play a significant role in establishing a secure attachment. Accordingly, attachment theory hypothesizes that in adulthood, how individuals regulate their emotions in threatening situations is influenced by their early life attachment experiences with caregivers (Bowlby, 1980). According to Bowlby (1980), the lack of secure attachment in early life, extending from infancy to adolescence, plays a role in the development of internalizing and externalizing psychological problems. A novel longitudinal study (Girme et al., 2021) provided evidence for this proposition by displaying that infant attachment insecurity at 12 and 18 months was associated with maladaptive emotion regulation strategies (i.e., rumination, avoidance)

in adulthood 20-35 years later. Likewise, the Bielefeld and Resenburg studies reported that infants' attachment security to both their mothers and fathers predicted their emotion regulation abilities during childhood and adolescence (Grossmann & Kindler, 2005). In the context of attachment formation, the caregiver's emotional regulation also appears to be influential. For instance, maternal emotion dysregulation was reported to be associated with disorganized attachment and behavioral problems in infancy (Leerkes et al., 2020). Similarly, infants of mothers with BPD were found to be disorganized in their attachment organization (Hobson et al., 2005).

Caregivers' continual impact throughout childhood, extending beyond infancy, significantly contributes to children's emotional regulation skills development. Thus, research investigating the influence of parents' emotion regulation on their offspring's emotion regulation is not limited to infancy. As children grow older, their abilities necessitate adjustments in their interactions with parents and the dynamics within the parent-child relationship regarding emotion regulation development (Sabatier et al., 2017). There are several empirical studies regarding the link between the emotional dysregulation of parents and their children. A longitudinal study conducted with only boys showed that parental emotion dysregulation when the child was 9-13 years old is associated with child emotion dysregulation at 17-19 years old (Kim et al., 2009).

From a transdiagnostic perspective, the inability to effectively regulate emotions is proposed to be at the core of psychopathology, and it was suggested that individuals who lack skills in emotional regulation are likely to experience more prolonged and severe distress compared to their counterparts with better emotional management abilities (Aldoa et al., 2010). In this context, Cole et al. (1994) posited that children adopt emotion regulation strategies from their parents through internalization, suggesting that parents' psychopathology may hinder their ability to serve as effective models. They suggested that parents' emotional displays reflect their emotion regulation skills: frequent positive affect indicates adaptive emotion regulation, while frequent negative affect suggests ineffective emotion regulation. Accordingly, there exist studies examining the role of parental psychopathology in shaping offspring mental health outcomes. To illustrate, a study conducted with adolescents aged between 13 and 17 and their parents found that parental psychopathology (i.e., depression and alcohol dependence) predicted adolescent alcohol dependence. Moreover, both maternal and paternal depression are significantly linked to depression and conduct disorders in adolescents

(Ohannessian et al., 2005). Results from a meta-analysis also suggested that paternal depression was significantly associated with children's internalizing and externalizing behavior (Kane & Garber, 2004). In this sense, as there exist studies linking paternal psychopathology to offspring psychopathology, fathers' role in emotion regulation development could be highlighted. While much research on emotion regulation and the family context has centered on the mother-child relationship, it's worth noting that fathers also contribute significantly to children's emotional development, despite the lack of extensive empirical studies on this matter (Buttitta et al., 2019; Wang et al., 2019; Kaya-Bican et al., 2022; Burniston et al., 2023). Hence, the current study aimed to comprehend the impact of both mothers' and fathers' emotional regulation difficulties on emerging adults' emotional and behavioral dysregulation.

As discussed, the development of emotion regulation abilities starts in infancy and continues to develop across the lifespan, and parents significantly influence this process. Related literature involves various studies examining the transmission and interaction between parental and offspring emotion regulation, focusing mainly on children and adolescents. Yet, an often-overlooked developmental stage about the association between parents and children's emotional regulation is the phase of emerging adulthood. Emerging adulthood is a crucial developmental period that involves the ages of 18-29 in industrialized societies and is proposed to be characterized by five main features: instability, identity explorations, feeling in between, self-focus, and possibilities (Arnett, 2000). The journey to adulthood marks one of the most significant phases in the course of a typical life, as it commonly entails extensive and often simultaneous changes in both environmental context and social roles (Schulenberg et al., 2004). It was emphasized that effective emotion regulation is crucial for this transitional phase since this developmental period is characterized by heightened emotional intensity and rapid changes (Zimmermann & Iwanski, 2014). As this period poses greater challenges and stress for individuals due to its intensive experiences in life structuring, individuals in this phase might have difficulty regulating emotions and tend to exhibit higher levels of risky behaviors as they explore various domains of life (Schulenberg & Zarrett, 2005). Furthermore, Zimmerman and Iwanski (2014) addressed the elevated dysregulation of fear and anger experienced in emerging adulthood, indicating that this developmental period is significant for emotion regulation abilities. They also reported that emerging adults demonstrate less effective emotion

regulation strategies for managing these negatively valenced emotions when contrasted with middle-aged individuals. Another longitudinal study revealed that emerging adults' emotion regulation strategies are associated with their future psychosocial adjustment (Brewer et al., 2016). Therefore, it is crucial to investigate emotion regulation difficulties in the emerging adulthood population and its precursors to identify accurate intervention targets.

All in all, parents' emotion regulation abilities are important in terms of offspring outcomes through distinct phases of development. As the emotion regulation skills that develop during emerging adulthood are influenced by merging past adaptations to social environments (Warmingham et al., 2022), the present study investigated this relationship through perceived emotional invalidation in childhood.

1.3 Conceptualization of Emotional Invalidation and Its Relationship with Mental Health Outcomes

An established approach to investigating emotional invalidation revolves around parental emotion socialization, a multifaceted concept consisting of parents' reactions to children's experiences and expressions of emotions, parental discussion of emotions, and parental expression of emotions (Eisenberg et al., 1998). These parental emotional socialization behaviors are broadly classified into supportive and non-supportive categories. While supportive behaviors include more emotion-focused reactions promoting emotional expressions, non-supportive behaviors involve reacting more punitively and avoiding emotional discussions (Eisenberg et al., 1998). Particularly, parents' responses to children's emotional expressions and experiences were argued to have a considerable impact on emotion-induced arousal levels, which in turn affect various domains of a child's functioning, including the ability to identify emotions and behavior regulation skills (Davidov & Grusec, 2006; Eisenberg et al., 1998). In addition, closely related research specifically accentuates the significance of parental reactions to children's negative emotions since such responses play a crucial role in determining how children learn to regulate their emotions during stressful situations (Eisenberg et al., 2001). Accordingly, while supportive reactions to children's negative emotions have been associated with adaptive emotion regulation strategies, non-supportive responses have been linked to maladaptive emotion regulation strategies

(Eisenberg et al., 1998), emotion dysregulation (Lunkenheimer et al., 2007; Shaffer et al., 2011), and externalizing problems (Eisenberg et al., 1999; Tao et al., 2010). Moreover, both maternal and paternal use of unsupportive emotional responses was linked to higher physiological stress responses, a crucial component of emotion regulation (Jentsch & Wolf, 2020), in children (Burniston et al., 2023).

Linehan's Biosocial Theory (1993) emphasizes how parental reactions to children's experiences contribute to emotional invalidation, proposed to underlie emotion regulation challenges in individuals with BPD. Emotional invalidation can manifest in subtle or severe ways, with the latter involving more serious violations such as physical or sexual abuse, which can significantly impact a child's sense of safety and security. In every situation where invalidation occurs, a child's needs, thoughts, or feelings, whether expressed verbally or nonverbally or presumed to be a fundamental human need, are penalized, ignored, or rejected. Two main characteristics of emotional invalidation were discussed by Linehan (1993). Firstly, it entails informing an individual that their depiction and comprehension of their personal experiences, particularly regarding the origins of their emotions, beliefs, and actions, is incorrect. Secondly, it attributes her experiences to qualities or features that are not socially acceptable. Another important aspect of an emotionally invalidating family environment is that parents typically show low tolerance for the expression of negative feelings unless there is public justification, thereby ignoring the subjective emotional experience of the child. This reflects a mentality of self-reliance, which emphasizes that those who work hard enough can succeed. The focus is on individual control over emotions and achievement, intending to reduce dependence on the environment. Moreover, not only negative but also positive emotional expressions might be invalidated by associating them with a perceived lack of discernment, naivety, excessive idealization, or immaturity briefly; in an emotionally invalidating environment, children's emotional experiences are usually minimized, dismissed, or punished.

Linehan (1993) proposed that an emotionally invalidating environment during childhood can have significant implications for children's emotional socialization processes, which could induce emotion dysregulation in the long run. First and foremost, when their emotions are not recognized and validated, children may struggle to identify their emotions as their own. Furthermore, dismissing emotions may set an example for children to avoid emotional expression. In contrast, penalizing emotions can

convey the idea that emotions should be avoided in discussions and expressions, promoting the suppression of emotions. Secondly, social norms encourage the development of intense emotional reactions since the child has to experience extreme emotional states or extreme issues to receive a supportive response. By inconsistently discouraging the display of negative emotions and occasionally rewarding exaggerated emotional displays, the environment directs children to suppress their emotions and experience extreme emotional states. Thirdly, by oversimplifying the complexity of resolving life's challenges, the family environment fails to teach the child how to handle distress. Lastly, children might have to rely on social cues to decide how to think, feel, and behave rather than trusting their own emotional responses.

Grounding on the conceptualization of Linehan, there has been an increasing empirical interest in identifying the impacts of parental emotional invalidation on children's mental health outcomes. Childhood experiences of perceived emotional invalidation have been mainly associated with emotion dysregulation in both adolescents (McCallum & Goodman, 2019) and adults (Gill & Warburton, 2014; Sturrock & Mellor, 2013) and with borderline personality features (Keng & Soh, 2018; Sturrock & Mellor, 2013; Vanwoerden et al., 2021). A recent study with adolescents and their parents demonstrated that parental emotional invalidation strongly predicts affective distress, external locus of control, perfectionism, and lower distress tolerance (Welch et al., 2023). Another study conducted with adults yielded that lower levels of emotion regulation skills and greater use of maladaptive emotion regulation strategies in adulthood were predicted by retrospective perception of their parents' usage of unsupportive emotion socialization strategies (Cabecinha-Alati et al., 2019). Moreover, there exist studies showing significant associations between perceived childhood emotional invalidation and eating disorders (Gonçalves et al., 2019; Haslam et al., 2008), difficulties in intimate relationships (Gonçalves et al., 2019; Lombardo et al., 2022), narcissism (Huxley & Bizumic, 2016; Huxley et al., 2021), depressive symptoms in adolescents (Shortt et al., 2015; Yap et al., 2008), chronic emotional inhibition (i.e., ambivalence over emotional expression, thought suppression, and avoidant stress responses) (Krause et al., 2003), and identity impairment (Lombardo et al., 2022).

1.4 Parental Emotion Regulation and Emotional Invalidation

Numerous studies have been conducted on the psychological mechanisms accounting for the effects of parental emotional socialization on offspring, including parental psychopathology (Breux et al., 2015) and parental personality factors (Hughes & Gullone, 2010). Most of these studies have focused on young children (Tao et al., 2010; Lee et al., 2022), and adolescents (Yap et al., 2008; Shortt et al., 2015; Gratz et al., 2024), while only a limited number of research explicitly examines parental emotional invalidation and its precursors. As discussed, parental emotional invalidation includes non-supportive responses to children's negative and positive emotional experiences, such as punishing, minimizing, and dismissing, constituting a significant part of parental socialization (Eisenberg et al., 1998; Linehan, 1993). Thus, the conceptual convergence between parental emotional invalidation and emotional socialization may provide valuable insight into the clinical and psychosocial risk factors associated with emotional invalidation.

Dix (1991) suggested that the most significant indicators of emotional socialization behaviors are the emotions experienced by parents in response to their children's feelings and actions. Correspondingly, it seems that parents who are able to manage their emotions and regulate their level of arousal when dealing with a dysregulated child might be better equipped to provide comforting and supportive responses to the child's needs (Laurent, 2014; Gershny & Gray, 2018). In this sense, parental emotion regulation plays a substantial role in their capacity to respond to their children's emotions (Eisenberg et al., 1998). Accordingly, parental emotion dysregulation was indicated to be associated with unsupportive emotion socialization behaviors (Morelen et al., 2016; Seddon et al., 2020), decreased ability to give supportive responses to children's expression of negative emotions (Li et al., 2019), and perceived invalidation of emotions (Buckholdt et al., 2013; Lee et al., 2021). Additionally, in a longitudinal research spanning over two decades, it was observed that parental difficulties in emotion regulation, evaluated through a comprehensive assessment involving reports from both parents and children, were associated with the adoption of poor punishment strategies (Kim et al., 2009). Furthermore, several studies highlight the significance of parents' emotional regulation in influencing emotional socialization patterns, which in turn affect their children's development of emotional regulation. For instance, Buckholdt and colleagues (2014) found that parental invalidation of emotions mediated the

connection between parental and adolescent emotion dysregulation. Another study (Li et al., 2019) revealed that the association between parental emotion dysregulation and children's emotion regulation was mediated by parents' reactions to children's negative emotions. Lastly, a recent study (Xu et al., 2020) conducted with young adults displayed that their emotion dysregulation was predicted by the interaction between parents' emotion dysregulation and their emotion socialization behaviors. As an important dimension of emotion validation, parental apology, which is also considered a way of validating parenting practices, is linked with fewer challenges in terms of emotional regulation among mothers (Adams-Clark et al., 2022). According to the same study, parents who had experienced invalidation during their own childhood were more likely to have difficulty regulating their emotions and, therefore, less likely to apologize for their misdoings. Supporting this, a recent study conducted with adolescents and their parents demonstrated that fathers' perceived childhood invalidation positively correlated with their current invalidating behaviors toward their children (Lee et al., 2023). This research offers empirical support for the possible transmission of parental invalidation across generations, emphasizing the significance of addressing childhood experiences of invalidation by caregivers while working with families.

Difficulties in emotion regulation are speculated to constitute a foundation for the development of psychopathology from a transdiagnostic standpoint (Aldao et al., 2010). Accordingly, it is theoretically sensible to propose that parental psychopathology has an impact on emotion socialization through deficits in emotion regulation. For instance, the link between depression and difficulties in emotion regulation has been well-established in the related literature (Berking et al., 2014). In the context of parenting, research indicated that depression could impact the way mothers perform their parenting roles, which can particularly be observed in emotional socialization, resulting in non-supportive behaviors (Breux et al., 2015). Moreover, in their study conducted in 1991, Garber et al. found that mothers who were experiencing depression used fewer and less effective emotion regulation strategies when presented with scenarios that elicited feelings of sadness, as compared to both non-depressed mothers and their children. Apart from maternal depression, Labella et al. (2020) presented evidence that mothers with bipolar disorder find it challenging to maintain emotional stability when their children express negative emotions, such as anger and sadness.

This study also revealed that these mothers respond to their children's challenging emotions with invalidating actions, such as punishment and neglect.

Altogether, individuals' ability to regulate emotions appears to be significantly influenced by parental emotion regulation and how their emotional experiences were responded to during childhood. In this sense, this particular transmission concerning the regulation of emotions across generations could also be utilized to explore the origins of models related to maladaptive emotion regulation, such as the Emotional Cascade Model (Selby et al., 2008). For instance, a study (DeShong et al., 2019) examining the precursors of the Emotional Cascade Model reported a relationship between perceived childhood emotional invalidation and rumination. However, they did not involve catastrophizing and thought suppression as emotional cascades. Therefore, it could be valuable for the related literature to investigate the contributing factors to the development of several emotional cascades and associated dysregulated behaviors within the framework of the Emotional Cascade Model, which will be explained in detail in the following section.

