**SHADOW OF THE PAST:**

**THE ROLES OF EARLY PARENTAL REJECTION, MALADAPTIVE PERSONALITY DISPOSITIONS, AND FEAR OF COMPASSION ON DEPRESSIVE SYMPTOMS**

**UTKU BÜTE**

Master's Thesis

Graduate School

Izmir University of Economics

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# ABSTRACT

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Büte, Utku

Master's Program in Clinical Psychology

Advisor: Prof. Dr. Falih Köksal

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Depression is one of the most common and severe mental-health disorders. Therefore, it is essential to recognize the origins of depression, its underlying personality characteristics, and emotional resistances. This thesis investigates the roles of perceived early parental rejection, maladaptive personality dispositions, and fear of compassion on current depressive symptoms. For this purpose, 312 community adults (210 females, 101 males) were administered the Parental Acceptance-Rejection

Questionnaire – Short Form, Personality Assessment Questionnaire, Fear of Compassion Scales, and Beck Depression Inventory. The results of parallel mediation analyses indicated that negative self-evaluation, including lower self-esteem and inadequate sense of self, was the most influential mediator on the relationship between perceived parental rejection and depressive symptoms. This relationship was also positively mediated by aggression and negative worldview, whereas emotional unresponsiveness was negatively predicted depressive symptoms. Among three expressions of fear of compassion, fear of self-compassion was the only significant mediator on the given relationship. Although perceived parental rejection was predicted fear of receiving compassion from others, it was not leading to depressive symptoms. The findings were discussed by integrating relevant literature, Parental Acceptance-Rejection Theory, and psychoanalytic theory. Consequently, it was emphasized that working through early parental relationships, both other and self-directed aggression, emotional withdrawal, and resistances against compassion may be necessary for the psychological treatment of individuals with depression.

Keywords: Parental Rejection, Psychological Maladjustment, Personality Dispositions, Fear of Compassion, Depressive Symptoms, Psychoanalytic Theory.

# ÖZET

GEÇMİŞİN GÖLGESİ:

ERKEN EBEVEYN REDDİNİN, UYUMSUZ KİŞİLİK ÖZELLİKLERİNİN, VE ŞEFKAT KORKUSUNUN DEPRESİF SEMPTOMLAR ÜZERİNDEKİ ROLLERİ

Büte, Utku

Klinik Psikoloji Yüksek Lisans Programı

Tez Danışmanı: Prof. Dr. Falih Köksal

Ağustos, 2021

Depresyon en yaygın ve ciddi olarak görülen ruhsal bozuklardan biridir. Bu yüzden, depresyonun temellerini anlamak ve altında yatan kişilik özellikleri ile duygusal dirençleri belirlemek önem taşımaktadır. Bu tez erken çocuklukta algılanan ebeveyn reddinin, uyumsuz kişilik özelliklerinin, ve şefkat korkusunun güncel depresif semptomlar üzerindeki rollerini araştırmaktadır. Bu amaçla 312 yetişkin (210 kadın, 101 erkek) katılımcıya Ebeveyn Kabul-Red Ölçeği – Kısa Formu, Kişilik Değerlendirme Ölçeği, Şefkat Korkuları Ölçeği ve Beck Depresyon Envanteri

uygulanmıştır. Yapılan paralel aracılık analizleri, düşük düzeydeki benlik saygısını ve yetersiz benlik algısını içeren olumsuz öz-değerlendirmenin, algılanan ebeveyn reddi ile depresif semptomlar arasındaki ilişkiye aracılık eden en etkili değişken olduğunu göstermiştir. Ayrıca, bu ilişkiye saldırganlık ve negatif dünya görüşü de pozitif yönde aracılık ederken, duygusal tepkisizliğin depresif semptomları negatif olarak yordadığı bulunmuştur. Şefkat korkuları arasında ise öz-şefkat korkusu bahsedilen ilişkiye aracılık eden tek değişken olmuştur. Başkalarından şefkat alma korkusu, algılanan ebeveyn reddi tarafından yordanmış olsa da, depresyona yol açmadığı gözlenmiştir. Bulgular ilgili literatür, Ebeveyn Kabul-Red Teorisi ve psikanalitik teori bağlamında tartışılmıştır. Sonuç olarak depresif semptomları olan bireylerle yürütülen psikoterapilerde erken dönem ebeveyn ilişkilerinin, başkalarına ve kendiliğe yönelik saldırganlığın, duygusal geri çekilmenin ve şefkat duygusuna karşı dirençlerin çalışılmasının gerekli olabileceği vurgulanmıştır.


Anahtar Kelimeler: Ebeveyn Reddi, Psikolojik Uyumsuzluk, Kişilik Eğilimleri, Şefkat Korkusu, Depresif Semptomlar, Psikanalitik Teori.

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APA: American Psychiatric Association

DSM: Diagnostic and Statistical Manual

GBD: Global Burden of Diseases

PARTheory: Parental Acceptance-Rejection Theory

WHO: World Health Organization

# CHAPTER 1: INTRODUCTION

*"Shadow of the object fell upon the ego."*

Sigmund Freud, 1917

Depression, the "common cold" of mental health disorders, may be a recurrent, persistent, and mutilating disorder with considerable relapse rates (e.g., Judd, 1997; Segal et al., 2003). Its substantial comorbidity with personality disorders (e.g., Corruble et al., 1996; Hirschfeld, 1999) makes depression a treatment-resistant disorder for many patients (e.g., Luyten et al., 2005). Although depression arises from the complex interaction of genetic, biological, and environmental factors (APA, 2013), the fundamental role of early childhood experiences in the development of depression is an agreed assumption by various theoretical perspectives (e.g., Bowlby, 1980; Freud, 1917; Rohner, 1986).

Among these theories, Parental Acceptance-Rejection Theory (e.g., Rohner, 1986) suggests that perceived inadequate parental warmth and love early in life gives rise to the formation of a particular set of maladaptive personality dispositions (e.g., Khaleque and Rohner, 2002), and depression (for a review; Rohner and Britner, 2002). Correspondingly, since Freud (1917), psychoanalytic theory emphasized the primary role of early loss of a parent's love in depression. Besides, the personality characteristics that underlie depression and result from the early loss of parental love have long been recognized and argued in psychoanalytic theory (e.g., Abraham, 1924; Bibring, 1953; Blatt, 1974; Freud, 1917; Jacobson, 1971; Rado, 1928).

On the other hand, recent studies have focused on the fear of compassion, which can be a significant obstacle to depressive individuals benefiting from psychotherapy (e.g., Gilbert and Procter, 2006; Gilbert et al., 2011). Since it is a relatively novel research topic, the studies investigating the foundation of fear of compassion are limited (e.g., Gilbert et al., 2011). Also, the research on personality characteristics underlying fear of compassion mostly centered on the role of self-criticism (e.g., Gilbert et al., 2014b; Hart et al., 2020; Hermanto et al., 2016; Joeng and Turner, 2015).

In this background, this thesis would investigate the roles of early loss of parental warmth, specific personality characteristics, and fear of compassion on individuals'

depressive symptoms. Additionally, the origins of fear of compassion would be sought in the early loss of parental warmth and love. Furthermore, it would be explored that personality dispositions underlying three expressions of fear of compassion.

Firstly, throughout this chapter, an overview of depression was provided, and psychoanalytic views on depression were outlined. Secondly, PARTheory, which constitutes the scientific frame of this thesis, was introduced by drawing parallels with psychoanalytic theory. Then, the research considering the role of perceived early parental rejection on personality dispositions and depression were reviewed. Thirdly, various theoretical views and a limited number of research on the origins of fear of compassion were provided. After the three expressions of fear of compassion were mentioned, the studies focusing on its relationship with depression were summarized. As of last, the aims, hypotheses, and research questions of this thesis will be presented.

## 1.1. Depression

Depression, or major depressive disorder, is a widespread and serious mental health disorder that more than 300 million people suffer from worldwide (WHO, 2017). Between 2005 and 2015, the overall projected number of people with depressive disorders increased by %18.4 (GBD, 2015), and the prevalence of depression is ever-expanding on the global scale. In its severe forms, depression may lead to self-harming behavior and ultimately to suicide. Depression is one of the most fundamental causes of approximately 800.000 suicide-related death each year (WHO, 2017). Even if it does not cause such terrific damage, depression substantially influences individuals' cognition, behavior, and physical health in a negative manner. It may also significantly inhibit one's functioning in school, work, relationships, and daily life (APA, 2013).

### 1.1.1. Symptoms of Depression

The fundamental characteristics of depression consist of (1) depressed mood (e.g., sadness, emptiness, or hopelessness) and (2) diminished or lost pleasure and interest almost in all activities. The intense sadness can be occasionally masked with emotional withdrawal, somatic complaints, and persistent or outbursts of anger. The somatic symptoms include disturbance in sleep, significant changes in appetite and body

weight, lowered sexual interest or desire, slowed down body movements, and reduced overall energy level. On the other hand, feelings of worthlessness or substantial impairment in self-esteem with excessive or inappropriate guilt constitute common negative self-evaluations of depressive individuals. Also, impairment of memory, difficulties in concentration, thinking, and decision-making indicate the cognitive manifestations of depression. Last, depressive individuals may be preoccupied with thinking of death and may have suicidal ideas, plans, or ultimately suicide attempts (APA, 2013).

### 1.1.2. Epidemiology of Depression

Depression is the most prevalent mental health disorder across the globe (e.g., Murray and Lopez, 1996; Öztürk and Uluşahin, 2011). The prevalence of major depressive disorder was %3 in males and ranged from %4-9 in females, with lifetime risks were %8-12 for males and %20-26 for females (Goldman, 1995). Also, WHO (2017) reported that the estimated proportion of individuals with depression was %5.1 for females, %3.6 for males, and %4.4 for the general population worldwide. In terms of gender, females are two-fold more susceptible to having depression than males (Piccinelli and Wilkinson, 2000).

To the various research, the lifetime prevalence of major depressive disorder was between %3.6-8.5 in Europe (Marneros, 2006), found %6.7 in America (Waraich et al., 2004), %3.6 in China (Lee et al., 2009), %2.9 in Japan (Kawakami et al., 2004) and %6.3 in Turkey (Andrade et al., 2003). Also, Küey (1998) reported that the prevalence rates were %20 for depressive symptoms and %10 for clinical depression in the Turkish population.

