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MASTER OF ARTS IN CLINICAL PSYCHOLOGY

THE ROLE OF SENSE OF COHERENCE AND EMOTION REGULATION DIFFICULTIES IN THE RELATIONSHIP BETWEEN EARLY MALADAPTIVE SCHEMAS AND GRIEF

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DİDEM KAYA DEMİR

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3. Beş (5) kelimeden daha az örtüşme içeren metin kısımları hariç

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ÖZET

KAYA DEMİR, Didem. Erken Dönem Uyum Bozucu Şemalar ve Yas İlişkisinde Bütünlük Duygusu ve Duygu Düzenleme Güçlüğünün Rolü. Başkent Üniversitesi, Sosyal Bilimler Enstitüsü, Klinik Psikoloji Yüksek Lisans Programı, 2020.

Sevilen bir kişinin kaybı, bireylerin yaşamlarında deneyimledikleri önemli zorluklardan biridir. Kayıplar yaşamın kaçınılmaz bir parçası olsa da alanyazında kişilerin yas sürecine ilişkin çalışmalar kısıtlıdır. Bu çalışmada, son 5 yıl içinde sevdiği yakın bir kişiyi kaybetmiş olan bireylerde, erken dönem uyum bozucu şemalar ve yas ilişkisinde bütünlük duygusu ve duygu düzenleme güçlüğünün rolü araştırılmıştır. Araştırmanın örneklemi 18-73 yaş arasında, Türkiye'nin farklı şehirlerinde ikamet eden 291 katılımcıdan oluşmaktadır. Veri toplama araçları olarak Sosyodemografik Bilgi Formu, İki Boyutlu Yas Ölçeği (TTBQ), Bireysel Bütünlük Duygusu Ölçeği (SOC-13), Duygu Düzenleme Güçlüğü Ölçeği (DDGÖ-16) ve Young Şema Ölçeği (YSQ- S3)'nin Türkçe versiyonları kullanılmıştır. İstatistiksel analizlerin sonuçlarına göre, araştırmanın değişkenleri arasında anlamlı ilişkiler vardır. Buna ek olarak orta ve yüksek düzeydeki bütünlük duygusu, kendini feda şemasının duygu düzenleme güçlüğü vasıtasıyla yas ile olan dolaylı ilişkisinde düzenleyici etkiye sahiptir. Ayrıca duygu düzenleme güçlüğü, tüm erken dönem uyum bozucu şema boyutları ile yas arasındaki ilişkiye aracılık etmektedir. Bu çalışmanın bulguları, ilgili alanyazın kapsamında tartışılmıştır. Çalışmanın katkıları, kısıtlılıkları ve gelecek çalışmalara ilişkin öneriler sunulmuştur.

Anahtar Kelimeler: Erken Dönem Uyum Bozucu Şemalar, Yas, Bütünlük Duygusu, Duygu Düzenleme Güçlüğü

ABSTRACT

KAYA DEMİR, Didem. The Role of Sense of Coherence and Emotion Regulation Difficulties in the Relationship between Early Maladaptive Schemas and Grief. Başkent University, Institute of Social Sciences, Master of Arts in Clinical Psychology, 2020.

Loss of a loved person is one of the important difficulties that individuals experience in their lives. Although loss is an inevitable part of life, studies on the grief process of people are limited in literature. In this study, the role of sense of coherence and emotion regulation difficulties in the relationship between early maladaptive schemas and grief was investigated among the population of individuals who have lost a closed, loved person in recent 5 years. The sample of the research consists of 291 participants residing in different cities of Turkey, aged between 18-73. The Sociodemographic Information Form, Turkish versions of The Two-Track Bereavement Questionnaire (TTBQ), Sense of Coherence Scale-Short Form (SOC-13), Difficulties in Emotion Regulation Scale-Brief Form (DERS-16), Young Schema Questionnaire-Short Form Version 3 (YSQ-S3) were used as data collection tools. According to the results of statistical analyses, there are significant relationships between the variables of this research. In addition, moderate to high levels of sense of coherence have a moderating role in the indirect effect of self-sacrifice schema on grief through the mediating role of emotion regulation difficulties. Also, emotion regulation difficulties have mediating role in the relationship between all schema dimensions and grief of individuals. Findings of the current study were discussed within the scope of relevant literature. Implications of the study, limitations of the study and future suggestions were presented.

Keywords: Early Maladaptive Schemas, Grief, Sense of Coherence, Emotion Regulation Difficulties

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DERS-16	Difficulties in Emotion Regulation Scale-Brief Form
DSM	Diagnostic and Statistical Manual of Mental Disorders
EMS	Early Maladaptive Schemas
ERD	Emotion Regulation Difficulties
ICD	International Classification of Diseases
SOC	Sense of Coherence
SOC-13	Sense of Coherence Scale-Short Form
TTBQ	The Two-Track Bereavement Questionnaire
YSQ-S3	Young Schema Questionnaire-Short Form Version 3

CHAPTER I

INTRODUCTION

According to the latest data of Türkiye İstatistik Kurumu (Turkish Statistical Institute), 426 thousand 106 people died in 2018 in Turkey[1]. Death is a concrete loss, which may be perceived as so painful because of being irremediable. Losing a loved one to death is an important challenge that is experienced by every human being (Howarth, 2011). Close relationships take an important place in our lives. They help us make our lives more meaningful (Shear, 2012). Individuals who experience the death of a loved one may develop very complicated negative feelings, accompanied by meaninglessness or emotional emptiness (Malkinson, 2009; Howarth, 2011). They may develop physical, psychological and social difficulties (Shear, 2015).

Every individual has own unique way of grieving for each experience of loss. Grief process is response towards bereavement. Bereavement and grief are normal processes and in general, individuals can get adapted to the life after loss. However, one third of bereaved people are estimated as having difficulties that lead them to develop pathological responses toward loss (Shear, 2015; Enez, 2018).

When the literature is examined, incomprehensibility in grief studies takes attention. First of all, because of difficulties in conceptualization, process of grief and definitions are ambiguous (Cowles & Rodgers, 1991). By now, researchers developed different theories that defined grief differently from the point of view as disease to adaptation (Lindemann, 1944; Bowlby, 1961; Kübler-Ross, 1969; Worden, 2001; Prigerson et al., 2009; Bonanno et al., 2002; Shear et al., 2011). Granek states that, "By tracing the historical biography of grief as a psychological kind, it becomes increasingly evident that grief, at least as a psychological object, is transient and its definition is contingent on the changing cultural, historical, and social context" (2010: 66). Thus, it appears that achieving a comprehensive theory regarding grief is hard. Secondly, evaluation of symptoms seen after loss of a close person does not have the same meaning with evaluation of psychopathologies like depression, anxiety, substance abuse and so on. So, evaluation and diagnosis of grief should be differentiated

[1] Türkiye İstatistik Kurumu-Tüik < http://www.tuik.gov.tr/Start.do>

from other disorders to prevent mistakenly pathologizing individuals (Lasker & Toedter, 1991). Today, basic international guidebooks of mental health disorders do not involve such categories. For this purpose, researchers have recently proposed different categories and diagnostic criteria (Prigerson et al., 2009; Shear et al., 2011; Simon et al., 2020). However, because there is confusion about terms, symptoms and difference between normal and abnormal grieving, consensus could not be provided yet, which makes comprehension of the issue difficult (Shear, 2015). In order to prevent long-term negative consequences for mental health, it seems very crucial to provide better understanding regarding grief. Finally, grief literature is limited both in Turkish sample and worldwide. Most of the studies have focused on specific groups or clinical sample. Taken together, it becomes important to work on grief as a subject in order to contribute to literature.

Young and his colleagues (2003) developed schema therapy model, which asserts that painful experiences early in life would lead generation of early maladaptive schemas about person's self and relationships with others. These schemas are consolidated with lifelong experiences. In this way, individuals develop hard-to-change nonfunctional views about self, others and the world. Early maladaptive schemas make individuals prone to develop psychopathologies. Because they are counted as individual variables and very effective on shaping relationships with others, they can be related with grief responses of people who encounter loss of a loved one (Worden, 2001; Enez, 2018). Although literature on grief and early maladaptive schemas is limited, there are some findings that subsidize this relationship (Bonanno et al., 2002; Boelen, Van Den Hout, & Van Den Bout, 2006; Thimm & Holland, 2017).

Sense of coherence concept was proposed by Antonovsky (1979, 1987) as the ability comprised of comprehensibility, manageability and meaningfulness components in response to stressful life events to cope with stressors and maintain health. Studies show that stronger sense of coherence is determinant of less psychological problems and more healthy management of stressful events like loss of a loved person (Antonovsky, 1993; Dudek & Koniarek, 2000; Eriksson & Lindström, 2005; López, Camilli, & Noriega, 2015).

Emotion regulation is an ability of goal-directed management of emotions (Gross, 1998; Gratz & Roemer, 2004). A situation that is overly emotion-loaded like loss of a loved one requires successful emotion regulation to go on with life (Hooghe, Neimeyer, & Rober, 2012; Shear, 2012). Nonetheless, succeeding this is not always easy and emotion

dysregulation can be seen in many cases (Znoj & Keller, 2002). Moreover, from the perspective of schema therapy, noxious childhood experiences are found to be correlated with emotion dysregulation problems (Cloitre, Miranda, Stovall-McClough, & Han, 2005).

When all these variables are evaluated together, it would be possible that they have links with each other. However, there is literature gap regarding dealing with these variables together. Although some of the variables have studied together, studies are limited. In this study, grief symptoms of people who have lost a close person (spouse, child, parent, first degree relative, close friend etc.) in the last 5 years will be analyzed in relationship with early maladaptive schemas and with the role of sense of coherence and emotion regulation difficulties.

In this section, first of all, grief is explained. Next, sense of coherence and emotion regulation difficulties are explained and their relationships with grief is demonstrated. After that, early maladaptive schemas and their relationships with grief is presented. Then, the relationship between early maladaptive schemas, sense of coherence, emotion regulation difficulties and grief clarified in the light of literature. Finally, importance and purpose of this research and also hypotheses are stated.

1.1. Grief

There is confusion regarding terms to describe situation of person after death of someone. Bereavement, mourning and grief terms are used interchangeably but they do not have the same meaning conceptually (Shear, 2012; Bildik, 2013). Bereavement is experiencing loss of a loved one, which implies extrinsic dimension of the process (Bildik, 2013; Shear, 2015). Mourning is period of feeling sadness after the death of someone, which involves cultural reactions to death (Bildik, 2013). Grief is physical, cognitive, emotional or behavioral adjustment reactions of people who experienced loss of a loved one to death (Gizir, 2006; Bildik, 2013). As Simon et al. states “Grief can be defined as the response to bereavement” (2020: 10).

Grief is defined by Freud (1917) for the first time in literature. Lindemann (1944) was the first, who mentioned the stages of normal grief are present. Bowlby (1961) stated four stages as shock-numbness, yearning-searching, disorganization-despair, reorganization. Then, Kübler-Ross (1969) extended these stages and asserted five stages as denial, anger, bargaining, depression, acceptance. On the other hand, rather than a stage theory Worden

(2001) proposed tasks of mourning for a person to accomplish in order to adjust for normal grieving process. These tasks are that to accept the reality of the loss, to process the pain of grief, to adjust to a world without the deceased, to find a way to remember the deceased while embarking on the rest of one's journey through life.

Grief process can be mediated by some variables. Person died, the nature of relationship with person died, how the person died, previous losses, personality characteristics, social support and difficulties during mourning are the influential variables that can shape this process (Worden, 2001).

1.1.1. Normal grief

In a normal grief process, reactions and their intensity change over time. Acute grief, which includes the mixed reactions firstly, starts when person hears about the death. Responses to separation from the loved person starts (Shear 2012, 2015). Experiences may change depending on person's culture, personality or environment but some experiences are seen as usual (Howarth, 2011). Some physical symptoms like losing weight or difficulty in breathing, cognitive symptoms like difficulty in decision making or disbelief, behavioral symptoms like crying or repeated dreams and some emotional reactions like strong sense of sadness or anger are considered as normal in this period. Also, health-related problems like cardiovascular problems or psychological problems like depression are more common at this stage (Worden, 2001; Cohen, Mannarino, Greenberg, Padlo, & Shipley, 2002; Shear, 2015). Moreover, anxiety and rage arising from separation from a close person or hallucinatory experiences are probable (Shear, 2012).

Then, it turns into integrated grief, which means that lighter reactions become permanent. Bereaved individual can continue his/her life by allocating a part for the person died. In time, negative feelings are welcomed and positive feelings and positive memories surpass others (Shear, 2012). Bereaved person is expected to reset own goals and plans and go on by taking appropriate responsibilities. Thus, normal grief approximately ends in 2 to 6 months after loss (Enez, 2018).

Diagnostic and Statistical Manual of Mental Disorders, 5th version (DSM-5) (Amerikan Psikiyatri Birliği, 2014) clearly differentiates depression from grief. Normal grief reactions should not be confused with depressive symptoms. In grief, dominant feeling is emptiness and loss, and they are expected to decrease in weeks. Dysphoria in grief is present

with thoughts and reminders about the person died. However, in major depressive disorder, depressive mood is more permanent and present with negative feelings about self and very low self-esteem. This information is mentioned as exclusion criteria under the major depressive disorder category in DSM-5 (Amerikan Psikiyatri Birliği, 2014).

1.1.2. Complicated grief

In situations like the grief process does not proceed normally, complicated grief term gain currency. In literature, complicated grief can be termed pathological, abnormal, atypical, unresolved, chronic grief and so on (Bonanno et al., 2002; Howarth, 2011; Shear, 2015; Enez, 2018). Complicated grief is prolonged intense feelings that decreases person's functionality after loss, which is lengthened according to cultural norms. Ruminations about anger and guilt regarding death of a person, avoiding situations or places that remind lost person, strong feeling of shock and emptiness are seen frequently. People with complicated grief may feel like the only source of happiness is the person died and they may withdraw themselves from social relations. They may give an exaggerated and unexpected response as well as give no response at all. They generally refuse the reality of loss (Cohen et al., 2002; Bildik, 2013; Shear, 2015; Simon et al., 2020). Complicated grief cases are frequent among individuals who lost partners, parents who lost children, and also in situations of unexpected or traumatic losses (Znoj & Keller, 2002; Meert et al., 2011; Shear, 2015). Although a large proportion of bereaved people can adapt the loss normally, approximately 10-11% of people's bereavement ends up with complicated grief and these percentages are rising for violent loss cases (Simon et al., 2020).

Complicated grief is associated with health-related problems like substance abuse, immune system problems, suicidal ideation, and also neuropsychological problems like emotion regulation and memory problems (Buckley et al., 2012; Robinaugh, 2013). Shear states that "risk factors include history of mood or anxiety disorders, alcohol or drug abuse, and multiple losses" (2015: 155). Interaction of personal factors with hallmarks of the loss like the closeness of the person provide basis for development of complicated grief. Other risk factors involve insecure childhood attachment, interdependency with person died, caregiving history for deceased person, being female (Stroebe, Stroebe, Hansson, & Schut, 2001; Mizuno, Kishimoto, & Asukai, 2012; Enez, 2018).

Complicated grief can also be confused with major depressive disorder or posttraumatic stress disorder (Shear et al., 2011). Until 6 months after loss, intervention for complicated grief is not recommended (Enez, 2018). Because researchers could not reach consensus on the common criteria and name of diagnosis of complicated grief yet, there is a need for common language and inclusion in Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD) (Howarth, 2011; Shear, 2015; Simon et al., 2020). Recently, prolonged grief disorder (Prigerson et al., 2009) and complicated grief disorder (Shear et al., 2011) concepts are suggested as a diagnostic category.

1.2. Sense of Coherence

Studies on the reason behind becoming mentally ill leaded researchers to work on stress and illness relationship. This interest has moved from risk factors to protective factors in time (Bachem & Maercker, 2016). Aaron Antonovsky has contributed a lot to this development (Eriksson & Lindström, 2005; Richardson & Ratner, 2005; Griffiths, 2009). Antonovsky (1979, 1987) developed salutogenesis theory, which highlights the inefficacy of searching for the reasons of illnesses and proposes to focus on coping mechanisms and the sources of health. Salutogenesis, starting from the need to understand why some people can maintain well-being after stressful situations and others cannot, emphasizes individual's problem solving capacity and available resources. The resources that individuals have for dealing with challenges are named as Generalized Resistance Resources (GRR), which can be available as social, physical, emotional, artefactual and macrosocial forms (Antonovsky 1979, 1987). Contrary to pathogenic approach, which focuses on deficits, salutogenesis considers health as a dynamic continuum between ease (health) and disease (illness) on an axis (Eriksson & Lindström, 2005). As Olsson, Hansson, Lundblad, & Cederblad state, "Salutogenesis focuses on health rather than pathology" (2006: 220).

In the light of his theory, Antonovsky suggested the concept of sense of coherence (SOC) and defined it as:

> A global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement (Antonovsky, 1987: 19).

These three important elements are called as (1) comprehensibility, (2) manageability, and (3) meaningfulness respectively. People who have higher comprehensibility, which is the cognitive element of SOC, anticipate future as more predictable and clearer. People with higher manageability, which is the behavioral element of SOC, feel that their resources are adequately helpful for what they encounter. People who have higher meaningfulness, which is the motivational element of SOC, perceive life and conflicts as significant and worthy to handle (Antonovsky, 1987; Olsson et al., 2006). When these three elements are developed, SOC as a common concept is fully developed. SOC is a basic tendency for conflict resolution. It continues its development until the end of adolescence. By being exposed to different stressful events and managing them in a healthy way repeatedly, SOC gets enhanced and becomes stable around the end of early adulthood (Antonovsky 1987, 1993; Richardson & Ratner, 2005).

According to Antonovsky (1993), some concepts like locus of control, self-efficacy are strategies limited to cultural boundaries. However, SOC is independent from culture, age, ethnicity etc. and also independent from a specific discipline. Rather than being a coping strategy, it is a way of coping with stressors successfully. Every individual's capacity regarding SOC is different. People with strong SOC can better use GRR and pursue psychological well-being even in very stressful incidents. It should not be confused with optimism because SOC involves integration of both positive and negative evaluations about life (Bachem & Maercker, 2016).

SOC is applicable to societal level as well as individual level (Antonovsky 1979, 1987). It is used for different intervention groups including psychological disorders, cancer patients, rehabilitation patients, nursing and medical education (Eriksson & Lindström, 2005; Griffiths, 2009). Literature shows that higher SOC is associated with higher well-being, whereas lower SOC is associated with lower well-being (Larsson, Kallenberg, Setterlind, & Starrin, 1994; Feldt, 1997; Lutgendorf, Vitaliano, Tripp-Reimer, Harvey, & Lubaroff,, 1999; Dudek & Koniarek, 2000; Karlsson, Berglin, & Larsson, 2000; Schnyder, Büchi, Sensky, & Klaghofer, 2000; Eriksson & Lindstörm, 2005; Griffiths, 2009; López et al., 2015).

1.2.1. Sense of coherence and grief

As a concept, SOC appears as an "ability to remain healthy despite stress" (Koposov, Ruchkin, & Eisemann, 2003: 639). It acts both as a protective factor and an intervention technique for psychological problems (Richardson & Ratner, 2005; Pham, Vinck, Kinkodi, & Weinstein, 2010). SOC affects how people perceive and cope with destructive situations. People who have higher SOC have more conscious emotions after stressful events, which would be helpful about the perception of situation as less frightening and helpful in coping process (Dudek & Koniarek, 2000).

Individuals with higher comprehensibility can more easily handle traumatic events in their life like losing someone or even witnessing this death. Individuals with higher manageability have more awareness about the dynamic course of life events, which may make the acceptance of losing someone easier. Individuals with higher meaningfulness can perceive tragic events in their lives as a way of getting stronger. All of these entities related to SOC help individuals to feel less helpless or hopeless when they encounter negative, traumatic events (Dudek & Koniarek, 2000).

Older people have better SOC abilities, which is helpful to accommodate oneself to changeability of life after aversive situations (López et al., 2015). Understandably, younger people perceive the death of a spouse as more traumatic and more timeless than older people (Ball, 1977). Individuals who have lost a child is found to be the most damaged group of bereaved people, who experience longer term distress (Znoj & Keller, 2002).

Tracy (1992) conducted a study with individuals who lost their spouses (as cited in López et al., 2015). Results reveal that there is a negative relationship between manageability domain and anxiety, and comprehensibility domain and depression after loss. Larsson et al. (1994) reported that for people who lost a close family member in the recent year, there is a relationship between health and their SOC level. Among these people, the ones who have stronger SOC demonstrated more health-related behaviors, less physical and psychological symptoms. Antonovsky (1979) explains recovery as a person's self-generated process in which person focuses on the future flexibly and adaptively by concentrating on own processes. By strengthening psychoimmunological system, SOC may protect physical and psychological health during the recovery process after loss. However, López et al. (2015) highlight that it is important to differentiate SOC term from posttraumatic growth because

domains of SOC are associated with posttraumatic growth to a large extent. Nevertheless, SOC does not become available only after aversive events.

1.3. Emotion Regulation Difficulties

Emotions are subjective feelings that are cognitively driven, purposeful and effective on physiological changes in general terms (Mulligan & Scherer, 2012). Gross (1998) defines emotions as flexible responses of living creatures towards inner or outer situations to sustain wellbeing. Emotions help us to change our lives depending on the good or bad course of events. Emotion regulation is the process through which this change is possible (Leahy, Tirch, & Napolitano, 2011). According to Gross (1998), emotion regulation is the ability to balance internal representations and external expressions of emotions. Gratz and Roemer (2004), add the need for goal-directedness according to context, to this definition. Regulating emotion does not mean avoiding or suppressing it. Rather than that, regulation is modulating emotion's intensity. So, altering emotions by avoiding is an unsuccessful emotion regulation strategy (Tull, Barrett, McMillan, & Roemer, 2007). Emotion regulation requires being aware of the emotions, understanding and accepting them, controlling them flexibly (Gratz & Roemer, 2004). Tull et al. (2007) state that, a person who is able to provide self-care and make different activities including the ones regarding own pleasure, is probably able to do emotion regulation.