1.5 The Emotional Cascade Model

Selby and colleagues (2008) originally proposed the Emotional Cascade Model (ECM) to explain the association between difficulties in emotion regulation and dysregulated behaviors. According to the ECM, "emotional cascades" provided an explanatory link between emotion and behavioral dysregulation. Emotional cascades, triggered by adverse emotion-provoking events, are conceptualized as positive feedback loops eventuating from a reciprocal relation between the negative affect and ruminative processes. Rumination is a cognitive emotion regulation strategy that involves repeatedly thinking about the causes, context, and consequences of one's emotional state (Nolen-Hoeksema, 1991). It can be defined as the tendency to contemplate one's emotional state in detail, as per Selby et al. in 2009. An emotion-eliciting incident leads to rumination and ruminating about the negative event and accompanying negative emotions intensifies negative affect. As psychological distress increases, individuals tend to pay more attention to negative experiences and emotions, making it significantly harder to redirect their focus. As this loop is renewed due to the interaction of negative affect and rumination, the intensity of the unfavorable experience is exacerbated, preventing minor distractions from breaking this vicious cycle. In an attempt

to inhibit intense emotional pain, the individual searches for more powerful distractions, which are probably considered as dysregulated behaviors, including but not limited to binge eating, non-suicidal self-injury, and substance and alcohol abuse. Since these dysregulated behaviors retain sensory effects and lead to forceful physical sensations (NSSI), such as pain, they can be regarded as potent distractions that may prevent emotional cascades (Selby et al., 2009). Even though dysregulated behaviors can offer immediate emotional comfort to people, this comfort is short-lived, explaining why many of these behaviors can turn into habits. Additionally, certain dysregulated behaviors can trigger emotional cascades due to the guilt or shame that arises from engaging in the behavior itself.

Apart from rumination, catastrophizing and thought suppression are also identified as maladaptive cognitive emotion regulation strategies that increase the intensity of negative emotions. These three cognitive emotion strategies have a shared result, which involves focusing more on the negative emotional stimuli (Selby, 2008). Particularly, thought suppression is used to suppress unwanted thoughts, yet it inversely increases the frequency and intensity of disturbing thoughts (Wegner et al., 1987). Although Selby and colleagues (2008) addressed thought suppression as part of the ruminative processes and a sign of an emotional cascade, they did not test this hypothesis. Yet, Tuna and Bozo (2014) conducted a study to test the Emotional Cascade Model in a non-Western sample and found that the construct of emotional cascades, which consisted of rumination, catastrophizing, and also thought suppression, are related to dysregulated behaviors.

The Emotional Cascade Model has mainly been used to comprehend borderline personality disorder, which is characterized by severe emotional and behavioral dysregulation, including self-injurious and suicidal behavior (APA, 2013). A study that tested the model in a sample diagnosed with BPD revealed that emotional cascades (i.e., rumination, brooding, catastrophizing) fully mediated the association between the symptoms of BPD and behavioral dysregulation (i.e., excessive reassurance-seeking, bulimic behaviors, drinking to cope, NSSI, and suicide attempts) (Selby et al., 2009). In addition to BPD, another study reported full mediation of intrusions in the relationship between rumination and dysregulated behaviors (Jungmann et al., 2016). Later, the model was also tested with non-clinical samples, mainly with university students, and those studies also confirmed the relationship between emotional cascades and

dysregulated behaviors (Selby et al., 2008; Selby et al., 2013; Bozo & Tuna, 2014; Hatzopoulos et al., 2021); these are crucial findings considering dysregulated behaviors often result in functional impairment for the affected individual (Selby et al., 2009).

1.6 Parental Emotion Regulation and The Emotional Cascade Model

As discussed in the previous section, the association between emotion and behavior dysregulation has been well established by The Emotional Cascade Model (Selby et al., 2008). Yet, research concerning the parental origins of The Emotional Cascade Model is quite limited. An exceptional study (DeShong et al., 2019) that examined the precursors of the emotional cascades found that perceived childhood invalidation, which was assessed through an emotion socialization scale, significantly predicted rumination in a sample of university students; however, neither parental measurement nor other emotional cascades such as catastrophizing and thought suppression included in their study. Thus, the current thesis aims to address an important gap by focusing on the impact of parents' emotional regulation on the development of emerging adults' emotional cascades.

In addition to the association between rumination and behavioral dysregulation, Selby and colleagues' study (2008) reported a significant association between rumination and deficits in adaptive emotion regulation strategies such as positive appraisal and refocusing on the positive. The results of this study provided insight that individuals whose negative emotions are intensified through rumination preceding their dysregulated behaviors may also struggle to use adaptive emotion regulation strategies to counteract negative affect. Although it can be a consequence of the ineffectiveness of these strategies in preventing the ruminative process, it can also be due to needing to attempt to use adaptive emotion regulation strategies. In this context, a wide range of studies demonstrated that the development of emotion regulation is profoundly influenced by parents' own emotion regulation skills (Bariola et al., 2011; Rutherford et al., 2015). In the same vein, as discussed before, a model proposed by Morris and colleagues (2007) suggested that emotion-related parenting practices and observations and modeling of the parents' emotion regulation are two of the three major factors that considerably contribute to the development of emotion regulation among children.

Respectively, parental emotion socialization practices are influenced by the parents' own ability to regulate their emotions (Dix, 1991; Eisenberg, 1998). Concerning the observational learning approach, Cole and colleagues (1994) also indicated that parents without effective emotion regulation skills may not be good role models for their children or might fail to provide adaptive strategies for regulating emotions. Moreover, children could internalize similar strategy with their parents. Supporting this assumption, maternal use of suppression was found to be a predictor of the use of suppression as a regulatory strategy in children (Gibb et al., 2011; Bariola et al., 2011), and maternal rumination was revealed to be associated with youth rumination (Gardner & Epkins, 2012). Still, other studies found no significant association between parent and youth rumination (Douglas et al., 2017). Thus, although findings regarding the transmission of specific emotion regulation strategies across generations remain mixed, the link between parental and children's emotion dysregulation has been well-established. To illustrate, several studies have indicated that both maternal and paternal emotion regulation difficulties were significantly associated with children's emotion regulation difficulties (Kim et al., 2009; Crespo et al., 2017; Binion & Zalewski, 2018; Seddon et al., 2024). Additionally, maternal difficulties in emotion regulation were also revealed to be associated with behavioral problems in children (Crespo et al., 2017). Although the link between parents and children's emotion dysregulation has been investigated, possible mechanisms explaining this transmission have not yet received sufficient empirical attention. Thus, the Emotional Cascade Model might provide an explanatory framework delineating the possible paths between parents' and offspring's emotion regulation problems.

1.7 The Scope of the Current Thesis

The Emotional Cascade Model proposes an explanation for the question of why emotion dysregulation leads to behavioral dysregulation by emphasizing the significant roles of cognitive emotion regulation strategies, including rumination, catastrophizing, and thought suppression (Selby et al., 2008; Selby et al., 2009; Tuna & Bozo, 2014). Although the model has mainly been used to comprehend BPD (Selby et al., 2009; Gardner et al., 2014), it has also been tested with non-clinical samples (Selby et al., 2008; Tuna & Bozo, 2014). Most of the studies concerning the Emotional Cascade

Model were conducted with Western samples (Selby et al., 2008; Selby et al., 2009; Arbuthnott et al., 2014; Gardner et al., 2014; Jungmann et al., 2016), except Tuna and Bozo's study (2014), which tested the model in Turkey with a non-Western non-clinical sample. In this context, various studies have shown that there are numerous cultural variations in the processes involved in emotion regulation (Matsumoto et al., 2008) and the usage of cognitive emotion regulation strategies (Potthoff et al., 2016). On the other hand, most of these studies compared individuals from American and Asian cultures and various European countries. Considering the significant impact of culture on emotion regulation, the current study will contribute to the related literature by testing the Emotional Cascade Model in Middle Eastern culture.

The Emotional Cascade Model (Selby et al., 2008) introduces ruminative processes to explain why specific individuals resort to maladaptive behaviors for handling challenging emotions, while others can effectively navigate through such emotions using more adaptive strategies. Yet, the clinical and psychosocial factors contributing to the development of emotional cascades remain unclear, necessitating a thorough examination of individual and familial factors, giving pavement to the development of dysregulated cognitive emotion regulation strategies. Ample evidence suggests that parental difficulties in emotion regulation and parental emotion socialization are essential predictors of emotion regulation in children (Eisenberg et al., 1998; Suveg et al., 2011; Seddon et al., 2020). As discussed before, emotion socialization theoretically involves but not limited to emotional invalidation, which refers to parents' rejecting, dismissing, or criticizing reactions to their children's emotional experiences (Linehan, 1993). Moreover, existing findings in the literature showed that difficulties in controlling emotions in parents are positively associated with unsupportive emotional socialization and invalidation (Li et al., 2019; Xu et al., 2020). Accordingly, it can be theoretically deduced that emotion regulation difficulties and parents' emotional socialization may significantly impact the development of the emotional cascades. Respectively, in the present study, perceived childhood emotional invalidation is expected to mediate the emotion regulation transmission from parents to their adult children. Therefore, to the best of the authors' knowledge, the current study will be the first to investigate the intergenerational transmission of emotion regulation in the framework of the Emotional Cascade Model through childhood emotional invalidation in a non-Western sample. By doing so, the current thesis will also be the first study to examine

the parental origins of the emotional cascade model, which includes parental assessment.

Research on the intergenerational transmission and socialization of emotion regulation has focused on young children and adolescents, with less attention given to emerging adults. An exceptional study demonstrated that greater use of maladaptive emotion regulation strategies and lower levels of emotion regulation skills of adults were associated with their parents' use of unsupportive emotion socialization strategies in their childhood. Moreover, a recent study displayed that parental emotion dysregulation and parental emotion socialization are associated with difficulties in emotion regulation among young adults (Xu et al., 2020). As delineated by Arnett (2004) in his investigation involving individuals aged 18-29, emerging adulthood is characterized as a developmental phase wherein individuals experience a sense of neither adolescence nor full adulthood. Instead, this period is marked by a state of fluidity in various domains, encompassing relationships, career aspirations, and psychological constructs such as ego functions and superego, reflecting a transitional and dynamic state in the developmental trajectory. Additionally, it was posited that a pivotal aspect of this phase involves the development of self-regulation across emotional, cognitive, and behavioral domains since it is a period of instability (Arnett, 2004). Accordingly, emotion regulation is a crucial ability for emerging adults considering the associated dysregulated behaviors in this developmental phase, such as self-injury (Klonsky, 2009), cannabis use (Feldstein Ewing et al., 2022), and impulsivity (Schreiber et al., 2012). Therefore, the current study addressed an important gap by investigating the particular transmission in emerging adults in a non-Western sample.

1.7.1 The Hypotheses of the Current Thesis

The hypotheses of the present study were as follows:

1. Emotion regulation difficulties of parents will be indirectly related to excessive reassurance-seeking behavior of their emerging adult children, and this relationship is sequentially mediated through:
 - a. first perceived childhood emotional invalidation and then thought suppression.
 - b. first perceived childhood emotional invalidation and then catastrophizing.

- c. first perceived childhood emotional invalidation and then rumination.

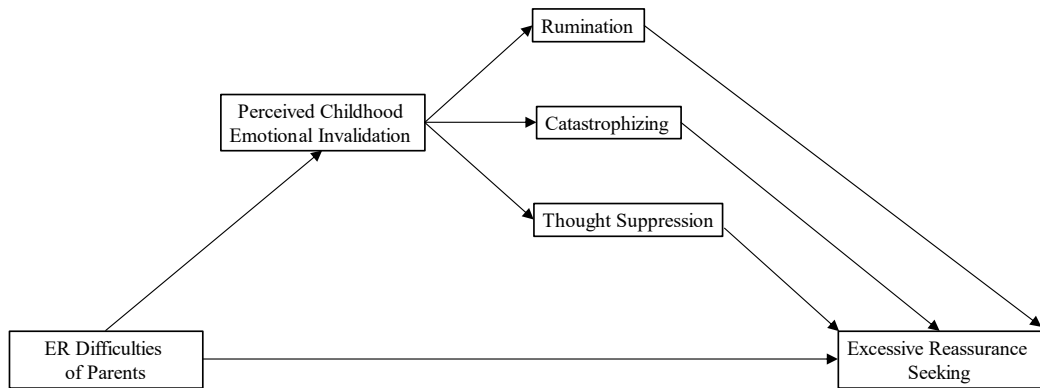


Figure 1: Model of the Hypothesis 1a,1b,1c

2. Emotion regulation difficulties of parents will be indirectly related to drinking to cope behavior of their emerging adult children, and this relationship is sequentially mediated through:
 - a. first perceived childhood emotional invalidation and then thought suppression.
 - b. first perceived childhood emotional invalidation and then catastrophizing.
 - c. first perceived childhood emotional invalidation and then rumination.

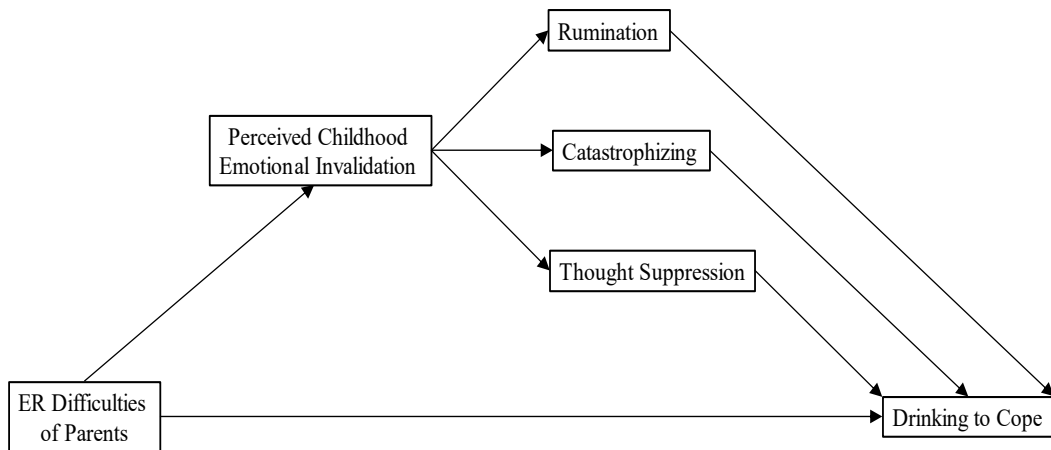


Figure 2: Model of the Hypothesis 2a,2b,2c

3. Emotion regulation difficulties of parents will be indirectly related to NSSI behavior of their emerging adult children, and this relationship is sequentially mediated through:
 - a. first perceived childhood emotional invalidation and thought suppression.
 - b. first perceived childhood emotional invalidation and catastrophizing.
 - c. first perceived childhood emotional invalidation and rumination.

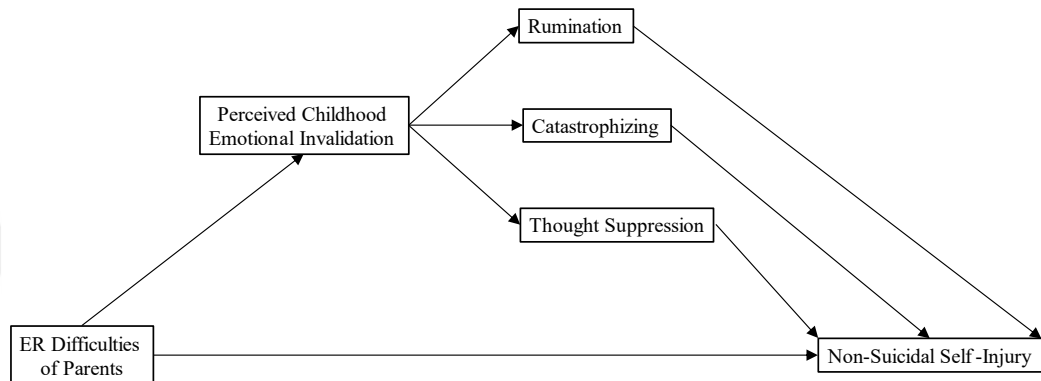


Figure 3: Model of the Hypothesis 3a,3b,3c

4. Emotion regulation difficulties of parents will be indirectly related to bulimia symptoms of their emerging adult children, and this relationship is sequentially mediated through:
 - a. first perceived childhood emotional invalidation and thought suppression.
 - b. first perceived childhood emotional invalidation and catastrophizing.
 - c. first perceived childhood emotional invalidation and rumination.