### 1.1.3. Etiology and Risk Factors of Depression

Depression is a multifaceted disorder that results from the interaction of genetic, biological, and psychosocial factors (APA, 2013). The earlier onset and recurrent prognosis of depression are associated with the contribution of genetic factors (Ebmeier et al., 2006). The adoption and twin studies indicate %31-42 rates of genetic

transmission on depression (Sullivan et al., 2000). Also, compared to the control group, depression is approximately three times more common in the first-degree relatives of individuals with major depressive disorder. (Sadock and Sadock, 2005).

The *monoamine hypothesis* suggests that activity reduction, the higher number of receptors, and receptor sensitivity in at least one of the neurotransmitters of serotonin (5-HT), dopamine (DA), and norepinephrine (NE) lead to depression (Hirschfeld, 2000). Higher cortisol levels and over-activation in the hypothalamic-pituitary-adrenal (HPA) axis are substantial risk factors for depression (e.g., Rao, 2013). Also, deficits in the hypothalamic-pituitary-thyroid axis play essential roles in depression (e.g., Jackson, 1998). Specifically, hyperthyroidism is associated with mood swings, irritability, insomnia, psychomotor agitation, and weight loss, whereas hypothyroidism is linked to fatigue, memory deficits, loss of libido, and rarely suicide tendency (Helvacı-Çelik and Hocaoğlu, 2016).

As mentioned before, females are twice as likely to experience depression than males due to more exposed stress, hormonal changes, and gender roles. However, the gender difference disappears in preadolescence depression (Fleming and Offord, 1990). Depression may occur in any age group. Research indicates that the average onset of changing from 27 to 40 years old (Kessler et al., 2005). However, there is evidence that the age of onset is decreasing gradually (Kessler et al., 2003). Divorced or separated individuals are more prone to experiencing depression, whereas education level and economic status are not prominently associated with major depressive disorder (Blazer et al., 1994; Kessler et al., 2003).

Stressful life events often precede the onset of major depressive disorder, especially for the first episode (Mitchell et al., 2003). The loss of a parent in childhood is the most significant environmental risk factor for the onset of depression (McLeod, 1991) with the loss of a spouse in adulthood. Unemployment and financial loss are other important risk factors associated with three-fold higher rates of depression than working individuals (Price et al., 2002).

### 1.1.4. Psychoanalytic Views on Depression

In the first psychoanalytic formulation of melancholia, Abraham (1911) argued that depressive individuals are predisposed to aggression based on their temperament and early childhood experiences. The early and repeated disappointments in their relationship with love objects give rise to the depressed person's intense feelings of anger. The intense ambivalent feelings of love and hate disrupt one's capacity to love. Due to excessive feelings of guilt it generates, the overwhelming anger felt for the love object is repressed and projected into the external world. Then, the projected anger is directed towards the self and creates the unlovable and hated self-image associated with their lower self-esteem and the sense of inadequacy (Abraham, 1911; Abraham, 1924).

Freud (1917) claimed that depression is essentially a reaction to the actual or symbolic loss of the love object. Consequently, depressive individuals' libidinal energy, which lost its object, is directed towards the self rather than invested in another object. In other words, they have been emotionally withdrawn from the external world. However, in order to handle the overwhelming pain the loss created, depressive individuals identify with their lost love object and keep them alive in their very self. Thus, they maintain their relationship with the "psychic double" of the lost object (Volkan and Zintl, 1993) and cannot detach from them. As Abraham (1924), Freud considered ambivalent feelings toward the lost object as a prerequisite of depression. Distinct from the mourner, the substantially low self-esteem of the depressive individuals has resulted from anger that essentially felt for the lost love objects but turned against the self due to their narcissistic identification with them.

Rado (1928) emphasized the role of narcissistic vulnerability he observed in depression. Their sensitivity to rejection and frustration experienced in their relationship with love objects make depressed individuals susceptible to intense feelings of anger and a sense of inadequacy. The depressed person profoundly depends on the object's love, recognition, and approval to maintain their self-esteem. Unlike previously mentioned theories, he argued that depressive individuals essentially react with aggression to the loss of love to wanting it back. When such efforts have failed, they "cry for love" in great despair in the form of depression (Akhtar, 2018). Rado also drew attention to the split in the perception of the self and others into all good and

all bad in the development of depression (Busch, 2009). While the good aspects form one's ego ideal, the bad qualities are identified as the superego in the depressed person's inner world. The attacks of the superego on the ego due to failing to adhere to the ego ideal leads to an inadequate sense of self.

Bibring (1953) highlighted the importance of the sense of helplessness and powerlessness in depression. In this framework, loss, uncontrollable life events, and traumatic experiences give rise to depression due to triggering the helplessness of early childhood. While acknowledging the importance of loss and dependence, he argued that depression also arises from one's incapacity to attain ideals of the ego. He also associated the significant decline in self-esteem with feelings of inferiority and inadequacy as a result of frustration of one's desire to be strong and superior (Mendelson, 1974).

Jacobson (1971) underlined the fundamental role of self-esteem and placed it at the root of depression. While agreeing with Bibring (1953) concerning depression engendered due to the discrepancy between real and ideal self-image, she also confirmed the role of early relationship with the rejecting love objects whom depressed individuals were dependent on and approached with ambivalent feelings (e.g., Abraham, 1911; Freud, 1917). In terms of drive theory (e.g., Freud, 1920), she argued that the self-esteem damaged at the level of cathected aggressive energy directed to one's self-representation also determines the severity of depression. Besides, the primary defense mechanism of idealization activated with the denial of aggression toward the rejecting yet needed object in depressed individuals. Thus, they would be protected against the fear of abandonment by the love object that is the fundamental anxiety underlying depression (Kernberg, 1979; Jacobson, 1954; Jacobson, 1971).

Blatt (1974) proposed two different phenomenological expressions of depression based on its relational and self-definitive qualities. The relational manifestation of depression or anaclitic depression, characterized by underlying separation anxiety and fear of abandonment depending on the early loss of the object. Such individuals have intense longings to be protected, nurtured, and loved. Their dependent constitution gives rise to overwhelming feelings of loneliness, helplessness, weakness, and inadequacy. In order to maintain their self-esteem and well-being, individuals with anaclitic depression need the constant physical and psychological presence of a need-

gratifying object. Their somatic complaints could be understood as efforts to have the object's care, concern, or love (Blatt and Zuroff, 1992).

On the other hand, introjective or self-critical depression is characterized by chronic fears concerning loss of approval, recognition, and love of significant objects (Blatt, 1974). Their self-critical constitution is established depending on the introjection of the love object's intense criticism. Such a background makes them prone to feelings of inferiority, worthlessness, guilt, and failure. In order to avoid criticism and seek approval of the love objects and their own, individuals with introjective depression often strive for achievement and perfection, making excessive pressures on themselves (Blatt, 2004). Also, they are inclined to deny their dependency on the objects' approval and recognition and put efforts to preserve an autonomous self-image.

Up to this point, the general picture of depressive disorders has been presented. Also, the major viewpoints of psychoanalytic theory on the early experiences of depressed individuals and the personality characteristics associated with depression have been outlined. In the next section, PARTheory, which is compatible with psychoanalytic theory and puts its views on depression in a scientific framework, is introduced. After an overview of the theory, the personality dispositions that arise from the unmet need for early parental warmth are explained. Finally, studies that focused on the role of early parental rejection on maladaptive personality characteristics and depression were summarized.

## 1.2. Overview of Parental Acceptance-Rejection Theory

PARTheory is an evidence-based psychological development and socialization theory that attempts to illuminate the background, predict consequences, and various correlates of perceived parental acceptance and rejection both in children and adults (Rohner, 1986; Rohner, 2004). The theory has researched the five major subjects of its three subtheories for more than five decades worldwide (Rohner, 2016).

The personality subtheory explores (1) individuals' universal reactions to perceived parental acceptance and rejection and (2) the long-term effects of these reactions on adult life (Khaleque and Rohner, 2002; Rohner and Britner, 2002). The coping subtheory examines (3) underlying factors that make some individuals more resilient

in the face of parental rejection (Rohner, 2004; Rohner, 2016). The sociocultural systems subtheory investigates (4) the factors that determine parents' accepting or rejecting manner and (5) how the dominant parenting tendency of a society affects the structure of that society and various beliefs, practices, and preferences of its individuals (Rohner, 2016; Rohner et al., 2005).

PARTheory embraces a phylogenetic perspective in examining human emotion, cognition, and behavior (Rohner, 1986; Rohner, 2004). From this perspective, the theory is constructed on the fundamental assumption that is children's universal need for acceptance from their parents or primary attachment figures (Rohner et al., 2005). The unmet needs for acceptance or warmth from significant others make human beings inclined to particular socioemotional and cognitive predispositions embedded in their personality and several mental health problems (Rohner and Britner, 2002; Rohner and Brothers, 1999).

### 1.2.1. *The Warmth Dimension of Parenting*

The warmth dimension of parenting is theoretically constructed as a bipolar continuum with parental acceptance at one end and parental rejection at the other (Khaleque and Rohner, 2012b; Rohner and Rohner, 1980). Every human being falls somewhere along the continuum depending on their perceived parental warmth as a child. In this manner, the warmth dimension is characterized by the quality of the emotional bond between the parent-child couple (Rohner, 1986; Rohner, 2004; Rohner, 2016).

Parental acceptance refers to children's perceived feelings of care, nurturance, warmth, or, in a broader sense, love in their parental relationships (Rohner and Veneziano, 2001; Rohner, 2004). On the other hand, parental rejection implies the absence or withdrawal of the accepting manner and the presence of parents' harmful verbal, behavioral, and emotional expressions (Rohner, 2005; Rohner, 2016). As long-standing cross-cultural research has shown that parental rejection manifests itself in various combinations of four fundamental expressions, which are (1) coldness/unaffection, (2) hostility/aggression, (3) indifference/neglect, and (4) undifferentiated rejection; whereas parental acceptance consists of a single dimension defined as warmth/affection (e.g., Rohner, 2004; Rohner, 2016).

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The left-side elements in each dimension of parental acceptance and rejection (warmth, coldness, hostility, and indifference) indicate children's perception of their parents' internal and psychological states. Correspondingly, the right-side elements (affection, unaffection, aggression, and neglect) represent the parents' acting out upon their paired internal feelings. In other words, left-side elements refer to children's phenomenological experience regarding their parent's internal feelings, whereas the right-side elements point out the parent's observable behavior (Khaleque and Rohner, 2012b; Rohner, 2016).