Emotion regulation become present at very early years of life via relationship with caregiver. It is one of the ways by which individuals socialize (Cole, Michel, & Teti, 1994; Amstadter, 2008). Up to seven years, children encounter lots of emotion-relevant tasks like handling anxiety, self-defense, tolerating solitude, making friendship and so on. All of them require emotion regulation in a way, which is said to be one of the most important developmental tasks (Cole et al., 1994). Every individual has unique ways of emotion regulation (Cisler & Olatunji, 2012). Some emotion regulation strategies are part of an automatic process like selective attention, whereas some others are purposeful like suppression (Cisler, Olatunji, Feldner, & Forsyth, 2010).

According to a process model of emotion regulation, there are five important points, which are situation selection, situation modification, attentional deployment, cognitive change, and response modulation. At any of these points, emotions can be regulated (Gross, 2007).

Situation selection. This emotion regulation point comprises selecting or avoiding what will probably reveal desired or undesired emotional outcomes (Burkitt, 2018). For instance, if a father will take his child to haircut for the first time, he would choose the most colorful barbershop which seems suitable for children in order to avoid child's intolerance (Gross, 2007).

Situation modification. This emotion regulation point includes changing situation to lessen the emotional outcome (Burkitt, 2018). For example, in the same barbershop situation father would choose less frightening barber to cut the child's hair (Gross, 2007).

Attentional deployment. This emotion regulation point involves changing attentional focus to affect emotional outcome. For example, father would take child's attention to another issue like birthday wishes during haircut (Gross, 2007).

Cognitive change. This emotion regulation point contains change in perception about the situation by changing our thoughts about it or about our handling capacity to change its emotional outcome (Burkitt, 2018). For instance, father would say that sound of barber's buzzer is like sound of purring cat rather than a monster (Gross, 2007).

Response modulation. This emotion regulation point involves directly changing physiological, experiential, or behavioral responses. For example, father would say to the crying child that he is older enough to not to cry (Gross, 2007).

There are two types of emotion regulation strategies as antecedent-focused and response-focused. Antecedent-focused emotion regulation strategies are used before the expression of emotions. So, they are open to intervention to affect experience of emotions like reappraisal strategy. Response-focused emotion regulation strategies are used later, which means they are less open to intervention. They affect expression of emotion (Gross, 2007; Amstadter, 2008). First four points of process model are antecedent-focused strategies, whereas the fifth point is response-focused strategy of emotion regulation (Gross, 2007).

If emotion regulation process is interrupted and becomes maladaptive, the term dysregulated or unregulated emotion is mentioned (Cole et al., 1994). In this situation, emotion regulation does not enable goal-directed emotional response or outcomes in long duration are not effective (Kring & Sloan, 2010). When there are problems in awareness, understanding, acceptance and modulation of emotions, emotion regulation difficulties (ERD) occur (Gratz & Roemer, 2004). Difficulties in emotion regulation may become

present in many ways. Emotions may be excessively intense and get out of control, appropriate regulation strategies may not be developed or systems responsible for emotion regulation may be damaged like in Alzheimer's disease (Kring & Sloan, 2010). Also, this may lead over-feeling of emotion or on the contrary over-suppressing of emotion (Leahy et al., 2011).

ERD are found to be related with a lot of psychopathologies and adjustment problems. There can be bilateral relationship between them, in which they can both have an impact on each other (Skodol et al., 2002; Kring & Sloan, 2010; Beauchaine, 2015). Research on schizophrenia, personality disorders, eating disorders, depression, posttraumatic stress disorder, anxiety, substance abuse, self-mutilation reveal the effect of difficulties in emotion regulation on these disorders (Cole et al., 1994; Skodol et al., 2002; Cloitre et al., 2005; Cisler et al., 2010; Kring & Sloan, 2010; Bardeen, Kumpula, & Orcutt, 2013).

1.3.1. Emotion regulation difficulties and grief

Losing an important person and grieving after can trigger painful and mixed emotions and can make individual overwhelmed. This mixture of feelings leads coping process. In coping, emotion regulation has an important role (Znoj & Keller, 2002; Döveling, 2015). Kappas (2011) states that emotion regulation is interpersonal as well as intrapersonal issue. Auto-regulation strategies and social regulatory helpers exist together. During grief experience, person uses autoregulatory strategies and social intervention from others which soothes this process based on cultural norms. According to Gross (2007) when situation selection and situation modification are not available in a circumstance like loss of a loved one, attentional deployment becomes involved. Shifting attention affects emotions and this continuum may prepare cognitive change and response modulation.

A successful emotion regulation process is crucial to continue functioning in normal course of life after the person lost (Hooghe et al., 2012; Shear, 2012). However, regulating emotions in that kind of sensitive situation may be hard and over-regulation may also cause psychological problems (Znoj & Keller, 2002). Avoiding and suppressing are highly used strategies (Cisler et al., 2010; Hooghe et al., 2012). Using them may seem functional in short-term after loss but it may lead to alienation in long-term. Experiencing difficulty in emotion regulation after losing a close person is generally associated with more physical and

psychological problems and with poorer personal resources (Znoj & Keller, 2002). Hooghe et al. assert that, “The ability to both enhance and suppress emotional expression might be important in daily functioning in the wake of loss” (2012: 1229).

If the loss is a traumatic event itself, person may evaluate his or her emotions as uncontrollable and may develop avoidance towards trauma-related reminders, similar with posttraumatic stress symptoms (Cockram, Drummond, & Lee, 2010; Bardeen et al., 2013). Individuals who have higher awareness about their emotions, which means they are better in emotion regulation, are at lower risk for complicated grief and depression even after multiple losses (Castro & Rocha, 2013).

Experiencing loss of loved ones before increases the ability to regulate emotions in the future similar situations by improving adaptation to distressing emotions with learning. It also helps self-development and functioning. Thus, not surprisingly, elder people have better emotion regulation abilities with less effort when they face losses because of their experience (Castro & Rocha, 2013).

1.4. Conceptual Model of Schema Therapy and Early Maladaptive Schemas

Schema therapy, which is developed by Jeffrey E. Young and his colleagues (2003), is a comprehensive approach to therapy. It was developed by enhancing the main concepts of traditional cognitive-behavioral approach and getting them together with some other concepts from attachment, psychoanalysis, Gestalt, object relations and constructivism fields.

According to Young and his colleagues (2003), success of traditional cognitive-behavioral approach is undeniable on treating symptoms of many psychopathologies like anxiety disorders, mood disorders, eating disorders and so on and increasing functionality of patients. However, they observed that some patients with lifelong difficult to treat problems, especially the ones based on chronic personality problems, may not benefit from cognitive-behavioral therapy. They may not make enough progress and they may experience relapse. In order to be able to help these difficult patients, schema therapy appears very helpful because schema therapy adds more concentration on negative childhood and adolescence experiences, which are thought to be the basis of current psychological problems (Young, Klosko, & Weishaar, 2003; Young & Klosko, 2011).

1.4.1. Early maladaptive schemas

Schema term has used in different fields like education, algebraic geometry, computer programming and so on. In psychology, schema has mostly used in cognitive development and cognitive therapy. In general, it has the meaning as "any broad organizing principle for making sense of one's life experience" (Young et al., 2003: 6). Schemas are generally developed in early years of life and continue their presence in following years. They are patterns that repeat themselves throughout life (Young & Klosko, 2011).

According to Young et al. (2003), when these schemas are formed via painful experiences in childhood period, they may lead personality problems and lots of psychological disorders. These schemas that are comprised of core extensive themes, formed in childhood or adolescence and show their effect person's lifetime are defined as early maladaptive schemas. Person's memories, cognitions, feelings about self and others may have a role to create these schemas (Young et al., 2003). Generally, but not necessarily they are the end product of repeated traumatic childhood experiences. Although early maladaptive schemas (EMS) are mostly dysfunctional, they make person feel safe because they are what person has used to for a long time. Their severity can be different. More severe ones can be triggered by more situations in person's life. They can shape the person's self and relationship with others by leading person's behaviors (Young et al., 2003). By triggering strong emotions like anger, sadness or anxiety, restrain person from enjoying life (Young & Klosko, 2011).

Young et al. (2003), proposed three main factors that give rise to development of EMS.

Core emotional needs. Unsatisfied childhood core emotional needs, which are universal and essential for healthy psychological development, may lead development of EMS (Young et al., 2003). These needs are defined by Young et al. as

1. Secure attachments to others
2. Autonomy, competence, and sense of identity
3. Freedom to express valid needs and emotions
4. Spontaneity and play
5. Realistic limits and self-control (2003: 10).

Early life experiences. In general, EMS derive from painful experiences, especially the earliest ones regarding primary caregivers, in childhood. These schemas get strengthened via the influences of friends, community and culture later on (Young et al., 2003). Young et al. have listed main painful childhood experiences for adoption of schemas as

1. Toxic frustration of needs, which is child's scarcity of good experiences like love

2. Traumatization or victimization, which is giving harm to child

3. Experiencing too much of a good thing, which prevents child's autonomy development and limit setting

4. Selective internalization, which is child's selective internalization of what parents say or do (2003: 10-11).

Emotional temperament. Child's temperament, which is his or her unique personality traits from birth, has an important effect on schema formation too. According to his or her temperament, child may experience different situations during childhood years and may interpret toxic experiences differently. So, each child and situation combination would lead development of different schemas (Young et al., 2003).

1.4.2. Schema domains and early maladaptive schemas

Young and his colleagues (2003) have stated 18 EMS and 5 schema domains under which these schemas are grouped (see Table 1).

Disconnection and rejection domain. This domain includes schemas about being "unable to form secure, satisfying attachments to others" and "believing that needs for stability, safety, nurturance, love and belonging will not be met" (Young et al., 2003: 13). Generally, people who have schemas under this domain have very painful and damaging childhood experiences regarding their families. Moreover, their adulthood experiences are generally based on damaging themselves with their relationships with others (Young et al., 2003). There are five schemas under disconnection and rejection domain.

Abandonment/instability schema. People with this schema think that they cannot get support from their loved ones and cannot stay connected with them. They believe that their significant others can die soon or abandon them at any time because they are instable (Young

et al., 2003). Abandonment/ Instability schema is related to lack of confidence of person towards his or her family in childhood years (Young & Klosko, 2011).

Mistrust/abuse schema. People who have this schema believe that other people would manipulate them in accordance with their own wishes if they are given the chance. They expect that they get intentionally hurt, humiliated or abused by others unjustly (Young et al., 2003). Origin of mistrust/ abuse schema is person's feeling of insecurity regarding his or her family in childhood (Young & Klosko, 2011).

Emotional deprivation schema. People with this schema have the belief that their need for emotional support will not be met by others around them. Their emotional deprivation may appear as three different forms as deprivation of nurturance, deprivation of empathy or deprivation of protection (Young et al., 2003). They may choose ungiving people to be in a relationship or they may act very altruistic in relationships (Young & Klosko, 2011).

Defectiveness/shame schema. People with this schema perceive themselves as defective, not lovable, faulty or worthless. They generally feel shame about their deficiencies that they believe. Their defects may be at private level like burst of anger as well as at public level like social skill deficit (Young et al., 2003).

Social isolation/alienation schema. People who have this schema feel that they are isolated from other people around. They see themselves as alienated from any group except from their family (Young et al., 2003). They may avoid socializing but they may also maintain intimate relationships (Young & Klosko, 2011).

Impaired autonomy and performance domain. This domain includes schemas about not being able to function independent from others. In childhood of people with schemas under this domain, "typically their parents did everything for them and overprotected them; or, at the opposite extreme, hardly ever cared for or watched over them" (Young et al., 2003: 18). Thus, they could not get used to acting in an autonomous way. They could not elude the child role even in their adulthood (Young et al., 2003). There are four schemas under impaired autonomy and rejection domain.

Dependence/incompetence schema. People who have this schema believe that they cannot overcome daily routine in their life without getting support from others. They mostly

feel incompetent and helpless (Young et al., 2003). They may look for others to lean on and they may give control of their own life to these people (Young & Klosko, 2011).

Vulnerability to harm or illness schema. People with this schema are terrified that they are always open to experience a potential disastrous problem. They believe that they cannot prevent and cannot handle the situation (Young et al., 2003). These fearful situations may be medical (like heart attack), emotional (like losing control), or external (like natural disasters) (Young et al., 2003; Young & Klosko, 2011).

Enmeshment/undeveloped self schema. People with this schema have the need for being overly attached with their loved ones, who are generally family members. They generally believe that people in their overly attached relationship cannot act independently without the support of others (Young et al., 2003). This schema leads impairment in social development and individual identity. People with schema may feel empty or aimless (Young et al., 2003).

Failure schema. People who have this schema think that they are indispensably not successful and will always be unsuccessful regarding any achievement areas like academic career or profession, and they stay insufficient when they are compared with their peers (Young et al., 2003). They also have exaggerated beliefs that they are inadequate, stupid or lazy. Development of this schema may root in being overly criticized and humiliated by parents in childhood (Young & Klosko, 2011).

Impaired limits domain. This domain includes schemas about deficiencies of setting internal limits and respecting others. People who have schemas under this domain "may have difficulty respecting the rights of others, cooperating, keeping commitments, or meeting long-term goals" (Young et al., 2003: 18). When they were children, generally their parents were lacking discipline and setting up rules and when they become adults, they have problems regarding impulse control and maintaining relationships with others (Young et al., 2003). There are two schemas under impaired limits domain.

Entitlement/grandiosity schema. People with this schema have the belief that they precede other people and they should be given privileges. According to these people, the only way to gain power is being superior (Young et al., 2003). Generally, they are not empathetic, they try to control others, and they do not care about needs of others (Young et al., 2003).

Insufficient self-control/self-discipline schema. People who have this schema have difficulty with self-control intentionally or unintentionally. Their emotion regulation ability is limited (Young et al., 2003).

Other-directedness domain. This domain includes schemas that are related to extreme efforts to fulfill needs of other people to stay related with them, while ignoring own needs. Having a childhood full of conditional acceptance, which is feeling obligation to suppress self to be approved by parents, is the main reason of developing schemas under other-relatedness domain (Young et al., 2003). There are three schemas under other-directedness domain.

Subjugation schema. People with this schema are excessively submissive towards others because they feel obliged to do it in order to avoid negative reaction or anger of others. Subjugation can appear as either subjugation of needs by "suppressing one's preferences or desires" (Young et al., 2003: 19) or subjugation of emotions by "suppressing one's emotional responses" (Young et al., 2003: 19). People think that they should make others happy but they also feel stuck in this situation, which may cause maladaptive expressions of anger like temper tantrums (Young et al., 2003).

Self-sacrifice schema. People with this schema give extreme emphasis on fulfilling others' needs in order to avoid pain and guilt or increase their self-esteem by helping needy ones (Young et al., 2003). These people generally very sensitive towards others. On the other hand, they may feel that their needs are not fulfilled, which may lead anger (Young et al., 2003).

Approval-seeking/recognition-seeking schema. People who have this schema seek approval or recognition of other people rather than enhancing a secure sense of self. They value ideas of others more than their own (Young et al., 2003). These people generally attach excessive importance to financial power, status or appearance, which may lead to make decisions about future that will not satisfy them (Young et al., 2003).

Overvigilance and inhibition domain. This domain includes schemas about overemphasis of strict rules, performing in accordance with expectations; while overcontrolling own impulses, emotions and self-expression. People who have schemas under this domain believe that they always need to be vigilant, otherwise they will be ruined (Young et al., 2003). "As children, these patients were not encouraged to play and pursue happiness. Rather, they learned to be hypervigilant to negative life events and to regard life

as bleak" (Young et al., 2003: 20). There are four schemas under overvigilance and inhibition domain.

Negativity/pessimism schema. People with this schema always exaggerate the negative sides of life like death and minimize positive sides. They think that in the end, everything will deteriorate (Young et al., 2003). They are always worried about making mistakes that may lead loss in any area of life. So, these people mostly have an anxious personality (Young et al., 2003).

Emotional inhibition schema. People who have this schema suppress their "spontaneous actions, feelings and communication" (Young et al., 2003: 20) in order to avoid being criticized by others. This suppression may appear as "inhibition of anger, inhibition of positive impulses, difficulty expressing vulnerability or emphasis on rationality while disregarding emotions" (Young et al., 2003: 20).

Unrelenting standards/hypercriticalness schema. People with this schema feel the need for fulfilling their own high standards to avoid exclusion by others. They may experience problems about their self-esteem, happiness or health and relationships (because of their criticalness) (Young et al., 2003; Young and Klosko, 2011). Perfectionism, rigid rules and engagement in time and efficiency are three main characteristics of this schema (Young et al., 2003).

Punitiveness schema. According to people with this schema, harsh punishments should be implemented when people (and person himself or herself) make mistakes. They cannot tolerate people who are not enough for their standards and cannot forgive easily (Young et al., 2003).

During adaptation study of EMS in Turkey, Soygüt, Karaosmanoğlu, and Çakır (2009) found that there are 14 schema dimensions under 5 schema domains. Schema domains are found as Disconnection and Rejection Domain, Impaired Autonomy Domain, Impaired Limits Domain, Other-Directedness Domain and Unrelenting Standards Domain. Schema dimensions are found as Emotional Deprivation, Defectiveness, Pessimism, Social Isolation/Mistrust, Emotional Inhibition, Approval-Seeking, Enmeshment/Dependency, Insufficient Self-Control/Self-Discipline, Self-Sacrifice, Abandonment, Punitiveness, Vulnerability to Harm, Unrelenting Standards, Failure (see Table 2). In this study, schema domains and schema dimensions are evaluated according to the findings of Soygüt et al. (2009) because the sample of this study consists of Turkish participants residing in Turkey.

Table 1. Early maladaptive schemas

Schema Domain	Schema
Disconnection and Rejection	Abandonment/ Instability
	Mistrust/ Abuse
	Emotional Deprivation
	Defectiveness/ Shame
	Social Isolation/ Alienation
Impaired Autonomy and Performance	Dependence/ Incompetence
	Vulnerability to Harm or Illness
	Enmeshment/ Undeveloped Self
	Failure
Impaired Limits	Entitlement/ Grandiosity
	Insufficient Self-Control/ Self-Discipline
Other-Directedness	Subjugation
	Self-Sacrifice
	Approval-Seeking/ Recognition-Seeking
Overvigilance and Inhibition	Negativity/ Pessimism
	Emotional Inhibition
	Unrelenting Standards/ Hypercriticalness
	Punitiveness

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

Table 2. Early maladaptive schemas offered by Soygüt et al. (2009)

Schema Domain	Schema
Disconnection and Rejection	Emotional Deprivation
	Emotional Inhibition
	Social Isolation/ Mistrust
	Defectiveness
Impaired Autonomy	Enmeshment/ Dependency

	Abandonment
	Failure
	Pessimism
	Vulnerability to Harm
Impaired Limits	Insufficient Self-Control/ Self-Discipline
Other-Directedness	Self-Sacrifice
	Punitiveness
Unrelenting Standards	Unrelenting Standards
	Approval-Seeking

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

1.4.3. Early maladaptive schemas and grief

Schemas that people have already owned may get operated in response to stressful situations (Cockram, 2010). Death of a loved one is considered as one of the most stressful events universally (Thimm & Holland, 2017). This kind of stressful events can enhance perceptions that are already existing about the world, self and relationships with others by triggering them. Thus, these perceptions, also known as schemas, may prevent normal adjustment to the life after loss (Bonanno et al., 2002; Boelen et al., 2006; Thimm & Holland, 2017).

Thimm and Holand (2017) found that self-sacrifice, vulnerability to harm and abandonment schemas are associated with complicated grief. People with self-sacrifice schema may avoid their feelings and try to help others close to the person died, which would harmful for their adaptation process. People with vulnerability to harm schema may perceive the loss as a catastrophe, which would make them very anxious to cope with bereavement. Losing a loved one may trigger the belief of people with abandonment schema that they will lose important people anyway. So, they would experience tough grief process (Young et al., 2003; Thimm & Holand, 2017).

1.5. The Relationship Between Early Maladaptive Schemas, Sense of Coherence, Emotion Regulation Difficulties and Grief

Early negative experiences enhance negative emotions and by being repeated they may cause individuals to avoid their emotions. This avoidance may lead to development of maladaptive coping styles (Young et al., 2003). After loss, coping by restoration rather than avoidance contributes adaptation process (Hooghe et al., 2012). Increased SOC brings better coping with stressors in its way. SOC provides tolerance about uncontrollable events in life. Stronger SOC is associated with better coping and lower psychological and physical problems (Antonovsky, 1993; Dudek & Koniarek, 2000; Eriksson & Lindström, 2005).

Unmet core emotional needs are one of the reasons lays behind development of EMS (Young et al., 2003). Traumatic interpersonal childhood experiences like abuse or neglect lead ERD in adulthood (Cloitre et al., 2005; Fassbinder, Schweiger, Martius, Wilde, & Arntz, 2016). When individuals' EMS are triggered, they bring the flood of emotions, which are not easily regulated (Young et al., 2003). Close relationships may have crucial roles in problem solving and emotion regulation processes. So, losing a close person may have negative effects associatively (Shear, 2012). ERD are found to be one of the main reasons of complicated grief, especially in parents who have lost their children (Znoj & Keller, 2002; Hooghe et al., 2012). On the other hand, regulating emotions flexibly helps bereaved people to accept the loss and continue their lives (Hooghe et al., 2012).