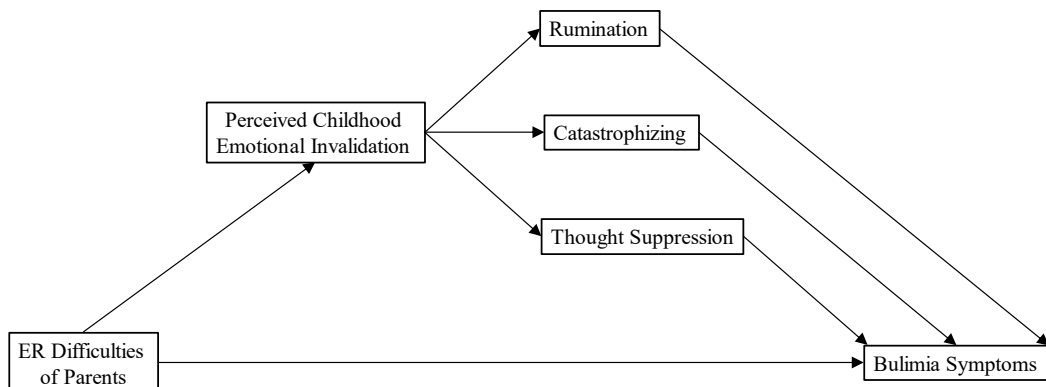


Figure 4: Model of the Hypothesis 4a,4b,4c

CHAPTER 2

METHOD

2.1 Participants

For the present research, the inclusion criteria for emerging adults involved being between 18 and 30, whereas parents were not required to meet specific criteria other than being willing to volunteer for the study. The initial sample comprised 250 parents and 320 emerging adults, with 160 parent-child dyads. Twelve of these dyads were excluded from the sample due to not completing ICES (Mountford et al., 2007) for both parents. Data from 148 parent-child dyads, 30 fathers and 118 mothers, were used for the following statistical analysis. The mean age of emerging adults was 22.90 ($SD = 3.15$), while the mean age of parents was 53.04 ($SD = 6.30$). Further, 73.6% ($N = 109$) of emerging adult participants were women, while 26.4% ($= 39$) were men. The detailed demographic data for parents and emerging adults was provided in Table 1 and Table 2.

Table 1. *Socio-demographic characteristics of participants*

Variable	Emerging Adults				Parents			
	F	%	M	SD	F	%	M	SD
Age	148		22.9	3.15	148		53,0 4	6,30
Gender								
Female	109	73.6			118	79,73		
Male	39	26.4			30	20,27		
Education Level								
Primary School Graduate					11	7,4		
Secondary School Graduate	1	0.7			6	4,1		
High School Graduate	67	45.3			41	27,7		

Associate Degree	5	3,4	17	11,5
Undergraduate	64	43,2	64	43,2
Master's	11	7,4	6	4,1
Doctorate			3	2,0
Socioeconomic Status				
Low	6	4,1	3	2,0
Lower-middle	19	12,8	10	6,8
Middle	82	55,4	18	12,2
Upper-middle	38	25,7	90	60,8
High	3	2,0	27	18,2
Place of Living				
Metropolis	114	77,0	105	70,9
City	16	10,8	25	16,9
Town	16	10,8	16	10,8
Village	2	1,4	2	1,4
Relationship Status				
Single	144	97,3		
Married	4	2,7	113	76,4
Divorced			20	13,5
Divorced-Co-habited			3	2,0
Widowed			11	17,4
Other			1	0,7
Current Psychological Support				
Yes	30	20,3	28	18,9
No	118	79,7	120	81,1
Psychological Support History				
Yes	76	48,6	29	19,6
No	72	51,4	119	80,4

2.2 Materials

2.2.1 Demographic Information Form

This form was prepared by the researchers to collect information about parents' and offspring's age, gender, relational status, educational level, perceived income level, and psychological disorder and treatment history.

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

Difficulties in Emotion Regulation Scale (DERS), which consists of six subscales composed of 36 items, was initially generated by Gratz and Roemer (2004) to broadly assess diverse features of emotion regulation difficulties. Respectively, Bjureberg and colleagues (2016) developed a briefer form of DERS (Gratz & Roemer, 2004), considering its practical use and usefulness in clinical settings. DERS-16 includes 16 items, answered on a 5-point Likert-type scale ranging from 1 (*almost never*) to 5 (*almost always*). Higher scores indicate increased use of emotion dysregulation. DERS-16 has five subscales: non-acceptance, impulse, strategies, goals, and clarity. Turkish adaptation of DERS-16 was conducted by Yiğit and Guzey Yiğit (2017) based on the Turkish version of DERS, which was adopted in Turkish by Rugancı and Gençöz (2010). Yiğit and Guzey Yiğit (2017) tested DERS-16 in a sample of Turkish undergraduate students. They reported that Cronbach's alpha reliability of the subscales varied between .87 and .78, and the total Cronbach's alpha of the scale was found to be .92. DERS-16 was completed by parents in the current study and the internal consistency was .93.

2.2.3 Invalidating Childhood Environment Scale (ICES)

The Invalidating Childhood Environment Scale (ICES) (Mountford et al., 2007) is a retrospective measure developed to evaluate parental invalidation experienced by individuals during their childhood. The scale consists of two parts; the first part has 14 questions scored on a 5-point Likert-type scale (*1: never, 5: always*) and each question is answered for each parent. The second part involves four items corresponding to different family types proposed by Linehan (1993), which are chaotic, perfect, typical, and supportive/validating. This section of the survey requires participants to evaluate

how similar the described family types are to their own family, using a 5-point scale for their responses. A study conducted with a non-clinical sample by Robertson and colleagues (2013) assessing the psychometric features of ICES revealed a Cronbach's alpha coefficient of .88 for mothers' form and .90 for fathers' form. Moreover, they reported a significant positive correlation between ICES and BPD symptomatology. Alpay and colleagues (2018) adapted the scale to Turkish, and Cronbach's alpha coefficients of ICES for mother and father forms were found to be 0.84 and 0.87, respectively. The present study used the ICES (Mountford et al., 2007) to assess emerging adults' perceived childhood emotional invalidation experiences. The internal consistency values were .85 for mothers and .87 for fathers.

2.2.4 Cognitive Emotion Regulation Questionnaire (CERQ)

Cognitive Emotion Regulation Questionnaire (CERQ) (Garnefski et al., 2001) is a 36-item self-report questionnaire developed to assess various cognitive emotion regulation strategies individuals employ to cope with negative life experiences. The scale comprises nine subscales, each with four questions: *blaming others*, *self-blame*, *acceptance*, *rumination*, *catastrophizing*, *positive refocus*, *putting into perspective*, *refocus on planning*, and *positive reappraisal*. The CERQ is responded to on a 5-point Likert-type scale (1: *almost never*, 5: *almost always*). Higher subscale scores reflect a greater engagement frequency in the relevant emotion regulation strategy. The CERQ was adapted into Turkish by Tuna and Bozo (2012). They reported that Cronbach's alpha reliability of the CERQ subscales varied between .72 and .83. Test-retest reliability of the subscales ranged from .50 to .70. The present study utilized the *rumination* and *catastrophizing* subscales of the CERQ (Garnefski et al., 2001) to evaluate emotional cascade indicators among emerging adults, as per the study's objectives. In the current study, the internal consistency values were .85 for *rumination* and .85 for *catastrophizing* subscales.

2.2.5 White Bear Suppression Inventory (WBSI)

The White Bear Suppression Inventory (WBSI) was constructed to evaluate people's tendency to suppress their thoughts by Wegner and Zanakos (1994). The scale has 15 items, which are responded to on a 5-point Likert-type scale varying between

1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores indicate higher thought suppression. WBSI demonstrated high internal consistency values in differing samples, with Cronbach's alphas of .89 (Pica et al., 2015) and .88 (Höping & de Jong-Meyer, 2003). Altın and Gençöz (2009) adopted the WBSI into Turkish. Their study, conducted with undergraduate students, reported a Cronbach's alpha coefficient of .90 and a test-retest correlation of .80. In the present study, emerging adults answered the WBSI as an indicator of emotional cascade. Respectively, in the current study the internal consistency was .90.

2.2.6 The Depressive Interpersonal Relationships Inventory (DIRI)

The DIRI (Joiner et al., 1992) was developed to measure the variables defined by Coyne (1976) in the scope of the interpersonal theory of depression, namely, the need for approval, general dependency, doubting others' sincerity, and reassurance-seeking. The inventory includes 24 self-report questions that are responded to on a 7-point Likert-type scale ranging from 1 (*no, not at all*) to 7 (*yes, very much*). Former research discussed reassurance-seeking's observed role in diverting attention away from rumination (Selby et al., 2008; Tuna & Bozo, 2014). Therefore, the present study only used the reassurance-seeking subscale involving four items (questions 20 to 23) of the DIRI to indicate behavioral dysregulation in emerging adults. Joiner and Metalsky (2001) established the validity of the reassurance-seeking subscale and reported a Cronbach's alpha of 0.88 for the scale's reliability. Turkish version of the reassurance-seeking subscale was adopted by Gençöz and Gençöz (2005), and the internal consistency reliability of the Turkish version was reported as .86. In the current study, the Cronbach Alpha value was .84.

2.2.7 Drinking Motives Questionnaire-Revised (DMQ-R)

DMQ-R (Cooper, 1994) is a 20-item self-report questionnaire that measures four dimensions of drinking motives: social, enhancement, coping, and conformity. Each subscale involves five items, and the questions are responded on a 5-point Likert-type scale ranging from 1 (*never*) to 5 (*always*). Individuals who score higher on a subscale are more inclined to attribute their drinking behavior to the corresponding motive.

Cooper (1994) reported Cronbach's alpha reliability as .85, .88, .84, and .85 for social, enhancement, coping, and conformity motives, respectively. Evren and colleagues (2010) conducted a Turkish adaptation of the DMQ-R. They reported Cronbach's alpha reliability of the subscales for social, enhancement, coping, and conformity motives as .85, .79, .84, and .79, respectively. Moreover, in their study, the test-retest correlations of the subscales ranged from .55 to .66. Consistent with the hypothesis of the current study, only the *drinking to cope* subscale was used to assess the inclination of emerging adults to use alcohol as a means of dealing with their negative emotions as a dysregulated behavior. In the present study, the Cronbach Alpha value was .92.

2.2.8 Eating Disorders Examination-Questionnaire (EDE-Q)

The EDE-Q (Eating Disorder Examination Questionnaire) was generated by Fairburn and Beglin (1994) as a self-report version of the Eating Disorders Examination (EDE; Fairburn & Cooper, 1993) interview. The EDE-Q was developed to provide a comprehensive assessment of eating disorder psychopathology and related behaviors, similar to the interview version. However, it is less resource-intensive and requires less time to administer than the interview. The questionnaire has 36 items that are answered on a 7-point Likert-type scale and has 4 subscales: restraint, eating concern, weight concern, and shape concern. Furthermore, the scale also involves questions that assess binge eating and compensatory behaviors. Evaluating each symptom related to eating disorders consists in determining the frequency of occurrence within the past four weeks. EDE-Q was adopted in Turkish by Yücel and colleagues (2011), and they reported a Cronbach's alpha coefficient of .93 for the total scale, ranging from .63 (*binge eating*) to .86 (*shape concern*) for the subscales. Moreover, the test-retest reliability coefficients ranged from .43 (*binge eating*) to .89 (*weight concern*) for the subscales. Furthermore, Tuna and Bozo's study (2014) reported Cronbach's alpha coefficient of .64 for the internal consistency reliability of the *binge eating* dimension. In accordance with the purposes of the present study, only the *binge eating* factor, an indicator of behavioral dysregulation, was used to measure the bulimic episodes experienced by emerging adults in the last 4 weeks. The Cronbach alpha coefficient was .73 in the present study.

2.2.9 Self-Mutilation Index

The index was developed by Tuna and Bozo (2014) to measure the frequency of self-mutilative behaviors (e.g. burning, cutting, hitting) that participants have engaged in over the past year. The index consists of 14 self-mutilative behaviors and participants are required to indicate how many times they performed such behaviors. The provided index is accompanied by a blank space where participants can further add any other self-mutilative behaviors that may not be included in the index. The total score of non-suicidal self-injurious behaviors was determined by adding together the instances of each behavior observed throughout the preceding year. However, in the current study data were coded dichotomously. Tuna and Bozo's study (2014) reported a Cronbach's alpha coefficient of .67. The present study used the self-mutilation index to measure non-suicidal self-injury behaviors of emerging adults as an indicator of behavioral dysregulation. The Cronbach alpha coefficient was .78 in the present study.

2.3 Procedure

Ethical permission was obtained from the Human Research Ethics Committee of TED University. Participants filled out online survey packages using Qualtrics. In the informed consent form given to the participants, it has been stated that specific questions may increase the participants' stress levels, and they had a chance to discontinue the survey in such a situation. Additionally, they have been informed about institutions and organizations where they can receive psychological support free of charge or at a symbolic fee. Upon confirming their participation through the informed consent form, participants could proceed with the surveys. After responding whether they were emerging adults, mothers, or fathers, participants were asked to generate a nickname composed of the parents' names and offspring's birth years to match familial data. Emerging adults filled Demographic form (Appendix C), Cognitive Emotion Regulation Questionnaire (CERQ) (Appendix D), White Bear Suppression Inventory (WBSI) (Appendix E), Invalidating Childhood Environment Scale (ICES) (Appendix G), Eating Disorders Examination-Questionnaire (EDE-Q) (Appendix H), Drinking Motives Questionnaire-Revised (DMQ-R) (Appendix I), Self-Mutilation Index (Appendix J), The Depressive Interpersonal Relationships Inventory (DIRI) (Appendix K); whereas, parents filled out Demographic form (Appendix C) and Difficulties in Emotion

Regulation Scale-Brief Form (DERS-16) (Appendix F). Filling out the surveys took approximately 10 minutes for parents and 15 minutes for emerging adults.



CHAPTER 3

RESULTS

3.1 Statistical Analysis

Before the main analysis, the obtained data were cleaned by excluding participants with missing data or failing to meet the inclusion criteria. After conducting the descriptive analysis of the variables, as presented in Table 3, the serial mediation models were tested via PROCESS Macro v4.2 (Hayes, 2022). Model 6 was used to test the hypotheses. In particular, it was examined whether perceived childhood emotional invalidation (M1) and emotional cascades (i.e., rumination, catastrophizing, thought suppression) of emerging adults (M2) mediate the relationship between emotion regulation difficulties of parents (X) and dysregulated behaviors (Y) (i.e., drinking to cope, excessive reassurance, non-suicidal self-injury, bulimia symptoms) of their emerging adult offsprings. The statistical significance of serial mediation was assessed utilizing a bias-corrected bootstrap confidence interval comprising 5,000 bootstrap resamples. The influence of mediators on the model can be evaluated by ascertaining whether the lower and upper-level confidence intervals encompass zero; the absence of zero values signifies that the mediators exert a statistically significant effect.

All statistical models with rumination as the mediator (M2) were found to be statistically insignificant. Therefore, *H1c*, *H2c*, *H3c*, and *H4c* were rejected. Similarly, three models were statistically insignificant, including catastrophizing as the mediator (M2). Based on this, *H2b*, *H3b*, and *H4b* were rejected, as well. Nevertheless, three models were statistically significant, including thought suppression as the mediator whereas *H4a* was rejected. Table 2 displays the overview of the mediation analyses.