Parental affection is expressed through physical (e.g., kissing, hugging, or caressing), verbal (e.g., praising, complimenting, or approving), or culture-specific symbolic forms. By virtue of parents' such expressions, children feel warmth and love in their parental relationships. In contrast, parents are perceived as cold when their affectionate manner is absent or withdrawn. In such an atmosphere, children are likely to feel rejected, uncared, or unloved by their parents (Rohner, 2004; Rohner, 2016; Rohner et al., 2005).

In PARTheory, aggression refers to purposeful behaviors that cause emotional or physical harm to other people or objects. Parents' aggressive behaviors are motivated by feelings of anger, hostility, or resentment. Parental aggression could take physical (e.g., hit, pinch, or push), verbal (e.g., insulting, shouting, or humiliating), and symbolic (e.g., being rude, offensive, or disrespectful) forms (Rohner, 1986; Rohner, 2004).

Parental neglect indicates the parents' failure to respond to their children's material, social and emotional needs. Negligent parents show inadequate responsiveness to their children's need to be soothed, cared for, or comforted. Parents' physical absence and psychological distance are significant markers of perceived parental indifference (Rohner and Rohner, 1980; Rohner, 2005).

Undifferentiated rejection refers to the children's belief that they are not cared about or loved in their relationship with their parents despite the absence of any discernable behavioral indicators of parental hostility, neglect, or coldness (Rohner, 1986; Rohner, 2005). The other forms of parental acceptance and rejection can be identified both in children's phenomenological experience and parents' behavioral expressions. In

contrast, undifferentiated rejection is determined solely by the subjective feelings of the children (Rohner, 2004; Rohner, 2016).

## 1.2.2. *Personality Subtheory*

The personality subtheory of the PARTheory aims to predict and explain psychological, interpersonal, and personality-related consequences of perceived early parental acceptance and rejection both in children and adults worldwide (Khaleque and Rohner, 2012b; Rohner et al., 2005). At the very foundation of the personality subtheory lies the assumption that humans have, whether consciously recognized or not, an evolutionary need for positive responses (e.g., safety, nurturance, care, concern, or love) from their significant others (e.g., Rohner, 1975; Rohner, 1986).

In PARTheory, the concept of significant others refers to people who have unique importance to an individual as there is an enduring emotional bond between them (Rohner, 2005). Since the people who meet the children's need for positive responses are typically the parents, the use of the term is comparable to the concept of significant others (Rohner, 2004). However, a parent is more than a significant other due to having the long-term responsibility of being the child's primary caregiver. In this regard, the concept of parents is analogous to attachment figures as defined by attachment theory (Ainsworth, 1989; Bowlby, 1973). Given that, children's basic sense of emotional security, comfort, and well-being are apt to depend on the quality of the relationship with parents (Rohner, 2004; Rohner, 2005). Furthermore, mentioned feelings that arise in early parental relationships tend to stay with the individuals across their adult life (Khaleque and Rohner, 2012).

As construed theoretically, the concept of personality is defined as individuals' affective, cognitive, perceptual, motivational, and behavioral inclinations that are relatively persistent to change across space and time (Rohner, 2004; Rohner, 2005). In PARTheory, one of the fundamental factors determining individuals' personality is their perceived feelings of acceptance and rejection in their early parental relationships. As mentioned earlier, children fall into a place in the acceptance and rejection continuum depending on to what degree their need for positive responses is met by their parents or attachment figures (Rohner, 1975; Rohner, 1986). The

personality subtheory postulates that children whose need for warmth was inadequately met, therefore felt rejected, are predisposed to develop seven interrelated personality characteristics (e.g., Khaleque and Rohner, 2012b; Rohner, 2004). Also, these personality dispositions that underlie depression to the psychoanalytic theory are as follows: (1) dependence or defensive independence, (2) emotional unresponsiveness, (3) hostility/aggression, (4) emotional instability, (5) negative self-esteem, (6) negative self-adequacy, and (7) negative worldview.

### 1.2.2.1. Dependence and Defensive Independence

In PARTheory, dependence is conceived as a bipolar continuum with its two ends are defined by dependence and independence. As used in PARTheory, the concept of dependence refers to individuals' internal wish or craving for psychological nurturance, care, or attention from their attachment figures (Rohner, 2005). Concurrently, dependence also refers to individuals' behavioral investment to receive such responses (Rohner, 2004).

In psychosocial development theory, the basic sense of trust that develops in infants' total dependence on parents precedes their attainment of autonomy (Erikson, 1950). Infants tend to move from absolute dependence towards independence as their innate need for dependency is satisfied in a holding environment (Winnicott, 1960). Individuation is a process of psychological development that children acquire after the gradual separation from their primary caregivers (Mahler et al., 1975). Therefore, children with a history of early or inappropriate separation and unmet dependency needs are prone to dependent on their parents.

Dependent individuals are predisposed to prolong their frequent and intense emotional and behavioral investments to receive positive responses from their early and adult attachment figures (Rohner, 2004). However, in some cases, individuals may form a persona in which they appear to be independent when their emotional need for dependency is excessively frustrated. In PARTheory, such individuals are considered under the concept of defensive independence (Rohner, 2005).

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### 1.2.2.2. Emotional Unresponsiveness

Emotional unresponsiveness, which is closely tied with the concept of defensive independence, refers to individuals' inability to express their emotions in an open and spontaneous manner (Rohner, 2005). Children become emotionally unresponsive to defend themselves from the greater emotional pain of early parental rejection. Parents' negligent or contemptuous manner concerning their children's emotional needs leads to the formation of defensive self-sufficiency in them (Doidge, 2001; Fairbairn, 1940).

The concept of avoidant attachment and one's tendency to being emotionally unresponsive seem to be related to each other. Despite their outwardly indifferent manner, avoidant children's stress levels increase during the separation from their attachment figures (Spangler and Grossmann, 1993; Sroufe and Waters, 1977). The primary caregivers have rejected avoidant children's need for normal dependence (Ainsworth et al., 1978). Mothers of such children are described as emotionally unexpressive and aversive to physical interaction (Main and Weston, 1982; McWilliams, 2011).

While emotional withdrawal protects individuals from the possible psychological harms of interpersonal relationships, it also causes their denial of the need for compassion, love, or sympathy. Emotionally unresponsive individuals have difficulties expressing their love for and receiving it from others (Rohner, 2005). Their lack of trust for others makes them incapable of having intimate relationships. Consequently, they tend to relate with others in an impersonal and emotionally distant manner (Rohner, 2004).

### 1.2.2.3. Hostility/Aggression

In PARTheory, hostility refers to individuals' internal feelings of hatred, anger, or resentment. Correspondingly, aggression is conceptualized as the behavioral expression of hostility which indicates an individual's any purposeful act that is physically or emotionally harmful to themselves, others, or objects (Rohner, 2005). When their need for parental acceptance or warmth is unmet, children tend to respond with increased anger, enmity, resentment (Rado, 1928; Rohner, 2004).

Individuals who experienced early parental rejection may find it troubling to be able to recognize and cope with their destructive emotions. Problems with the management of aggression manifest themselves in one's hostile or aggressive fantasies, dreams, or interests in violence. In such circumstances, individuals may be concerned about harming and being hurt by others (Rohner, 2005).

In cases where parental hostility is a significant element of parental rejection, individuals may internalize their parents' aggressive attitudes and behaviors. Individuals' internalized aggression can be directed at others as well as at themselves. The aggression of individuals turned against themselves may lead to the formation of a self-sabotaging psychic structure that disrupts individuals' capacity to give and receive love (Fairbairn, 1944; Ogden, 2010).

### 1.2.2.4. Negative Self-Esteem

In PARTheory, self-evaluation refers to individuals' generalized judgments about themselves. Children's self-evaluations are fundamentally formed by the internalization of their parents' judgments and feelings about them. In other words, they are inclined to view themselves through the eyes of their parents. Self-evaluation has two fundamental and closely related expressions that are self-esteem and self-adequacy. The former one, self-esteem, is described as individuals' global judgments or beliefs about their self-worth (Rohner, 2005).

In Mourning and Melancholia, Freud (1917) claimed that one of the contributing factors to the impairment of an individual's sense of self-esteem is the perceived loss of their parents' love. Individuals who feel unloved and rejected by their parents tend to believe that they are unlovable or unworthy of being loved (Rohner, 2004). Such beliefs that are attributed to one's self impair their self-esteem. Individuals with impaired self-esteem cannot approve and love themselves, devalue themselves, and feel inferior to others (Rohner, 2005).

From another psychoanalytic view, children's sense of self-esteem develops when their infantile grandiosity is mirrored or recognized, and they have a reliable and potent selfobject whom they idealize and identify with. Correspondingly, individuals whose

narcissistic needs are not met by their primary caregivers tend to have characterologically lower self-esteem. (Kohut, 1971; Kohut, 1977).

### 1.2.2.5. Negative Self-Adequacy

The second expression of self-evaluation, self-adequacy, is defined as individuals' broad judgments about their competence and ability to handle demands of daily life (Rohner, 2005). Feelings of negative self-adequacy refer to one's perceived feelings of incompetence, incapability, or inability to meet the requirements of everyday life. In addition to the feelings of low self-esteem, rejected individuals tend to feel they are inadequate since their most basic needs for love and acceptance are unmet (Rohner, 2004).

The psychoanalytic concept of the superego refers to a part of the psychic structure of individuals that includes internalized attitudes, behaviors, and values of their parents (Freud, 1923). In this framework, individuals exposed to excessive criticism as part of parental rejection are inclined to be self-critical (Blatt, 1974). When one's superego is dominant, in the form of a critical parent, it leads to the formation of an ego ideal with unrealistic and unattainable demands from the individual himself. Individuals who are unable to meet the unrealistic demands of their ego ideals tend to feel inadequate and ashamed (Bibring, 1953; Rado, 1928). As this pattern repeats in individuals' lives, their sense of inadequacy is reinforced and turns into a self-fulfilling prophecy (Rohner, 1994).