According to Young et al. (2003), generation of EMS increase the probability of individuals to develop psychopathology. Negatively oriented global beliefs are effective in development of complicated grief (Boelen et al., 2006). Individuals who have one of the Abandonment/Instability, Mistrust/Abuse, Emotional Deprivation, and Defectiveness/Shame schemas are the ones probably experienced separation, loneliness or being abandoned in childhood years. As adults their schemas may become activated by the similar traumatic events and they may experience grief with overly negative emotions (Young et al., 2003). Self-sacrifice, vulnerability to harm and abandonment schemas are found as related with complicated grief (Thimm & Holand, 2017).

1.6. Importance of This Research

Although death is a crystal-clear fact of human life, people's tolerance and overcoming levels for death of a loved one differs. Some people experience a normal grief process whereas the others develop pathological grief after an important person is gone

(Malkinson, 2009; Howarth, 2011; Shear, 2012). Although grief process is universal, its relationship with culture cannot be ignored. It is noteworthy that grief studies carried out in our country are limited, just as in many other countries (Cesur, 2017). The most important reason lays behind the limited literature regarding grief appears as the conceptualization difficulties. Failure to reach a consensus on a common language in the field makes it harder to work on grief (Shear, 2015; Simon et al., 2020). Similarly, studies that focus on the relationship between EMS and grief are quite limited too. Although ERD is a frequently studied concept and number of studies on EMS has increased rapidly in recent years, there is no study directly examines the relationship between EMS and ERD. A similar situation exists for EMS and SOC relationship. SOC is a concept that can be extended to many areas of research, however its relationship with EMS has not studied broadly yet. Also, there is not any study that examines the relationship between EMS and grief with the role of SOC and ERD. To the best of our knowledge, this is the first research that investigates EMS, ERD, SOC and grief together.

If the difficulties people experience during grief period are understood well, interventions can be planned accordingly. Otherwise, people with prolonged responses to death of a loved person may become under the risk for psychopathologies or misdiagnosis (Howarth, 2011). Antonovsky (1993) asserted that better SOC acts as a protective factor against mental health problems. With this study, by finding the moderating effect of SOC in the sample of grief, we can develop strategies to strengthen SOC in society to prevent psychopathologies. We can also develop interventions that are effectively enhance components of SOC in patients that have already had psychological disorders. Similar advantage in prevention and intervention work would be provided by understanding the mediating role of ERD. Furthermore, investigating the role of EMS in these relationships can contribute schema therapy applications of specialists. This study would also contribute to fill the gaps in literature in terms of mentioned variables above.

1.7. Purpose of This Research

In this research, the role of SOC and ERD in the relationship between EMS and grief symptoms are investigated among the population of people who have lost a closed, loved person in recent 5 years. Accordingly, proposed model of the study is demonstrated in Figure 1.

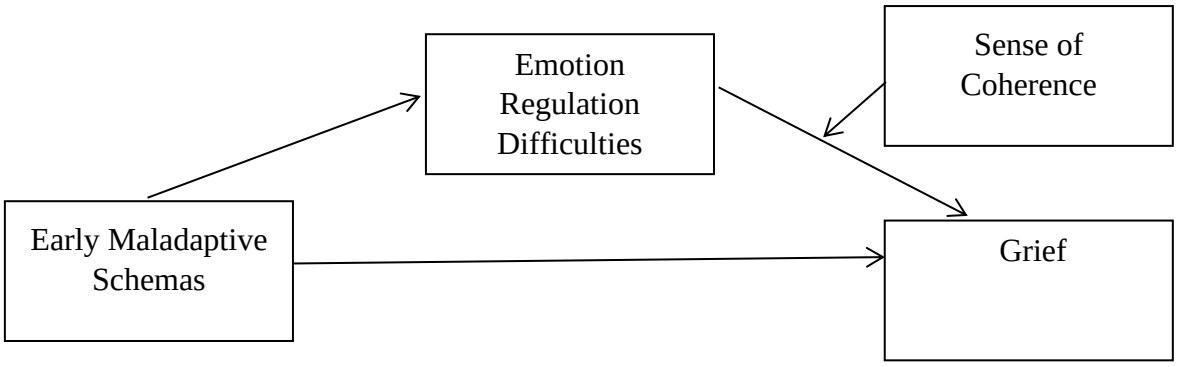

Figure 1. Proposed model of this research

In line with the purpose of this research, research questions of this study are as follows:

1. Are there significant relationships between the variables of this research?
2. Is there a significant model, in which SOC has a moderating role in the indirect effect of EMS on grief through the mediating role of ERD?
3. Is grief response of individuals who have EMS predicted through the mediating role of ERD?

CHAPTER II

METHOD

In this section; information about design, sample, data collection instruments, procedure and statistical analyses of this research are provided.

2.1. Design

In this research, cross-sectional, quantitative, correlational design was used to test the proposed model in accordance with hypothesis. Data collection about variables of study was made via standardized surveys only once. There were no manipulations of variables. Relationship between variables were examined.

2.2. Sample

In the current study, data was collected from 291 participants residing in different cities of Turkey. Data collection was held in between June 2019 and September 2019 via pencil-paper and online forms of the instruments. After elimination of the forms that was not completed, the forms in which participants stated that they have a psychological/ psychiatric disorder and the forms in which participants stated their experience of loss of a close person in more than 5 years; 254 participants were included in the analyses. The sample consisted of 115 (45.3%) males, 136 (53.5%) females, and 3 (1.2%) participants prefer not to answer between the ages of 18 and 73 (M = 42.73, SD = 15.08). Detailed information about the demographics of the participants are demonstrated in Table 3.

Table 3. Demographic characteristics of participants

		N	%
Gender	Male	115	45.3
	Female	136	53.5
	Prefer not to answer	3	1.2
Age	18-19	8	3.1
	20-29	64	25.2

	30-39	46	18.1
	40-49	36	14.2
	50-59	47	18.5
	60 and above	53	20.9
Marital Status	Single	55	21.7
	Single (in relationship)	29	11.4
	Married	161	63.4
	Divorced	9	3.5
Education Level	Primary School	3	1.2
	Secondary School	6	2.4
	High School	54	21.3
	University	139	54.7
	Postgraduate	23	9.1
	Student (university)	15	5.9
	Student (postgraduate)	14	5.5
Number of Years After Loss	0 (in 2019)	43	16.9
	1	61	24
	2	53	20.9
	3	40	15.7
	4	26	10.2
	5 (in 2014)	31	12.2
Age of Deceased	0-19	6	2.4
	20-39	14	5.5
	40-59	48	18.9
	60-79	108	42.5
	80-99	78	30.7
Closeness to Person Lost	Mother/ Father	81	31.9
	Spouse	8	3.1
	Sibling	13	5.1

	Child	1	0.4
	Other Relatives	123	48.4
	Close Friend	20	7.9
	Colleague	4	1.6
	Other	4	1.6

2.3. Instruments

In present study, data was collected via The Sociodemographic Information Form, Turkish versions of The Two-Track Bereavement Questionnaire (TTBQ), Sense of Coherence Scale-Short Form (SOC-13), Difficulties in Emotion Regulation Scale-Brief Form (DERS-16), Young Schema Questionnaire-Short Form Version 3 (YSQ-S3). In addition to these instruments, informed consent form will be taken from participants.

2.3.1. Informed consent form

Informed consent form consists of explanations for participants regarding the aim and participation rules of this research and volunteer basis of participation. Also includes data collection, data usage and confidentiality procedures. Informed Consent Form is demonstrated in APPENDIX 1.

2.3.2. The sociodemographic information form

The Sociodemographic Information Form was developed by researcher in order to collect some sociodemographic information including age, sex, marital status, education level, psychiatric disorder, history of loss. The Sociodemographic Information Form is demonstrated in APPENDIX 2.

2.3.3. The two-track bereavement questionnaire (TTBQ)

The Two-Track Bereavement Questionnaire (TTBQ) is a self-report instrument, which was developed by Rubin et al. (2009) based on two-track bereavement model. This scale has 70 items assessing general or biopsychosocial functioning (Track I) and ongoing relationship with the deceased (Track II). Under Track I, there are general biopsychosocial

functioning (14 items), traumatic perception of loss (12 items) and under Track II, there are relational active grieving (16 items), close and positive relationship with the deceased (8 items), conflictual relationship with the deceased (6 items) factors. This scale includes both open-ended and close-ended questions. Items other than Track I and Track II are open-ended ones. Items of close-ended questions can be rated on a 5-point Likert scale and higher scores on all factors show higher problematic grief and adjustment process.

In terms of psychometric properties; for internal consistency Cronbach's alpha was found as .94. The reliability values were between .75 to .94. Rubin et al. (2009) stated that construct validity was found as adequate.

The scale was adapted into Turkish and psychometric properties were reported as satisfactory by Ayaz, Karancı, and Aker (2014). As a result of factor analysis, general biopsychosocial functioning factor was the only factor that differs from the original scale and it was found as impairment in social functioning (7 items). Other four factors were found similar with the original scale as traumatic perception of loss (10 items), relational active grieving (25 items), close and positive relationship with the deceased (13 items), conflictual relationship with the deceased (7 items). In this study, impairment in social functioning and conflictual relationship with the deceased factors were loaded on Track 1, whereas relational active grieving, close and positive relationship with the deceased and traumatic perception of loss factors were loaded on Track 2. For internal consistency, Cronbach's alpha was found for scale's overall as .93 and for 5 factors it was between .65 and .91. Test-retest reliability was .88 for scale's overall. TTBQ was found as reliable and valid to assess grief process in Turkish culture. In the present study, total score of the scale was used. Cronbach's alpha was found for the scale's overall as .91, and for 5 factors as ranging from .64 to .93. The Two-Track Bereavement Questionnaire (TTBQ) is demonstrated in APPENDIX 3.

2.3.4. Sense of coherence scale-short form (SOC-13)

Sense of Coherence Scale-Short Form (SOC-13) is a self-report instrument, which was developed by Antonovsky (1993), as the short version of Sense of Coherence Scale. This version of the scale has 13 items, which assesses comprehensibility with five statements (2,6,8,9,11), manageability with four statements (3,5,10,13) and meaningfulness with four statements (1,4,7,12). Items can be rated on a 7-point Likert scale. Five items (1,2,3,7,10)

need reversed coding. Possible maximum score is 91 and higher total scores indicate higher SOC.

In terms of psychometric properties; for internal consistency mean Cronbach's alpha was found as .82. Antonovsky (1993) stated that content, construct and criterion validity were found as adequate.

The scale was adapted into Turkish and psychometric properties were reported as satisfactory by Scherler and Lajunen (1997). Internal consistency was found for scale's overall as .78. SOC- 13 was found as reliable and valid to assess SOC in Turkish culture. In the present study, total score of the scale was used and Cronbach's alpha for the scale's overall was found as .76. Sense of Coherence Scale-Short Form (SOC-13) is demonstrated in APPENDIX 4.

2.3.5. Difficulties in emotion regulation scale-brief form (DERS-16)

Difficulties in Emotion Regulation Scale-Brief Form (DERS-16) is a self-report instrument, which was developed by Bjureberg et al. (2016), as a short version of The Difficulties in Emotion Regulation Scale. Scale assesses difficulties in five domains of emotion regulation as clarity, goals, impulse, strategies, and non-acceptance. In this scale, there are 16 items that can be rated between 1-5 as 1= almost never, and 5= almost always. Possible maximum score is 180 and higher total scores indicate higher emotion dysregulation.

In terms of psychometric properties; for internal consistency Cronbach's alpha of two studies was found as .92, .95 respectively, test-retest reliability was .85.

The scale was adapted into Turkish and psychometric properties were reported as satisfactory by Yiğit and Güzey Yiğit (2017). Internal consistency was found for scale's overall as .92 and for subscales it was between .78 and .87. Item total correlations were between .28 and .69. DERS-16 was found as reliable and valid to assess difficulties in emotion regulation in Turkish culture. In the present study, total score of the scale was used. Cronbach's alpha was found for the scale's overall as .94, and for the subscales as ranging from .78 to .87. Difficulties in Emotion Regulation Scale-Brief Form (DERS-16) is demonstrated in APPENDIX 5.

2.3.6. Young schema questionnaire – short form version 3 (YSQ-S3)

Young Schema Questionnaire-Short Form Version 3 (YSQ-S3) is a self-report instrument, which was developed by Young et al. (2003) to evaluate EMS. This scale is different from 205 item (regarding 16 schemas)- longer form and 75 item (regarding 15 schemas) short form by means of adding Approval-Seeking/Recognition-Seeking, Negativity/Pessimism and Punitiveness schemas. This scale includes 90 items regarding 18 schemas. It has subscales of Abandonment/Instability, Mistrust/Abuse, Emotional Deprivation, Defectiveness/Shame, Social Isolation/Alienation, Dependence/Incompetence, Vulnerability to Harm or Illness, Enmeshment/Undeveloped Self, Failure, Entitlement/Grandiosity, Insufficient Self-Control/Self-Discipline, Subjugation, Self-Sacrifice, Approval-Seeking/Recognition-Seeking, Negativity/Pessimism, Emotional Inhibition, Unrelenting Standards/Hypercriticalness, and Punitiveness. Items can be rated between 1-6 as 1= completely untrue for me, and 6= describes me perfectly. Higher scores indicate more maladaptive beliefs.

In terms of psychometric properties; for internal consistency Cronbach's alpha was found for schema dimensions as between .63 and .80, for schema domains as between .53 and .81.

The scale was adapted into Turkish and psychometric properties were reported as satisfactory by Soygüt et al. (2009). Soygüt et al. (2009) found 5 schema domains and 14 schema dimensions that are Emotional Deprivation, Defectiveness, Pessimism, Social Isolation/Mistrust, Emotional Inhibition, Approval-Seeking, Enmeshment/Dependency, Insufficient Self-Control/Self-Discipline, Self-Sacrifice, Abandonment, Punitiveness, Vulnerability to Harm, Unrelenting Standards, Failure. So, distribution of items has changed but number of items remain as 90. Internal consistency was found for schema dimensions as between .67 and .81, and for schema domains as between .70 and .90. YSQ- S3 was found as reliable and valid to assess difficulties in emotion regulation in Turkish culture. In the present study, scores of schema dimensions were used. Cronbach’s alpha was found for the scale’s overall as .97, for schema domains as ranging from .79 to .90, and for schema dimensions as ranging from .72 to .84. Young Schema Questionnaire – Short Form Version 3 (YSQ-S3) is demonstrated in APPENDIX 6.

2.4. Procedure

Firstly, ethical permission to conduct this research was obtained from Başkent University Social and Human Sciences and Art Research Committee on June, 2019. Afterwards, data was collected through pencil-paper forms of instruments and internet via the set of online forms of instruments. For the preparation of online forms, Qualtrics survey tool was used. Participants were reached by snowball sampling procedure. Participation to this research was voluntarily and participants were informed about this. Answers of participants were kept confidential and identity information of participants was not collected. At the beginning, each participant was informed about the procedure and online/ written informed consent was taken from them. After taking consent of the participants, Turkish versions of The Sociodemographic Information Form, The Two-Track Bereavement Questionnaire (TTBQ), Sense of Coherence Scale-Short Form (SOC-13), Difficulties in Emotion Regulation Scale-Brief Form (DERS-16), Young Schema Questionnaire-Short Form Version 3 (YSQ-S3) were given to the participants. Required time for answering the whole test battery was 25 minutes approximately.

2.5. Statistical Analyses

In present study, scales collected from participants were controlled on an individual basis. In 9 questionnaire forms participants stated that they have a psychological/ psychiatric disorder, in 10 forms participants stated their experience of loss is in more than 5 years, and 18 forms were not completed. So, after elimination of these 37 forms, 254 cases out of total 291 remained for analyses. IBM SPSS Statistics 20.00 packaged software and the Process Macro for SPSS (Process v3.4) were used to make statistical analyses of collected data.

CHAPTER III

RESULTS

In this section, results of the data analyses of collected data in line with the purpose of this research are provided. Firstly, descriptive statistics about the main variables of the research are presented. Results regarding comparison of participants' grief scores in terms of gender, and correlations between research variables are also demonstrated under this title. Then, results of moderation and mediation analyses are presented. Results of testing the proposed model, and mediation analysis results are given under this title.

Before starting statistical analyses, extreme values in the dataset were examined by calculating Mahalanobis Distance and all values were found acceptable. After that, Skewness and Kurtosis values of variables were examined in order to understand whether the data ensures normal distribution condition. All Skewness and Kurtosis values were found between +1 and -1, which means that the data is normally distributed (Tabachnick & Fidell, 2007).

3.1. Descriptive Statistics about the Variables of the Research

After computing total scores of research variables; mean, standard deviation, range and variance values of these variables were computed to reach descriptive information about them. Descriptive statistics of participant's age, number of years after loss, age of deceased, EMS, ERD, SOC and grief are provided in detail in Table 4. In statistical analyses, EMS are represented by YSQ, ERD are represented by DERS, SOC is represented by SOC and grief is represented by TTBQ. During the data analyses of this study, total scores of all variables except EMS were used. Since the schemas cannot be collected theoretically under a single total score, each schema dimension was used separately.

Table 4. Descriptive statistics of the variables

Variable	Subscales	N	Mean	SD	Range	Variance	Min.	Max.
Participant's age		254	42.73	15.08	55	227.47	18	73
Number of years after loss		254	2.15	1.60	5	2.57	0	5

Age of deceased		254	68.01	18.32	98	335.61	0	98
EMS	EmotDepr	254	9.51	4.64	21	21.48	5	26
	EmotInh	254	10.86	4.78	23	22.89	5	28
	SocIsol	254	10.87	4.41	19	19.48	5	24
	Defect	254	9.61	4.36	20	19.01	6	26
	EnmDepe	254	16.04	6.77	30	45.84	9	39
	Aband	254	9.19	4.26	19	18.14	5	24
	Fail	254	11.20	5.08	27	25.78	6	33
	Pessim	254	11.32	5.63	25	31.66	5	30
	VulnHar	254	11.20	4.92	21	24.21	5	26
	InsSelf	254	21.39	7.53	33	56.73	7	40
	SelfSac	254	15.80	5.88	25	34.53	5	30
	Punit	254	19.65	6.80	29	46.23	6	35
	UnrelSt	254	8.75	3.83	15	14.70	3	18
	ApprSee	254	18.89	6.69	30	44.82	6	36
ERD		254	34.08	13.04	63	169.96	16	79
SOC		254	56.68	11.19	69	125.26	22	91
Grief		254	153.01	30.96	162	958.71	79	241

Note. EMS: Early maladaptive schemas, EmotDepr: Emotional deprivation schema, EmotInh: Emotional inhibition schema, SocIsol: Social isolation/ mistrust schema, Defect: Defectiveness schema, EnmDepe: Enmeshment/ dependency schema, Aband: Abandonment schema, Fail: Failure schema, Pessim: Pessimism schema, VulnHar: Vulnerability to harm schema, InsSelf: Insufficient self-control/ self-discipline schema, SelfSac: Self-sacrifice schema, Punit: Punitiveness schema, UnrelSt: Unrelenting standards schema, ApprSee: Approval-seeking schema, ERD: Emotion regulation difficulties total score, SOC: Sense of coherence total score, Grief: Grief total score

At the beginning of this research, it was thought that 'number of years after loss' variable might be a covariate but after finding no correlation between this variable and grief, it was not included as a covariate in analyses.

3.1.1. Comparison of participants' grief scores in terms of gender

An independent samples t-test was conducted to compare mean total grief scores of participants in terms of gender (male/female). Total grief scores of male participants were significantly lower than female participants. Values regarding results of the analysis are demonstrated in Table 5.

Table 5. Comparison of grief scores in terms of gender

Gender	N	Mean	SD
Male	115	144.90	28.94
Female	136	158.92	30.81

3.1.2 Correlations between the variables of the research

Pearson correlation analysis was performed in order to examine the relationships between the variables that are participant's age, number of years after loss, age of deceased, emotional deprivation schema, emotional inhibition schema, social isolation/ mistrust schema, defectiveness schema, enmeshment/ dependency schema, abandonment schema, failure schema, pessimism schema, vulnerability to harm schema, insufficient self-control/ self-discipline schema, self-sacrifice schema, punitiveness schema, unrelenting standards schema, approval-seeking schema, ERD total score, SOC total score, and grief total score.

Results of Pearson correlation analyses are as expected substantially. However, some correlations are theoretically expected but not found. In terms of loss-related features (participant's age, number of years after loss, and age of deceased), number of years after loss is not significantly correlated with grief. In terms of EMS, emotional deprivation schema, emotional inhibition schema, and unrelenting standards schema are not correlated with grief. In addition, self-sacrifice schema and unrelenting standards schema are not significantly correlated with SOC. Detailed information about correlations between the variables are presented in Table 6.