Table 2. *Summary of the Results for the Mediator Roles of Emotional Cascades in Relation Between Emotion Regulation Difficulties of Parents and Dysregulated Behaviors of Emerging Adults*

Independent Variable	1st Mediator	2nd Mediator	Dependent Variable	Mediation
ER Difficulties of Parents	Emotional Invalidation	Rumination	ERS	No
ER Difficulties of Parents	Emotional Invalidation	Rumination	Drinking to Cope	No
ER Difficulties of Parents	Emotional Invalidation	Rumination	NSSI	No
ER Difficulties of Parents	Emotional Invalidation	Rumination	Bulimia Symptoms	No
ER Difficulties of Parents	Emotional Invalidation	Catastrophizing	ERS	Yes
ER Difficulties of Parents	Emotional Invalidation	Catastrophizing	Drinking to Cope	No
ER Difficulties of Parents	Emotional Invalidation	Catastrophizing	NSSI	No
ER Difficulties of Parents	Emotional Invalidation	Catastrophizing	Bulimia Symptoms	No
ER Difficulties of Parents	Emotional Invalidation	Thought Suppression	ERS	Yes
ER Difficulties of Parents	Emotional Invalidation	Thought Suppression	Drinking to Cope	Yes
ER Difficulties of Parents	Emotional Invalidation	Thought Suppression	NSSI	Yes
ER Difficulties of Parents	Emotional Invalidation	Thought Suppression	Bulimia Symptoms	No

Note: ERS: Excessive Reassurance Seeking; NSSI: Non-Suicidal Self-Injury; Emotional Invalidation: Perceived Childhood Emotional Invalidation

3.2 Descriptive Statistics of Study Variables

To examine the descriptive characteristics of the current study, standard deviations, means, maximum and minimum scores of the measures were calculated and presented in Table 3.

Table 3. *Descriptive Characteristics of the Measures*

	N	M	SD	Minimum	Maximum
Variables of Parents					
DERS-16	148	32,50		16	72
Variables of Emerging Adults					
ICES	148	59,52	18,16	28	116
CERQ-Rum	148	15,15	3,58	4	20
CERQ-Cat	148	10,11	3,93	4	20
WBSI	148	55,60	10,50	15	75
DIRI-ERS	148	13,80	5,40	4	26
DMQ-R	148	5,47	5,30	0	20
EDE-Q	148	1,52	1,48	0	6
Self-Mutilation Index	148	1,53	2,15	0	11

Note. DERS-16: Difficulties in Emotion Regulation Scale-brief form; ICES: Invalidating Childhood Environment Scale; CERQ-Rum: Cognitive Emotion Regulation Questionnaire Rumination Subscale; CERQ-Cat: Cognitive Emotion Regulation Questionnaire Catastrophizing Subscale; WBSI: White Bear Suppression Inventory; DIRI-ERS: The Depressive Interpersonal Relationships Inventory Excessive Reassurance Seeking Subscale; DMQ-R: Drinking Motives Questionnaire-Revised; EDE-Q: Eating Disorders Examination-Questionnaire

3.3 Bivariate Correlations among Study Variables

Bivariate correlations among the variables of the current study were investigated by calculating Pearson's correlation coefficients, which were displayed in Table 4.

Table 4. *Bivariate Correlations among Study Variables*

	1	2	3	4	5	6	7	8	9
Scales of Parents									
1.DERS-16	1	.28**	.21*	.31**	.22*	.20*	.16*	.18**	.17*
Scales of Emerging Adults									
2.ICES		1	.14	.30**	.25**	.40**	.20*	.28**	.33**
3.CERQ-Rum			1	.50**	.40**	.32**	.14	.15	.13
4.CERQ-Cat				1	.46**	.42**	.11	.17**	.21**
5.WBSI					1	.42**	.23**	.20**	.26**
6.DIRI-ERS						1	.12	.22**	.20**
7.DMQ-R							1	.27**	.17*
8.EDE-Q								1	.33**
9.Self-Mutilation Index									1

Note 1. * $p < .05$, ** $p < .001$

Note 2. DERS-16: Difficulties in Emotion Regulation Scale-brief form; ICES: Invalidating Childhood Environment Scale; CERQ-Rum: Cognitive Emotion Regulation Questionnaire Rumination Subscale; CERQ-Cat: Cognitive Emotion Regulation Questionnaire Catastrophizing Subscale; WBSI: White Bear Suppression Inventory; DIRI-ERS: The Depressive Interpersonal Relationships Inventory Excessive Reassurance Seeking Subscale; DMQ-R: Drinking Motives Questionnaire-Revised; EDE-Q: Eating Disorders Examination-Questionnaire

3.4 Tests of the Serial Mediation Models

3.4.1 Examining the Mediator Roles of Perceived Childhood Emotional Invalidation and Emotional Cascades on Excessive Reassurance Seeking

The mediation analysis results demonstrated that perceived childhood emotional invalidation and thought suppression sequentially mediated the relation between ER difficulties in parents and excessive reassurance seeking in emerging adults ($\beta = .01$, $SE = .01$, 95% CI [0.002, 0.023]). As Figure 1 depicts, ER difficulties of parents were significantly and positively associated with perceived childhood emotional invalidation ($\alpha = .45$, $SE = .13$, $p < .001$, 95% CI [.196, .698]), which positively predicted thought suppression ($b_1 = .12$, $SE = .05$, $p < .05$, 95% CI [0.024, 0.212]), which in turn, was significantly and positively associated with excessive reassurance ($b_2 = .17$, $SE = .03$, $p < .001$, 95% CI [0.098, 0.249]). That is, higher levels of difficulties in ER in parents were significantly associated with higher levels of perceived childhood

emotional invalidation, which predicted higher levels of thought suppression, which, in turn, were significantly associated with higher levels of excessive reassurance seeking in emerging adults. After including the variables in the model, the direct effect of ER difficulties of parents on excessive reassurance seeking in emerging adults was no longer significant ($c' = .01$, $SE = .04$, $p > .05$, 95% CI [-0.060, 0.082]), which demonstrated that invalidation and suppression sequentially and completely mediated the relation between ER difficulties in parents and excessive reassurance seeking in emerging adults. Moreover, the total effect ($c = .09$, $SE = .039$, $p < .05$, 95% CI [0.012, 0.164]) of ER difficulties of parents on emerging adults' excessive reassurance-seeking behavior was significant. All in all, the proposed model was significant [$F(3,144) = 17.90$, $p < .001$], explaining 27% of the variance in excessive reassurance seeking through perceived childhood emotional invalidation and thought suppression.

Likewise, the results displayed that perceived childhood emotional invalidation and catastrophizing sequentially mediated the relation between ER difficulties of parents and excessive reassurance seeking in emerging adults ($\beta = .01$, $SE = .01$, 95% CI [0.003, 0.022]). The positive and significant association between ER difficulties of parents and perceived childhood emotional invalidation positively predicted catastrophizing ($c_1 = .05$, $SE = .02$, $p < .05$, 95% CI [0.016, 0.085]), which, in turn, was significantly and positively associated with excessive reassurance seeking ($c_2 = .44$, $SE = .11$, $p < .05$, 95% CI [0.234, 0.655]). That is, higher levels of difficulties in ER in parents were significantly associated with higher levels of perceived childhood emotional invalidation, which predicted higher levels of catastrophizing, which, in turn, were significantly associated with higher levels of excessive reassurance-seeking among emerging adults. After including the variables in the model, the direct effect of ER difficulties of parents on excessive reassurance seeking in emerging adults was no longer significant ($c' = .00$, $SE = .04$, $p > .05$, 95% CI [-0.071, 0.073]), which demonstrated that perceived childhood emotional invalidation and catastrophizing sequentially and completely mediated the relation between ER difficulties in parents and excessive reassurance in emerging adults. Taken together, the proposed model was significant [$F(3,144) = 16.66$, $p < .001$], explaining 26% of the variance in excessive reassurance seeking through perceived childhood emotional invalidation and catastrophizing.

On the other hand, the indirect effect of rumination was insignificant in this mediation model ($\beta = .00$, $SE = .00$, 95% CI [-0.003, 0.012]). Still, perceived childhood emotional invalidation was positively and significantly associated with excessive reassurance-seeking ($\beta = .11$, $SE = .02$, $p < .001$, 95% CI [0.0610, 0.151]), and rumination was positively associated with excessive reassurance-seeking in emerging adults ($\beta = .39$, $SE = .11$, $p < .001$, 95% CI [0.166, 0.612]).

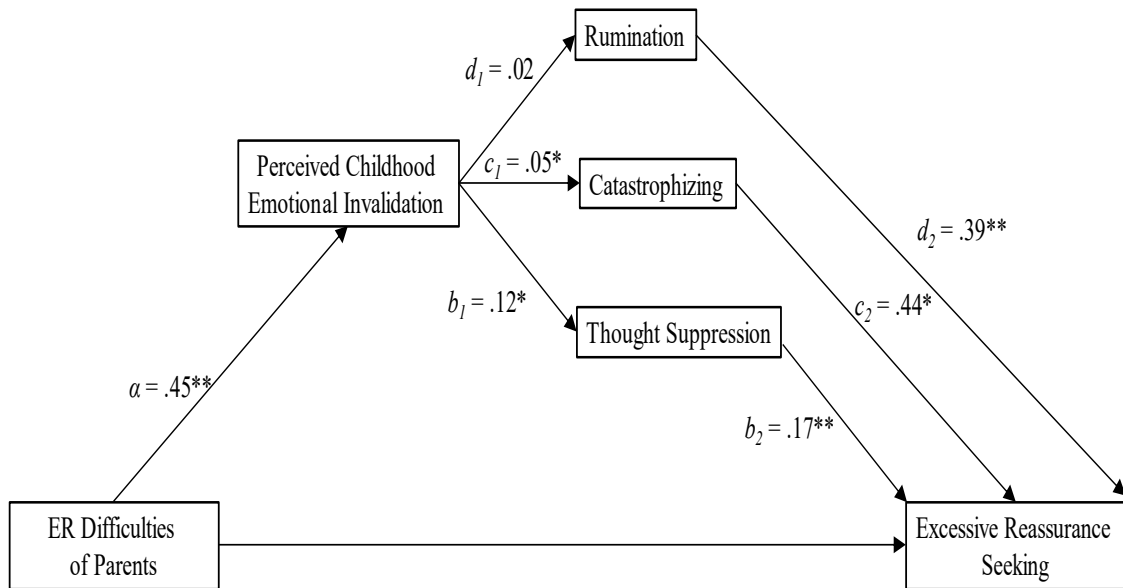


Figure 5: Examining the Mediator Roles of Perceived Childhood Emotional invalidation and Emotional Cascades on Excessive Reassurance Seeking

Note 1. $*p < .05$, $**p < .001$

Note 2. Unstandardized coefficients are reported

Note 3. Total and indirect effects are not depicted in the figure to increase readability

3.4.2 Examining the Mediator Roles of Perceived Childhood Emotional Invalidation and Emotional Cascades on Drinking to Cope

The results of the mediation analysis revealed that perceived childhood emotional invalidation and thought suppression sequentially mediated the relation between ER difficulties in parents and drinking to cope in emerging adults ($\beta = .01$, $SE = .01$, 95% CI [0.001, 0.014]). Thought suppression was positively and significantly associated with drinking to cope ($b_2 = .10$, $SE = .04$, $p < .05$, 95% CI [0.006, 0.173]). Accordingly, higher levels of difficulties in ER in parents were significantly associated with higher levels of perceived childhood emotional invalidation, which predicted higher levels of thought suppression, which, in turn, were significantly associated with

higher levels of drinking behavior to cope in emerging adults. After including the variables in the model, the direct effect of ER difficulties of parents on drinking to cope in emerging adults was no longer significant ($c' = .41$, $SE = .04$, $p > .05$, 95% CI [-0.040, 0.112]), which demonstrated that invalidation and thought suppression sequentially mediated the relation between ER difficulties in parents and drinking to cope in emerging adults. Moreover, the total effect ($c = .08$, $SE = .038$, $p < .001$, 95% CI [0.007, 0.151]) of ER difficulties of parents on emerging adults' drinking to cope behavior was significant. All in all, the proposed model was significant [$F(3,144) = 4.26$, $p < .01$], and it explained 8% of the variance in drinking to cope through perceived childhood emotional invalidation and thought suppression.

However, the results demonstrated that rumination ($\beta = .00$, $SE = .00$, 95% CI [-0.001, 0.006]) and catastrophizing ($\beta = .00$, $SE = .00$, 95% CI [-0.004, 0.010]) did not have indirect effects regarding this mediation model. Moreover, neither rumination ($\beta = .14$, $SE = .12$, $p > .05$, 95% CI [-0.104, 0.380]) nor catastrophizing ($\beta = .04$, $SE = .12$, $p > .05$, 95% CI [-0.195, 0.271]) were found to be significantly predicted drinking to cope behavior in emerging adults.

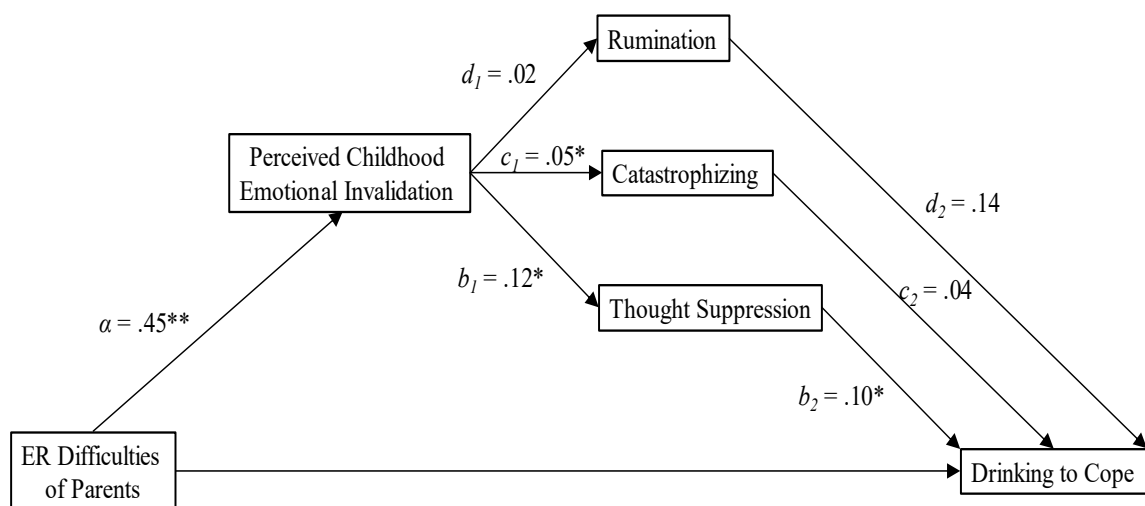


Figure 6: Examining the Mediator Roles of Perceived Childhood Emotional invalidation and Emotional Cascades on Drinking to Cope

Note 1. * $p < .05$, ** $p < .001$

Note 2. Unstandardized coefficients are reported

Note 3. Total and indirect effects are not depicted in the figure to increase readability

3.4.3 Examining the Mediator Roles of Perceived Childhood Emotional Invalidation and Emotional Cascades on NSSI

The results of the mediation analysis yielded that perceived childhood emotional invalidation and thought suppression sequentially mediated the relation between ER difficulties of parents and excessive reassurance seeking in emerging adults ($\beta = .01$, $SE = .01$, 95% CI [0.002, 0.015]). As Figure 2 depicts, parents' ER difficulties were significantly and positively associated with perceived childhood emotional invalidation ($\alpha = .45$, $SE = .13$, $p < .001$, 95% CI [.196, .698]), which positively predicted thought suppression ($b_1 = .12$, $SE = .05$, $p < .01$, 95% CI [0.024, 0.212]), which in turn, was significantly and positively associated with NSSI ($b_2 = .04$, $SE = .02$, $p < .05$, 95% CI [0.005, 0.070]). That is, higher levels of difficulties in ER in parents were significantly associated with higher levels of perceived childhood emotional invalidation, which predicted higher levels of thought suppression, which, in turn, were significantly associated with higher levels of NSSI in emerging adults. After including the variables in the model, the direct effect of parents' ER difficulties on NSSI in emerging adults was no longer significant ($e' = .01$, $SE = .02$, $p > .05$, 95% CI [-0.020, 0.040]), demonstrating that invalidation and thought suppression sequentially mediated the relation between ER difficulties of parents and non-suicidal self-injuries in emerging adults. Furthermore, the total effect ($e = .03$, $SE = .02$, $p < .05$, 95% CI [0.002, 0.062]) of ER difficulties of parents on emerging adults' NSSI behaviors was significant. All in all, the proposed model was significant [$F(3,144) = 8.21$, $p < .001$], and it explained 15% of the variance in NSSI through perceived childhood emotional invalidation and thought suppression.