### 1.2.3.6. Emotional Instability

Emotional instability refers to individuals' inability to cope with failure, unpleasant feelings, or difficulties in life. Early parental rejection gives rise to intense feelings of anger, anxiety, and stress. Individuals with a history of parental rejection tend to feel overwhelmed by such negative emotions rather than deal with them efficiently. Internal and external stress factors easily influence their emotional equilibrium. Emotionally unstable individuals are often subject to wide, frequent, and unpredictable mood swings in the face of stressful situations. In other words, they often have problems with emotion regulation (Rohner, 2004; Rohner, 2005)

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In psychoanalytic theory, one's capacity for emotion regulation is associated with tolerating and recognizing their affective experiences. Individuals' ability to reflect on their affective experiences is influenced by the quality of their early attachment relationships (e.g., Fonagy and Bateman, 2016). Parents' misrecognition of and unresponsiveness to their children's needs and subjective experiences may lead to problems of self-recognition (Ogden, 1988). When parents, especially mothers, are unable to contain children's painful sensual and affective experiences, children cannot develop the capacity to tolerate the frustration that is essential for recognizing, digesting, and transforming their feelings (Bion, 1962).

### 1.2.2.7. Negative Worldview

The concept of worldview in PARTheory refers to an individual's comprehensive preconception of life, the universe, or existence. All the negative feelings and beliefs associated with perceived parental rejection induce individuals to develop a negative worldview. Rejected children and adults tend to view human nature, interpersonal relationships, or life as insecure, hostile, threatening, or dangerous (Rohner, 2005).

The personality dispositions of rejected individuals described so far constitute the fundamental elements of their mental representations. The concept of mental representations refers to one's predominantly unconscious perceptions of reality that consist of persistent generalizations about self, others, and the world (Rohner, 1980). Once established, individuals' mental representations predispose them to seek out and avoid specific circumstances and kinds of people (Bretherton and Munholland, 2008; Dodge et al., 2003; Rohner, 2004).

In psychoanalytic literature, the concept of repetition compulsion refers to individuals' pattern of reenacting painful emotional experiences of the past (Freud, 1920). The inner world of individuals who felt unloved is thought of as a closed system since it is impermeable to novel experiences of the external world (Fairbairn, 1958; Ogden, 2010). Albeit it is painful, the familiar is preferred over the obscurity of the unfamiliar (e.g., Fairbairn, 1954). Therefore, rejected individuals tend to repeat their cognitive schemas created in early parental relationships with substitute others across their lives (e.g., Young et al., 2003). As in their parental relationships, they often find interpersonal relationships as hurting, unpredictable, and unreliable (Zimmer-

Gembeck et al., 2014). Thus, their negative mental representations make it challenging for them to trust others in new relationships (Phillips et al., 2013).

### 1.2.3. Research on Parental Rejection and Personality Subtheory

As mentioned earlier, the personality subtheory of PARTheory suggests a significant association between perceived early parental acceptance-rejection and the quality of psychological adjustment in children and adults. Five meta-analytic research have been conducted to investigate the principal postulates of the personality subtheory so far. Since these meta-analyses included a fair number of unpublished studies, they have been eliminated possible publication bias and offered a more holistic view on the subject matter.

The first meta-analysis included 43 studies (28 unpublished; 15 published) and 7,563 children and adult respondents from major ethnic groups in the United States and 15 nations worldwide. Although most of the studies were focused solely on maternal rejection, it has been shown that both maternal and paternal rejection was associated with children's and adult's overall psychological maladjustment. Given that children are more under the influence of their parents' expressed or withdrawn love, these associations were stronger for children compared to adults (Khaleque and Rohner, 2002a).

The second one aimed to determine universal reliability coefficients of the Parental Acceptance-Rejection Questionnaire (PARQ) and Personality Assessment Questionnaire (PAQ), which applied in all studies investigating the role of perceived parental acceptance-rejection on individuals' personality characteristics or overall psychological adjustment. The meta-analysis that included 51 studies (33 unpublished; 18 published) and 6,898 participants (3,441 children; 3,457 adults) have found that both children and adult forms of PARQ and PAQ are reliable measures worldwide (Khaleque and Rohner, 2002b).

The third meta-analysis provided further evidence of the robust relationship between early parental acceptance-rejection and adults' psychological adjustment. The research included 17 studies with 3,568 adults from ten different countries, additionally suggested that the perceived partner acceptance-rejection is also highly associated with

the current psychological adjustment of males and females (Rohner and Khaleque, 2010).

The fourth research included 66 studies (43 unpublished; 23 published) with 19,551 respondents (14,665 children; 4.846 adults) replicated the finding of the first meta-analysis that the association between psychological adjustment and perceived parental rejection was more substantial for children than adults. Another important conclusion of this research is that perceived paternal rejection was significantly more explanatory predictor of psychological maladjustment than the maternal one (Khaleque and Rohner, 2012a).

In the last meta-analysis, the role of parental rejection on personality dispositions was investigated separately in contrast with previous ones. The research included 36 studies (22 unpublished; 14 published), and 10,943 participants (8,573 children; 1,370 adults) concluded that maternal and paternal rejection was significantly correlated with all personality dispositions in children. Similarly, maternal rejection was associated with each personality inclinations, whereas paternal rejection was not related to dependence. An essential finding of this meta-analysis is that the association between parental rejection and dependence is substantially weaker than the other personality dispositions, indicating the theoretically suggested non-linear relationship between them (Khaleque and Rohner, 2012b).

### 1.2.4. *Research on Parental Rejection and Depression*

Research in most ethnic groups of the United States and various cultures worldwide has shown that parental rejection is one of the major environmental risk factors that underlie clinical depression and depressive affect (for a review; Rohner and Britner, 2002). Although the research carried out until the beginning of the 21st century focused primarily on the effect of maternal rejection on depression and mental health problems in general, later it has been shown that paternal rejection is at least influential as maternal rejection (Rohner and Veneziano, 2001; Rohner, 1998).

Some longitudinal studies examining the relationship between parental rejection and depression have shown that maternal (Feng et al., 2009) and parental rejection (Chen et al., 1995; Ge et al., 1994; Ge et al., 1996; Lefkowitz and Tesiny, 1984; Robertson

and Simons, 1989) experienced in childhood predict depressive symptoms in adolescence and adulthood. Parental rejection has been linked to depression in research involving both young and adolescent participants (Akse et al., 2004; Rohner and Veneziano, 2001; Vulić-Prtorić and Macuka, 2006). Adolescences with a history of parental rejection are predisposed to depression (Akse et al., 2004; Hale et al., 2005; Nolan et al., 2003).

In adults, maternal rejection (Fariba, 2011; Gülay, 2011; Muris et al., 2004; Nolan et al., 2003; Rapee, 1997; Richter et al., 1994) and parental rejection (Baker and Hoerger, 2012; Campos et al., 2010, 2013; Reinherz et al., 1999) were found to be related with depression. Parental rejection also was a significant contributor to postpartum depression (Crockenberg and Leerkes, 2003). Mothers' negative behaviors were associated with adults' chronic depression (Brown et al., 2007).

Numerous research has been conducted on the relationship between parental rejection and depression in the Turkish population. Salahur (2010) has shown that maternal hostility and paternal rejection gave rise to depression. Also, both avoidant and anxious attachment styles have mediated the relationship between parental rejection and depression. Serbest (2010) has found that maternal acceptance was associated with psychological resilience, a significant preventive factor for the severity of depression. Kılıç (2012) demonstrated that maternal and paternal rejection were significant predictors of depressive symptoms, especially the paternal one. Pektaş (2015) emphasized the mediator role of emotional regulation difficulties on the relationship between perceived parental rejection and depressive symptoms. Moray (2019) has found that both maternal and paternal rejection were significantly associated with depression; however, paternal rejection was not a significant predictor of depressive symptoms.

In this section, after the PARTheory is introduced by integrating with psychoanalytic theory, research on the role of parental rejection on maladaptive personality dispositions and depression are included. As the PARTheory highlighted, every human being universally needs acceptance in their parental relationships. The emphasized need for acceptance is closely related to compassion as well as feelings of warmth and love. In the following section, fears and resistances against compassion that arise from adversities in early parental relationships are described. After an overview of fear of

compassion, theoretical views on its foundation are outlined. Then, different expressions of fear of compassion are explained. At the end of the next section, the research on fears of compassion and depression are summarized.

## 1.3. Compassion

Over the past two decades, there has been an exponential growth in research on the nature and function of compassion (e.g., Gilbert, 2005; Gilbert, 2010; Goetz et al., 2010; Neff, 2003a; Neff, 2003b). Despite the increasing number of research, there is no operational definition of compassion. Therefore, compassion has been defined and described in various ways. For the Dalai Lama (1995), compassion refers to a committed action to acknowledge and alleviate the suffering of others. Likewise, in Cambridge Dictionary, compassion is defined as "a strong feeling of sympathy and sadness for the suffering or bad luck of others and a wish to help them" (Cambridge Dictionary, 2021). Compassion is associated with feelings of warmth, kindness, or gentleness (Fehr et al., 2009). As research has shown, compassion consists of qualities such as a motivation to care, a capacity to tolerate unpleasant emotions, and an ability to empathic understanding (Gilbert, 2005; Gilbert, 2009; Gilbert, 2010).

There is accumulating evidence that assisting individuals to cultivate compassion for others and self is associated with reduced adverse and increased positive affects (Lutz et al., 2004). Research also indicates the positive effects of compassion on depression and mental health problems in general. Loving-kindness or compassion-based meditation training has alleviated individuals' depression (Jain et al., 2007; Shapiro et al., 2005, 2007). Compassion-focused therapeutic interventions (e.g., Compassion-Focused Therapy: Gilbert, 2014) have been found to reduce depression, anxiety, and stress in a mental health team (Judge et al., 2012); individuals with long-term mental health problems (Gilbert and Procter, 2006); and people in an inpatient psychiatric setting (Laithwaite et al., 2009).

### 1.3.1. Fear of Compassion

Freud (1925) proposed that, to the pleasure principle, people instinctively seek pleasure and avoid pain to meet their physiological and psychological needs. In terms

of emotional experiences, individuals tend to avoid unpleasant feelings (e.g., sadness, loneliness, or guilt) and move towards pleasant ones (e.g., joy, happiness, or compassion). However, clinical experience has shown a "taboo on pleasure" in some individuals with depression (Arieti and Bemporad, 1980). Also, recent research suggests that some depressive individuals have a fear of (Gilbert et al., 2012; Gilbert et al., 2014a) or unwillingness to (Beblo et al., 2012) experiencing positive feelings such as compassion. Hence, when their fear of or resistance to affiliative feelings is neglected, psychotherapies aimed at reducing one's negative feelings and increasing positive ones are ineffective for them (Gilbert et al., 2012).