Table 6. Correlation coefficients of the variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1.	-																			
2.	.00	-																		
3.	.30**	-.20*	-																	
4.	.05	.17*	-.05	-																
5.	-.03	.04	.05	.48**	-															
6.	-.21**	.12	-.12	.54**	.53**	-														
7.	-.17*	-.01	-.02	.53**	.58**	.63**	-													
8.	-.23**	.04	-.02	.48**	.59**	.60**	.73**	-												
9.	-.25**	.05	-.12	.50**	.43**	.65**	.63**	.65**	-											
10.	-.14*	.06	.00	.47**	.52**	.56**	.78**	.72**	.52**	-										
11.	-.25**	.16*	-.12	.51**	.43**	.67**	.54**	.63**	.67**	.51**	-									
12.	-.08	.06	-.05	.54**	.51**	.63**	.54**	.64**	.65**	.50**	.70**	-								
13.	-.21*	.09	-.12	.32**	.39**	.49**	.31**	.40**	.32**	.34**	.47**	.46**	-							
14.	.02	.02	.06	.37**	.46**	.50**	.26**	.41**	.38**	.31**	.47**	.46**	.53**	-						
15.	-.01	.07	-.06	.31**	.47**	.51**	.34**	.37**	.38**	.34**	.43**	.50**	.62**	.60**	-					
16.	.02	.05	.04	.32**	.39**	.34**	.29**	.35**	.28**	.31**	.30**	.40**	.54**	.46**	.49**	-				
17.	-.16*	.05	-.07	.39**	.41**	.57**	.38**	.50**	.50**	.45**	.55**	.58**	.64**	.59**	.63**	.61**	-			
18.	-.30**	.04	-.10	.31**	.42**	.57**	.49**	.55**	.51**	.52**	.63**	.48**	.52**	.40**	.43**	.35**	.54**	-		
19.	.31**	-.08	.17*	-.17*	-.28**	-.36**	-.28**	-.31**	-.30**	-.28**	-.38**	-.30**	-.29**	-.10	-.18*	-.10	-.24**	-.47**	-	
20.	-.19*	-.08	-.29**	.09	.10	.28**	.20*	.21*	.23**	.16*	.28**	.20*	.12*	.22**	.13*	.02	.16*	.27**	-.21*	-

Note. 1: Participant's age, 2: Number of years after loss, 3: Age of deceased, 4: Emotional deprivation schema, 5: Emotional inhibition schema, 6: Social isolation/ mistrust schema, 7: Defectiveness schema, 8: Enmeshment/ dependency schema, 9: Abandonment schema, 10: Failure schema, 11: Pessimism schema, 12: Vulnerability to harm schema, 13: Insufficient self-control/ self-discipline schema, 14: Self-sacrifice schema, 15: Punitiveness schema, 16: Unrelenting standards schema, 17: Approval-seeking schema, 18: Emotion regulation difficulties total score, 19: Sense of coherence total score, 20: Grief total score, * $p < .05$, ** $p < .001$.

3.2. Moderation and Mediation Analyses

Following the determination of the details and relationships of research variables, moderation and mediation analyses were conducted. First, moderated mediation analysis results and then mediation analysis results are presented.

3.2.1. Moderating role of SOC in the indirect effect of EMS on grief through the mediating role of ERD

Proposed model of the study, in which the moderating role of SOC in the indirect effect of EMS on grief through the mediating role of ERD was tested by Bootstrapping procedure of Preacher and Hayes (2008). Conditional indirect effect method with bootstrapping provides reliable results by using resampling. In line with this purpose, conditional indirect effect analysis as Model 14 (with 5000 resampling choice) in Process Macro (Hayes, 2018) for SPSS was utilized. Statistical model used is shown in Figure 3. According to this method, by examining whether the moderated mediation index in the output is significant, we can understand that moderated mediation model is significant or not. If the moderated mediation index is significant, it means that conditional indirect effect for different values of moderator variable differs significantly from each other. Values in 95% confidence interval should not contain zero (0). So, moderated mediation becomes significant (Hayes, 2018).

In order to test the moderating role of SOC (W) in the indirect effect of EMS (X) on grief (Y) through the mediating role of ERD (M), 14 schema dimensions were entered the analysis as an independent variable respectively. Conceptual and statistical models of the analysis are presented in Figure 2 and Figure 3.

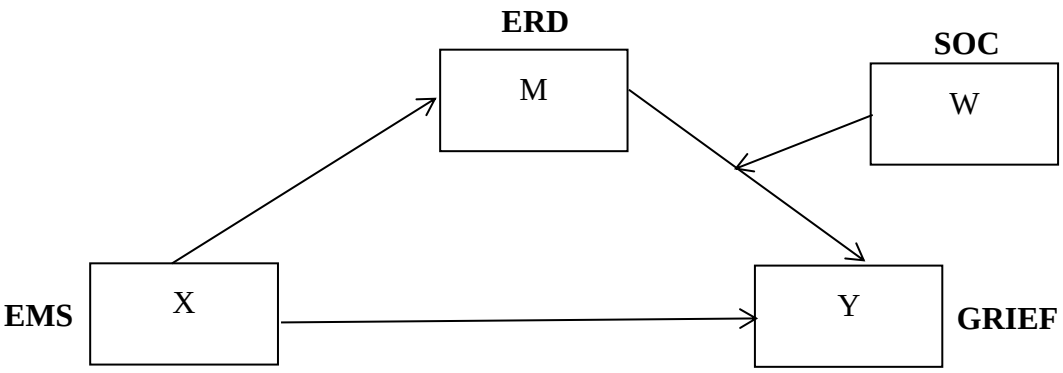

Figure 2. Moderated mediation analysis modelling (conceptual model)

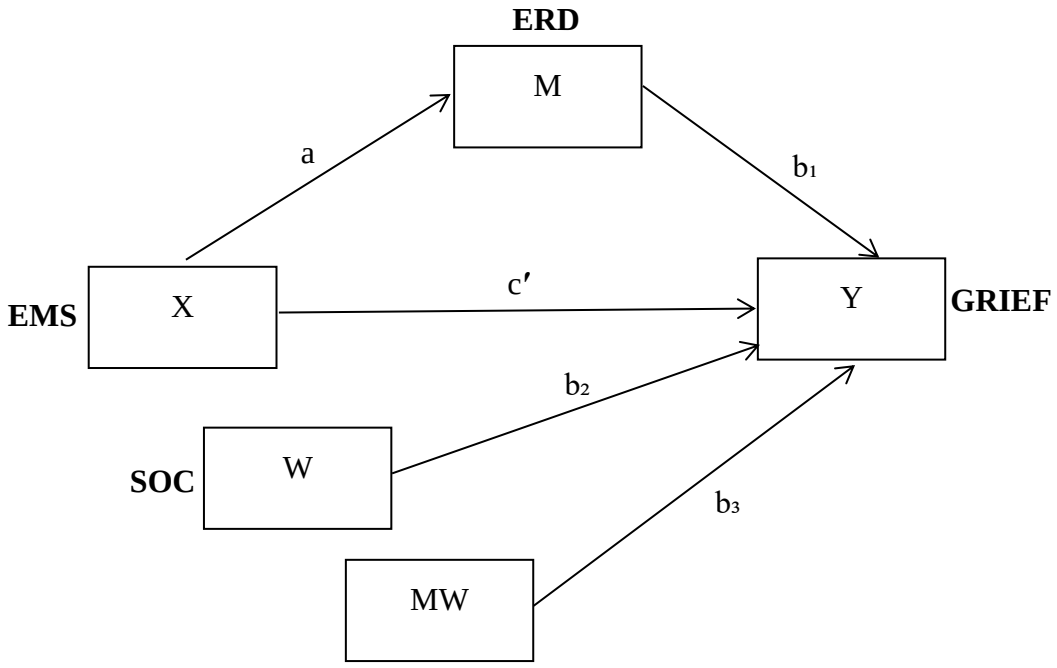

Figure 3. Moderated mediation analysis modelling (statistical model)

Note. X: Independent variable, M: Mediator variable, Y: Dependent variable, W: Moderator variable, EMS: Schema dimensions, ERD: Emotion regulation difficulties total score, SOC: Sense of coherence total score, Grief: Grief total score, path a: X's effect on M, path b_1: Assuming the effect of W as zero, M's effect on Y, path c′: X's direct effect on Y, path b_2: Assuming the effect of M as zero, W's effect on Y, path b_3: MW's interaction effect on Y.

Results show that, the effect of self-sacrifice schema on ERD (path a) was significant and positive (B = .89, SE = .13, p < .001), which means that participants who have self-sacrifice schema may have more difficulties in emotion regulation. The direct effect of self-sacrifice schema on grief (path c') was significant and positive (B = .74, SE = .34, p < .05), which means that participants who have self-sacrifice schema may have more difficulties during grief process. Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (p > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (B = -1.10, SE = .38, p < .01), which means that participants who have higher SOC may experience less problems during grief process. The

interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (*B* = .02, *SE* = .01, $p < .05$). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is no 0 value in confidence interval, the effect of interaction (path ab_3) was significant (*index* = .02, *SE* = .01, 95% *CI*: .00, .04). Thus, SOC has a moderating role in the indirect effect of self-sacrifice schema on grief through the mediating role of ERD. Accordingly, this effect is significant at the mean (95% *CI*: .11, .81) and upper (95% *CI*: .25, 1.15) levels of SOC, while it is not significant at lower (95% *CI*: -.14, .61) level of SOC. Moreover, the model in general was significant (R^2 = .12, *F* (4, 249) = 8.54, $p < .001$). Moderated mediation effect is displayed in Figure 3 graphically. Values regarding moderated mediation analysis are provided in Table 7.

Table 7. Moderating role of SOC in the indirect effect of self-sacrifice schema on grief through the mediating role of ERD

	Effect	**BootSE**	**LLCI**	**ULCI**
SelfSac ERDTotal TTBQTotal (path ab_3)				
SOC lower	.20	.19	-.14	.61
SOC mean	.44	.18	.11	.81
SOC upper	.68	.23	.25	1.15
Index	.02	.01	.00	.04

Note. LLCI = Lower level for confidence interval, ULCI = Upper level for confidence interval, BootSE = Standard error.

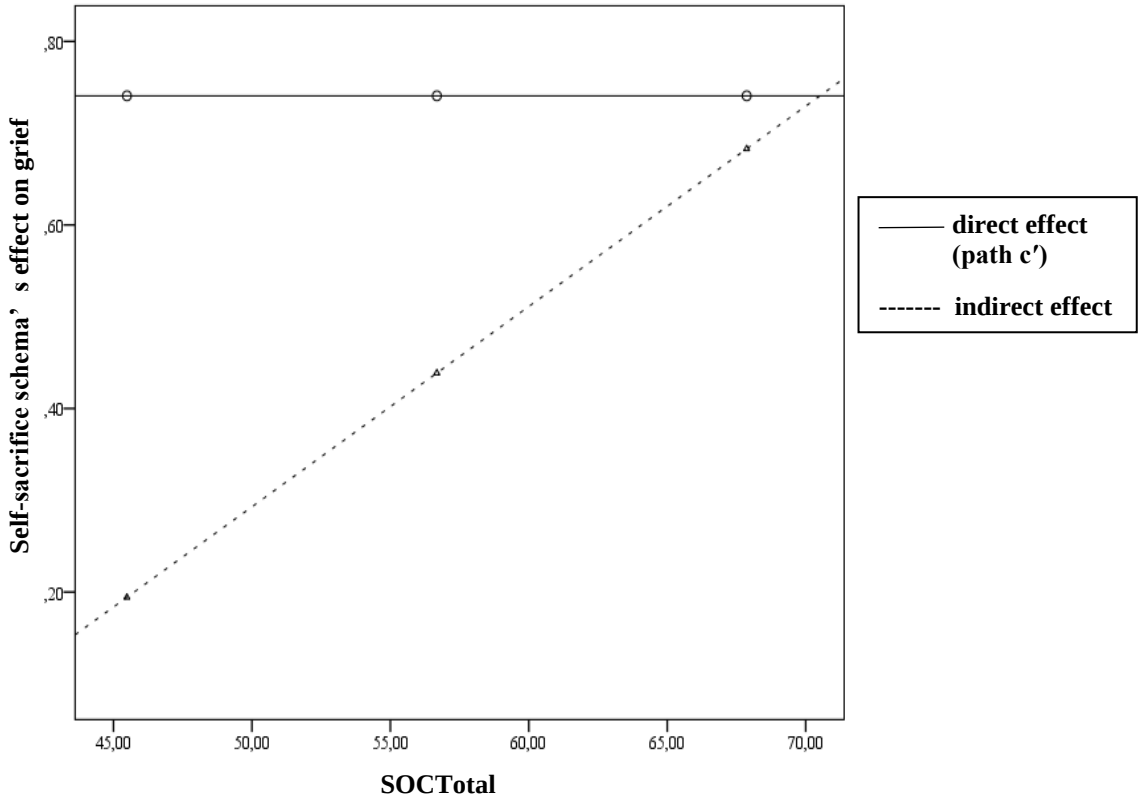

Figure 4. Graphical display of moderated mediation effect

Self-sacrifice schema is the only schema dimension that supports the proposed model. Although the effects of other schema dimensions are not significant, results can be seen in Appendix 7. Analyses resulted in nonsignificant and did not support the proposed model gave clues about the strong mediation effects. In the next section, mediation model was tested and the results are explained.

3.2.2. Mediating role of ERD in the relationship between EMS and grief

In line with the research questions of this study, to test the mediating role of ERD in the relationship between EMS ang grief scores of participants, Bootstrapping procedure proposed by Preacher and Hayes (2008) was used. Simple mediation analysis was run through Model 4 (with 5000 resampling choice) in Process Macro that is developed by Hayes (2018) for SPSS. Statistical model used is demonstrated in Figure 2. According to this method, for mediation effect to be significant, values in 95% confidence interval should not contain zero (0).

In order to test the mediating role of ERD (M) in the relationship between EMS (X) ang grief (Y), 14 schema dimensions were entered the analysis as an independent variable respectively. Results of the schema dimensions are summed up under the schema domains in which they are located. Model of the analysis is demonstrated in Figure 4. Values regarding simple mediation analyses are provided in Table 8.

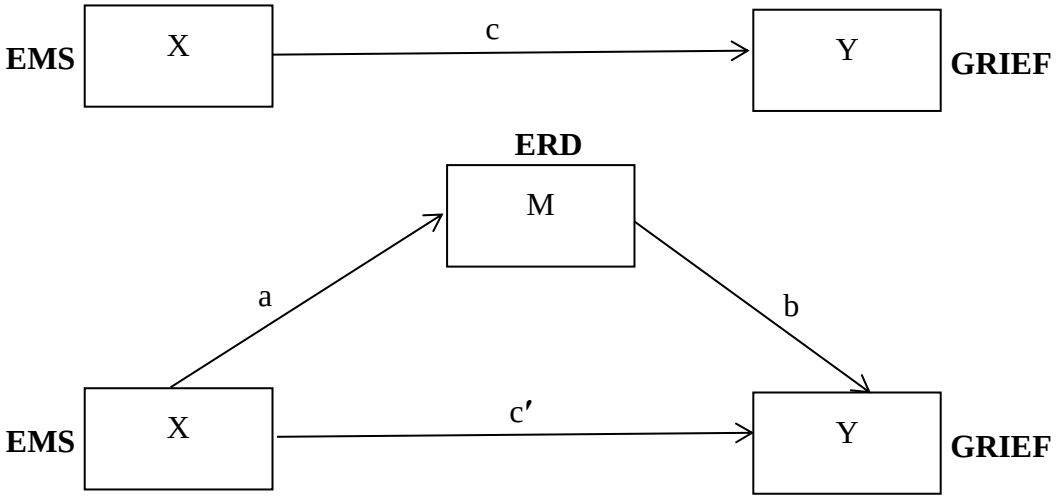

Figure 5. Mediation analysis modelling

Note. X: Independent variable, M: Mediator variable, Y: Dependent variable, EMS: Schema dimensions, ERD: Emotion regulation difficulties total score, Grief: Grief total score, path c: X's total effect on Y, path a: X's effect on M, path b: M's effect on Y, path c′: X's direct effect on Y.

Mediation analyses of schemas under disconnection and rejection domain. First of all, emotional deprivation schema was entered the analysis as an independent variable. Results show that, the effect of emotional deprivation schema on ERD (path a) was significant and positive (B = .86, SE = .17, p < .001). The effect of ERD on grief (path b) was significant and positive (B = .64, SE = .15, p < .001). The direct effect of emotional deprivation schema on grief (path c') was not significant (p > .05). The indirect effect of emotional deprivation schema on grief was significant, which means that ERD mediates the relationship between emotional deprivation schema and grief because there is no 0 value in confidence interval (B = .55, SE = .16, 95% CI: .28, .91).

Then, emotional inhibition schema was entered the analysis as an independent variable. Results show that, the effect of emotional deprivation schema on ERD (path a) was significant and positive (B = 1.13, SE = .16, p < .001). The effect of ERD on grief (path b)

was significant and positive (*B* = .67, *SE* = .16, *p* < .001). The direct effect of emotional inhibition schema on grief (path c') was not significant (*p* > .05). The indirect effect of emotional inhibition schema on grief was significant, which means that ERD mediates the relationship between emotional inhibition schema and grief because there is no 0 value in confidence interval (*B* = .76, *SE* = .23, 95% *CI*: .37, 1.26).

After that, social isolation/ mistrust schema was entered the analysis as an independent variable. Results show that, the effect of social isolation/ mistrust schema on ERD (path a) was significant and positive (*B* = 1.67, *SE* = .15, *p* < .001). The effect of ERD on grief (path b) was significant and positive (*B* = .40, *SE* = .17, *p* < .05). The direct effect of social isolation/ mistrust schema on grief (path c') was significant and positive (*B* = 1.28, *SE* = .51, *p* < .05). The indirect effect of social isolation/ mistrust schema on grief was significant, which means that ERD mediates the relationship between social isolation/ mistrust schema and grief because there is no 0 value in confidence interval (*B* = .68, *SE* = .30, 95% *CI*: .09, 1.27).

Next, defectiveness schema was entered the analysis as an independent variable. Results show that, the effect of defectiveness schema on ERD (path a) was significant and positive (*B* = 1.46, *SE* = .16, *p* < .001). The effect of ERD on grief (path b) was significant and positive (*B* = .55, *SE* = .16, *p* < .01). The direct effect of defectiveness schema on grief (path c') was not significant (*p* > .05). The indirect effect of defectiveness schema on grief was significant, which means that ERD mediates the relationship between defectiveness schema and grief because there is no 0 value in confidence interval (*B* = .80, *SE* = .25, 95% *CI*: .32, 1.29).

Mediation analyses of schemas under impaired autonomy domain. First, enmeshment/ dependency schema was entered the analysis as an independent variable. Results show that, the effect of enmeshment/ dependency schema on ERD (path a) was significant and positive (*B* = 1.06, *SE* = .10, *p* < .001). The effect of ERD on grief (path b) was significant and positive (*B* = .54, *SE* = .17, *p* < .01). The direct effect of enmeshment/ dependency schema on grief (path c') was not significant (*p* > .05). The indirect effect of enmeshment/ dependency schema on grief was significant, which means that ERD mediates the relationship between enmeshment/ dependency schema and grief because there is no 0 value in confidence interval (*B* = .57, *SE* = .20, 95% *CI*: .21, .99).

Next, abandonment schema was entered the analysis as an independent variable. Results show that, the effect of abandonment schema on ERD (path a) was significant and positive (B = 1.55, SE = .17, p < .001). The effect of ERD on grief (path b) was significant and positive (B = .51, SE = .17, p < .01). The direct effect of abandonment schema on grief (path c') was not significant (p > .05). The indirect effect of abandonment schema on grief was significant, which means that ERD mediates the relationship between abandonment schema and grief because there is no 0 value in confidence interval (B = .79, SE = .25, 95% CI: .32, 1.28).

Subsequently, failure schema was entered the analysis as an independent variable. Results show that, the effect of failure schema on ERD (path a) was significant and positive (B = 1.33, SE = .14, p < .001). The effect of ERD on grief (path b) was significant and positive (B = .62, SE = .17, p < .001). The direct effect of failure schema on grief (path c') was not significant (p > .05). The indirect effect of failure schema on grief was significant, which means that ERD mediates the relationship between failure schema and grief because there is no 0 value in confidence interval (B = .83, SE = .24, 95% CI: .39, 1.32).

Then, pessimism schema was entered the analysis as an independent variable. Results show that, the effect of pessimism schema on ERD (path a) was significant and positive (B = 1.45, SE = .11, p < .001). The effect of ERD on grief (path b) was significant and positive (B = .38, SE = .18, p < .05). The direct effect of pessimism schema on grief (path c') was significant and positive (B = .99, SE = .42, p < .05). The indirect effect of pessimism schema on grief was significant, which means that ERD mediates the relationship between pessimism schema and grief because there is no 0 value in confidence interval (B = .55, SE = .25, 95% CI: .07, 1.07).

After that, vulnerability to harm schema was entered the analysis as an independent variable. Results show that, the effect of vulnerability to harm schema on ERD (path a) was significant and positive (B = 1.26, SE = .15, p < .001). The effect of ERD on grief (path b) was significant and positive (B = .54, SE = .16, p < .01). The direct effect of vulnerability to harm schema on grief (path c') was not significant (p > .05). The indirect effect of vulnerability to harm schema on grief was significant, which means that ERD mediates the relationship between vulnerability to harm schema and grief because there is no 0 value in confidence interval (B = .69, SE = .21, 95% CI: .29, 1.11).

Mediation analyses of schemas under impaired limits domain. The only schema dimension under this domain that is insufficient self-control/ self-discipline schema was entered the analysis as an independent variable. Results show that, the effect of insufficient self-control/ self-discipline schema on ERD (path a) was significant and positive (*B* = .66, *SE* = .17, *p* < .001). The effect of ERD on grief (path b) was significant and positive (*B* = .54, *SE* = .16, *p* < .01). The direct effect of insufficient self-control/ self-discipline schema on grief (path c') was not significant (*p* > .05). The indirect effect of insufficient self-control/ self-discipline schema on grief was significant, which means that ERD mediates the relationship between insufficient self-control/ self-discipline schema and grief because there is no 0 value in confidence interval (*B* = .59, *SE* = .15, 95% *CI*: .39, .91).