Yet, the results displayed that rumination ($\beta = .00$, $SE = .00$, 95% CI [-0.000, 0.003]) and catastrophizing ($\beta = .00$, $SE = .00$, 95% CI [-0.000, 0.004]) did not have indirect effects. Furthermore, both rumination ($\beta = .04$, $SE = .05$, $p > .05$, 95% CI [-0.050, 0.140]) and catastrophizing ($\beta = .06$, $SE = .05$, $p > .05$, 95% CI [-0.031, 0.150]) were not identified as significant predictors of non-suicidal self-injury (NSSI) among emerging adults. However, perceived childhood emotional invalidation significantly and positively predicted NSSI in emerging adults ($\beta = .04$, $SE = .01$, $p < .05$, 95% CI [0.014, 0.053]).

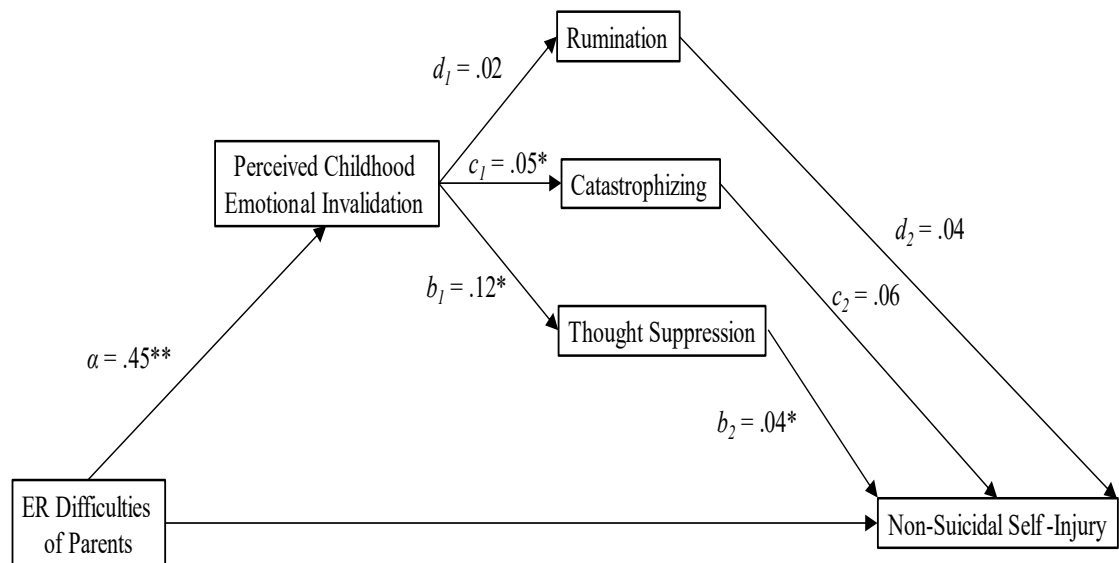


Figure 7: Examining the Mediator Roles of Perceived Childhood Emotional invalidation and Emotional Cascades on NSSI

Note 1. $*p < .05$, $**p < .001$

Note 2. Unstandardized coefficients are reported

Note 3. Total and indirect effects are not depicted in the figure to increase readability.

3.4.4 Examining the Mediator Roles of Perceived Childhood Emotional Invalidation and Emotional Cascades on Bulimia Symptoms

The results of the mediation analyses demonstrated that rumination ($\beta = .00$, $SE = .00$, 95% CI [-0.000, 0.002]), catastrophizing ($\beta = .03$, $SE = .03$, 95% CI [-0.040, 0.092]), and thought suppression ($\beta = .02$, $SE = .01$, 95% CI [-0.007, 0.040]) did not significantly mediate the relationship between ER difficulties of parents and bulimia symptoms of emerging adults through perceived childhood emotional invalidation. Yet, it was revealed that bulimia symptoms were significantly predicted by perceived childhood emotional invalidation ($\beta = .02$, $SE = .01$, $p < .05$, 95% CI [0.006, 0.033]). Moreover, the total effect ($e = .02$, $SE = .11$, $p < .05$, 95% CI [0.002, 0.062]) of ER difficulties of parents on emerging adults' bulimia symptoms was significant.

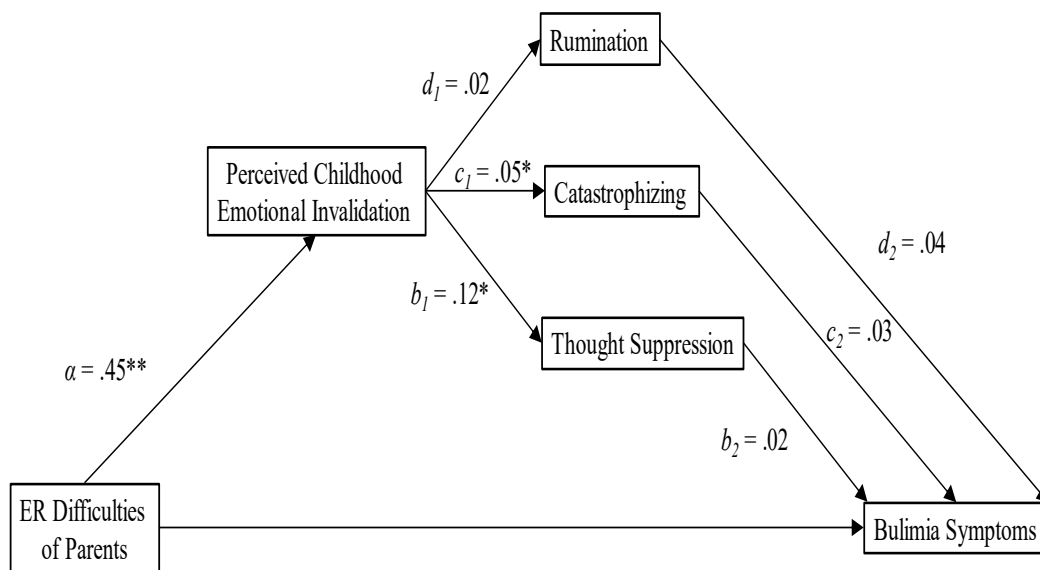


Figure 8: Examining the Mediator Roles of Perceived Childhood Emotional invalidation and Emotional Cascades on Bulimia Symptoms

Note 1. $*p < .05$, $**p < .001$

Note 2. Unstandardized coefficients are reported

Note 3. Total and indirect effects are not depicted in the figure to increase readability

CHAPTER 4

DISCUSSION

The Emotional Cascade Model proposes a potential theoretical explanation regarding the association between emotion dysregulation and maladaptive behaviors by highlighting the role of ruminative processes in this relationship. The model initially attempted to present an incremental comprehension of impulsive and self-harming behaviors in borderline personality disorder (Selby & Joiner, 2009). Nevertheless, there is a shortage of research into the factors contributing to the development and maintenance of emotional cascades and dysregulated behaviors, and there is no study mainly testing the model's familial origins.

Existing literature includes numerous studies documenting the relationship between parental and offspring emotion regulation and the role of parental emotion invalidation in this association. Yet, only a few studies were conducted with emerging adults, while a considerable amount of research focused on children and adolescents. Moreover, to the authors' knowledge, research has yet to study how parental emotion regulation affects regulatory strategies and maladaptive behaviors among children using the emotional cascade model beyond Western cultures. Given the related research indicating that culture plays a crucial role in shaping the emotional socialization of children (Kiel & Kalomiris, 2015), it's vital to examine the intergenerational transmission of emotion regulation strategies from parents to children in cultures beyond Western societies. To address these gaps, the current study was conducted to comprehend the possible parental origins of the emotional cascade model with an emerging adult sample in Turkey. In this context, the mediating roles of perceived childhood emotion invalidation (M1) and emotional cascades (i.e., rumination, thought suppression, and catastrophizing) (M2) in the association between the emotion regulation difficulties of parents and the dysregulated behaviors (i.e., excessive reassurance-seeking, drinking to cope, NSSI, and bulimia symptoms) of emerging adults were investigated. Our results altogether highlighted that parental emotion regulation is a significant precursor of perceived emotional invalidation. Moreover, perceived childhood emotional invalidation is linked with emerging adults' emotional cascades of thought suppression and catastrophizing. Accordingly, thought suppression was found to be associated with several dysregulated behaviors (i.e., NSSI, excessive reassurance-seeking, and

drinking to cope), which emphasized the mediator role of thought suppression between emotion regulation of parents and dysregulated behaviors of emerging adults, as well as perceived childhood emotional invalidation. On the other hand, the current results showed that rumination was not associated with either perceived emotional invalidation in childhood or any dysregulated behaviors.

The following sections reviewed the current study's findings in conjunction with relevant literature from previous studies. Subsequently, the study's clinical implications, limitations, and recommendations for future investigations were presented.

4.1 Correlational Analysis

Although several correlations were aligned with the existing literature, rumination, as a cognitive emotion regulation strategy, did not significantly correlate with dysregulated behaviors such as drinking to cope, NSSI, and bulimia symptoms in the current study. Studies on rumination and its psychological effects were primarily conducted in Western populations, and they showed that ruminative processes are linked to alcohol abuse (Caselli et al., 2010), bulimia symptoms, substance abuse (Nolen-Hoeksema et al., 2007), and non-suicidal self-injury (Selby et al., 2010). Research indicates that rumination can lead to a compounding negative effect and exacerbate negative emotions. This may lead individuals to engage in certain behaviors, as the intense physical sensations from these behaviors act as a distraction, effectively interrupting the cycle of rumination and the resulting emotional cascade (Selby et al., 2008). However, in Tuna and Bozo's study (2014), conducted in Türkiye, the rumination variable did not significantly relate to NSSI and bulimia symptoms contrasting with the well-established findings presented in Western cultures. Furthermore, like our study, Tuna and Bozo (2014) measured rumination with CERQ and reported that rumination showed the lowest correlation with the emotional cascade construct in their research. Therefore, regarding the variation in rumination outcomes across nations, it was suggested that this could indicate a cultural influence. Altogether, these mixed findings regarding the lack of association between rumination and dysregulated behaviors might indicate a cultural difference regarding psychopathological outcomes of ruminative processes in non-Western cultures such as Türkiye. Cross-cultural research supports this suggestion by revealing that collectivistic and individualistic values might

differentially impact individuals' attribution of rumination, frequency of engaging in rumination, and its maladaptive effects on individuals (Chang et al., 2010; Kwon et al., 2013; Choi & Miyamoto, 2022). To elaborate, it was displayed that although Asian Americans ruminate more than European Americans, engaging in rumination has a weaker association with negative affectivity, anxiety, and depression symptoms in Asian Americans. Supporting this, Choi and Miyamoto's study (2022) showed that European Americans are more prone to attribute rumination to self-doubting thoughts when compared to East Asians, which was speculated to have a significant impact on the maladaptiveness of rumination's psychological outcomes. Even a study conducted in Japan revealed a significant positive relationship between rumination and problem-solving (Sakamoto et al., 2001). All of these findings might imply that rumination is not always strongly related to adverse emotions and psychopathological outcomes in non-Western cultures; rather, it might have positive connotations in cultures where stress is tolerated for group harmony and conflict resolution (Kağıçbaşı, 1996). Thus, it seems crucial to comprehend rumination and its psychological outcomes from a cultural-sensitive perspective while examining the emotional cascade model in societies beyond Western cultures. Since Türkiye is recognized as having a collectivist culture, the results of the current study may be linked with the culture-sensitive nature of the relationship between rumination and psychological outcomes.

Another possible explanation regarding the non-significant association between rumination and dysregulated behaviors might be related to measurement instruments. Consistent with the measurement procedure followed by Tuna and Bozo (2013), the current study assessed rumination with CERQ's rumination subscale, which consisted of only four questions. Therefore, it might be more effective for forthcoming research to utilize varied measurements in evaluating rumination to gain a more comprehensive understanding of this construct in the Turkish population.

4.2 The Roles of Perceived Childhood Emotional Invalidation and Emotional Cascades in the Relationship between ER Difficulties of Parents and Excessive Reassurance-Seeking Behavior of Emerging Adults

The current study proposed and tested three distinct models to examine the mediating roles of perceived childhood emotional invalidation and emotional cascades in

the association between parents' emotion regulation difficulties and emerging adults' excessive reassurance behaviors. Serial mediation roles of perceived childhood emotional invalidation and, respectively, thought suppression, catastrophizing, and rumination were tested in relation to the association between the emotional regulation difficulties of parents and excessive reassurance behaviors of emerging adults. While the two models, which involve thought suppression and catastrophizing, significantly mediated the relationship between the ER difficulties of parents and excessive reassurance behaviors of emerging adults, the mediating role of rumination in this relationship was non-significant. Moreover, the direct effect was found to be statistically non-significant, indicating that excessive reassurance as a dysregulated behavior of emerging adults was not directly predicted by parents' ER difficulties but through perceived childhood emotional invalidation and both thought suppression and catastrophizing.

Firstly, in line with the emotion socialization literature, parental emotion regulation difficulties were significantly associated with perceived childhood emotion invalidation of emerging adults in the current study. Although a few studies have investigated this particular association, a recent study examining the intergenerational transmission of emotion invalidation with a sample of adolescents and their parents displayed that mothers' emotion regulation difficulties are positively linked to offspring's current invalidation experiences (Lee et al., 2021). As previously noted, parents' emotion regulation abilities were suggested to influence emotion-related parenting practices (Gottmann et al., 1997; Morris et al., 2007), and parents who struggle with regulating their own emotions might have difficulties in how reacting to children's emotional expressions and might even be overwhelmed by them. As a result, such parents may fail to validate their children's emotions, explaining the positive association between parental ER difficulties and children's perceived emotion invalidation reports.

The current study's results also showed that perceived childhood emotion invalidation significantly correlated with thought suppression and catastrophizing from emotional cascades but not with rumination. In contrast to our findings, several studies have reported a well-established relationship between maladaptive parenting and offspring's use of rumination (Manfredi et al., 2011; Hilt et al., 2012). In a recent study, DeShong and colleagues (2019) investigated the relationship between the emotional cascade model and constructs related to BPD. They reported a significant relationship between recalled parental emotion invalidation and rumination. However, as discussed

previously, the cultural background of our participants might play a vital role in the use and consequences of rumination, which may explain the current results. In other words, rumination might not be perceived as a maladaptive outcome in non-Western cultures, promoting personal suffering for group well-being.