Despite the positive effects of compassion on mental health cited above, clinical practice indicates that individuals demonstrate varying reactions to compassion (Gilbert et al., 2011). Especially for people with high levels of self-criticism and shame, compassion may trigger fear of avoidance reactions (Gilbert, 2010). Research indicated that self-critical individuals incline to respond to compassionate imagery techniques with threat responses such as reduced heart rate variability (Rockliff et al., 2008), higher amygdala activation (Longe et al., 2010) and lesser oxytocin release (Rockliff et al., 2011).

As the opposite of self-compassion, self-criticism contains feelings of hostility and aggression that turned inward (Gilbert et al., 2011). So, individuals also can have a fear of compassion due to their rage at themselves (Gilbert et al., 2014b). Their belief that they are inherently wrong does not allow them to be compassionate to themselves and accepting it when others offered. Therefore, the development of one's capacity to give and receive compassion requires working through unprocessed rage (Busch, 2009).

While Freud (1917) suggested that aggression turned inward is the basis of melancholia, he also drew attention to the parallels between depression and grief. Based on his clinical observations, he argued that depressive individuals do not have the capacity to mourn their loss. Another mechanism underlying fear of compassion is unprocessed or frozen grief (Gilbert and Irons, 2005; Gilbert et al., 2014b). In order to compassion may flourish in one's life, the reenactment of avoided feelings of loss and grieving over it is often necessary (Gilbert et al., 2014b; Pascual-Leone and Greenberg, 2007).

### 1.3.1.1. Origins of Fear of Compassion

For most children, parents are the source of comfort, support, and distress resolution (e.g., Bowlby, 1969; Rohner, 1986; Winnicott, 1960). The early parental experiences of warmth and safeness foster the development of one's affiliative soothing system (Gilbert, 2009). Thus, individuals can regulate their treat system activated by negative affects (e.g., fear, anxiety, or sadness) with internally generated or externally accepted affiliative emotions such as compassion (Gilbert, 2010; Matos et al., 2017).

When the parents were abusive or negligent early in life, children experience approach-avoidance conflict (Liotti, 2000). In such situations, due to their lack of empathy (Kohut, 1959), poor mentalization ability (Fonagy et al., 2019), or inadequate containment capacity (Bion, 1962), parents become a source of threat for the children. In this manner, parents, who turned as a soothing object to the threat resolution, also became the very source of threat. As a result, children found themselves in a state of threat without resolution, and they learn to resolve their distress through withdrawal or avoidance (Gilbert et al., 2014b; Liotti, 2000).

The origin of the fear of compassion is also described with classical conditioning of affective memories. Gilbert (2007) proposed that children with such background have few positive memories of affection as well as limited recollections of comfort and soothing under stressful situations. For them, seeking closeness, warmth, or compassion signals its absence in the early relationships with attachment figures. Hence, such individuals react with aversion to such affiliative feelings due to their associated intense negative affects that are induced by states of unresolved threat (Gilbert et al., 2014b).

Individuals' early experiences of being criticized, neglected, felt unloved, or rejected in general by their significant others give rise to the feeling of shame (Gilbert, 2007; Lewis, 1992). Repeated experiences of shame may lead to one's global negative self-evaluations and, ultimately, a negative sense of self (Matos et al., 2017). The memories of shame have parallels with traumatic memory characteristics such as hyperarousal symptoms and emotional avoidance (Matos and Pinto-Gouveia, 2010). Therefore, early shame experiences may increase one's vulnerability to anxiety, withdrawal, loneliness, grief, or hostility in the face of being self-compassionate and receiving it from others (Matos et al., 2017).

In addition to the theoretical background, the limited number of research on its origins indicate that the fear of compassion is associated with attachment insecurity (Gilbert et al., 2011, 2014a; Joeng et al., 2017), childhood maltreatment severity (Boykin et al., 2018; Messman-Moore and Bhuptani, 2020), early memories of shame and lack of safeness (Matos et al., 2017; Silva et al., 2019) and early experiences of threat and submissiveness (Xavier et al., 2015).

### 1.3.1.2. Fear of Compassion for Others

Fear of being compassionate for others refers to one's inability and reluctance to recognize and alleviate others' suffering (Gilbert et al., 2011). The attachment research indicated that avoidant individuals tend to view seeking emotional support as a sign of vulnerability and may feel contempt or anger for others when they see them in emotional pain. Also, they could become avoidant due to others' distress, which could be turned into personal suffering for them. On the other hand, anxiously attached individuals might be preoccupied with being compassionate or supportive for others to receive their love (Collins and Read, 1994; Feeney and Collins, 2001; Mikulincer et al., 2005). In contrast with attachment insecurity, attachment security is related to enhanced caring, empathic, and compassionate attitude towards others (Gillath et al., 2005; Mikulincer and Shaver, 2007).

### 1.3.1.3. Fear of Compassion from Others

Fear of receiving compassion from others indicates one's discomfort or difficulty accepting kindness, emotional support, and care from others when they are under stress (Gilbert et al., 2011). As mentioned earlier, when the early parental relationships are lacking in adequate experiences of comfort, warmth, and care in times of distress, some individuals tend to avoid these affiliative feelings that others offer in their interpersonal relationships (e.g., Gilbert, 2007; Liotti, 2000). For such individuals, compassion is more of a threatening emotion than a pleasant one because the need or wish for compassion reminds them of the absence of early parental warmth and the negative feelings associated with it (Gilbert et al., 2014a).

In one study, it is found that individuals with high levels of self-criticism had an increased heart rate associated with feeling threatened when they were asked to imagine a being who shows compassion for them, whereas those with low levels of self-criticism respond to the same situation with decreased heart rate (Rockliff et al., 2008). Also, the attachment research indicated that insecurely attached individuals are uncertain of the emotional support and availability of others. Therefore, they are inclined to be either clinging to or avoiding the attachment figures. Oppositely, ones who attached securely tend to be open to receiving compassion from others in times of distress and make use of it as a source of soothing, support, and comfort (Collins, 1996; Kobak et al., 1993; Meyer et al., 2005; Mikulincer and Florian, 1995).

### 1.3.1.4. Fear of Compassion for Self

Fear of self-compassion refers to individuals' unwillingness or inability to be compassionate for themselves in the face of their mistakes or undesirable life events (Gilbert et al., 2014a). Clinical experiences have revealed that people with chronic psychological disorders are inclined to approach being self-compassionate with fear or resistance responses (Gilbert and Procter, 2006). Those who have a substantial fear of self-compassion consider that they do not deserve to be shown compassion for themselves, evaluate compassion as a weakness, and often surrounded by feelings of rejection and loneliness (Gilbert et al., 2011).

Individuals who felt uncared and unloved depending on early parental neglect and hostility they have subjected to may have difficulties being self-compassionate (Gilbert et al., 2011; Mikulincer and Shaver, 2007). Growing up in such a familial environment paves the way for the formation of excessively self-critical personality organization, which creates a substantial resistance to feeling compassion for themselves (Gilbert et al., 2014a). While acknowledging its potential utility, depressed individuals found it difficult to cultivate self-compassion and frequently feel the exact opposite of compassion (Pauley and McPherson, 2010).

### 1.3.1.5. Fear of Compassion and Depression

In the initial research concerning fears of compassion, both fears of receiving compassion and self-compassion were found to be associated with depression, inadequate and hated self-images (Gilbert et al., 2011). Individuals with major and persistent depressive disorder had more fears of receiving compassion and self-compassion compared to those with generalized anxiety disorder (Merritt and Purdon, 2020). Fear of receiving compassion from others was a significant predictor of depressive symptoms in women with breast cancer (Trindade et al., 2018).

Fear of being self-compassionate has mediated the relationship between alexithymia and depressive symptoms in a student sample (Gilbert et al., 2014a). Major life events experienced in the past twelve months predicted depressive symptoms through fear of receiving compassion from others (Coelho et al., 2019). Both fears of compassion were found to be fully mediated the negative association between early memories of parental warmth and severity of depressive symptoms (Matos et al., 2017).

Fears of self-compassion and receiving compassion from others were significantly mediated the impact of self-criticism on depression in a student (Joeng and Turner, 2015) and depressed samples (Gilbert et al., 2014b). Also, the robust relationship between self-criticism and depression severity was strengthened by higher and weakened by lower levels of fear of receiving compassion in different cultures (Hart et al., 2020; Hermanto et al., 2016).

### 1.4. The Aim of the Thesis

Although the psychoanalytic theory offers comprehensive and clinically derived insights about underlying mechanisms of depression, research from a psychoanalytic perspective on its main assumptions appears to be relatively limited. Thus, the primary aim of this thesis is to investigate the mediator roles of personality dispositions on the relationship between early loss of parental love and depressive symptoms as suggested in psychoanalytic theory.

While it has various theoretical explanations, there is limited research about the origins of fear compassion that is an important factor that gives rise to depression. Therefore, the second aim of the thesis is to investigate the mediator roles of fear of receiving

compassion from others and fear of self-compassion on the relationship between perceived parental rejection and depressive symptoms.

The research on the association between personality characteristics and fears of compassion has predominantly focused on self-criticism. With this, there is a handful of research focused on fear of giving compassion to others. Considering together, the third aim of this thesis is to explore the prospective personality dispositions underlying three expressions of fears of compassion.

In this framework, the fundamental hypotheses and research questions of this thesis are as follows:

**H₁**: The personality dispositions would significantly mediate the relationship between perceived parental rejection and depressive symptoms.

**H₂**: Fear of receiving compassion from others and fear of self-compassion would significantly mediate the relationship between perceived parental rejection and depressive symptoms.

**Q₁**: Which personality dispositions would significantly predict different expressions of fears of compassion?

Also, the thesis has two secondary research questions that are:

**Q₂**: Are there any differences in perceived parental rejection, personality dispositions, fears of compassion, and depressive symptoms between males and females?

**Q₃**: Are there any differences in fears of compassion between depressed individuals with and without psychotherapy experience?

# CHAPTER 2: METHOD

In this chapter, information regarding the sample, instruments, procedure, and statistical analyses of the study have been presented, respectively. The sample section consists of the demographic characteristics of the participants. The instrument section gives information about the questionnaires that were used in the present study. The procedure section explains the process of the data collection. The statistical analysis section describes the content and sequence of statistical analysis performed with the collected data.