Mediation analyses of schemas under other-directedness domain. Firstly, self-sacrifice schema was entered the analysis as an independent variable. Results show that, the effect of self-sacrifice schema on ERD (path a) was significant and positive (*B* = .89, *SE* = .13, *p* < .001). The effect of ERD on grief (path b) was significant and positive (*B* = .52, *SE* = .16, *p* < .001). The direct effect of self-sacrifice schema on grief (path c') was significant and positive (*B* = .70, *SE* = .35, *p* < .05). The indirect effect of insufficient self-sacrifice schema on grief was significant, which means that ERD mediates the relationship between insufficient self-sacrifice schema and grief because there is no 0 value in confidence interval (*B* = .46, *SE* = .16, 95% *CI*: .18, .82).

Following, punitiveness schema was entered the analysis as an independent variable. Results show that, the effect of punitiveness schema on ERD (path a) was significant and positive (*B* = .83, *SE* = .11, *p* < .001). The effect of ERD on grief (path b) was significant and positive (*B* = .64, *SE* = .16, *p* < .001). The direct effect of punitiveness schema on grief (path c') was not significant (*p* > .05). The indirect effect of punitiveness schema on grief was significant, which means that ERD mediates the relationship between punitiveness schema and grief because there is no 0 value in confidence interval (*B* = .53, *SE* = .14, 95% *CI*: .27, .83).

Mediation analyses of schemas under unrelenting standards domain. At first, unrelenting standards schema was entered the analysis as an independent variable. Results show that, the effect of unrelenting standards schema on ERD (path a) was significant and positive (*B* = 1.18, *SE* = .20, *p* < .001). The effect of ERD on grief (path b) was significant and positive (*B* = .72, *SE* = .15, *p* < .001). The direct effect of unrelenting standards schema

on grief (path c') was not significant ($p > .05$). The indirect effect of unrelenting standards schema on grief was significant, which means that ERD mediates the relationship between unrelenting standards schema and grief because there is no 0 value in confidence interval (*B* = .85, *SE* = .25, 95% *CI*: .42, 1.40).

Finally, approval-seeking schema was entered the analysis as an independent variable. Results show that, the effect of approval-seeking schema on ERD (path a) was significant and positive (*B* = 1.05, *SE* = .10, $p < .001$). The effect of ERD on grief (path b) was significant and positive (*B* = .63, *SE* = .17, $p < .001$). The direct effect of approval-seeking schema on grief (path c') was not significant ($p > .05$). The indirect effect of approval-seeking schema on grief was significant, which means that ERD mediates the relationship between approval-seeking schema and grief because there is no 0 value in confidence interval (*B* = .65, *SE* = .20, 95% *CI*: .30, 1.07).

Table 8. Simple mediation model for EMS, ERD and grief

	Effect	**BootSE**	**LLCI**	**ULCI**
EmotDepr → ERDTotal → TTBQTot	.55*	.16	.28	.91
EmotInh → ERDTotal → TTBQTot	.76*	.23	.37	1.26
SocIsol → ERDTotal → TTBQTot	.68*	.30	.09	1.27
Defect → ERDTotal → TTBQTot	.80*	.25	.32	1.29
EnmDepe → ERDTotal → TTBQTot	.57*	.20	.21	.99
Aband → ERDTotal → TTBQTot	.79*	.25	.32	1.28
Fail → ERDTotal → TTBQTot	.83*	.24	.39	1.32
Pessim → ERDTotal → TTBQTot	.55*	.25	.07	1.07
VulnHar → ERDTotal → TTBQTot	.69*	.21	.29	1.11
InsSelf → ERDTotal → TTBQTot	.59*	.15	.39	.91
SelfSac → ERDTotal → TTBQTot	.46*	.16	.18	.82
Punit → ERDTotal → TTBQTot	.53*	.14	.27	.83
UnrelSt → ERDTotal → TTBQTot	.85*	.25	.42	1.40
ApprSee → ERDTotal → TTBQTot	.65*	.20	.30	1.07

Note. EmotDepr = Emotional deprivation schema, EmotInh = Emotional inhibition schema, SocIsol = Social isolation schema, Defect = Defectiveness schema, EnmDepe = Enmeshment/ dependency schema, Aband = Abandonment schema, Fail = Failure schema, Pessim = Pessimism schema, VulnHar = Vulnerability to harm schema, InsSelf = Insufficient self-control/ self-discipline schema, SelfSac = Self-sacrifice schema, Punit = Punitiveness schema, UnrelSt = Unrelenting standards schema, ApprSee = Approval seeking schema, LLCI =

Lower level for confidence interval, ULCI = Upper level for confidence interval, BootSE = Standard error, * mediation effect is significant.

CHAPTER IV

DISCUSSION

Purpose of this research is investigating the role of SOC and ERD in the relationship between EMS and grief symptoms among the population of people who have lost a closed, loved person in recent 5 years. In this section, results obtained from the analyses that have made to address the research questions in line with the purpose of this research are discussed in the context of literature.

4.1. Descriptive Statistics about the Variables of the Research

4.1.1. Comparison of participants' grief scores in terms of gender

In this study, total grief scores of male participants were found significantly lower than female participants, which means that females' experience of loss may be more complicated than males. In literature, being female is pointed as a risk factor for complicated grief (Mizuno et al., 2012; Cesur, 2017; Enez, 2018). Females experience more depressive symptoms related with grief than males and also need psychological support more than males (Stroebe et al., 2001). Thus, this result regarding comparison of participants' grief scores in terms of gender is an expected result.

In some studies, the reason behind the tendency of more complicated grief rates of females is explained by cultural gender stereotypes (Versalle & Mcdowell, 2005; Doka & Martin, 2011; Stelzer, Atkinson, O'Connor, & Croft, 2019). It is asserted that because women are welcomed to express their inner state and emotions pursuant to gender roles, they may seem to have more problems during grieving process. Also based on culture, women may experience grief more intuitively, in other words emotive and help-seeking way; whereas men may experience it more instrumentally, in other words cognitive and problem solving-based. So, it seems that according to literature, it is still not clear that whether females have higher complicated grief rates than man or this is just an illusion arises from culture. Future studies dealing with this issue specifically may be helpful to shed a light on it.

4.1.2. Correlations between the variables of research

Correlation analysis was conducted to examine the relationships between the variables of this research, which are loss-related features (participant's age, number of years after loss, and age of deceased), emotional deprivation schema, emotional inhibition schema, social isolation/ mistrust schema, defectiveness schema, enmeshment/ dependency schema, abandonment schema, failure schema, pessimism schema, vulnerability to harm schema, insufficient self-control/ self-discipline schema, self-sacrifice schema, punitiveness schema, unrelenting standards schema, approval-seeking schema, ERD total score, SOC total score, and grief total score. Some of the results of this analysis were found to be as expected theoretically and support the literature, while others were not.

All of the schema dimensions were found positively correlated with ERD. As the EMS scores of participants increase, ERD that they may experience also increase. According to Young et al. (2003), EMS are dysfunctional mental structures that have formed by childhood negative experiences with caregivers and have become consolidated by repeated later experiences in life. Learning emotion regulation strategies also starts very early years of life via interactions between attachment figures and child. Suppressive or ignoring strategies of caregivers rather than regulatory ones would lead affective problems, which would become lifelong permanent (Cole et al., 1994; Amstadter, 2008). From the theoretical perspective, it is not surprising that they are intercorrelated. Early negative experiences may create excessive negative emotions from which person may want to avoid. So, person may develop emotion dysregulation by this avoidance (Young et al., 2003; Cloitre et al., 2005; Hooghe et al., 2012; Fassbinder et al., 2016). In sum, although there is no study on the direct relationship of these two variables, current study's this result is consistent with literature.

All of the schema dimensions except self-sacrifice schema and unrelenting standards schema were found negatively correlated with SOC. It means that when the participants' 12 of EMS scores increase, their SOC levels decrease. If people have these schemas, they may have more difficulty in perceiving life as comprehensible, manageable, and meaningful. In literature, there is not any specific study investigates the relationship between EMS and SOC. As far as is known from the literature, it can be said that concepts of SOC and EMS diametrically opposite concepts. An individual who have any of schema dimensions may have lower SOC because EMS influence the person's evaluations regarding self, others and life in a negative way whereas SOC helps an objective, more healthy way of evaluation and

makes conflict resolution easier (Antonovsky 1987, 1993; Young et al., 2003; Bachem & Maercker, 2016). Thus, correlation results of this study for EMS and SOC seem consistent considering the existing knowledge.

Social isolation/ mistrust schema, defectiveness schema, enmeshment/ dependency schema, abandonment schema, failure schema, pessimism schema, vulnerability to harm schema, insufficient self-control/ self-discipline schema, self-sacrifice schema, punitiveness schema, and approval-seeking schema are found positively correlated with grief. So, individuals with these schema dimensions may experience grief process after losing their loved one more complicated. In literature, the impact of existing negative perceptions about self, relationships and world on perception of grief has shown in different studies (Bonanno et al., 2002; Boelen et al., 2006; Thimm & Holland, 2017). Loss can trigger and even strengthen the already existing beliefs and schemas of person. Accordingly, more complicated and prolonged grief reactions may be observed. In the first study in this field, Thimm and Holland (2017) found that existence of abandonment, vulnerability to harm, and self-sacrifice schemas is correlated with complicated grief of bereaved people. Findings of current study regarding EMS and grief relationship are consistent with this study. In addition to abandonment, vulnerability to harm, and self-sacrifice schemas, current study reveals 7 other schemas' (social isolation/ mistrust, defectiveness, enmeshment/ dependency, failure, pessimism, insufficient self-control/ self-discipline, punitiveness) positive relationship with grief.

ERD were found positively correlated with grief. Participants who experience difficulty in regulating their emotions may have also difficulty in grief from a close person. In literature, better emotion regulation is associated with lower chance to develop complicated grief. In other words, the ability to cope with loss of a loved one increases with heathy emotion regulation strategies (Znoj & Keller, 2002; Hooghe et al., 2012; Shear, 2012; Castro & Rocha, 2013). Overcoming complicated emotions that emerged in this process with conscious or unconscious ways of emotion regulation plays a protective role against complicated grief (Döveling, 2015). So, this result of current study is in line with the literature.

ERD were found negatively correlated with SOC. Individuals with difficulty in flexibly regulating emotions may have lower SOC. Salutogenesis studies revealed that training programs based on enhancing SOC in children would help better emotion regulation

in stressful situations, which provides benefits in academic success as well as social life (Mittelmark et al., 2017). Moreover, both emotion regulation and SOC are pointed as a protective factor against mental health problems in literature (Cole et al., 1994; Larsson et al., 1994; Dudek & Koniarek, 2000; Cloitre et al., 2005; Cisler et al., 2010; Hooghe et al., 2012; López et al., 2015). Hence, SOC and difficulties in emotion regulation can be seen in inverse proportion in an individual. When the theoretical background of these two concepts are considered, negative correlation between ERD and SOC seems compatible with the literature.

SOC was found negatively correlated with grief. So, individuals who have stronger SOC may experience grief after losing a closed person less troubledly. Xiu et al. (2016) concluded their study with Swiss individuals who lost their children that, lower SOC is one of the predictors of prolonged grief. People who lost a close family member demonstrate less health-related problems (mentally and physically) during grief, if they have higher SOC levels (Antonovsky, 1979; Larsson et al., 1994). Higher SOC enables individuals to perceive traumatic and stressful events like death of a loved one more manageable. In this way, individuals may feel fewer negative emotions like helplessness, feel more control over events in their life and may develop better coping skills after their loss (Dudek & Koniarek, 2000). Hereby, their probability to experience complicated grief may decrease. As a result, correlation result of current study about the relationship between SOC and grief is consistent with the existing knowledge.

In addition to these, age of participant is negatively correlated with grief, which means that grief rate decreases as the participant's age increases. There are conflicting results in literature regarding the relationship between age and grief. According to Shear (2015), the relationship between age and grief is still not clear. Some other researchers assert that increased age is a risk factor for complicated grief because of feeling of loneliness, anxiety for being the next one and so on (Kersting, Brähler, Glaesmer, & Wagner, 2011; Newson, Boelen, Hek, Hofman, & Tiemeier, 2011; Li, Chow, & Shi, 2015). Nonetheless, there are also findings supports that older people's coping skills with grief of their loved ones is better than younger people because older people have more loss experiences, have better understanding of inevitability of death and so on (Zisook, Shuchter, Sledge, & Mulvihill, 1993; Zonnebelt-Smeenge & Devries, 2003; Kristensen, Weisaeth, & Heir, 2010; Cesur, 2017). Consequently, result of this research regarding age and grief relationship is supported to a certain extent by the existing literature. However, the uncertainty of findings may be

pointing that age itself may not be enough to play a role in bereavement processes of individuals. Gathering a lot of elements like other characteristics of bereaved person, variables about the relationship with person lost, and the variables about the death of a person together may be a more effective way than focusing age only (Talerico, 2003; Versalle & Mcdowell, 2005; Gillies & Neimeyer, 2006; Lifshitz, Ifrah, Markovitz, Bluvstein, & Shmotkin, 2020).

There was no correlation between number of years passed after participant's loss and grief according to the results of this study. There is a common idea in grief literature that because complicated grief symptoms can be confused with other psychological disorders like posttraumatic stress disorder or major depressive disorder and because there is still no consensus on a specific diagnosis about complicated grief, required time for deciding for a person to have complicated grief is still unclear (Howarth, 2011; Shear et al., 2011; Shear, 2015; Simon et al., 2020). Some researchers recommend to wait until a year after the loss in order to avoid mistakes in diagnosis and treatment, whereas some others state that prolonged symptoms after 6 months following death are enough to intervene (Prigerson et al., 2009; Shear, 2015; Enez, 2018). Galatzer-Levy and Bonanno (2012), measure symptoms of bereaved participants starting from sixth month after loss. There was a remarkable symptom relief at the end of 4 years (especially after 18 months) compared to sixth month after loss as a result of normal grief process. In a 10-year longitudinal study, Groot and Kollen (2013) found that bereaved relatives show decrease in grief symptoms after 13 months and the risk of complicated grief gradually decreases in 10 years. More generally, in the studies included in a prolonged grief review of Lundorff, Holmgren, Zachariae, Farver-Vestergaard, and O'Connor (2017), criteria for the time after loss changes from 6 months to 10 years. All findings indicate that the severity of the symptoms of mourning decreases as the time after the loss increases. In accordance with the findings in literature, participants are required to experience loss within past 5 years in current study. In literature, long-term studies of grief have longitudinal design in general. However, this study is a cross-sectional one. So, it would not be possible to measure grief scores of bereaved people at different times and compare with each other. Therefore, there may be no correlation between number of years passed after loss and grief of participants.

In this study, age of deceased is found to be negatively correlated with grief. In literature too, younger deaths are more associated with severe grief symptoms (Newson et al., 2011; Mathews & Servaty-Seib, 2007; Neimeyer, 2012; He et al., 2014; Cesur, 2017).

Especially losing a child is highly correlated with complicated grief (Kersting et al., 2011; Scholtes & Browne, 2015; Wilson, Cohen, MacLeod, & Houttekier, 2018). In Aho, Inki, and Kaunonen's (2018) research, interviews with older people who lost younger loved ones revealed that participants have long-term and severe complaints about crushing emotions like feeling of intense anger, physical symptoms like insomnia and mental symptoms like forgetfulness, prolonged yearning, losing hope and the meaning of life. Thus, finding of this study regarding age of deceased and grief relationship supports the literature.

4.2. Moderation and Mediation Analyses

4.2.1. Moderating role of SOC in the indirect effect of EMS on grief through the mediating role of ERD

As a main purpose of this study, the role of SOC and ERD in the relationship between EMS and grief symptoms among the population of people who have lost a closed, loved person in recent 5 years was examined. According to the results of moderated mediation analysis, SOC has a moderating role in the indirect effect of self-sacrifice schema on grief through the mediating role of ERD. Significance of this effect changes for different levels of SOC. It is significant for mean and upper levels of SOC but not significant for lower level of SOC. Put it differently, the indirect effect of self-sacrifice schema on grief gets strengthen when SOC is at mean and upper levels. It can be concluded that, severity of grief responses that occur through the higher ERD in people with self-sacrifice schema can be regulated by the SOC if individuals have moderate to high levels of SOC.

Self-sacrifice schema is the only schema, which gives a significant result for the proposed model in this research. From the perspective of schema therapy, self-sacrifice schema is characterized by fulfilling needs of other people (the ones they see as in need) voluntarily. What lays behind the desire of people with this schema is that they are overly sensitive to others. They may want to lessen the pain of others, to gain self-esteem and avoid feeling guilty from being selfish. However, this behavior pattern may result in anger originates from the frustration of own needs (Young et al., 2003). Generally, in childhood years their families put a lot of responsibility for the physical or emotional care of someone close to them. So, in time, they develop the idea that they are responsible to make others feel good (Young & Klosko, 2011). When the individuals with self-sacrifice schema experience the loss of a close person, they may develop some beliefs such as being guilty or insensitive

stems from having failed to meet the needs of that person. Moreover, they may try to help other people affected by this loss and avoid their own distress. Under the influence of increased ERD, with difficulties at different points of emotion regulation process like cognitive change or response modulation, these maladaptive beliefs and behaviors may become stronger. Thus, complicated grief can develop. However, in this process, if the individual has moderate to high levels of SOC, perception of loss may become less stressful and dealing with this fact may be easier. Higher SOC helps individuals to accept the issue easily because it includes the ability to understand dynamism of life. It also contributes better coping because it includes the ability to find a meaning to stay stronger against difficult to handle situations (Antonovsky, 1979; Dudek & Koniarek, 2000). In this manner, SOC plays a moderating role in the indirect effect of self-sacrifice schema on grief through the mediating role of ERD.

The proposed model's significant result for only one of the 14 schema dimensions was evaluated on the basis of some cultural and developmental explanations. Firstly, although Antonovsky (1987) asserts that SOC is a cross-cultural structure, some researchers state that most of SOC research has been conducted in individualistic cultures. So, there may be differences in collectivistic cultures in terms of SOC (Braun-Lewensohn & Sagy, 2011; Cederblad, Ruksachatkunakorn, Boripunkul, Intraprasert, & Höök, 2003; Nosheen, Riaz, Malik, Yasmin, & Malik, 2017). According to Braun-Lewensohn and Sagy (2011), SOC may not act as a protective factor against stress in more collectivistic, traditional or religious cultures. Considering that comprehensibility, manageability and meaningfulness components of SOC are created by evaluations of people's experiences mostly on an individual basis, people in collectivistic cultures may have difficulties in formation of SOC. From this point of view, since Turkey is considered to have a more collectivist culture, the reason for the lack of regulatory effect of SOC in the proposed model may be cultural.

Secondly, self-sacrifice schema is the only schema that has no correlation with SOC while having positive correlations with ERD and grief. Other schema dimensions that were found positively correlated with grief were simultaneously found negatively correlated with SOC. Based on these results, we may assert that when individuals with EMS that have negative relationship with SOC show complicated grief symptoms via increased ERD, it may not be possible to see the regulatory effect of SOC. On the other hand, if the schema has no relationship with SOC, SOC may have the regulatory role in this proposed model. Formation of EMS occurs quiet early in life (Young et al., 2003). Nevertheless, SOC

continues its development until early adulthood years and requires repeated healthy management of stressful events (Antonovsky 1987, 1993). Schemas already developed in the person can prevent healthy management of difficult situations (Young & Klosko, 2011). Since having these schemas negatively correlated with SOC may reduce the possibility of SOC development in person, these individuals may not have moderate or high SOC levels required for the moderation. In the light of this information, the failure of the mediating effect of SOC in the proposed model can be thought to be related to the place of SOC and EMS concepts in the developmental processes of individuals.

At this point, the question arises why only the self-sacrifice schema is not related to SOC when other schemas are in a negative relationship with SOC. According to Browning (2017), collectivism in eastern cultures and self-sacrifice schema are two concepts with similar meaning. Consideration of needs of others before acting in accordance with own needs appears as collectivism and voluntarily focusing on others' needs more than own needs appears as self-sacrifice schema. Browning (2017) asserts that in eastern cultures, more individuals with self-sacrifice schema can be seen because of its overlap with the cultural beliefs. Thus, it is important to distinguish the two as they can cause misdiagnosis of individuals. From this point of view, the reason why self-sacrifice schema is not associated with SOC may be related to cultural norms. Considering the effects of eastern culture seen in Turkey, if self-sacrifice schema emerges as a reflection of culture rather than a maladaptive structure like other schemas, that would be why it may not be found correlated with SOC.

As a result, it seems that further research regarding the relationships between culture and EMS, culture and SOC, and also EMS and SOC are required to clarify this issue.

4.2.2 Mediating role of ERD in the relationship between EMS and grief

In order to answer the second research question of this study, which is examining the mediating role of ERD in the relationship between EMS ang grief scores of participants, simple mediation analysis was carried out. Analysis results revealed that ERD mediates the relationship between all schema dimensions and grief. In other words, likelihood of more complicated grief reactions following losing a close person of individuals who have any of EMS is predicted through the mediating role of ERD.