Concerning the significant associations perceived childhood invalidation had with both catastrophizing and thought suppression, current findings align with studies proposing that the way parents socialize their children, which may involve direct hostile punishment or indirect neglect of emotions and behaviors, can impact how children comprehend, experience, express, and regulate their emotions (Eisenberg et al., 1998; Shipman et al., 2005; Warmingham et al., 2022). Firstly, to the author's knowledge, no previous study investigated the relationship between perceived childhood emotion invalidation and catastrophizing. Therefore, our findings contributed to the limited findings pointing out the association between individuals' childhood emotion invalidation experiences and catastrophizing as emerging adults' maladaptive emotion regulation strategy. Secondly, regarding the positive association between perceived childhood emotion invalidation and thought suppression, our results supported findings from a limited number of prior studies on this topic (Cheavens et al., 2005; Sauer & Baer, 2009). Thought suppression represents an avoidant regulatory strategy characterized by denying the emotional impact of distressing events while paradoxically leading to increased frequency and intensity of the particular thought (Wegner et al., 1987). In this context, Eisenberg and colleagues (1998) suggested that emotionally invalidating practices of parents could result in avoidant coping strategies in childhood. Similarly, research indicated that individuals who recall being consistently invalidated in their emotional experiences during childhood are more likely to employ strategies to inhibit or avoid the experience and display of emotions in adulthood (Krause et al., 2003). As the current study's findings supported, since emotions are dismissed, ignored, or invalidated in an invalidating family environment, this can lead to the tendency in adulthood to suppress or avoid certain thoughts and emotions.

Our findings supported the hypothesized sequential mediation pathways, whereby parents' emotion regulation difficulties were associated with higher levels of perceived childhood emotion invalidation, which in turn increased thought suppression and catastrophizing, ultimately leading to greater excessive reassurance-seeking behaviors in offspring. It has been posited that individuals who exhibit a propensity

for seeking excessive reassurance may, during periods of heightened stress and emotional distress, turn to significant others in search of solace and emotional regulation. This behavior entails a reliance on these individuals for the purpose of emotional self-regulation (Katsuya, 2005). Therefore, it can be suggested that since individuals who grew up in an emotionally invalidating environment might have difficulty developing internal sources for emotion regulation (Linehan, 1993), they might form maladaptive regulation strategies such as thought suppression and catastrophizing which perpetuates a cycle where individuals rely on external validation to validate distressing experiences.

4.3 The Roles of Perceived Childhood Emotion Invalidation and Emotional Cascades in the Relationship between ER Difficulties of Parents and Drinking to Cope Behavior of Emerging Adults

Three serial mediation models were inspected in the present study to examine the mediating mechanisms accounting for the association between parents' ER difficulties and drinking to cope behavior of emerging adults. According to the analysis results, only one of the hypotheses was confirmed, indicating serial mediation roles of perceived childhood emotion invalidation and thought suppression in explaining the relationship between ER difficulties of parents and emerging adults' drinking to cope behavior. The significant mediating roles of perceived emotional invalidation and thought suppression might be mainly explained by the misuse of alcohol as an avoidance strategy. It has been well-documented in the literature that higher levels of negative affect and cumulative adversity are linked to the onset and recurrence of alcohol abuse (Guinle, 2020). Particularly for high-risk groups, one of the substantial motives for drinking is either avoiding or reducing negative emotions (Kuntsche et al., 2005). Thought suppression is also conceptualized as a cognitive emotion regulation strategy through consciously avoiding distressing thoughts to combat adverse feelings (Wenzlaff & Wegner, 2000). Yet, ironically, intentional inhibition of unwanted thoughts is usually related to more significant distress since thought suppression defies functional emotion regulation (Wenzlaff and Luxton, 2003). Grounding on these conceptualizations, it can be inferred that offspring with a greater tendency to suppress unwanted thoughts may experience more intense negative emotions that might further

encourage their use of alcohol as a dysregulated behavior in an attempt to ward off negative affect. However, a note of caution is due here. Although the indirect effect of the proposed model was statistically significant, the magnitude of the effect was rather small. Still, the present research seems to align with earlier studies showing that emotion regulation difficulties (Messman-Moore & Ward, 2014) and lack of adequate alternative coping strategies (Merrill & Thomas, 2013) are associated with drinking to cope.

Despite the serial mediator roles of perceived emotional invalidation and thought suppression, perceived childhood emotion invalidation and then both rumination and catastrophizing did not mediate the association between parental emotion regulation difficulties and drinking to cope of the emerging adults. As indicated in the results section, rumination and catastrophizing were not significantly correlated with the variable of drinking to cope among emerging adults. In contrast to our results, previous research has proposed that youth who engage in repetitive thinking may be more inclined to use alcohol as a means of alleviating or reducing heightened emotional dysregulation provoked by rumination (Bravo et al., 2018). Supporting this, Tuna and Bozo (2014) reported that both rumination and catastrophizing were related to drinking to cope behaviors of college students in Türkiye. An alternative explanation for the statistically non-significant associations for drinking to cope in this study might be our sample's low drinking rate frequency. The mean of drinking to cope behavior was 5,47; on a scale, the total minimum score was 0, and the maximum score was 20. Therefore, it is plausible to state that this inconsistency between the current findings and the results from earlier studies conducted in a sample from Türkiye is not surprising. Likewise, the direct effect of ER difficulties of parents on drinking to cope behavior of emerging adults was not statistically significant for all the cascades which indicated that the significant association between them emerges through perceived childhood emotion invalidation and thought suppression.

4.4 The Roles of Perceived Childhood Emotion Invalidation and Emotional Cascades in the Relationship between ER Difficulties of Parents and NSSI Behaviors of Emerging Adults

Three separate models were proposed and tested in the current study to examine the mediating roles of perceived childhood emotion invalidation and emotional cascades in the association between the emotion regulation difficulties of parents and non-suicidal self-injury behaviors of emerging adults. The only confirmed model demonstrated that perceived childhood emotion invalidation and thought suppression sequentially mediated the link between parents' emotion regulation difficulties and emerging adults' non-suicidal self-injury behaviors. The results of the current study supported the existing research, indicating that the deliberate tendency to suppress unwanted thoughts and perceived parental invalidation are positively associated with NSSI behaviors (Vieira et al., 2020). An emotionally invalidating environment neglects a child's emotional experiences and does not provide all the essential psychosocial conditions for a child to recognize and regulate her emotions (Linehan, 1993). Accordingly, Gottman et al. (1997) proposed that neglecting emotions may teach children to avoid expressing their feelings, while penalizing emotions can convey that discussing or displaying feelings is discouraged, thereby fostering the inhibition of emotional expression. Considering that thought suppression is a cognitive strategy that is used to regulate emotions when thoughts lead to unpleasant emotions (Wegner, 1989), it is theoretically sensible that individuals who grew up in an invalidating environment may tend to use thought suppression as a way of reducing the emotions linked with aversive thoughts. Moreover, as our study's findings supported, the tendency to suppress unwanted thoughts is associated with engaging in NSSI (Najmi et al., 2007). As mentioned previously, contrary to its intended usage, thought suppression increases the intensity of negative emotions and this perpetuated negative state may lead to NSSI, commonly used to relieve and decrease negative affect (Klonsky, 2007). Supporting this, a recent study (Guérin-Marion et al., 2019) examining the association between invalidating caregiver environments and the tendency to engage in NSSI behaviors suggested that poor emotional clarity has a crucial impact on this proposed relationship. They elaborated that lack of insight into emotional experiences and emotion regulation may be a common risk factor for NSSI. Thus, early emotional validation experiences appear to be associated with how individuals react to affective experiences and

continue to impact individuals' behaviors during emerging adulthood. Altogether, the current research adds to the increasing amount of literature on the developmental factors that contribute to NSSI behavior by emphasizing the significance of parents' emotion regulation, parental emotion validation during childhood, and thought suppression.

Contrary to our hypothesis and previous research, two other models, including rumination and catastrophizing as emotional cascades, did not significantly explain the association between ER difficulties of parents and NSSI behaviors of emerging adults, as well as perceived childhood emotional invalidation. As mentioned before, the rumination variable did not significantly correlate with the NSSI variable in the current study, which may be a possible reason for the results. Regarding catastrophizing, although there are limited studies investigating catastrophizing and both its precursor and associated dysregulated behaviors, research indicated a positive relationship between catastrophizing and NSSI (Wolff et al., 2013), contrary to our results.

In the current study, thought suppression appears to be the most robust emotional cascade related to both perceived childhood emotional invalidation and the dysregulated behaviors resulting from aversive emotional states. As previously mentioned, a culture sensitive perspective might shed light into the significant role thought suppression played in all the models proposed in the current study. Culture is vital in maintaining social order and shaping the rules and norms in several aspects of life (Hofstede, 1980). Since affective experiences are crucial motives of behaviors and actions, culture also creates norms regarding emotional expression and emotion regulation. Accordingly, it can be important to consider the values that a culture emphasizes, especially concerning interpersonal relationships and emotions which point out the 'approved' types of relationships and expressions. Every culture addresses one interpersonal issue: the relationship between the individual and the group. In this vein, cultures are distinguished based on the values they promote to address issues related to this relationship, referred to as Individualism versus Collectivism in the related literature (Hofstede, 1980). It has been suggested that individualistic societies encourage an autonomous perception of oneself, giving importance to individual objectives over collective ones and appreciating logical decisions. On the other hand, collectivistic societies nurture interconnected selves, prioritize collective objectives over personal ones, and underscore interconnectedness and communal relationships (Kim et al., 1994).

Thus, attitudes and emotions have a more substantial impact on guiding behavior in individualistic societies. Contrarily, norms have a more significant influence in collectivistic societies, whereas emotions are viewed as a threat to the relationships and unity of the group. Consequently, cultural norms may require the use of emotion regulation techniques such as suppression to prevent emotions from interfering with social bonds and interpersonal relationships. In the same vein, a study displayed that individuals from Asian backgrounds tend to use more suppression compared to European individuals in their daily lives (Butler et al., 2007). Considering that Turkish culture is defined as a collectivist structure where interpersonal relationships are valued and emotional interdependence is prominently emphasized (Kağıtçıbaşı, 1996), suppression of thoughts and emotions might serve its values. Altogether, the results of the current study support the discussed impacts of culture on the usage of suppression by revealing the relationship between perceived childhood emotion invalidation and several dysregulated behaviors.

4.5 The Roles of Perceived Childhood Emotional Invalidation and Emotional Cascades in the Relationship between ER Difficulties of Parents and Bulimia Symptoms of Emerging Adults

To evaluate the mediating factors in the association between ER difficulties of parents and bulimia symptoms of emerging adults, three different serial mediation models were proposed in the current study. Models tested the serial mediation roles of perceived childhood emotion invalidation and emotional cascades on the relationship between ER difficulties of parents and bulimia symptoms of emerging adults. However, neither any serial mediation models nor the direct association between parents' emotion regulation difficulties and bulimia symptoms in emerging adults were significant. Previous studies displayed that eating disorders are associated with catastrophizing (Sternheim et al., 2012), thought suppression (Ferreira et al., 2015; Smith et al., 2019), and rumination (Dondzilo et al., 2016). Yet, none of the emotional cascades were linked to bulimia symptoms of emerging adults in the current study. One possible explanation could be that in this study, data from the Eating Disorder Examination Questionnaire (EDE-Q) were coded dichotomously due to the predominance of qualitative responses such as 'always' and 'sometimes' instead of numerical frequencies.

While this approach facilitated the initial analysis, it may have limited the ability to capture subtle variations in participants' experiences. This methodological choice could potentially explain the lack of significant findings regarding the mediation relationships between parental emotional regulation difficulties and bulimia symptoms in emerging adults. Future research could explore more nuanced coding methods to elucidate these complex associations better.

4.6 The Importance of The Study and Clinical Implications

The study builds on existing knowledge by displaying that parent emotion regulation difficulties are associated with perceived childhood invalidation of emotions, which in turn is related to emotional cascades and dysregulated behaviors of their offspring in their emerging adulthood. This finding is crucial in several aspects. Firstly, it is the first study exploring the familial origins of the emotional cascade model. As documented by various studies, the emotion regulation of parents has a significant impact on how they react to their children's emotional experiences, which in turn contributes to how they respond to their own emotions in their adulthood. The present study adds up the literature by linking this transmission to several dysregulated behaviors. In this context, current results especially highlight the construct of thought suppression in terms of both its significant relationship with perceived childhood emotion invalidation and associated dysregulated behaviors such as NSSI, drinking to cope, and excessive reassurance seeking. The present study supports the previous research (Tuna & Bozo, 2014), indicating that thought suppression appears to have a significant role in both the development of emotional cascades and dysregulated behaviors. Furthermore, it seems to point out a cultural divergence in terms of thought suppression, which appears to be associated with more adverse outcomes compared to rumination in the Turkish sample, supporting Tuna and Bozo's study's findings (2013). Moreover, to the best of our knowledge, although there are various studies examining the intergenerational transmission and possible impacts of parental emotion regulation difficulties on offspring, there is no research on this transmission within a non-Western cultural context and among this particular age group, namely emerging adulthood. Accordingly, the current study offers important implications for clinical psychology practices by identifying developmental risk factors associated with emotional cascades and

dysregulated behaviors, underscoring their significance for the development of prevention strategies. The findings suggest that interventions targeting parents' emotion regulation difficulties may effectively reduce perceived childhood emotion invalidation, thereby potentially mitigating the development of emotional cascades and subsequent dysregulated behaviors in emerging adults. By equipping parents with effective emotion regulation strategies, interventions not only enhance their ability to manage their own emotions but also enable them to respond sensitively to their children's emotional needs. Further, as emotion regulation difficulties often serve as a core feature of psychological disorders, children of parents who struggle with their mental health could benefit from emotion-related parenting practices targeting emotion validation. In this context, both parents and offspring can benefit from interventions targeting thought suppression and psychoeducation regarding strategies to cope with unwanted thoughts, such as disclosure and writing techniques, and meditation. Finally, there is growing evidence (Kaimal et al., 2016; Haeyen & Noorthoorn, 2021) that art-based expressive interventions may help individuals to explore and externalize their suppressed thoughts and emotions in a non-verbal manner. This can lead to increased self-awareness and emotional regulation, making such interventions suitable for use with at-risk youth in terms of suppression and associated dysregulated behaviors.

4.7 Limitations of the Study and Future Directions

Despite its strengths and unique contributions, the present thesis study is not without its limitations. To begin with, the present sample consisted of predominantly female emerging adult participants and mothers as parents, which diminishes the extent to which the results can be generalized to the general population. Thus, we suggest that future studies might be conducted with more balanced samples in terms of the male-female ratio for both offspring and parents. Another limitation regarding the sample characteristics is that the majority of the current sample consisted of individuals from middle and upper-middle-class economic backgrounds. Accordingly, future studies could be conducted with more heterogeneous samples, including diverse socioeconomic and educational backgrounds. Moreover, since the current data was collected from a non-clinical sample, future research might obtain data from clinical samples to comprehend the origins of the emotional cascade model. Finally, regarding the

sample, we managed to recruit fewer participants than initially planned for the study, which may affect the generalizability of the findings to the broader population. Consequently, future research could benefit from using larger and more representative samples to validate or extend the current findings.

As discussed in the previous section, it appears that culture plays a significant role in both the development of cognitive emotion regulation strategies and associated dysregulated behaviors. Thus, future studies could investigate how cultural differences impact emotion socialization practices and relatedly specific emotion regulation strategies.

One potential limitation of the present study was the use of retrospective instruments to measure perceived childhood emotion invalidation, as well as the retrospective reporting of behaviors over the past month and year. Research discussing the validity of retrospective self-reports of adverse childhood experiences has suggested that although reports of adverse childhood experiences may occasionally result in false negatives, there are very few false positives; furthermore, this bias is not significant enough to render retrospective studies invalid (Hardt & Rutter, 2004). Moreover, another study (Newbury et al., 2018) investigating the agreement between prospective informant reports and retrospective self-reports of childhood maltreatment displayed that maltreated individuals who reported experiencing maltreatment themselves showed a higher likelihood of developing affective problems compared to those who either forgot or opted not to disclose such experiences. Therefore, retrospective self-reports as one's perception of childhood adversity experiences are beneficial to comprehend during assessment. Furthermore, in the present study emotion regulation difficulties of parents were measured based on their current situations. Considering the life span development of emotion regulation, parents' difficulties of emotion regulation might be different than their adult children's childhood. Accordingly, future studies would benefit from longitudinal studies that begin in early childhood to assess the relationship between parental emotion regulation and emotion invalidation experiences of offsprings.