## 2.1. Sample

Participants of the present study were 210 women (%67.3), 101 men (%32.4), 1 non-binary (%0.3); in total 312 community adults living in Turkey ranging in age from 18 to 58 years old ($M = 32,09$ $SD = 10,18$). Prior to data analysis, since the assumptions for normality have revealed that two participants were outlier values in multiple scales, they have been excluded from the study. The demographic characteristics of the participants are given in Table 1.

Table 1. Demographic Characteristics of the Sample

| Variables | | Frequency (*f*) | Percentage (*%*) |
|---|---|---|---|
| Gender | | | |
| | Female | 210 | 67.3 |
| | Male | 101 | 32.4 |
| | Non-Binary | 1 | 0.3 |
| Marital Status | | | |
| | Single | 175 | 56.1 |
| | Married – Together | 116 | 37.2 |
| | Married – Separated | 3 | 1 |
| | Divorced | 17 | 5.4 |
| | Widow/Widower | 1 | 0.3 |
| Mother | | | |
| | Alive | 289 | 92.6 |
| | Deceased | 23 | 7.4 |
| Father | | | |
| | Alive | 252 | 80.3 |
| | Deceased | 60 | 19.2 |

Table 1. (continued) Demographic Characteristics of the Sample

| Variables | | Frequency (*f*) | Percentage (*%*) |
|---|---|---|---|
| Marital Status of Parents | | | |
| | Married – Together | 196 | 62.8 |
| | Married – Separated | 8 | 2.6 |
| | Divorced | 41 | 13.1 |
| | One Parent Deceased | 55 | 17.6 |
| | Both Parents Deceased | 12 | 3.8 |
| Education Level | | | |
| | Primary School | 2 | 0.6 |
| | Secondary School | 4 | 1.3 |
| | High School | 26 | 8.3 |
| | Associate's Degree | 17 | 5.4 |
| | Bachelor's Degree | 193 | 61.9 |
| | Master's Degree | 61 | 19.6 |
| | Doctorate | 9 | 2.9 |
| Psychological Disorder | | | |
| | No | 279 | 89.4 |
| | Yes | 33 | 10.6 |
| Psychoterapy Experience | | | |
| | No | 205 | 65.7 |
| | Yes | 107 | 34.3 |

## 2.2. Instruments

In the data collection of the present study, Demographic Information Form (Appendix-B), Parental Acceptance-Rejection Questionnaire – Short Form (Appendix-C), Personality Assessment Questionnaire (Appendix-D), Fear of Compassion Scales (Appendix-E), and Beck Depression Inventory (Appendix-F) were used.

### 2.2.1. Demographic Information Form

The demographic information form consists of questions regarding participants' age, gender, marital status, marital status of their parents and whether they are alive, education level, whether they have any psychological disorder, and past or current psychotherapy experiences.

### 2.2.2. Parental Acceptance-Rejection Questionnaire – Short Form (PARQ-S)

Parental Acceptance-Rejection Questionnaire (PARQ) is a self-report instrument developed to measure individuals' perception of parental acceptance and rejection experienced in their childhood (Rohner and Khaleque, 2005). PARQ comprises 60 items each for mother and father forms and rated on a 4-point Likert scale from (1) almost never true to (4) almost always true. The questionnaire used in the present study is the short version of the PARQ developed by preserving its original structure.

PARQ – S comprises 24 items both for the mother and father forms, also rated on a 4-point Likert scale. As in the original questionnaire, both forms consist of four factors that are: (1) *warmth/affection* (8 items), (2) *aggression/hostility* (6 items), (3) *neglect/indifference* (6 items), and (4) *undifferentiated rejection* (4 items). While higher scores on the warmth/affection subscale suggest higher perceived parental acceptance, higher scores on the other subscales suggest the higher perceived parental rejection. After reverse coding of warmth/affection subscale, summed up score of all items indicate individuals' overall perceived rejection score ranging from 24 to 96. Internal consistency coefficients of all subscales of PARQ-S were found above .81, and confirmatory factor analysis has revealed the four-factor structure of the scale (Senese et al., 2016).

The Turkish adaption study of the PARQ-S, with a replacement of one item into a different subscale, supported the theoretically suggested four-factor structure of parental acceptance and rejection. The internal consistency values were between .75 and .88 for the subscales of the mother form and while between .85 and 92 for the subscales of the father form. The overall internal consistency values were .92 for the mother and .96 for the father forms (Dedeler et al., 2017). In the present study, Cronbach's alpha coefficient of the subscales ranged from .77 to .91 for the mother, while it ranged from .84 to .96 for the father forms. The overall internal consistency coefficients were found as .94 and .95 for total maternal and paternal rejection, respectively.

### 2.2.3. Adult Personality Assessment Questionnaire (PAQ)

The Personality Assessment Questionnaire (PAQ) is a self-report instrument developed to measure the effects of early perceptions of parental acceptance and rejection on the individuals' psychological adjustment (Rohner and Khaleque, 2005). PAQ comprises 63 items rated on a 4-point Likert scale from (1) almost never true to (4) almost always true. The questionnaire separately evaluates seven personality dispositions of psychological maladjustment that are (1) dependence, (2) emotional unresponsiveness, (3) hostility/aggression, (4) negative self-esteem, (5) negative self-adequacy, (6) emotional instability, and (7) negative worldview. Each dimension consists of 9 items in which the possible scores ranging from 9 to 36. Also, the summed-up score on PAQ indicates total psychological maladjustment ranging from 63 to 252. In the initial validity-reliability study of the PAQ, internal consistency values were found between .73 and .85 for the subscales of psychological maladjustment (Rohner and Khaleque, 2005).

In the Turkish adaptation study of the PAQ, factor analysis revealed that items of negative self-esteem and negative self-adequacy were loaded in a single factor defined as *negative self-evaluation*. The subscales' internal consistency values ranged from .68 to .82, whereas psychological maladjustment's overall internal consistency value was found as .91 (Varan, 2003). In the present study, Cronbach's alpha values for the seven subscales ranged from .79 to .91 and were found as .95 for the overall score of psychological maladjustment.

### 2.2.4. Fear of Compassion Scales (FoC)

The three scales for Fear of Compassion (FoC) have been developed to measure individuals' fears or resistances concerning compassion (Gilbert et al., 2011). The first scale, FoC *for others,* assesses individuals' fears of feeling compassion for others which indicates resistance in being sensitive to others' feelings, thoughts, or behaviors. The second, FoC *from others,* measures individuals' difficulties in accepting and receiving compassion that others offered. The third, FoC *for self*, evaluates individuals' difficulties in feeling compassionate for themselves regarding their mistakes or difficulties in their lives. All the three scales rated on a 5-point Likert scale

ranging from (0) don't agree at all to (4) completely agree. There are 10 items for FoC for others, 13 items for FoC from others, and 15 items for FoC for self scales. Higher scores on each scale indicate higher fears of compassion. Cronbach's alpha values of the scales were .84, .85, and .92 for FoC for others, FoC from others, and FoC for self, respectively (Gilbert et al., 2011).

In the Turkish adaptation study of FoC, to the corrective factor analysis, three items were removed from the original scale due to their low factor loads. Therefore, the Turkish version of the FoC scales consist of 35 items. Cronbach's alpha values in the adaptation were found as .83 for FoC for others, .83 for FoC from others, and .93 for FoC for self (Necef and Deniz, 2018). In the present study, internal consistency values were found as .86 for FoC for others, .85 for FoC from others, and .94 for FoC for self.

### 2.2.5. Beck Depression Inventory (BDI)

Beck Depression Inventory (BDI) is a self-assessed and transtheoretical instrument developed to evaluate individuals' severity of depressive symptoms (Beck, 1978; Beck et al., 1961). BDI consists of 21 items rated on (0) to (3) regarding the intensity of each symptom. The total score on BDI ranged from 0 to 63, and higher scores indicate increased severity of depression. The internal consistency values were .88 and .86 in the original and revised versions, respectively (Beck et al., 1961, 1979)

In the Turkish validity-reliability studies of BDI, the internal consistency value was .80 (Tegin, 1980), whereas the split-half reliability coefficient was .74 (Hisli, 1989). Also, the cut-off score of individuals' depressive symptoms was 17 (Hisli, 1989). In the present study, the internal consistency value was found as .89.

### 2.3. Procedure

Before the data collection, the required authorizations were obtained for the questionnaires that used in the present study. Then, the Izmir University of Economics Ethics Committee applied to obtain the necessary approval prior to collecting the data. Together with the informed consent form and socio-demographic information forms; Parental Acceptance-Rejection Questionnaires (PARQ-S), Personality Assessment

Questionnaire (PAQ), Fear of Compassion Scales (FoC), and Beck Depression Inventory (BDI) were brought together via Google Forms. Due to the pandemic conditions, the questionnaire bundle has been shared entirely on online platforms. As stated in the informed consent form, participation in the research was on a voluntary basis. The present study included individuals aged between 18-65 who are Turkish native speakers as the participants. In this framework, the data of the research were collected in February 2021.

## 2.4. Statistical Analysis

The data analysis was performed using SPSS 20 (Statistical Package for Social Sciences) and PROCESS macro for SPSS v3.4. First, as presented earlier in this chapter, participants' demographic characteristics were investigated in terms of frequencies and percentages to define the sample. Before the analysis of the data, the normality assumption was checked for each scale and subscale. Consequently, two participants were excluded from the study due to being outlier values in multiple scales.

Second, the descriptive statistics consist of the mean, standard deviation, and range scores of the sample given for the scales and subscales used in the present research. Third, participants were subjected to pairwise comparisons for their gender on perceived parental rejection, personality dispositions, fears of compassion, and depressive symptoms. Following the cut-off scores of the Beck Depression Inventory (Hisli, 1989), depressive individuals in the sample were identified, then compared on their fears of compassion in terms of presence and absence of psychotherapy experience.

Fourth, the interrelationships between perceived parental rejection, personality dispositions, fears of compassion, and depressive symptoms were analyzed with Pearson correlation coefficients. Fifth, it was explored with multiple linear regression analyses that which personality dispositions significantly predicted three expressions of fear of compassion.

Sixth, parallel mediation analyses were performed to find out which personality dispositions and fears of compassion significantly mediated the relationship between

parental rejection and depressive symptoms. Also, based on the multiple regression analyses, the mediator roles of personality dispositions on the relationship between perceived parental rejection and fears of compassion were investigated.