EMS are formed in very early years of life via maladaptive ways of interaction between children and caregivers and unmet core emotional needs of children. Similarly, maladaptive reactions of caregivers towards children's emotions can affect children's emotional development negatively. These negative effects may lead the permanent ERD and EMS on children throughout their life (Cole et al., 1994; Young et al., 2003; Cloitre et al., 2005; Amstadter, 2008; Hooghe et al., 2012). As a result of plenty of research in the area, ERD are known as a risk-boosting factor for developing psychopathologies (Cole et al., 1994; Cloitre et al., 2005; Cisler et al., 2010; Kring & Sloan, 2010). Maintaining normal functioning in the face of stressful life events is possible with a successful coping, for which emotion regulation is the core component. So, person with ERD may fail at coping with difficulties caused by the loss of the loved one and this may lead developing complicated grief (Hooghe et al., 2012; Shear, 2012; Döveling, 2015). On the other hand, higher emotional awareness, that is an important part of emotion regulation process, is associated with lower rates of complicated grief (Castro & Rocha, 2013). Although there is not any study in literature that directly examines the relationship between EMS, ERD and grief; there are studies demonstrate the role of ERD in the relationship between EMS and other psychopathologies like personality disorders, social phobia and eating disorders (Eldoğan, 2012; Sapmaz Yurtsever, 2014; Sajadi, Arshadi, Zargar, Honarmand, & Hajjari, 2015). In addition, Cesur (2017) found that level of emotional regulation difficulties affects the complicated grief level through negative grief cognitions. She concluded that due to the intensity of emotions and the inability to regulate them after the loss, people can develop negative cognitions about themselves, others and the world or they can attribute catastrophic meanings to grief responses.

Existing knowledge about these three variables of current research (EMS, ERD and grief) demonstrates that EMS and ERD are both concepts that occur in the early years of development via the influence of child's significant other and show lifelong effects on individuals. They may decrease the ability of people to cope with difficult situations such as losing a family member or an intimate friend and may lead to more complex and longer grieving. When the EMS are considered more specifically as schema domains, the role of ERD in their relationship with grief may become more meaningful. In disconnection and rejection domain (includes emotional deprivation, emotional inhibition, social isolation/ mistrust, defectiveness schemas), the belief of not being able to have stable, safe and affectionate attachments is dominant (Young et al., 2003). When people with these schemas

lose a close person, these beliefs may be triggered. In this situation, increased ERD may make the grieving of these people more complicated by making beliefs stronger. In impaired autonomy domain (includes enmeshment/ dependency, abandonment, failure, pessimism, vulnerability to harm schemas), not being able to be independent from others is present (Young et al., 2003). If people with these schemas lose a close person, they may feel that they cannot continue functioning without this person's support. Increased dysregulated emotions may worsen the yearning for the person died and grief may become complicated. In impaired limits domain (includes insufficient self-control/ self-discipline schema), deficiency in self-control ability is seen (Young et al., 2003). People with this schema may feel disturbance because of their desire to avoid new responsibilities to be imposed after losing a close person. Also, as a feature of the schema, these people experience ERD in general, which would be intensified and make grief responses worse. In other-directedness domain (includes self-sacrifice, punitiveness schemas), the desire for fulfilling others' needs and ignoring own needs is prioritized (Young et al., 2003). When individuals with these schemas lose a person they love, they may feel as if they have lost their purpose too. In such a case, higher levels of ERD may lead to more complicated grief process by increasing the inability to deal with negative emotions. Finally, in unrelenting standards domain (includes unrelenting standards, approval-seeking schemas), paying extreme attention to be approved and not to be excluded by others is one of the main features (Young et al., 2003). In a situation like death of a close person, individuals with these schemas may believe that they should act according to the standards that are the appropriate behaviors they have determined, as much as possible. With the increased ERD by methods like suppressing or avoiding emotions, their inability to give expected normal mourning responses may cause this process to prolong and become more complicated. Taken all together, it is not surprising that ERD mediates the relationship between EMS and grief.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

In this section, results obtained within the scope of the research and general evaluations about the results are included. Furthermore, implications of the study, limitations of the study and future suggestions are indicated.

5.1. Conclusions of the Study

In the current study, the role of SOC and ERD in the relationship between EMS and grief symptoms are investigated among the population of individuals who have lost a closed, loved person in recent 5 years within the framework of research questions. According to the data obtained from participants aged 18 and older, residing different cities in Turkey; the general conclusions of the study are as follows:

1. Grief responses of participants of this study differ according to the gender. Female participants experience more difficulty in grieving process.

2. Experiencing loss at younger ages and the age of the deceased being young are the loss-related factors that aggravate participants' grief reactions.

3. In terms of the relationships between main variables of the research, participants who have any of EMS have also ERD. Moreover, these participants except the ones with self-sacrifice schema and unrelenting standards schema have lower SOC. Participants with social isolation/ mistrust schema, defectiveness schema, enmeshment/ dependency schema, abandonment schema, failure schema, pessimism schema, vulnerability to harm schema, insufficient self-control/ self-discipline schema, self-sacrifice schema, punitiveness schema, and approval-seeking schema show more complicated grief symptoms. Grief levels of individuals increase as their level of ERD increase. However, when the ERD of participants increase, their SOC decrease. Furthermore, as SOC increases, complexity of grief decreases.

4. Moderate to high levels of SOC have a moderating role in the indirect effect of self-sacrifice schema on grief through the mediating role of ERD.

5. ERD have mediating role in the relationship between all EMS and grief of individuals.

5.2. Implications of the Study

Loss of a loved person can affect individuals' life in many ways. Although it can be a very destructive process, it is a situation that many of us experience as a part of our life. In general, post-loss process does not require intervention but sometimes intervention becomes necessary due to the fact that it lowers one's functionality and becomes complicated. Hence, working on grief becomes very important to understand the mechanisms of grief and help individuals with difficulties related to grieving (Malkinson, 2009; Howarth, 2011; Cesur, 2017). Even though the mourning process began to be investigated decades ago, grief research is still difficult to conduct since there are complicating factors in grief work such as modelling difficulties, lack of common language, diagnostic criteria complexity and so on. Therefore, as mentioned before, grief literature is very limited, especially in terms of research involving many different variables (Granek, 2010; Shear, 2015). In this respect, this study can make an important contribution to the literature because to the best of our knowledge, it is the first study that combines the mentioned variables with grief. Furthermore, during data collection participants of different ages from many different cities in Turkey were reached by snowball sampling. So, the results of the study are thought to be generalizable in Turkish sample.

This study reveals the relationships between EMS and ERD, EMS and SOC, ERD and SOC, EMS and grief, ERD and grief, SOC and grief. In addition, the role of ERD in the relationship between EMS and grief, and the role of ERD and SOC together in the relationship between EMS and grief are demonstrated. All the results associated with these variables contribute to existing knowledge. Some of these relationships have not mentioned in the literature before but found as a result of this research such as EMS and SOC relationship. Existing knowledge about some other relationships between research variables have been expanded. For instance, Thimm and Holland (2017) found that abandonment, vulnerability to harm, and self-sacrifice schemas are associated with complicated grief. Current study, by expanding this information, found that in addition to these schema dimensions, social isolation/ mistrust, defectiveness, enmeshment/ dependency, failure, pessimism, insufficient self-control/ self-discipline, and punitiveness schemas are also associated with grief. In this way, this study helps filling some gaps in the literature.

Results of this study may provide some hints for practitioners in the field. Considering the results regarding loss-related factors, in their practice they can consider that

if the patient is female, young or the deceased relative of the patient is young; grief symptoms of patient may be more severe. Moreover, while providing psychoeducation to the patient, sharing this information at convenient times may be feasible.

This study shows that individuals with EMS may experience more complicated grief with the mediating role of ERD. So, while working with patients who have grief-related complaints, it should be taken into consideration that ERD can increase the problems experienced. Focusing on emotional experiences and coping strategies of patient may be beneficial to reveal the problems about regulation of emotion. If therapist decides that ERD are present, using techniques to enhance emotion regulation would be also helpful to reduce the severity of the troubles caused by loss. Apart from these, in guidance and counselling services of schools, emphasis can be given to studies to gain emotion regulation skills for students. Parents can be also informed about the importance of strategies regarding enhancing emotion regulation.

Social isolation/ mistrust schema, defectiveness schema, enmeshment/ dependency schema, abandonment schema, failure schema, pessimism schema, vulnerability to harm schema, insufficient self-control/ self-discipline schema, self-sacrifice schema, punitiveness schema, and approval-seeking schema are found positively correlated with grief. Thus, there may be a relationship between patients' difficulties after loss of a loved one and owning these schemas. Therapists working with schema therapy method may take this finding into consideration in their daily work. Specific details about these schema dimensions that may have an influence on perception of death may be examined in therapy sessions. Since this study demonstrates the importance of early experiences with caregivers (EMS and reflections as ERD) in grief process, therapists should make holistic evaluations even in cases of grief that seem only event or person based.

According to the results of current research, as predicted from the literature findings, SOC interferes with the negatively oriented concepts. It has negative relationships with EMS, ERD and grief. Notwithstanding, it remained incapable for 13 of 14 schema dimensions to mediate EMS's indirect relationship with grief. It is thought that, the development of EMS in individuals is earlier than SOC and thus it can prevent the development of SOC. Also, it is stated that, due to the impact of the collectivist eastern culture in Turkey, SOC levels in individuals may not be developed enough to show its regulatory effect. It is clear that more comprehensive research is needed on this subject.

However, this circumstance may highlight the importance of constructive rather than destructive early experiences of individuals to prevent potential difficulties later in life.

5.3. Limitations of the Study and Future Suggestions

This research has some limitations besides its contributions to the literature and field work. First of all, asking individuals who lost a loved one to complete a survey related to this sad event was the main challenge of this study. Remembering this event, even if they agreed to fill in the questionnaire, might have been demotivating. This is one of the difficulties of grief research.

Although the instruments used to collect data are adequate in terms of reliability and validity, all the instruments are self-report type. Almost all instruments include information about emotional processes and difficulties that individuals experience. Problems arising from the fact that the scales are self-report and which can be seen in each self-report scale may have occurred such as misremembering, false pretense and so on. Also, the scale used to assess grief symptoms (TTBQ) takes a little longer to fill. In addition to reminding people about a sad event, the length of the scale may have made it difficult to complete. Instead, face to face interviews with participants could have been planned to gather information about the grieving process. Hence, qualitative methods can be also included in the data collection process for future research.

In current study, requirement for loss experience was stated as last 5 years. Since the study is cross-sectional, participants provided retrospective information about the loss they experienced. Nevertheless, there were no data to compare whether the years since the loss had an impact on the current status of the participants. If this study was a longitudinal one, we could have learned about the situation people experienced immediately after the loss. Moreover, we could have compared the participants' symptoms at different times. Longitudinal future studies can be designed in order to fully understand what people experience following loss.

"Closeness to person lost" was one of the questions posed to the participants in this study. Since the participants' responses to this question was not evenly distributed among the options and most of the participants marked the option of "other relatives", this variable was not included in the analyses. However, in the literature, it is stated that the closeness to the person lost may be decisive for complicated grief (Prigerson et al., 2009; Kersting et al.,

2011; Cesur, 2017). Thus, closeness, especially perceived closeness as a variable can be included in future studies.

In this research, SOC has included in the proposed model because it is thought that it may play a protective and preventive role in the relationship of the other research variables. However, the moderating role of SOC has found as a result of only one model analysis in which self-sacrifice schema was an independent variable. This situation was interpreted to be related to the culture or formation processes of EMS and SOC in the developmental trajectory. Besides, further research is needed to better understand the role of SOC in this model and the underlying causes of this role.

In a nutshell, further research is suggested to support the findings of current research. Also, the question marks that remain in mind after this study can also be removed by longitudinal future studies designed with inclusion of qualitative methods.

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APPENDICES

APPENDIX 1: BİLGİLENDİRİLMİŞ ONAM FORMU

Araştırmanın Adı: Relationship Between Early Maladaptive Schemas and Grief with the Mediating Role of Sense of Coherence and Emotion Regulation Difficulties (Erken Dönem Uyum Bozucu Şemalar ve Yas İlişkisinde Bütünlük Duygusu ve Duygu Düzenleme Güçlüğünün Aracı Rolü)

Araştırmacı: Didem Kaya

Bu çalışma, Başkent Üniversitesi Klinik Psikoloji Tezli Yüksek Lisans Programı kapsamında, Doç. Dr. Okan Cem Çırakoğlu danışmanlığında Didem Kaya tarafından yürütülen bir tez çalışmasıdır. Bu çalışmanın amacı, son 5 yıl içerisinde bir yakınını kaybeden kişilerde erken dönem uyum bozucu şemalar ve yas ilişkisinde bütünlük duygusu ve duygu düzenleme güçlüğünün rolünü incelemektir.

Çalışma kapsamında sizden bir dizi ölçeği doldurmanız istenecektir. Ölçekler açık uçlu ve kapalı uçlu anket soruları içermektedir. Soruları mümkün olduğunca eksiksiz ve içtenlikle cevaplamanız önemlidir. Çalışmanın tamamı yaklaşık olarak 25 dakika sürecektir. Çalışmaya katılım gönüllülük esasına dayanmaktadır. Çalışmaya katıldıktan sonra da istediğiniz an herhangi bir sebep göstermeden çalışmadan çekilebilirsiniz. Çekilmenizin herhangi bir cezai yaptırımı olmayacaktır. Araştırma kapsamında vereceğiniz tüm cevaplar gizli tutulacak, kimliğinize ilişkin herhangi bir bilgi kullanılmayacaktır. Bu çalışmaya katılmanın herhangi bir riski bulunmamaktadır. Çalışma ile ilgili ayrıntılı bilgi almak isterseniz, herhangi bir sorunuz veya endişeniz olursa araştırmacı Didem Kaya (didemk94@hotmail.com) ile iletişime geçebilirsiniz.

Eğer bu çalışmaya katılmak istiyorsanız lütfen aşağıdaki onam formunu okuyarak onaylayınız. Araştırma projesine vermiş olduğunuz destek ve yardım için teşekkür ederiz.

Başkent Üniversitesi Klinik Psikoloji Tezli Yüksek Lisans Programı kapsamında yürütülen bu çalışmaya ilişkin bilgilendirme ve onam formunu okudum. Çalışmadan herhangi bir gerekçe göstermeksizin çekilebileceğimi biliyorum. Çalışma ile ilgili bilgi almak ve soru sormak için araştırmacı ile iletişime geçebileceğim konusunda bilgilendirildim. Çalışmaya katılmayı gönüllü olarak kabul ediyorum.

İmza: _____ Tarih: _____

APPENDIX 2: SOSYODEMOGRAFİK BİLGİ FORMU

1. Yaşınız: _____

2. Cinsiyetiniz:

K [ ] E [ ] Belirtmek istemiyorum [ ]

3. Medeni durumunuz:

Bekâr [ ] Bekâr (ilişkim var) [ ] Evli [ ] Boşanmış [ ]

4. Eğitim durumunuz:

Okur-Yazar [ ] İlkokul [ ] Ortaokul [ ]

Lise [ ] Üniversite [ ] Lisansüstü [ ]

Öğrenci (Lisans) [ ] Öğrenci (Lisansüstü) [ ]

5. Herhangi bir psikolojik/ psikiyatrik rahatsızlığınız var mı?

Evet [ ] Belirtiniz: _____

Hayır [ ]

6. Son <u>5 yıl</u> içerisinde bir yakınınızı kaybettiniz mi?

Evet [ ] Hayır [ ]

APPENDIX 3: İKİ BOYUTLU YAS ÖLÇEĞİ (TTBQ)

Aşağıdaki anket, sizin için önemli olan bir kişiyi kaybettikten sonraki yaşamınızla ilgili soruları içermektedir. Lütfen soruları okuyunuz ve size en uygun gelen cevabı daire içine alarak işaretleyiniz. Bazı soruların sonunda dilerseniz yorumlarınızı ekleyebileceğiniz bir bölüm bulunmaktadır.

Kaybedilen kişiyle ilgili detaylar

Ölüm tarihi: _____/_____/_____

Öldüğünde kaç yaşındaydı? _____

Ölüm sebebi: _____

Ölen kişiye yakınlığınız (kaybettiklerinizin sayısı birden fazla ise lütfen aşağıdaki soruları en önemli kaybınızı düşünerek cevaplayınız):
(lütfen daire içine alınız)

1. Annem/babam
2. Eşim
3. Kardeşim
4. Çocuğum
5. Diğer akrabalar (lütfen belirtiniz): _____
6. Yakın arkadaşım
7. İş arkadaşım
8. Diğer (lütfen belirtiniz): _____

I. Aksi belirtilmediği takdirde lütfen aşağıdaki soruları geçen haftanızı düşünerek değerlendiriniz.

1. Sağlığım:

1- çok iyi	2- iyi	3- orta	4- pek iyi değil	5- hiç iyi değil

2. Ruh halim:

1- çok üzgün ve çökkün	2- üzgün ve çökkün	3- orta	4- pek üzgün ve çökkün değil	5- hiç üzgün ve çökkün değil

3. Kendimi:

1- çok kaygılı hissediyorum	2- kaygılı hissediyorum	3- orta	4- pek kaygılı hissetmiyorum	5- hiç kaygılı hissetmiyorum

4. O öldüğünden beri benim için hayat:

1- çok farklı	2- oldukça farklı	3- orta	4- çok farklı değil	5- hiç farklı değil

Lütfen kısaca açıklayınız ve bir örnek veriniz:

_____

_____

5. O öldüğünden beri hayatımın anlamı ve etrafımdaki dünya:

1- oldukça değişti	2- değişti	3- kısmen değişti	4- pek değişmedi	5- hiç değişmedi

6. Hayatımın anlamında değişikliklerin yönü:

1- sadece kötü	2- çoğunlukla kötü	3- biraz kötü biraz iyi	4- çoğunlukla iyi	5- sadece iyi

7. Düşünceler ve duygular beynime hücum ediyor ve aklımı karıştırıyorlar:

1- gün içinde pek çok kere	2- neredeyse her gün	3- neredeyse her hafta	4- neredeyse her ay	5- hiçbir zaman

8. Çeşitli etkinliklere katılıyorum ve günlük işlerimi yerine getiriyorum:

1- hiç	2- biraz	3- orta	4- oldukça çok	5- çok fazla

9. işimi_____ yapabiliyorum.

1- çok iyi	2- iyi	3- orta	4- pek iyi değil	5- hiç iyi değil	6- bu cevaplar bana uymuyor. Lütfen nedenini belirtiniz: _____

10. Onun ölümünün ardından kendimle ilgili düşüncelerim (kendimi algılamam):

1- çok değişti	2- oldukça değişti	3- orta derecede değişti	4- pek değişmedi	5- hiç değişmedi

11. Bu hafta kendi hakkımdaki düşüncelerim:

1- sadece olumsuz	2- çoğunlukla olumsuz	3- ne olumlu ne olumsuz	4- çoğunlukla olumlu	5- sadece olumlu

12. Sosyalleşmeyi / sosyal aktivitelere katılmayı zor buluyorum:

1- doğru değil	2- çoğunlukla doğru değil	3- kısmen doğru	4- çoğunlukla doğru	5- doğru

13. Ailemle bağım:

1- çok iyi	2- iyi	3- orta	4- çok iyi değil	5- hiç iyi değil	6- bu cevaplar bana uymuyor. Lütfen nedenini belirtiniz: _____

14. Ailemle ilişkilerim benim için büyük bir destek kaynağı:

1- doğru değil	2- çoğunlukla doğru değil	3- kısmen doğru	4- çoğunlukla doğru	5- doğru	6- bu cevaplar bana uymuyor. Lütfen nedenini belirtiniz: _____

15. Aile dışındaki kişilerle bağlarım benim için büyük bir destek kaynağı:

1- doğru değil	2- çoğunlukla doğru değil	3- kısmen doğru	4- çoğunlukla doğru	5- doğru

16. Eş olarak gerekenleri yapabilmem:

1- çok iyi	2- iyi	3- orta	4- pek iyi değil	5- hiç iyi değil	6- bu cevaplar bana uymuyor. Lütfen nedenini belirtiniz: _____

17. Ebeveyn olarak gerekenleri yapabilmem:

1- çok iyi	2- iyi	3- orta	4- pek iyi değil	5- hiç iyi değil	6- bu cevaplar bana uymuyor. Lütfen nedenini belirtiniz: _____

18. Değerlerim ve inançlarım benim için önemli bir destek kaynağı:

1- doğru değil	2- çoğunlukla doğru değil	3- kısmen doğru	4- çoğunlukla doğru	5- doğru

19. Kendi başıma hayatın gerektirdikleriyle başa çıkabileceğime inanıyorum ve bu konuda kendime güveniyorum:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

20.Kayıptan sonra, bugünkü durumum en doğru şöyle ifade edilebilir:

1- yardıma çok ihtiyacım var	2- yardıma ihtiyacım var	3- biraz yardıma ihtiyacım var	4- yardıma pek ihtiyacım yok	5- yardıma hiç ihtiyacım yok

II. Lütfen sonraki bölüm için aşağıdaki yönergeyi okuyunuz ve devam ediniz. Aşağıdaki sorularda bir çizgi (_____) gördüğünüz zaman, lütfen bu soruları çizginin olduğu yerde kaybettiğiniz yakınınızın adı yazılıymış gibi cevaplayınız. Aksi belirtilmediği takdirde bütün soruları geçen haftanızı düşünerek yanıtlayınız.