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APPENDICES

Appendix A: Emerging Adults Consent Form

Sayın Katılımcı,

Mevcut araştırma, TED Üniversitesi Psikoloji Bölümü Psikoloji Yüksek Lisans programında öğrenci olan Psk. İdil Yılmazgil tarafından, Dr. Öğr. Üyesi Yağmur Ar-Karcı danışmanlığında yürütülmektedir. Araştırmanın amacı duygu ve davranış regülasyonunun kuşaklar arası aktarımını incelemektir.

Bu araştırmanın katılımcılarını 18-23 yaş arası genç yetişkinler ve ebeveynleri oluşturmaktadır. Söz konusu araştırma kapsamında hem sizlerden hem de ebeveynlerinizden bazı anket sorularını cevaplamanız istenmektedir. İlgili anket sorularını online (çevrimiçi) yanıtlamanız yaklaşık 20-30 dk., ebeveynlerinizin yanıtlaması ise yaklaşık 25 dk. sürecektir. Araştırmaya gönüllü katılmayı ebeveynleriniz ile birlikte onayladığınız takdirde, araştırmanın katılımcısı olacaksınız. Hem sizin hem de ebeveynlerinizin doldurması gereken anketlerin online linki aynıdır. Dolayısıyla, ilgili linki ebeveynleriniz ile paylaşmanız yeterli olacaktır. Qualtrics programı kendi algoritması çerçevesinde sizin ve ebeveynlerinizin doldurması gereken soruları otomatik olarak atayacaktır. **Birbirinizin anketlere verdiği yanıtları görmemiz mümkün değildir.**

Anketlerde size yöneltilen soruların DOĞRU veya YANLIŞ cevabı yoktur, bu nedenle tüm sorulara içtenlikle ve eksiksiz yanıt vermeniz araştırmanın sonuçları açısından önemlidir. Çalışma süresince ve sonrasında kişisel bilgileriniz araştırma dışındaki hiç kimseyle izniniz dışında paylaşılmayacaktır. Çalışmanın sonuçları tüm katılımcılardan gelen veriler ile değerlendirilecek olup, bireysel değerlendirme yapılmayacaktır. Bu araştırma kapsamında elde edilecek olan bilimsel bilgiler sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı çevrimiçi bir ortamda paylaşılacaktır. Toplanan veriler isimsiz bir şekilde bilgisayarda şifreli bir dosyada tutulacaktır.

Bu araştırmaya katılım gönüllülük esasına dayalıdır. Araştırmada yer alan sorular kişisel rahatsızlık verecek nitelikte değildir. Ancak herhangi bir nedenden dolayı çalışmanın herhangi bir bölümünde kendinizi rahatsız hissederseniz, nedenini açıklamaksızın araştırmadan ayrılabilirsiniz. Araştırmadan ayrılmanın herhangi bir olumsuz sonucu olmayacaktır. Araştırmadan ayrılan katılımcıların verisi kullanılmayacaktır. Çalışmaya katıldığınız için şimdiden teşekkür ederiz.

NOT: Anket sorularını yanıtlamaya geçmeden önce hem sizden hem de ebeveynlerinizden bir rumuz oluşturmanızı beklenmektedir. Bu rumuz toplanan bilgilerin doğru bir şekilde eşleştirilebilmesi ve analiz edilebilmesi için oldukça önemlidir.

Lütfen (1) annenizin isminin son iki harfini, (2) doğum yılınızı ve (3) babanızın isminin son iki harfini sırasıyla yazarak bir rumuz oluşturunuz

Örneğin:

Annenizin ismi: Ayşe, Doğum Yılı:2002, Babanızın ismi: Ahmet

Rumuz: şe2002et

Çalışma hakkında daha fazla bilgi almak ve yanıtlanmasını istediğiniz sorularınız için araştırmayı yürüten İdil Yılmazgil (E-posta _____) ve Dr. Öğr. Üyesi Yağmur Ar-Karcı (E- posta: _____) ile iletişim kurabilirsiniz. Araştırmaya katılımınız ve haklarınızın korunmasına yönelik sorularınız varsa ya da herhangi bir şekilde risk altında olduğunuza veya strese maruz kalacağınıza inanıyorsanız TED Üniversitesi İnsan Araştırmaları Etik Kurulu'na (_____) telefon numarasından veya _____ e-posta adresinden ulaşabilirsiniz.

Araştırmacı tarafından çalışma hakkında yeterince bilgilendirildim. Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

Kabul Ediyorum.

Kabul Etmiyorum.

Appendix B: Parent Consent Form

Sayın Katılımcı,

Mevcut araştırma, TED Üniversitesi Psikoloji Bölümü Klinik Psikoloji Yüksek Lisans programında öğrenci olan Psk. İdil Yılmazgil tarafından, Dr. Öğr. Üyesi Yağmur Ar-Karcı danışmanlığında yürütülmektedir. Araştırmanın amacı duygu ve davranış regülasyonunun kuşaklar arası aktarımını incelemektir.

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Anketlerde size yöneltilen soruların DOĞRU veya YANLIŞ cevabı yoktur, bu nedenle tüm sorulara içtenlikle ve eksiksiz yanıt vermeniz araştırmanın sonuçları açısından önemlidir. Çalışma süresince ve sonrasında kişisel bilgileriniz araştırma dışındaki hiç kimseyle izniniz dışında paylaşılmayacaktır. Çalışmanın sonuçları tüm katılımcılardan gelen veriler ile değerlendirilecek olup, bireysel değerlendirme yapılmayacaktır. Bu araştırma kapsamında elde edilecek olan bilimsel bilgiler sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı çevrimiçi bir ortamda paylaşılacaktır. Toplanan veriler isimsiz bir şekilde bilgisayarda şifreli bir dosyada tutulacaktır.

Bu araştırmaya katılım gönüllülük esasına dayalıdır. Araştırmada yer alan sorular kişisel rahatsızlık verecek nitelikte değildir. Ancak herhangi bir nedenden dolayı çalışmanın herhangi bir bölümünde kendinizi rahatsız hissederseniz, nedenini açıklamaksızın araştırmadan ayrılabilirsiniz. Araştırmadan ayrılmanın herhangi bir olumsuz sonucu olmayacaktır. Araştırmadan ayrılan katılımcıların verisi kullanılmayacaktır. Çalışmaya katıldığınız için şimdiden teşekkür ederiz.

NOT: Anket sorularını yanıtlamaya geçmeden önce hem sizden hem de çocuğunuzdan bir rumuz oluşturmanız beklenmektedir. Bu rumuz toplanan

bilgilerin doğru bir şekilde eşleştirilebilmesi ve analiz edilebilmesi için oldukça önemlidir.

Lütfen (1) çocuğunuzun annesinin son iki harfini, (2) çocuğunuzun doğum yılını ve (3) çocuğunuzun babasının isminin son iki harfini sırasıyla yazarak bir rumuz oluşturunuz

Örneğin:

Annenin ismi: Ayşe, Çocuğunuzun doğum yılı:2002, Babanın ismi: Ahmet

Rumuz: şe2002et

Çalışma hakkında daha fazla bilgi almak ve yanıtlanmasını istediğiniz sorularınız için araştırmayı yürüten İdil Yılmazgil (E-posta:) ve Dr. Öğr. Üyesi Yağmur Ar-Karcı (E- posta:) ile iletişim kurabilirsiniz.

Araştırmaya katılımınız ve haklarınızın korunmasına yönelik sorularınız varsa ya da herhangi bir şekilde risk altında olduğunuza veya strese maruz kalacağınıza inanıyorsanız TED Üniversitesi İnsan Araştırmaları Etik Kurulu'na () telefon numarasından veya e-posta adresinden ulaşabilirsiniz.

Araştırmacı tarafından çalışma hakkında yeterince bilgilendirildim. Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

Kabul Ediyorum.

Kabul Etmiyorum.

Appendix C: Demographic Information Form

EK-4

Demografik Bilgi Formu

1. Yaşınız:

2. Cinsiyetiniz:

3. Eğitim Seviyeniz (Son aldığınız diplomaya göre):

- Okur/yazar İlkokul Ortaokul Lise Lisans Yüksek Lisans
 Doktora

4. Lütfen ekonomik durumunuzu belirtin:

- Alt Ortanın Altı Ortanın Ortanın Üstü Üst

5. Medeni durumunuz:

- Bekar, hiç evlenmemiş Evli Boşanmış, ayrı yaşıyor
 Boşanmış, birlikte yaşıyor Eşini kaybetmiş Diğer:

6. Yaşamınızın büyük bölümünü geçirdiğiniz yeri işaretleyiniz:

- Büyükşehir İl İlçe Kasaba Köy

7. Şu an tedavi gördüğünüz fiziksel ya da psikolojik/psikiyatrik bir rahatsızlığınız var mı?

- Evet Hayır

Evet ise lütfen ne tür bir yardım (psikoterapi, ilaç gibi) açıklayınız.....

8. Daha önce psikolojik/psikiyatrik destek aldınız mı?

- Evet Hayır

Evet ise lütfen ne tür bir yardım (psikoterapi, ilaç gibi) açıklayınız.....

Appendix D: Cognitive Emotion Regulation Questionnaire

BİLİŞSEL DUYGU DÜZENLEME ÖLÇEĞİ

Olaylarla nasıl başa çıkarsınız?

Herkes zaman zaman olumsuz ya da tatsız olaylarla karşılaşır ve herkes bu olaylara kendi yöntemiyle tepki verir. Lütfen aşağıdaki soruları cevaplayarak olumsuz ya da tatsız olaylar yaşadığınızda genel olarak ne düşündüğünüzü belirtiniz.

	(neredeys e) hiç bir za- man	Nadiren	Bazen	Sık sık	(neredeys e) her zaman
1. Suçlanacak kişinin ben olduğumu düşünürüm.	1	2	3	4	5
2. Olanları kabul etmek zorunda olduğumu düşünürüm.	1	2	3	4	5
3. Sık sık, yaşadığım olayla ilgili ne hissettiğim hakkında düşünürüm.	1	2	3	4	5
4. Yaşadığım şeyden daha güzel şeyler düşünürüm.	1	2	3	4	5
5. Yapabileceğimin en iyisinin ne olduğunu düşünürüm.	1	2	3	4	5
6. Bu durumdan bir şeyler öğrenebileceğimi düşünürüm.	1	2	3	4	5
7. “Her şey çok daha kötü olabilirdi” diye düşünürüm.	1	2	3	4	5
8. Sık sık, yaşadığım olayın diğer insanların başına gelen olaylardan çok daha kötü olduğunu düşünürüm.	1	2	3	4	5
9. Suçlanacak kişinin başkaları olduğunu düşünürüm.	1	2	3	4	5
10. Olanlardan sorumlu olan kişinin kendim olduğunu düşünürüm.	1	2	3	4	5
11. Durumu kabul etmem gerektiğini düşünürüm.	1	2	3	4	5
12. Zihnim yaşadığım olayla ilgili ne düşündüğüm ve ne hissettiğimle meşgul olur.	1	2	3	4	5
13. Yaşadığım olayla ilgisi olmayan güzel şeyler düşünürüm.	1	2	3	4	5
14. Bu durumla en iyi nasıl başa çıkabileceğimi düşünürüm.	1	2	3	4	5

15. Olanların sonucunda daha güçlü bir insan olabileceğimi düşünürüm.	1	2	3	4	5
16. Diğer insanların başından çok daha kötü şeyler geçtiğini düşünürüm.	1	2	3	4	5
17. Yaşadığım şeyin ne kadar korkunç bir şey olduğunu düşünür dururum.	1	2	3	4	5
18. Olanlardan başkalarının sorumlu olduğunu düşünürüm.	1	2	3	4	5
19. Durumla ilgili yaptığım hatalar hakkında düşünürüm.	1	2	3	4	5
20. Durumla ilgili hiçbir şeyi değiştiremeyeceğimi düşünürüm.	1	2	3	4	5
21. Yaşadığım olayla ilgili neden bu şekilde hissettiğimi anlamak isterim.	1	2	3	4	5
22. Olanları düşünmek yerine güzel bir şey düşünürüm.	1	2	3	4	5
23. Durumu nasıl değiştirebileceğimi düşünürüm.	1	2	3	4	5
24. Durumun olumlu yanları da olduğunu düşünürüm.	1	2	3	4	5
25. Diğer şeylerle karşılaştırıldığında yaşadığım şeyin o kadar da kötü olmadığını düşünürüm.	1	2	3	4	5
26. Sık sık, yaşadığım durumun bir insanın başına gelebilecek en kötü durum olduğunu düşünürüm.	1	2	3	4	5
27. Durumla ilgili başkalarının yaptığı hataları düşünürüm.	1	2	3	4	5
28. Temelde durum bizzat benden kaynaklanmış olmalı diye düşünürüm.	1	2	3	4	5
29. Bu durumla yaşamayı öğrenmem gerektiğini düşünürüm.	1	2	3	4	5
30. Durumun bende uyandırdığı duygular üzerine kafa yorarım.	1	2	3	4	5
31. Yaşadığım güzel şeyler hakkında düşünürüm.	1	2	3	4	5
32. Duruma dair yapabileceğim en iyi şeyi planlarım.	1	2	3	4	5
33. Durumun olumlu yönlerini bulmaya çalışırım.	1	2	3	4	5
34. Kendime hayatta bundan daha kötü şeylerin olduğunu söylerim.	1	2	3	4	5
35. Sürekli bu durumun ne kadar berbat olduğunu düşünür dururum.	1	2	3	4	5
36. Sorunun temelinde diğer insanların yattığını düşünürüm.	1	2	3	4	5

APPENDIX E: White Bear Suppression Inventory

Bu ölçek zaman zaman sahip olduğunuz düşüncelerle ilgilidir. Cevsplar doğru ya da yanlış şeklinde değildir. Bu bakımdan lütfen her bir soruyu kendinize uygun bir şekilde cevaplandırmaya özen gösteriniz.

A	B	C	D	E
Kesinlikle katılmıyorum	Katılmıyorum	Nötr ya da bilmiyorum	Katılıyorum	Kesinlikle katılıyorum.

1. Hakkında asla düşünmek istemediğim şeyler var.	A	B	C	D	E
2. Bazen yaptıklarımı neden yaptığımı merak ederim.	A	B	C	D	E
3. Bir türlü durduramadığım düşüncelerim olur.	A	B	C	D	E
4. Aklıma gelip de bir türlü zihnimden atamadığım hayaller olur.	A	B	C	D	E
5. Düşüncelerim sıklıkla bir fikre dönüşür.	A	B	C	D	E
6. Belli şeyler konusunda düşünmeyi durdurabilmeyi çok isterdim.	A	B	C	D	E
7. Bazen zihnim o kadar hızlı çalışır ki durdurabilmeyi çok isterdim.	A	B	C	D	E
8. Sorunları daima zihnimin dışında tutmaya çalışırım.	A	B	C	D	E
9. Aklıma durmadan zorla gelip giren düşünceler olur.	A	B	C	D	E
10. Hakkında düşünmemeye kendimi zorladığım düşünceler olur.	A	B	C	D	E
11. Bazen düşünmeyi durdurabilmeyi gerçekten çok istediğim olur.	A	B	C	D	E
12. Kendimi düşüncelerden uzaklaştırabilmek için bir şeyler yaparım.	A	B	C	D	E
13. Kaçınmaya çalıştığım düşünceler olur.	A	B	C	D	E
14. Hiç kimseye söylemediğim çok sayıda düşüncem var.	A	B	C	D	E
15. Zaman zaman aklıma zorla gelen düşüncelere karşı koymakla meşgul olduğum olur.	A	B	C	D	E

APPENDIX F: Difficulties in Emotion Regulation Scale (DERSS-16)

Aşağıdaki ifadelerin size ne sıklıkla uyduğunu, her ifadenin yanında yer alan 5 dereceli ölçek üzerinden değerlendiriniz. Her bir ifadenin altındaki 5 noktalı ölçekten, size uygunluk yüzdesini de dikkate alarak, yalnızca bir tek rakamı yuvarlak içine alarak işaretleyiniz

	Hemen hemen hiç (% 0-10)	Bazen (% 11-35)	Yaklaşık Yarı yarıya (% 36-65)	Çoğu zaman (% 66-90)	Hemen hemen her zaman (% 91-100)
1. Duyularıma bir anlam vermekte zorlanırım.					
2. Ne hissettiğim konusunda karmaşa yaşarım.					
3. Kendimi kötü hissettiğimde işlerimi bitirmekte zorlanırım.					
4. Kendimi kötü hissettiğimde kontrolden çıkarım.					
5. Kendimi kötü hissettiğimde uzun süre böyle kalacağına inanırım.					
6. Kendimi kötü hissetmenin yoğun depresif duyguyla sonuçlanacağına inanırım.					
7. Kendimi kötü hissederken başka şeylere odaklanmakta zorlanırım.					