# CHAPTER 3: RESULTS

In this chapter, statistical analyses were conducted to test the hypotheses and respond to the research questions of the thesis. The first section consists of descriptive statistics of the scales and questionnaires applied to the sample. In the second section, pairwise comparisons of all research variables were performed for gender in the whole sample. Also, the depressed sample was compared on fears of compassion for the presence and absence of any psychotherapy experience. In the third section, the correlation coefficients between all study variables were showed. In the fourth section, multiple regression analyses were conducted to explore the underlying personality dispositions that predict fears of compassion. In the fifth section, parallel mediation analyses were performed to investigate which personality dispositions mediate the relationship between parental rejection and depressive symptoms. The mediator roles of fear of receiving compassion from others and fear of self-compassion on the relationship between perceived parental rejection and depressive symptoms were tested. As of last, based on the significant results of multiple regression analyses, mediator roles of personality dispositions on the relationship between perceived parental rejection and fears of compassion were explored.

## *3.1. Descriptive Statistics*

The mean scores, standard deviations, minimum and maximum scores of the sample, also possible score range on the study variables are given in Table 2.

Table 2. Descriptive Statistics of the Study Variables

| Variables | *M* | *SD* | Min. | Max. | Possible Range |
|---|---|---|---|---|---|
| PARQ – M | 37.39 | 12.14 | 24 | 74 | 24 – 96 |
| PARQ – F | 42.54 | 15.57 | 24 | 90 | 24 – 96 |
| FoC – for Others | 18.48 | 7.32 | 0 | 32 | 0 – 32 |
| FoC – from Others | 17.51 | 9.25 | 0 | 48 | 0 – 48 |
| FoC – for Self | 16.17 | 13.78 | 0 | 60 | 0 – 60 |
| PAQ – D | 24.57 | 5.48 | 9 | 36 | 9 – 36 |
| PAQ – EU | 16.80 | 5.26 | 9 | 34 | 9 – 36 |

Table 2. (continued) Descriptive Statistics of the Study Variables

| Variables | $M$ | $SD$ | Min. | Max. | Possible Range |
|---|---|---|---|---|---|
| PAQ – H/A | 17.36 | 4.92 | 9 | 35 | 9 – 36 |
| PAQ – NSE | 17.29 | 5.66 | 9 | 35 | 9 – 36 |
| PAQ – NSA | 17.08 | 5.98 | 9 | 34 | 9 – 36 |
| PAQ – EI | 22.23 | 5.92 | 9 | 36 | 9 – 36 |
| PAQ – NW | 19.13 | 6.72 | 9 | 36 | 9 – 36 |
| BDI | 13.00 | 9.17 | 0 | 43 | 0 – 63 |

*Note.* PARQ – M: Maternal Rejection; PARQ – F: Paternal Rejection; FoC: Fear of Compassion; PAQ – D: Dependency; PAQ – EU: Emotional Unresponsiveness; PAQ – H/A: Hostility/Aggression; PAQ – NSE: Negative Self-Esteem; PAQ – NSA: Negative Self-Adequacy; PAQ – EI: Emotional Instability; PAQ – NW: Negative Worldview; BDI: Beck Depression Inventory.

An essential finding of further descriptive statistics was that a significant part of the participants was in the 24-28 score range regarding the perceived maternal (%29.8) and paternal rejection (%20.5) scores. PARTheory suggests that this score range may indicate one's idealization of or alienation from their parents (Rohner, 2005).

### 3.2. T-Test Results for Demographic Characteristics on Study Variables

In this section, the independent samples t-test results of all study variables for gender in the whole sample were presented. Also, another independent sample t-test results of fears of compassion for the presence and absence of any psychotherapy experience in the depressed sample were showed.

### 3.2.1. T-test Results for Gender on Parental Rejection, Personality Dispositions, Fears of Compassion and Depressive Symptoms

An independent samples t-test was performed to reveal the gender differences on the mean scores of parental rejection, fears of compassion, personality dispositions, and depressive symptoms. The results were presented in Table 3.

Table 3. Independent T-test Results for Gender on the Study Variables

|  | Female | | Male | | | | |
|---|---|---|---|---|---|---|---|
|  | *M* | *SD* | *M* | *SD* | *t* | *p* | Cohen's *d* |
| PARQ – M | 38.50 | 12.28 | 35.19 | 11.62 | 2.266 | .024* | .277 |
| PARQ – F | 43.30 | 15.83 | 41.09 | 15.02 | 1.173 | .242 | .143 |
| FoC – For Others | 17.60 | 7.52 | 20.46 | 6.42 | -3.469 | .001** | .409 |
| FoC – From Others | 16.67 | 9.55 | 19.27 | 8.43 | -2.331 | .02* | .289 |
| FoC – For Self | 15.13 | 13.75 | 18.33 | 13.71 | -1.919 | .056 | .233 |
| PAQ – D | 25.53 | 5.31 | 22.64 | 5.36 | 4.475 | .000*** | .542 |
| PAQ – EU | 16.49 | 5.30 | 17.38 | 5.15 | -1.394 | .164 | .170 |
| PAQ – H/A | 16.96 | 4.61 | 18.18 | 5.46 | -1.931 | .055 | .295 |
| PAQ – NSE | 17.54 | 5.76 | 16.70 | 5.44 | 1.219 | .224 | .149 |
| PAQ – NSA | 17.35 | 5.85 | 16.49 | 6.23 | 1.198 | .232 | .142 |
| PAQ – EI | 22.89 | 6.01 | 20.90 | 5.55 | 2.794 | .006** | .344 |
| PAQ – NW | 19.17 | 6.71 | 19.03 | 6.80 | .168 | .867 | .034 |
| BDI | 13.05 | 8.71 | 12.76 | 10.08 | .261 | .794 | .031 |

*Note.*p<.05,**p<.01, ***p<.001*; N: 311 (210 Female; 101 Male); PARQ – M: Maternal Rejection; PARQ – F: Paternal Rejection; FoC: Fear of Compassion; PAQ – D: Dependency; PAQ – EU: Emotional Unresponsiveness; PAQ – H/A: Hostility/Aggression; PAQ – NSE: Negative Self-Esteem; PAQ – NSA: Negative Self-Adequacy; PAQ – EI: Emotional Unresponsiveness; PAQ – NW: Negative Worldview; BDI: Beck Depression Inventory.

As the results have shown that, on average, females significantly perceived higher maternal rejection than males, [$t_{(309)}$ = 2.266, *p*<.05]. However, there was no significant difference for perceived paternal rejection between females and males, [$t_{(309)}$= 1.173, *p*>.05]. Females were fear less of feeling compassion for others [$t_{(228,027)}$= -3.449, p<.01], and receiving compassion from others than males, [$t_{(309)}$= -2.331, *p*<.05]. Among personality dispositions, females found to be characterologically more dependent [$t_{(309)}$= 4.475, *p*<.001], and emotionally unstable than males, [$t_{(309)}$= 2.794, *p*<.01]. Although females slightly had more depressive symptoms than males, this difference was not significant, [$t_{(309)}$= .261, *p*>.05].

### 3.2.2. T-Test Results for Psychotherapy Experience on Fears of Compassion Among Depressive Individuals

Independent samples t-tests were conducted to explore whether there was any difference between depressed individuals concerning the presence of past or current psychotherapy experience in fears of compassion. The results were showed in Table 4.

Table 4. Independent T-test Results for Psychotherapy Experiences of Depressed Individuals on Fears of Compassion

|  | Experienced | | Non-Experienced | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | M | SD | M | SD | t | p | Cohen's d |
| FoC – For Others | 19.59 | 7.50 | 19.98 | 7.70 | -.247 | .805 | .051 |
| FoC – From Others | 19.68 | 7.44 | 24.08 | 9.72 | -2.386 | .019* | .510 |
| FoC – For Self | 24.78 | 13.50 | 25.82 | 15.38 | -.341 | .734 | .072 |

*Note.* $p<.05*$; N: 92 (41 Experienced; 51 Non-Experienced); FoC: Fear of Compassion.

As results have shown, the differences between depressed individuals with and without any psychotherapy experiences on the fear of compassion for others, $[t_{(90)}= -.247, p>.05]$ and fear of self-compassion, $[t_{(90)}= -.341, p>.05]$ were not significant. However, depressive individuals without any psychotherapy experience were found to have more fears of receiving compassion from others than one's with past or current psychotherapy experience, significantly $[t_{(90)}= 2.386, p<.05]$.

### 3.3. Correlation Analysis Between the Study Variables

In this section, the correlation coefficients between perceived maternal and paternal rejection, fears of compassion, personality dispositions, and depressive symptoms were presented in Table 5.

Table 5. Correlation Coefficients Between Study Variables

| | M | SD | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. Maternal Rejection | 37.39 | 12.14 | | | | | | | | | | | | | |
| 2. Paternal Rejection | 42.54 | 15.57 | .371** | | | | | | | | | | | | |
| 3. FoC - For Others | 18.48 | 7.32 | .011 | .148* | | | | | | | | | | | |
| 4. FoC - From Others | 17.51 | 9.25 | .144* | .269** | .564** | | | | | | | | | | |
| 5. FoC - For Self | 16.17 | 13.78 | ,178** | .272** | .424** | .715** | | | | | | | | | |
| 6. Dependency | 24.57 | 5.48 | .018 | .011 | .011 | -.041 | .050 | | | | | | | | |
| 7. Emotional Unresponsiveness | 16.80 | 5.26 | .255** | .262** | .264** | .474** | .439** | -.055 | | | | | | | |
| 8. Hostility/Aggression | 17.36 | 4.92 | .178** | .303** | .300** | .312** | .357** | .236** | .395** | | | | | | |
| 9. Negative Self-Esteem | 17,29 | 5.67 | .286** | .327** | .161** | .427** | .529** | .176** | .593** | .429** | | | | | |
| 10. Negative Self-Adequacy | 17.08 | 5.98 | .249** | .316** | .148** | .382** | .532** | .248** | .539** | .443** | .894** | | | | |
| 11. Emotional Instability | 22.23 | 5.92 | .138* | .283** | .225** | .290** | .396** | .429** | .413** | .607** | .617** | .655** | | | |
| 12. Negative Worldview | 19.13 | 6.72 | .217** | .329** | .351** | .463** | .508** | .166** | .544** | .543** | .643** | .665** | .578** | | |
| 13. BDI | 13.00 | 9.17 | .212** | .297** | .197** | .405** | .478** | .176** | .396** | .465** | .718** | .700** | .551** | ,582** | |

*Note.* *p<.05; **p<.01 (two-tailed); N=312; FoC: Fear of Compassion; BDI: Beck Depression Inventory.