1. Uğraşsam bile, _____ ile ilgili hatıraları anımsamakta güçlük çekiyorum:

1- doğru değil	2- çoğunlukla doğru değil	3- kısmen doğru	4- çoğunlukla doğru	5- doğru

2. Öyle bir ilişkimiz vardı ki, ne zaman _____'ı düşünsem genellikle anlaşmazlıklarımızı hatırlıyorum:

1- doğru değil	2- çoğunlukla doğru değil	3- kısmen doğru	4- çoğunlukla doğru	5- doğru

3. _____'nun meziyetleri ve kendine özgü özelliklerinden dolayı onunla ilgili olumsuz düşüncelere sahip olmak çok zor geliyor:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

4. Bazen, sanki _____'nun öldüğüne inanmıyormuş gibi davranıyorum ya da duygusal tepkiler veriyorum. Bu bana:

1- gün içinde pek çok kere	2- neredeyse her gün	3- neredeyse her hafta	4- neredeyse her ay	5- hiçbir zaman

5. Bana _____'nu hatırlatan şeyleri fark ediyorum. Mesela; ona benzeyen insanlar, sesler ya da sanki o yakınımdaymış hissi. Bu bana:

1- gün içinde pek çok kere	2- neredeyse her gün	3- neredeyse her hafta	4- neredeyse her ay	5- hiçbir zaman

6. Her zaman _____'nu düşünüyorum:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

7. _____'nun kaybını bir dereceye kadar kabullenebildim:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

8. _____'nu düşündüğümde, bazı şeyleri daha farklı yapmadığım için kendimi çok suçlu hissediyorum ve pişmanlık duyuyorum:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

9. _____'nunla ilgili düşünceler bende olumlu hisler uyandırıyor:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

10._____'nu hatırlıyorum:

1- gün içinde pek çok kere	2- neredeyse her gün	3- neredeyse her hafta	4- neredeyse her ay	5- hiçbir zaman

11._____'nu hatırlatan şeylerden kaçınıyorum:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

12. _____'nu düşünmek ve hatırlamak bana huzur veriyor:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

13. _____'nsuz hayata katlanmak çok zor:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

14._____'nun ölümünden bu yana onunla ilgili daha önceden bilmediğim bazı olumsuz şeyler keşfettim. Keşfettiklerim onun hakkındaki düşüncelerimi olumsuz yönde değiştirdi:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

15. Şiddetli bir şekilde _____'nun yanımda olmasını istiyorum ve ____'nu çok fazla özlüyorum:

1- gün içinde pek çok kere	2- neredeyse her gün	3- neredeyse her hafta	4- neredeyse her ay	5- hiçbir zaman

16. _____'nu her hatırladığımda acı çekiyorum:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

17.Yakınını kaybeden insanların neden hayatlarına son vermeyi düşündüklerini şimdi anlıyorum:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

18. _____'nun hatırasını yaşatmak ve devam ettirmek için bir şeyler yapıyorum:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

Lütfen_____’nun hatırasını canlı tutmak ve yaşatmak için neler yaptığınıza dair 3 örnek veriniz:

1) _____

2) _____

3) _____

19. O öldüğünden bu yana _____’nunla ilgili daha önceden bilmediğim bazı olumlu şeyler keşfettim. Bu şeyler benim onunla ilgili düşüncelerimi olumlu yönde değiştirdi:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

20. Bugün onun ölümünden sonraki durumumu şöyle tarif etmek mümkün:

1- çok acı çekiyorum	2- acı çekiyorum	3- biraz acı çekiyorum	4- pek acı çekmiyorum	5- hiç acı çekmiyorum

III. Lütfen sonraki bölüm için yönergeyi okuyunuz ve devam ediniz. Aşağıdaki sorular _____ hayattayken, onunla sizin aranızdaki ilişkinin son iki yılıyla ilgilidir.

1._____’nunla ilişkim:

1- çok yakındı	2- yakındı	3- hem yakın hem yakın değildi	4- yakın değildi	5- hiç yakın değildi

2. Hayatı boyunca, _____ benim için başlıca manevi destek kaynağıydı:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

3. Duygusal olarak _____’na bağımlıydım:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

4. _____ ‘nunla ilişkimde çok fazla, güçlü iniş çıkışlar vardı:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

5. _____'nunla ilişkimde çok fazla kaçınma ve mesafe vardı:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

6. _____ bana duygusal olarak bağımlıydı:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

7. _____'nunla çok yakın olmakla çok kızgın ve/veya uzak olma isteği arasında gidip gelen bir ilişkimiz vardı:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

8. _____, bana:

1- en yakın insandı	2- en yakın insanlardan biriydi	3- yakındı	4- pek yakın değildi	5- hiç yakın değildi

9. Genel olarak _____'nunla ilişkim karşılıklı güven duygusuna dayalıydı:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

10. _____'nunla aramızdaki ilişkide karşılıklı anlayış, özgürlük ve huzur vardı:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

IV. Lütfen devam ediniz. Aşağıdaki sorular sizin bugünkü duygu ve düşüncelerinizle ilgilidir.

1. Bu kayıp benim için travmatikti (acı verici ve yıkıcıydı):

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

2. Bu kayıp çok ani ve beklenmedik bir şekilde gerçekleşti:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

3. Bu kayıp şiddet veya dehşet içeren koşullar altında (kaza, terör veya kendine zarar verme gibi) veya başka zor koşullarda gerçekleşti:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

Lütfen açıklayınız:

_____

_____

4. Bu kaybı yaşamaktan dolayı öfkeliyim:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

Kime öfkelisiniz, neden?

A)_____

B)_____

5. _____'nun ölümüne şahit oldum:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

6. _____ öldüğü sırada benim hayatım da tehlikedeydi:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

7. Bu kaybı, hayatımda şok edici ve travmatik bir olay olarak yaşamaya devam ediyorum:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

Nedenini lütfen açıklayınız:

_____

8. Benim yaşadığım şekilde birisini kaybetmek genellikle yaşanan en zor olaylardan biridir:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

9. Benim yaşadığım gibi bir kayba sebep olan durumlar genellikle son derece güç koşullar olarak görülür:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

10. Ölüm anına ilişkin görüntüler ve resimler düşüncelerime giriyor:

1- gün içinde pek çok kere	2- neredeyse her gün	3- neredeyse her hafta	4- neredeyse her ay	5- hiçbir zaman

11. Kafamın içinde _____'nunla ilgili resimler ve görüntüler görüyorum:

1- gün içinde pek çok kere	2- neredeyse her gün	3- neredeyse her hafta	4- neredeyse her ay	5- hiçbir zaman

12. Kendimi _____'nunla ilgili düşüncelerden kaçınmaya çalışırken buluyorum:

1- gün içinde pek çok kere	2- neredeyse her gün	3- neredeyse her hafta	4- neredeyse her ay	5- hiçbir zaman

13. Gerginim ve rahat değilim:

1- gün içinde pek çok kere	2- neredeyse her gün	3- neredeyse her hafta	4- neredeyse her ay	5- hiçbir zaman

14. _____'nun ölümüyle ilgili düşünceler ve duygular zihnimi dolduruyor:

1- gün içinde pek çok kere	2- neredeyse her gün	3- neredeyse her hafta	4- neredeyse her ay	5- hiçbir zaman

15. Ailem dışındaki insanlar da kaybımın ne kadar büyük olduğunun farkındalar:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

16. Hayatın güçlükleriyle yüzleştiğimde genellikle sadece kendime güvenirim:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

17. Onun kaybetmeden önce, zor olaylar beni sadece kısa süre etkilerdi:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

18. Başkalarıyla konuşup duygularımı paylaşabiliyor ve onların yardımını ile desteğini alabiliyorum:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

19. Yaşamımdaki zorlukların üstesinde gelebilmişimdir:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

20. Başkalarının desteğini ve yardımını almadan kayıpla ilgili duygularımla ve tepkilerimle başa çıkabileceğime inanıyorum:

1- doğru	2- çoğunlukla doğru	3- kısmen doğru	4- çoğunlukla doğru değil	5- doğru değil

Yaşadığınız kayıpla nasıl başa çıktığınızla ilgili eklemek istediğiniz bir şey varsa veya ilave yorumlarda bulunmak isterseniz lütfen belirtiniz:

_____

_____

APPENDIX 4: BİREYSEL BÜTÜNLÜK DUYGUSU ÖLÇEĞİ (SOC-13)

Aşağıda hayatınızın belirli alanlarına ilişkin sorular sıralanmıştır. Soruların seçeneklerindeki 1 ve 7 rakamları cevabın iki uç noktasını belirlemektedir. Cevabınızı, duygunuzu en iyi yansıtan rakamı daire içine alarak belirtiniz.

1. Çevrenizde olup bitenle ilgilenmediğiniz duygusunu taşıyor musunuz?

1 2 3 4 5 6 7

Çok nadiren veya hiçbir zaman — Çok sık

2. Geçmişte, iyi tanıdığınızı zannettiğiniz insanların davranışlarına şaşırdığınız oldu mu?

1 2 3 4 5 6 7

Hiçbir zaman olmadı — Hep oldu

3. Güvendiğiniz insanların sizi hayal kırıklığına uğrattığı oldu mu?

1 2 3 4 5 6 7

Hiçbir zaman olmadı — Hep oldu

4. Şimdiye kadar hayatınızın

1 2 3 4 5 6 7

Belirgin hedefleri, amacı olmadı — Belirgin hedefleri, amacı oldu

5. Haksızlığa uğradığınız duygusunu taşıyor musunuz?

1 2 3 4 5 6 7

Çok sık — Pek nadiren veya hiçbir zaman

6. Alışık olmadığınız bir durumda olup ne yapacağınızı bilmediğiniz duygusunu taşıyor musunuz?

1 2 3 4 5 6 7

Çok sık Pek nadiren veya hiçbir zaman

7. Her gün yaptığınız işleri yapmak

1 2 3 4 5 6 7

Derin bir zevk ve tatmin kaynağı Acı ve sıkıntı kaynağı

8. Çok karmaşık duygularınız ve fikirleriniz var mı?

1 2 3 4 5 6 7

Çok sık Pek nadiren veya hiçbir zaman

9. Hissetmemeyi tercih ettiğiniz duygulara sahip olduğunuz olur mu?

1 2 3 4 5 6 7

Çok sık Pek nadiren veya hiçbir zaman

10. Birçok insan, kuvvetli karakterli olanlar bile, bazen belli durumlarda başarısızlık hissi duyarlar. Geçmişte siz ne sıklıkta böyle hissettiniz?

1 2 3 4 5 6 7

Hiçbir zaman Çok sık

11. Bir şey olduğunda, genelde

1 2 3 4 5 6 7

Önemini abarttığınızı veya küçümsediğinizi fark edersiniz Olaylara gereken önemi atfedersiniz

12. Gündelik hayatta yaptığınız şeylerin nispeten anlamsız olduğunu ne sıklıkta hissedersiniz?

1 2 3 4 5 6 7

Çok sık Pek nadiren
veya hiçbir zaman

13. Ne sıklıkta kontrol edebileceğinizden emin olmadığınız duygularınız olur?

1 2 3 4 5 6 7

Çok sık Pek nadiren
veya hiçbir zaman

APPENDIX 5: DUYGU DÜZENLEME GÜÇLÜĞÜ ÖLÇEĞİ (DDGÖ-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 tanesini daire içine alarak işaretleyiniz.

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

1. Duygularıma bir anlam vermekte zorlanırım.	**1**	**2**	**3**	**4**	**5**
2. Ne hissettiğim konusunda karmaşa yaşarım.	**1**	**2**	**3**	**4**	**5**
3. Kendimi kötü hissettiğimde işlerimi bitirmekte zorlanırım.	**1**	**2**	**3**	**4**	**5**
4. Kendimi kötü hissettiğimde kontrolden çıkarım.	**1**	**2**	**3**	**4**	**5**
5. Kendimi kötü hissettiğimde uzun süre böyle kalacağına inanırım.	**1**	**2**	**3**	**4**	**5**
6. Kendimi kötü hissetmenin yoğun depresif duyguyla sonuçlanacağına inanırım.	**1**	**2**	**3**	**4**	**5**
7. Kendimi kötü hissederken başka şeylere odaklanmakta zorlanırım.	**1**	**2**	**3**	**4**	**5**
8. Kendimi kötü hissederken kontrolden çıktığım korkusu yaşarım.	**1**	**2**	**3**	**4**	**5**
9. Kendimi kötü hissettiğimde bu duygumdan dolayı kendimden utanırım.	**1**	**2**	**3**	**4**	**5**
10. Kendimi kötü hissettiğimde zayıf biri olduğum duygusuna kapılırım.	**1**	**2**	**3**	**4**	**5**
11. Kendimi kötü hissettiğimde davranışlarımı kontrol etmekte zorlanırım.	**1**	**2**	**3**	**4**	**5**
12. Kendimi kötü hissettiğimde daha iyi hissetmem için yapabileceğim hiçbir şey olmadığına inanırım.	**1**	**2**	**3**	**4**	**5**
13. Kendimi kötü hissettiğimde böyle hissettiğim için kendimden rahatsız olurum.	**1**	**2**	**3**	**4**	**5**
14. Kendimi kötü hissettiğimde kendimle ilgili olarak çok fazla endişelenmeye başlarım.	**1**	**2**	**3**	**4**	**5**
15. Kendimi kötü hissettiğimde başka bir şey düşünmekte zorlanırım.	**1**	**2**	**3**	**4**	**5**
16. Kendimi kötü hissettiğimde duygularım dayanılmaz olur.	**1**	**2**	**3**	**4**	**5**

APPENDIX 6: YOUNG ŞEMA ÖLÇEĞİ (YSQ-S3)

Aşağıda, kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyup sizi ne kadar iyi tanımladığına karar veriniz. Emin olamadığınız sorularda neyin doğru olabileceğinden çok, sizin **duygusal olarak** ne hissettiğinize dayanarak cevap veriniz. Birkaç soru, anne babanızla ilişkiniz hakkındadır. Eğer biri veya her ikisi şu anda yaşamıyorlarsa, bu soruları o veya onlar hayatta iken ilişkinizi göz önüne alarak cevaplandırınız. 1'den 6'ya kadar olan seçeneklerden sizi tanımlayan en yüksek şıkkı seçerek daire içine alarak işaretleyiniz.

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

1. Bana bakan, benimle zaman geçiren, başıma gelen olaylarla gerçekten ilgilenen kimsem olmadı.	**1**	**2**	**3**	**4**	**5**	**6**
2. Beni terk edeceklerinden korktuğum için yakın olduğum insanların peşini bırakmam.	**1**	**2**	**3**	**4**	**5**	**6**
3. İnsanların beni kullandıklarını hissediyorum	**1**	**2**	**3**	**4**	**5**	**6**
4. Uyumsuzum.	**1**	**2**	**3**	**4**	**5**	**6**
5. Beğendiğim hiçbir erkek/kadın, kusurlarımı görürse beni sevmez.	**1**	**2**	**3**	**4**	**5**	**6**
6. İş (veya okul) hayatımda neredeyse hiçbir şeyi diğer insanlar kadar iyi yapamıyorum	**1**	**2**	**3**	**4**	**5**	**6**
7. Günlük yaşamımı tek başıma idare edebilme becerisine sahip olduğumu hissetmiyorum.	**1**	**2**	**3**	**4**	**5**	**6**
8. Kötü bir şey olacağı duygusundan kurtulamıyorum.	**1**	**2**	**3**	**4**	**5**	**6**
9. Anne babamdan ayrılmayı, bağımsız hareket edebilmeyi, yaşıtlarım kadar, başaramadım.	**1**	**2**	**3**	**4**	**5**	**6**
10. Eğer istediğimi yaparsam, başımı derde sokarım diye düşünürüm.	**1**	**2**	**3**	**4**	**5**	**6**
11. Genellikle yakınlarıma ilgi gösteren ve bakan ben olurum.	**1**	**2**	**3**	**4**	**5**	**6**
12. Olumlu duygularımı diğerlerine göstermekten utanırım (sevdiğimi, önemsediğimi göstermek gibi).	**1**	**2**	**3**	**4**	**5**	**6**
13. Yaptığım çoğu şeyde en iyi olmalıyım; ikinci olmayı kabullenemem.	**1**	**2**	**3**	**4**	**5**	**6**

14. Diğer insanlardan bir şeyler istediğimde bana “hayır” denilmesini çok zor kabullenirim.	**1**	**2**	**3**	**4**	**5**	**6**
15. Kendimi sıradan ve sıkıcı işleri yapmaya zorlayamam.	**1**	**2**	**3**	**4**	**5**	**6**
16. Paramın olması ve önemli insanlar tanıyor olmak beni değerli yapar.	**1**	**2**	**3**	**4**	**5**	**6**
17. Her şey yolunda gidiyor görünse bile, bunun bozulacağını hissederim.	**1**	**2**	**3**	**4**	**5**	**6**
18. Eğer bir yanlış yaparsam, cezalandırılmayı hakkederim.	**1**	**2**	**3**	**4**	**5**	**6**
19. Çevremde bana sıcaklık, koruma ve duygusal yakınlık gösteren kimsem yok.	**1**	**2**	**3**	**4**	**5**	**6**
20. Diğer insanlara o kadar muhtacım ki onları kaybedeceğim diye çok endişeleniyorum.	**1**	**2**	**3**	**4**	**5**	**6**
21. İnsanlara karşı tedbiri elden bırakamam yoksa bana kasıtlı olarak zarar vereceklerini hissederim.	**1**	**2**	**3**	**4**	**5**	**6**
22. Temel olarak diğer insanlardan farklıyım.	**1**	**2**	**3**	**4**	**5**	**6**
23. Gerçek beni tanırlarsa beğendiğim hiç kimse bana yakın olmak istemez.	**1**	**2**	**3**	**4**	**5**	**6**
24. İşleri halletmede son derece yetersizim.	**1**	**2**	**3**	**4**	**5**	**6**
25. Gündelik işlerde kendimi başkalarına bağımlı biri olarak görüyorum.	**1**	**2**	**3**	**4**	**5**	**6**
26. Her an bir felaket (doğal, adli, mali veya tıbbi) olabilir diye hissediyorum.	**1**	**2**	**3**	**4**	**5**	**6**
27. Annem, babam ve ben birbirimizin hayatı ve sorunlarıyla aşırı ilgili olmaya eğilimliyiz.	**1**	**2**	**3**	**4**	**5**	**6**
28. Diğer insanların isteklerine uymaktan başka yolum yokmuş gibi hissediyorum; eğer böyle yapmazsam bir şekilde beni reddederler veya intikam alırlar.	**1**	**2**	**3**	**4**	**5**	**6**
29. Başkalarını kendimden daha fazla düşündüğüm için ben iyi bir insanım.	**1**	**2**	**3**	**4**	**5**	**6**
30. Duygularımı diğerlerine açmayı utanç verici bulurum.	**1**	**2**	**3**	**4**	**5**	**6**
31. En iyisini yapmalıyım, “yeterince iyi” ile yetinemem.	**1**	**2**	**3**	**4**	**5**	**6**
32. Ben özel biriyim ve diğer insanlar için konulmuş olan kısıtlamaları veya sınırları kabul etmek zorunda değilim.	**1**	**2**	**3**	**4**	**5**	**6**
33. Eğer hedefime ulaşamazsam kolaylıkla yılgınlığa düşer ve vazgeçerim.	**1**	**2**	**3**	**4**	**5**	**6**
34. Başkalarının da farkında olduğu başarılar benim için en değerlisidir.	**1**	**2**	**3**	**4**	**5**	**6**
35. İyi bir şey olursa, bunu kötü bir şeyin izleyeceğinden endişe ederim.	**1**	**2**	**3**	**4**	**5**	**6**
36. Eğer yanlış yaparsam, bunun özürü yoktur.	**1**	**2**	**3**	**4**	**5**	**6**

37. Birisi için özel olduğumu hiç hissetmedim.	**1**	**2**	**3**	**4**	**5**	**6**
38. Yakınlarımın beni terk edeceği ya da ayrılacağından endişe duyarım	**1**	**2**	**3**	**4**	**5**	**6**
39. Herhangi bir anda birileri beni aldatmaya kalkışabilir.	**1**	**2**	**3**	**4**	**5**	**6**
40. Bir yere ait değilim, yalnızım.	**1**	**2**	**3**	**4**	**5**	**6**
41. Başkalarının sevgisine, ilgisine ve saygısına değer bir insan değilim.	**1**	**2**	**3**	**4**	**5**	**6**
42. İş ve başarı alanlarında birçok insan benden daha yeterli.	**1**	**2**	**3**	**4**	**5**	**6**
43. Doğru ile yanlışı birbirinden ayırmakta zorlanırım.	**1**	**2**	**3**	**4**	**5**	**6**
44. Fiziksel bir saldırıya uğramaktan endişe duyarım.	**1**	**2**	**3**	**4**	**5**	**6**
45. Annem, babam ve ben özel hayatımız birbirimizden saklarsak, birbirimizi aldatmış hisseder veya suçluluk duyarız	**1**	**2**	**3**	**4**	**5**	**6**
46. İlişkilerimde, diğer kişinin yönlendirici olmasına izin veririm.	**1**	**2**	**3**	**4**	**5**	**6**
47. Yakınlarımla o kadar meşgulüm ki kendime çok az zaman kalıyor.	**1**	**2**	**3**	**4**	**5**	**6**
48. İnsanlarla beraberken içten ve cana yakın olmak benim için zordur.	**1**	**2**	**3**	**4**	**5**	**6**
49. Tüm sorumluluklarımı yerine getirmek zorundayım.	**1**	**2**	**3**	**4**	**5**	**6**
50. İstediğimi yapmaktan alıkonulmaktan veya kısıtlanmaktan nefret ederim.	**1**	**2**	**3**	**4**	**5**	**6**
51. Uzun vadeli amaçlara ulaşabilmek için şu andaki zevklerimden fedakârlık etmekte zorlanırım	**1**	**2**	**3**	**4**	**5**	**6**
52. Başkalarından yoğun bir ilgi görmezsem kendimi daha az önemli hissederim.	**1**	**2**	**3**	**4**	**5**	**6**
53. Yeterince dikkatli olmazsanız, neredeyse her zaman bir şeyler ters gider.	**1**	**2**	**3**	**4**	**5**	**6**
54. Eğer işimi doğru yapmazsam sonuçlara katlanmam gerekir.	**1**	**2**	**3**	**4**	**5**	**6**
55. Beni gerçekten dinleyen, anlayan veya benim gerçek ihtiyaçlarım ve duygularımı önemseyen kimsem olmadı.	**1**	**2**	**3**	**4**	**5**	**6**
56. Önem verdiğim birisinin benden uzaklaştığını sezersem çok kötü hissederim.	**1**	**2**	**3**	**4**	**5**	**6**
57. Diğer insanların niyetleriyle ilgili oldukça şüpheciyimdir.	**1**	**2**	**3**	**4**	**5**	**6**
58. Kendimi diğer insanlara uzak veya kopmuş hissediyorum.	**1**	**2**	**3**	**4**	**5**	**6**
59. Kendimi sevilebilecek biri gibi hissetmiyorum.	**1**	**2**	**3**	**4**	**5**	**6**
60. İş (okul) hayatımda diğer insanlar kadar yetenekli değilim.	**1**	**2**	**3**	**4**	**5**	**6**