8. Kendimi kötü hissederken kontrolden çıktığım korkusu yaşarım.					
9. Kendimi kötü hissettiğimde bu duygudan dolayı kendimden utanırım.					
10. Kendimi kötü hissettiğimde zayıf biri olduğum duygusuna kapılırım.					
11. Kendimi kötü hissettiğimde davranışlarımı kontrol etmekte zorlanırım.					
12. Kendimi kötü hissettiğimde daha iyi hissetmem için yapabileceğim hiçbir şey olmadığına inanırım.					
13. Kendimi kötü hissettiğimde böyle hissettiğim için kendimden rahatsız olurum.					
14. Kendimi kötü hissettiğimde kendimle ilgili olarak çok fazla endişelenmeye başlarım.					
15. Kendimi kötü hissettiğimde başka bir şey düşünmekte zorlanırım.					
16. Kendimi kötü hissettiğimde duygularım dayanılmaz olur.					

APPENDIX G: The Invalidating Childhood Environment Scale (ICES)

Aşağıdaki sorular ebeveynlerinizin siz çocukken sizin duygularınıza nasıl karşılık verdikleri ile ilgilidir. Her bir maddede belirtileni 18 yaşınıza kadar ne derece deneyimlediğinizi belirtmek adına 1 den 5 e kadar puanlayınız. Anne ve babanızın tepkileri birbirlerinden farklı olabileceğinden her bir ebeveyniniz için ayrı ayrı puanlayınız.

1-Hiçbir zaman 2-Nadiren 3-Bazen 4-Çoğu zaman 5-Her zaman

Çocukluğumda...

1- Onlarla anlaşmazlığa düşersen ebeveynlerim öfkelenirlerdi.					
	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5
2- Kaygılandığımda ebeveynlerim buna aldırılmazlardı.					
	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5
3- Mutluysam “gülünecek ne var” gibi şeyler söyleyip beni iğnel-erlerdi.					
	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5
4- Üzgünsem ebeveynlerim “seni gerçekten ağlatacak bir şey yapayım da gör” gibi şeyler söylerlerdi.					
	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5

5- Onlara zor bir şeyi ilk defasında anlayamadığımı söylersem ebeveynlerim benim iyi hissetmemi sağlardı.

	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5

6- Okulda iyi olduğum için keyfim yerindeyse ebeveynlerim “kendine o kadar güvenme” gibi şeyler söylerlerdi.

	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5

7- Bir şeyi yapamayacağımı söylersem ebeveynlerim “bunu kasten yapıyorsun” gibi şeyler söylerlerdi.

	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5

8- Ebeveynlerim “endişelerimiz hakkında konuşmak sadece onları daha da kötü bir hale getirir” gibi şeyler söylerlerdi.

	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5

9- Ebeveynlerim bir şeyi çok uğraşıp yapamadığımda bile bana “tembel” olduğumu söylerlerdi.

	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5

10- Onlara sormadan kararlar aldıysam ebeveynlerim öfkeyle bana çıkıştılar.

	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5

11- Çok perişan bir halde olduğum zamanlarda ebeveynlerim bana yardım edebilmek için canımı sıkın şeyin ne olduğunu sorarlardı.

	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5

12- Bir problemi çözemediysem ebeveynlerim bana “bu kadar aptal olma, bunu bir gerizekalı bile çözer” gibi şeyler söylerlerdi.

	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5

13- Ebeveynlerime gelecekle ilgili planlarımdan söz ettiğimde, beni dinler ve yüreklendirirlerdi.

	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5

14- Bir şeyi hemencecik yapamadıysam ebeveynlerim bunu anlayıp bana yardım ederlerdi.

	Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman
Annem	1	2	3	4	5
Babam	1	2	3	4	5

Çocukken tüm ailenizi nasıl gördüğünüzü belirleyebilmek adına aşağıdaki tanımlamaları dikkatlice okuyup her bir maddenin kendi ailenizde büyümüş olmaya **benzerlik derecesini 1 ile 5 arasında her maddenin sonundaki boşluğa puanlayınız.**

- 1- Benim ailem gibi değil
2- Benim aileme biraz benziyor
3- Orta derecede benim ailem gibi
4- Çoğunlukla benim ailem gibi
5- Tamamıyla benim ailem gibi

1- Çocukluğumda ebeveynlerim genellikle ulaşılmazlardı; bana çok az zaman ayırır ve çok az dikkatlerini verirlerdi. Sıklıkla kendi başımın çaresine bakardım ya da bir yakınımıza/arkadaşa başvururdum. Ben bir şeyler istediğimde ebeveynlerim genellikle öfkelenirlerdi. Ebeveynlerimden birinde veya her ikisinde birden alkol-madde kullanımı, akıl hastalığı ya da maddi problem vardı.....

2- Çocukluğumda dinlenildiğimi ve ilgilenildiğimi hissettim. Ebeveynlerim benim düşünce ve fikirlerimle ilgiliydiler ve kendi kararlarımı verme, kendi tercihlerimi yapmam konusunda beni yüreklendirdiler Eğer bir şeyler benim için zor ise beni destekleyip rahatlamamı sağladılar.....

3- Çocukluğumda ailemde her şey görünürde mükemmeldi ancak ben üzgün, korkmuş ya da öfkeliysem ebeveynlerim buna katlanamazlardı. Onlar benim duygularımı gizlememi ve her şey yolundaymış gibi davranmamı beklerlerdi

4- Çocukluğum duyguların kontrol edilmesi ve başarıya odaklanmak önemliydi. “Bir yetişkin gibi davranmak” istenirdi.....

APPENDIX H: Eating Disorder Examination Questionnaire (Binge eating dimension)

Aşağıdaki sorular sadece son 4 hafta ile ilgilidir. Lütfen her soruyu dikkatlice okuyunuz ve tüm soruları yanıtlayınız. Teşekkürler.

Son dört hafta içinde (28 gün)...

Son 28 gün içinde, kaç kere, başka insanların alışılmadık miktarda fazla (şartlara göre) olarak tanımlayacakları biçimde yemek yediniz?
.....

Bu süre içinde kaç kere yemek yemenizle ilgili kontrolü kaybetme hissine kapıldınız (yediğiniz sırada)?
.....

Son 28 günün kaç **GÜNÜNDE** aşırı yemek yeme nöbetleri ortaya çıktı (örn. Alışılmadık miktarda fazla yemek yediğiniz ve o sırada kontrolü kaybettiğiniz duygusunu yaşadınız)?
.....

Son 28 gün içinde, bedeninizin şekli ya da kilonuzu kontrol amacıyla, kaç kere kendinizi kusturdunuz?
.....

Son 28 gün içinde, bedeninizin şekli ya da kilonuzu kontrol amacıyla, kaç kere müshil (bağırsak çalıştırıcı) kullandınız?
.....

Son 28 gün içinde, kilonuzu, bedeninizin şeklini ya da yağ miktarınızı kontrol etmek, kalorileri yakmak amacıyla, kaç kere “kendinizi kaybedercesine” ya da “saplantılı” biçimde egzersiz yaptınız?

APPENDIX I: Drinking Motives Questionnaire- Revised (Drinking to Cope Subscale)

Aşağıda insanların alkollü içecekleri içmelerine neden olarak gösterdikleri bir liste bulunmaktadır. Lütfen her neden için, aşağıdaki cevap kategorilerini kullanarak ne sıklıkta içtiğinizi belirtin. Bu sorulara doğru ya da yanlış cevap yok. Biz sadece içtiğiniz zaman içmenize genellikle neden olan sebepler hakkında bilgi edinmek istiyoruz.

	Hiçbir zaman	Neredeyse hiçbir zaman	Bazı zamanlar	Yaklaşık yarısında	Çoğu zaman	Neredeyse her zaman
1.Keyfiniz kötü olduğunda neşelenmek için ne sıklıkla içersiniz?						
2.Sorunlarınızı unutmak için ne sıklıkta içersiniz?						
3.Mutauz ya da gergin hissettiğinizde yardımcı olduğu için ne sıklıkta içersiniz?						
4.Daha fazla kendine güvenli ya da kendinden emin hissettiğiniz için ne sıklıkta içersiniz?						
5.Endişelerinizi unutmak için ne sıklıkta içersiniz?						

APPENDIX J: Self- Mutilation Index

Son 1 yıl içinde, intihar amacı taşımadan, **KENDİNE ZARAR VERMEK AMACIYLA** aşağıdaki davranışları yaptınız mı?

	Evet	Hayır	Evet ise kaç defa?
1. Kendini kesmek (kol, bilek vb.)			
2. Kendini yakmak (sigara, kibrit ya da sıcak başka bir obje ile)			
3. Deriye keskin bir obje (iğne, zımba, şiş vb.) batırmak			
4. Cilde resim, şekil ya da harfler çizmek			
5. Kendine bilerek vurmak			
6. Saç yolmak			
7. Bir yarayı yolmak (iyileşmesine izin vermeyecek kadar)			
8. Kendini bilerek ısırarak (dudak, dil vb.)			
9. Kafanızı bilerek bir yere vurmak (duvar, cam vb.)			
10. Kendini çimdiklemek (kan toplanacak kadar)			
11. Cildi kazımak			
12. Sürekli olarak aynı yeri kaşımak (kanatacak ya da yara izi bırakacak kadar)			
13. Cilde bilerek kimyasal bir madde dökmek (asit, çamaşır suyu vb.)			
14. Bilerek kemiğini kırmak			
15. Diğer _____ _____			

APPENDIX K: Depressive Interpersonal Relationships Inventory
(Excessive Reassurance Seeking Subscale)

Aşağıdaki sorular için aşağıdaki ölçeği kullanarak sizin için en uygun olan rakamı işaretleyiniz.

- 1) Hayır, hiç 2) Hayır, bazen 3) Pek değil 7) Evet, çok sık
4) Emin değilim 5) Evet, bazen 6) Evet, sıklıkla

1) Genel olarak, yakın hissettiğiniz insanlara, sizin hakkınızda gerçekten ne hissettiklerini sorarken kendinizi sık sık yakalar mısınız?

1 2 3 4 5 6 7

2) Genel olarak, yakın hissettiğiniz insanlardan sizinle gerçekten ilgilendiklerine dair sık sık güvence arar mısınız?

1 2 3 4 5 6 7

3) Genel olarak yakın hissettiğiniz kişiler, onların sizinle gerçekten ilgilendiklerine dair güvence aramanızdan rahatsız olurlar mı?

1 2 3 4 5 6 7

4) Genel olarak yakın hissettiğiniz kişilerin, onların sizinle gerçekten ilgilendiklerine dair güvence aramanızdan 'bıktıkları' olur mu?

1 2 3 4 5 6 7

APPENDIX L: Debriefing Form

Sayın Katılımcı,

Öncelikle araştırmamıza katıldığınız ve çalışmamıza destek olduğunuz için sizlere teşekkür ederiz.

Katıldığınız araştırmanın amacı, duygusal onaylanmamanın, ebeveynlerin borderline kişilik özellikleri ve genç yetişkinlerin duygu ve davranış düzenleme becerilerinin arasındaki aracı rolünü incelemektir. İlgili literatür, ebeveynlerin duygu düzenleme becerilerindeki problemlerini çocuklarının duygu düzenleme becerileri üzerindeki zarar verici rolünün altını çizmektedir (Schreiber et al, 2012; Turk et al.,2005). Ebeveynlerin, kendi duygularını düzenlemede yaşadıkları sorunların, çocuklarının duygu ve davranış düzenleme becerilerini etkileyeceği düşünülmektedir. Bu sebeplerle hem ebeveynlere hem de genç yetişkin katılımcılara bu becerileri hakkında anket soruları yöneltilmiştir. Yukarıdaki değişkenlerin gönüllü katılım formunda açıkça belirtilmiyor olmasının nedeni anket sorularını cevaplandırduğunuz süre boyunca istemli veya istemsizce oluşabilecek yanlılığı engellemektir.

Vermiş olduğunuz bilgiler kişisel bilgilerinizle eşleştirilmeksizin diğer katılımcılarla birlikte toplu bir şekilde analiz edilecek ve çalışma kapsamında elde edilecek bilgiler yalnızca araştırmacı öğrenciler tarafından yapılan bilimsel yayınlar ile sunumlarda kullanılacaktır.

Çalışmanın sağlıklı ilerleyebilmesi ve sonuçların güvenilirliği adına, çalışmaya katıldığınızı bildiğiniz diğer kişiler ile detaylı bilgi paylaşımında bulunmamanızı rica ederiz. Çalışmamıza katkı sağladığınız için sizlere tekrar çok teşekkür ederiz.

Çalışma hakkında daha fazla bilgi almak ve yanıtlanmasını istediğiniz sorularınız için araştırmayı yürüten Psk. İdil Yılmazgil (E-posta:), telefon ve Dr. Öğr. Üyesi Yağmur Ar-Karcı (E- posta:) iletişim kurabilirsiniz.

Aşağıda ücretsiz ya da sembolik ücretle psikolojik destek sağlayan kurum ve kuruluşlarla iletişim yolları ile ilgili bilgiler yer almaktadır:

Sağlık Bakanlığı'na bağlı Toplum Ruh Sağlığı Merkezleri'nin Listesi (TRSM):<https://khgmsaglikhizmetleridb.saglik.gov.tr/TR-43118/toplum-ruh-sagligi-merkezleri-trsm-listesi.html>

Ankara Büyükşehir Belediyesi Ücretsiz Psikolojik Danışma Merkezleri:<https://www.ankara.bel.tr/sosyal-hizmetler/psikolojik-danismanlik-hizmetleri>

TED Üniversitesi öğrencisiyseniz, adresine ulaşarak veya iletişim numarasından Öğrenci Gelişim ve Psikolojik Danışma Merkezi'nden uzman bir psikolog ile randevu oluşturarak bu süreçte destek alabilirsiniz. (Daha ayrıntılı bilgi için, <https://csc.tedu.edu.tr> adresini ziyaret edebilirsiniz.)

ODTÜ Ayna Klinik Psikoloji Destek Ünitesi Telefon:

e-posta:

İstanbul Büyükşehir Belediyesi Ücretsiz Psikolojik Danışma Merkezleri:
<https://saglik.ibb.istanbul/psikolojik-danismanlik-merkezleri-pdm/>

İstanbul Bilgi Üniversitesi Psikolojik Danışmanlık Merkezi, Başvuru için adresine isim, telefon ve ihtiyacınız olan terapi türünü içeren bir e-posta gönderebilir veya numaralı telefonu arayabilirsiniz.

İşık Üniversitesi Klinik Uygulama ve Psikolojik Danışma Merkezi: **Telefon**

/ Maslak Kampüsü **Dahili:**

İzmir Ekonomi Üniversitesi Psikolojik Gelişim ve Danışma Merkezi:
e-posta:

Eğer başka bir üniversitenin öğrencisiyseniz, kendi kurumunuzdaki öğrenci psikolojik danışma merkezlerinin varlığını, eğer varsa, randevu için başvuru iletişim adreslerini araştırabilirsiniz.