61. Gündelik işler için benim kararlarıma güvenilemez.	**1**	**2**	**3**	**4**	**5**	**6**
62. Tüm paramı kaybedip çok fakir veya zavallı duruma düşmekten endişe duyarım.	**1**	**2**	**3**	**4**	**5**	**6**
63. Çoğunlukla annem ve babamın benimle iç içe yaşadığını hissediyorum-Benim kendime ait bir hayatım yok.	**1**	**2**	**3**	**4**	**5**	**6**
64. Kendim için ne istediğimi bilmediğim için daima benim adıma diğer insanların karar vermesine izin veririm.	**1**	**2**	**3**	**4**	**5**	**6**
65. Ben hep başkalarının sorunlarını dinleyen kişi oldum.	**1**	**2**	**3**	**4**	**5**	**6**
66. Kendimi o kadar kontrol ederim ki insanlar beni duygusuz veya hissiz bulurlar.	**1**	**2**	**3**	**4**	**5**	**6**
67. Başarmak ve bir şeyler yapmak için sürekli bir baskı altındayım.	**1**	**2**	**3**	**4**	**5**	**6**
68. Diğer insanların uyduğu kurallara ve geleneklere uymak zorunda olmadığımı hissediyorum.	**1**	**2**	**3**	**4**	**5**	**6**
69. Benim yararıma olduğunu bilsem bile hoşuma gitmeyen şeyleri yapmaya kendimi zorlayamam.	**1**	**2**	**3**	**4**	**5**	**6**
70. Bir toplantıda fikrimi söylediğimde veya bir topluluğa tanıtıldığımda onaylanılmayı ve takdir görmeyi isterim.	**1**	**2**	**3**	**4**	**5**	**6**
71. Ne kadar çok çalışırsam çalışayım, maddi olarak iflas edeceğimden ve neredeyse her şeyimi kaybedeceğimden endişe ederim.	**1**	**2**	**3**	**4**	**5**	**6**
72. Neden yanlış yaptığımın önemi yoktur; eğer hata yaptıysam sonucuna da katlanmam gerekir.	**1**	**2**	**3**	**4**	**5**	**6**
73. Hayatımda ne yapacağımı bilmediğim zamanlarda uygun bir öneride bulunacak veya beni yönlendirecek kimsem olmadı.	**1**	**2**	**3**	**4**	**5**	**6**
74. İnsanların beni terk edeceği endişesiyle bazen onları kendimden uzaklaştırırım.	**1**	**2**	**3**	**4**	**5**	**6**
75. Genellikle insanların asıl veya art niyetlerini araştırırım.	**1**	**2**	**3**	**4**	**5**	**6**
76. Kendimi hep grupların dışında hissederim.	**1**	**2**	**3**	**4**	**5**	**6**
77. Kabul edilemeyecek pek çok özelliğim yüzünden insanlara kendimi açamıyorum veya beni tam olarak tanımalarına izin vermiyorum.	**1**	**2**	**3**	**4**	**5**	**6**
78. İş (okul) hayatımda diğer insanlar kadar zeki değilim.	**1**	**2**	**3**	**4**	**5**	**6**
79. Ortaya çıkan gündelik sorunları çözebilme konusunda kendime güvenmiyorum.	**1**	**2**	**3**	**4**	**5**	**6**
80. Bir doktor tarafından herhangi bir ciddi hastalık bulunmamasına rağmen bende ciddi bir hastalığın gelişmekte olduğu endişesine kapılıyorum.	**1**	**2**	**3**	**4**	**5**	**6**
81. Sık sık annemden babamdan ya da eşimden ayrı bir kimliğimin olmadığını hissediyorum.	**1**	**2**	**3**	**4**	**5**	**6**
82. Haklarıma saygı duyulmasını ve duygularımın hesaba katılmasını istemekte çok zorlanıyorum.	**1**	**2**	**3**	**4**	**5**	**6**
83. Başkaları beni, diğerleri için çok, kendim için az şey yapan biri olarak görüyorlar.	**1**	**2**	**3**	**4**	**5**	**6**

84. Diğerleri beni duygusal olarak soğuk bulurlar.	**1**	**2**	**3**	**4**	**5**	**6**
85. Kendimi sorumluluktan kolayca sıyıramıyorum veya hatalarım için gerekçe bulamıyorum.	**1**	**2**	**3**	**4**	**5**	**6**
86. Benim yaptıklarımın, diğer insanların katkılarından daha önemli olduğunu hissediyorum.	**1**	**2**	**3**	**4**	**5**	**6**
87. Kararlarıma nadiren sadık kalabilirim.	**1**	**2**	**3**	**4**	**5**	**6**
88. Bir dolu övgü ve iltifat almam kendimi değerli birisi olarak hissetmemi sağlar.	**1**	**2**	**3**	**4**	**5**	**6**
89. Yanlış bir kararın bir felakete yol açabileceğinden endişe ederim.	**1**	**2**	**3**	**4**	**5**	**6**
90. Ben cezalandırılmayı hak eden kötü bir insanım.	**1**	**2**	**3**	**4**	**5**	**6**

APPENDIX 7: RESULTS OF ALL MODERATED MEDIATION ANALYSES

Firstly, emotional deprivation schema was entered the analysis as an independent variable. Results show that, the effect of emotional deprivation schema on ERD (path a) was significant and positive (B = .86, SE = .17, p < .001), which means that participants who have emotional deprivation schema may have more difficulties in emotion regulation. The direct effect of emotional deprivation schema on grief (path c') was not significant (p > .05). Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (p > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (B = -1.09, SE = .38, p < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (B = .03, SE = .01, p < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .02, SE = .01, 95% *CI*: -.002, .04). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .11, F (4, 249) = 7.26, p < .001).

Then, emotional inhibition schema was entered the analysis as an independent variable. Results show that, the effect of emotional inhibition schema on ERD (path a) was significant and positive (B = 1.13, SE = .16, p < .001), which means that participants who have emotional inhibition schema may have more difficulties in emotion regulation. The direct effect of emotional inhibition schema on grief (path c') was not significant (p > .05). Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (p > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (B = -1.12, SE = .38, p < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (B = .03, SE = .01, p < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .03, SE = .01, 95% *CI*: -.001, .05). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .11, F (4, 249) = 7.41, p < .001).

Next, social isolation/ mistrust schema was entered the analysis as an independent variable. Results show that, the effect of social isolation/ mistrust schema on ERD (path a) was significant and positive (B = 1.68, SE = .15, p < .001), which means that participants who have social isolation/ mistrust schema may have more difficulties in emotion regulation. The direct effect of social isolation/ mistrust schema on grief (path c') was significant and positive (B = 1.10, SE = .51, p < .05), which means that participants who have social isolation/mistrust schema may have more difficulties during grief process. Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (p > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (B = -.97, SE = .38, p < .05), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (B = .02, SE = .01, p < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .04, SE = .02, 95% *CI*: -.004, .07). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .12, F (4, 249) = 8.55, p < .001).

After that, defectiveness schema was entered the analysis as an independent variable. Results show that, the effect of defectiveness schema on ERD (path a) was significant and positive (B = 1.46, SE = .16, p < .001), which means that participants who have defectiveness schema may have more difficulties in emotion regulation. The direct effect of defectiveness schema on grief (path c') was not significant (p > .05). Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (p > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (B = -1.05, SE = .38, p < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (B = .03, SE = .01, p < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .04, SE = .02, 95% *CI*: -.003, .07). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .11, F (4, 249) = 7.59, p < .001).

Then, enmeshment/ dependency schema was entered the analysis as an independent variable. Results show that, the effect of enmeshment/ dependency schema on ERD (path a)

was significant and positive (B = 1.06, SE = .10, p < .001), which means that participants who have enmeshment/ dependency schema may have more difficulties in emotion regulation. The direct effect of enmeshment/ dependency schema on grief (path c') was not significant (p > .05). Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (p > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (B = -1.05, SE = .38, p < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (B = .02, SE = .01, p < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .03, SE = .01, 95% *CI*: -.001, .05). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .11, F (4, 249) = 7.44, p < .001).

Next, abandonment schema was entered the analysis as an independent variable. Results show that, the effect of abandonment schema on ERD (path a) was significant and positive (B = 1.55, SE = .17, p < .001), which means that participants who have abandonment schema may have more difficulties in emotion regulation. The direct effect of abandonment schema on grief (path c') was not significant (p > .05). Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (p > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (B = -1.02, SE = .38, p < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (B = .02, SE = .01, p < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .04, SE = .02, 95% *CI*: -.004, .07). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .11, F (4, 249) = 7.76, p < .001).

Following, failure schema was entered the analysis as an independent variable. Results show that, the effect of failure schema on ERD (path a) was significant and positive (B = 1.33, SE = .14, p < .001), which means that participants who have failure schema may have more difficulties in emotion regulation. The direct effect of failure schema on grief (path c') was not significant (p > .05). Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (p > .05). Assuming the effect of ERD as zero,

the effect of SOC on grief (path b_2) was significant and negative (B = -1.08, SE = .38, p < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (B = .03, SE = .01, p < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .03, SE = .02, 95% *CI*: -.003, .06). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .10, F (4, 249) = 7.28, p < .001).

Then, pessimism schema was entered the analysis as an independent variable. Results show that, the effect of pessimism schema on ERD (path a) was significant and positive (B = 1.45, SE = .11, p < .001), which means that participants who have pessimism schema may have more difficulties in emotion regulation. The direct effect of pessimism schema on grief (path c') was significant and positive (B = .87, SE = .42, p < .05), which means that participants who have pessimism schema may have more difficulties during grief process. Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (p > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (B = -1.00, SE = .38, p < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (B = .02, SE = .01, p < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .03, SE = .02, 95% *CI*: -.005, .06). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .12, F (4, 249) = 8.41, p < .001).

After that, vulnerability to harm schema was entered the analysis as an independent variable. Results show that, the effect of vulnerability to harm schema on ERD (path a) was significant and positive (B = 1.27, SE = .15, p < .001), which means that participants who have vulnerability to harm schema may have more difficulties in emotion regulation. The direct effect of vulnerability to harm schema on grief (path c') was not significant (p > .05). Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (p > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (B = -1.04, SE = .38, p < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect

(path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (B = .02, SE = .01, p < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .03, SE = .01, 95% *CI*: -.002, .06). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .11, F (4, 249) = 7.55, p < .001).

Then, insufficient self-control/ self-discipline schema was entered the analysis as an independent variable. Results show that, the effect of insufficient self-control/ self-discipline schema on ERD (path a) was significant and positive (B = .89, SE = .09, p < .001), which means that participants who have insufficient self-control/ self-discipline schema may have more difficulties in emotion regulation. The direct effect of insufficient self-control/ self-discipline schema on grief (path c') was not significant (p > .05). Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (p > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (B = -1.09, SE = .38, p < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (B = .03, SE = .01, p < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .02, SE = .01, 95% *CI*: -.002, .04). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .10, F (4, 249) = 7.29, p < .001).

Following, self-sacrifice schema was entered the analysis as an independent variable. Results show that, the effect of self-sacrifice schema on ERD (path a) was significant and positive (B = .89, SE = .13, p < .001), which means that participants who have self-sacrifice schema may have more difficulties in emotion regulation. The direct effect of self-sacrifice schema on grief (path c') was significant and positive (B = .74, SE = .34, p < .05), which means that participants who have self-sacrifice schema may have more difficulties during grief process. Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (p > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (B = -1.10, SE = .38, p < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (B =

.02, *SE* = .01, *p* < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is no 0 value in confidence interval, the effect of interaction (path ab_3) was significant (*index* = .02, *SE* = .01, 95% *CI*: .00, .04). Thus, SOC has a moderating role in the indirect effect of self-sacrifice schema on grief through the mediating role of ERD. Accordingly, this effect is significant at the mean (95% *CI*: .11, .81) and upper (95% *CI*: .25, 1.15) levels of SOC, while it is not significant at lower (95% *CI*: -.14, .61) level of SOC. Moreover, the model in general was significant (R^2 = .12, *F* (4, 249) = 8.54, *p* < .001). Moderated mediation effect is displayed in Figure 3 graphically.

Subsequently, punitiveness schema was entered the analysis as an independent variable. Results show that, the effect of punitiveness schema on ERD (path a) was significant and positive (*B* = .83, *SE* = .11, *p* < .001), which means that participants who have punitiveness schema may have more difficulties in emotion regulation. The direct effect of punitiveness schema on grief (path c') was not significant (*p* > .05). Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (*p* > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (*B* = -1.09, *SE* = .38, *p* < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (*B* = .03, *SE* = .01, *p* < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .02, *SE* = .01, 95% *CI*: -.00, .04). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .10, *F* (4, 249) = 7.28, *p* < .001).

Then, unrelenting standards schema was entered the analysis as an independent variable. Results show that, the effect of unrelenting standards schema on ERD (path a) was significant and positive (*B* = 1.18, *SE* = .20, *p* < .001), which means that participants who have unrelenting standards schema may have more difficulties in emotion regulation. The direct effect of unrelenting standards schema on grief (path c') was not significant (*p* > .05). Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (*p* > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (*B* = -1.10, *SE* = .38, *p* < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect

(path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (*B* = .03, *SE* = .01, *p* < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .03, *SE* = .01, 95% *CI*: -.00, .06). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .11, *F* (4, 249) = 7.81, *p* < .001).

Finally, approval-seeking schema was entered the analysis as an independent variable. Results show that, the effect of approval-seeking schema on ERD (path a) was significant and positive (*B* = 1.05, *SE* = .10, *p* < .001), which means that participants who have approval-seeking schema may have more difficulties in emotion regulation. The direct effect of approval-seeking schema on grief (path c') was not significant (*p* > .05). Assuming the effect of SOC as zero, the effect of ERD on grief (path b_1) was not significant (*p* > .05). Assuming the effect of ERD as zero, the effect of SOC on grief (path b_2) was significant and negative (*B* = -1.08, *SE* = .38, *p* < .01), which means that participants who have higher SOC may experience less problems during grief process. The interaction effect (path b_3) of ERD and SOC (ERDTotal x SOCTotal) was significant (*B* = .03, *SE* = .01, *p* < .05). When the index of moderated mediation was examined for significance of ERDTotal x SOCTotal effect, it was found that because there is 0 value in confidence interval, the effect of interaction (path ab_3) was not significant (*index* = .02, *SE* = .01, 95% *CI*: -.00, .05). So, further analyses were not run. Moreover, the model in general was significant (R^2 = .10, *F* (4, 249) = 7.25, *p* < .001).

Table 9. Unstandardized results of moderated mediation model for EMS, ERD, SOC and grief

	B	***SE***	***p***	**Model R^2**
SOCTotal ↓ EmotDepr → ERDTotal → TTBQTot				
EmotDepr → ERDTotal (path a)	.86	.17	***	
EmotDepr → TTBQTot (path c')	-.07	.42		
ERDTotal → TTBQTot (path b_1)	-.79	.58		
SOCTotal → TTBQTot (path b_2)	-1.09	.38	**	
ERDTotal x SOCTotal (path b_3)	.03	.01	*	.11
SOCTotal ↓ EmotInh → ERDTotal → TTBQTot				
EmotInh → ERDTotal (path a)	1.13	.16	***	
EmotInh → TTBQTot (path c')	-.33	.43		

ERDTotal → TTBQTot (path b_1)	-.79	.58		
SOCTotal → TTBQTot (path b_2)	-1.12	.38	**	
ERDTotal x SOCTotal (path b_3)	.03	.01	*	.11

SOCTotal

SocIsol → ERDTotal → TTBQTot

SocIsol → ERDTotal (path a)	1.68	.15	***	
SocIsol → TTBQTot (path c')	.10	.51	*	
ERDTotal → TTBQTot (path b_1)	-.89	.57		
SOCTotal → TTBQTot (path b_2)	-.97	.38		
ERDTotal x SOCTotal (path b_3)	.02	.01	*	.12

SOCTotal

Defect → ERDTotal → TTBQTot

Defect → ERDTotal (path a)	1.46	.16	***	
Defect → TTBQTot (path c')	.54	.49		
ERDTotal → TTBQTot (path b_1)	-.85	.58		
SOCTotal → TTBQTot (path b_2)	-1.05	.38	**	
ERDTotal x SOCTotal (path b_3)	.03	.01	*	.11

SOCTotal

EnmDepe → ERDTotal → TTBQTot

EnmDepe → ERDTotal (path a)	1.06	.10	***	
EnmDepe → TTBQTot (path c')	.27	.33		
ERDTotal → TTBQTot (path b_1)	-.83	.58		
SOCTotal → TTBQTot (path b_2)	-1.05	.38	**	
ERDTotal x SOCTotal (path b_3)	.02	.01	*	.11

SOCTotal

Aband → ERDTotal → TTBQTot

Aband → ERDTotal (path a)	1.55	.17	***	
Aband → TTBQTot (path c′)	.69	.51		
ERDTotal → TTBQTot (path b_1)	-.83	.58		
SOCTotal → TTBQTot (path b_2)	-1.02	.38	**	
ERDTotal x SOCTotal (path b_3)	.02	.01	*	.11

SOCTotal

Fail → ERDTotal → TTBQTot

Fail → ERDTotal (path a)	1.33	.14	***	
Fail → TTBQTot (path c')	.13	.43		
ERDTotal → TTBQTot (path b_1)	-.82	.59		
SOCTotal → TTBQTot (path b_2)	-1.08	.38	**	
ERDTotal x SOCTotal (path b_3)	.03	.01	*	.10

SOCTotal

Pessim → ERDTotal → TTBQTot

Pessim → ERDTotal (path a)	1.45	.11	***	
Pessim → TTBQTot (path c')	.87	.42	*	
ERDTotal → TTBQTot (path b_1)	-.94	.58		
SOCTotal → TTBQTot (path b_2)	-1.00	.38	**	
ERDTotal x SOCTotal (path b_3)	.02	.01	*	.12

SOCTotal

VulnHar → ERDTotal → TTBQTot

VulnHar → ERDTotal (path a)	1.27	.15	***	
VulnHar → TTBQTot (path c')	.45	.43		
ERDTotal → TTBQTot (path b_1)	-.82	.58		
SOCTotal → TTBQTot (path b_2)	-1.04	.38	**	
ERDTotal x SOCTotal (path b_3)	.02	.01	*	.11

SOCTotal

InsSelf → ERDTotal → TTBQTot

InsSelf → ERDTotal (path a)	.89	.09	***	
InsSelf → TTBQTot (path c')	-.11	.29		
ERDTotal → TTBQTot (path b_1)	-.78	.58		
SOCTotal → TTBQTot (path b_2)	-1.09	.38	**	
ERDTotal x SOCTotal (path b_3)	.03	.01	*	.10

SOCTotal

SelfSac → ERDTotal → TTBQTot

SelfSac → ERDTotal (path a)	.89	.13	***	
SelfSac → TTBQTot (path c')	.74	.34	*	
ERDTotal → TTBQTot (path b_1)	-.90	.58		
SOCTotal → TTBQTot (path b_2)	-1.10	.38	**	
ERDTotal x SOCTotal (path b_3)	.02	.01	*	.12

SOCTotal

Punit → ERDTotal → TTBQTot

Punit → ERDTotal (path a)	.83	.11	***	
Punit → TTBQTot (path c')	.11	.30		
ERDTotal → TTBQTot (path b_1)	-.83	.59		
SOCTotal → TTBQTot (path b_2)	-1.09	.38	**	
ERDTotal x SOCTotal (path b_3)	.03	.01	*	.10

SOCTotal

UnrelSt → ERDTotal → TTBQTot

UnrelSt → ERDTotal (path a)	1.18	.20	***	
UnrelSt → TTBQTot (path c')	-.74	.52		
ERDTotal → TTBQTot (path b_1)	-.77	.58		
SOCTotal → TTBQTot (path b_2)	-1.10	.38	**	
ERDTotal x SOCTotal (path b_3)	.03	.01	*	.11

SOCTotal

ApprSee → ERDTotal ↓→ TTBQTot

ApprSee → ERDTotal (path a)	1.05	.10	***	
ApprSee → TTBQTot (path c')	.03	.33		
ERDTotal → TTBQTot (path b_1)	-.79	.58		
SOCTotal → TTBQTot (path b_2)	-1.08	.38	**	
ERDTotal x SOCTotal (path b_3)	.03	.01	*	.10

Note. EmotDepr = Emotional deprivation schema, EmotInh = Emotional inhibition schema, SocIsol = Social isolation schema, Defect = Defectiveness schema, EnmDepe = Enmeshment/ dependency schema, Aband = Abandonment schema, Fail = Failure schema, Pessim = Pessimism schema, VulnHar = Vulnerability to harm schema, InsSelf = Insufficient self-control/ self-discipline schema, SelfSac = Self-sacrifice schema, Punit = Punitiveness schema, UnrelSt = Unrelenting standards schema, ApprSee = Approval seeking schema, * $p < .05$, ** $p < .01$, *** $p < .001$, B = Unstandardized beta coefficient, SE = Standard error.

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