The correlation analysis revealed that perceived maternal rejection was positively correlated with all maladaptive personality dispositions which emotional unresponsiveness ($r$=.255, $p$<.01), hostility/aggression ($r$=.178, $p$<.01), negative self-esteem ($r$=.289, $p$<.01), negative self-adequacy ($r$=.249, $p$<.01), emotional instability ($r$=.138, $p$<.05), and negative worldview ($r$=.217, $p$<.01), except dependence ($r$=.018, $p$>.05).

Similarly, perceived parental rejection was positively correlated with emotional unresponsiveness ($r$=.262, $p$<.01), hostility/aggression ($r$=.303, $p$<.01), negative self-esteem ($r$=.327, $p$<.01), negative self-adequacy ($r$=.316, $p$<.01), emotional instability ($r$=.283, $p$<.01), and negative worldview ($r$=.329, $p$<.01), but was not associated with dependence ($r$=.011, $p$>.05).

Maternal rejection was positively correlated with fear of receiving compassion from others ($r$=.144, $p$<.05) and fear of self-compassion ($r$=.178, $p$<.01), but not with fear of compassion for others ($r$=.011, $p$>.05). Paternal rejection was positively correlated with all fears of compassion which felt for others ($r$=.148, $p$<.05), received from others ($r$=.269, $p$<.05), and felt for self ($r$=.272, $p$<.05).

Among personality dispositions, fear of compassion for others was significantly associated with emotional unresponsiveness ($r$=.264, $p$<.01), hostility/aggression ($r$=.300, $p$<.01), negative self-esteem ($r$=.161, $p$<.01), negative self-adequacy ($r$=.148, $p$<.01), emotional instability ($r$=.225, $p$<.01), and negative worldview ($r$=.351, $p$<.01), but was not correlated with dependence ($r$=.011, $p$>.05).

Fear of receiving compassion from others was significantly associated with emotional unresponsiveness ($r$=.474, $p$<.01), hostility/aggression ($r$=.312, $p$<.01), negative self-esteem ($r$=.427, $p$<.01), negative self-adequacy ($r$=.382, $p$<.01), emotional instability ($r$=.290, $p$<.01), and negative worldview ($r$=.463, $p$<.01), but not associated with dependence ($r$=-.041 $p$>.05).

Likewise, fear of self-compassion was significantly correlated with emotional unresponsiveness ($r$=.439, $p$<.01), hostility/aggression ($r$=.357, $p$<.01), negative self-esteem ($r$=.529, $p$<.01), negative self-adequacy ($r$=.532, $p$<.01), emotional instability ($r$=.369, $p$<.01), and negative worldview ($r$=.508, $p$<.01), but not correlated with dependence ($r$=.011, $p$>.05).

Depressive symptoms were associated with both maternal ($r$=.212, $p$<.01), and paternal rejection ($r$=.297, $p$<.01); fear of compassion for others ($r$=.197, $p$<.01), fear of receiving compassion from others ($r$=.405, $p$<.01) and fear of self-compassion ($r$=.478, $p$<.01); dependency ($r$=.176, $p$<.01), emotional unresponsiveness ($r$=.396, $p$<.01), hostility/aggression ($r$=.465, $p$<.01), negative self-esteem ($r$=.718, $p$<.01), negative self-esteem ($r$=.700, $p$<.01), emotional instability ($r$=.551, $p$<.01), and negative worldview ($r$=.582, $p$<.01).

As of last, negative self-adequacy and negative self-esteem were found to be very highly and positively correlated with each other ($r$=.894, $p$<.01). Considering this result with the Turkish adaptation study of Varan (2003), these two personality dispositions were collected under a single factor named as *negative self-evaluation* and analyzed together for further multiple regression and parallel mediation analyses.

### 3.4. Multiple Linear Regression Analyses for the Roles of Personality Dispositions on Fears of Compassion

In this section, three multiple regression analyses have been conducted to explore which maladaptive personality dispositions were underlying three expressions of fears of compassion. The results have been shown in Table 6.

Table 6. Multiple Linear Regression Analyses of Personality Dispositions on Fears of Compassion

| | FoC – For Others | | | | FoC – From Others | | | | FoC – For Self | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | $B$ | $SE\ B$ | $\beta$ | $p$ | $B$ | $SE\ B$ | $\beta$ | $p$ | $B$ | $SE\ B$ | $\beta$ | $p$ |
| PAQ – EU | .212 | .093 | .152 | .023* | .500 | .108 | .284 | .000*** | .330 | .155 | .126 | .033* |
| PAQ – H/A | .214 | .103 | .144 | .039* | .127 | .120 | .067 | .293 | .197 | .172 | .070 | .253 |
| PAQ – NSEV | -.158 | .054 | -.245 | .003** | .088 | .063 | .107 | .163 | .392 | .090 | .322 | .000*** |
| PAQ – EI | .054 | .097 | .044 | .575 | -.127 | .113 | -.082 | .260 | -.060 | .161 | -.026 | .709 |
| PAQ – NW | .360 | .085 | .330 | .000*** | .339 | .099 | .247 | .001** | .410 | .141 | .200 | .004** |
| | $R^2 = .170$ | | | | $R^2 = .291$ | | | | $R^2 = .348$ | | | |

*Note.* *p*<.05, **p*<.01, ***p*<.001; FoC: Fear of Compassion; PAQ-EU: Emotional Unresponsiveness; PAQ-H/A: Hostility/Aggression; PAQ-NSEV: Negative Self-Evaluation; PAQ-EI: Emotional Instability; PAQ-NW: Negative Worldview

The first multiple regression analysis revealed that emotional unresponsiveness ($\beta$=.152, $p$<.05), hostility/aggression ($\beta$=.144, $p$<.05), and negative worldview ($\beta$=.330, $p$<.01) were positively; negative self-evaluation ($\beta$=-.245, $p$<.001) was but negatively predicted fear of being compassionate for others significantly. In the model, five personality dispositions were inserted at once, the model was significantly predicted and explained %17 of the variance of fear of compassion for others [$R^2$=.170, $F_{(5,306)}$= 12.549, $p$<.001].

The second multiple regression analysis was showed that emotional unresponsiveness ($\beta$=.284, $p$<.001) and negative worldview ($\beta$=.247, $p$<.01) were significantly and positively predicted fear of receiving compassion from others. In the model, five personality dispositions were entered at once, the model was significantly predicted and explained %29 of the variance of fear of receiving compassion from others [$R^2$=.291, $F_{(5,306)}$= 25.090, $p$<.001].

The third multiple regression analysis revealed that emotional unresponsiveness ($\beta$=.126, $p$<.05), negative self-evaluation ($\beta$=.322, $p$<.001), and negative worldview ($\beta$=.200, $p$<.01) were significantly and positively predicted fear of being self-compassionate. In the model, five personality dispositions were entered simultaneously, the model was significantly predicted and explained %35 of the variance of fear of self-compassion [$R^2$=.348, $F_{(5,306)}$= 32.608, $p$<.001].

### 3.5. Parallel Mediation Analyses Between the Study Variables

In this section, parallel mediation analyses (Hayes, 2013) were conducted following Baron and Kenny's four step model (Baron and Kenny, 1986) on four main subjects. First, the mediator roles of maladaptive personality dispositions on the relationship between perceived parental rejection and depressive symptoms were tested. Second, the mediator roles of fear of receiving compassion from others and fear of self-compassion on the relationship between perceived parental rejection and depressive symptoms were investigated. Third, the mediator roles of maladaptive personality dispositions on the relationship between parental rejection and fear of receiving compassion from others were explored. Last, the mediator roles of personality

dispositions on the relationship between parental rejection and fear of self-compassion were explored.

### 3.5.1. The Mediator Roles of Personality Dispositions On the Relationship Between Perceived Parental Rejection and Depressive Symptoms

Two parallel mediation analyses were performed to test the mediator roles of personality dispositions on the relationship between perceived parental rejection on depressive symptoms. The results have been shown for maternal (see Figure 1) and paternal rejection (see Figure 2) separately.

In the model that five personality dispositions simultaneously entered as mediator variables and maternal rejection was the predictor variable, the model was significantly predicted and explained the %57 of the variance in depressive symptoms ($R^2$=.567 $F_{(6,305)}$=66.478, $p$<.001).

In the first step, maternal rejection was significantly predicted ($a_1$ path) emotional unresponsiveness ($B$=.111, $SE$=.024, $p$<.001, %95 CI [.064, .158]), ($a_2$ path) hostility/aggression ($B$=.072, $SE$=.023, $p$<.01, %95 CI [.027, .117]), ($a_3$ path) negative self-evaluation ($B$=.256, $SE$=.051, $p$<.001, CI [.156, .356]), emotional instability ($B$=.068, $SE$=.027, $p$<.05, CI [.013, .122]), and ($a_4$ path) negative worldview ($B$=.120, $SE$=.031, $p$<.001, %95 CI [.060, .180]).

In the second step, emotional unresponsiveness ($B$=-.180, $SE$=.084, $p$<.05, %95 CI [-.346, -.015]), hostility/aggression ($B$=.280, $SE$=.085, $p$<.01, %95 CI [.113, .447]), negative self-evaluation ($B$=.510, $SE$=.044, $p$<.001, %95 CI [.423, .598]), and negative worldview ($B$=.179, $SE$=.076, $p$<.05, %95 CI [.029, .329]) were significantly predicted the depressive symptoms (see b paths, respectively), whereas emotional instability did not ($B$=.045, $SE$=.088, $p$=.612, CI [-.127, .218])

In the third step, the total effect of maternal rejection on depressive symptoms (c path) was significant ($B$=.160, $SE$=.042, $p$<.001, %95 CI [.077, .242]). In the fourth step, the direct effect of maternal rejection (c´ path) was not significantly predicted depressive symptoms ($B$=.008, $SE$=.030, $p$=.797, %95 CI [-.051, .066]). The results have revealed the significant indirect effects of emotional unresponsiveness ($B$=-.020, $SE$=.011, %95 CI [-.042, .000]), hostility/aggression ($B$=.020, $SE$=.009, %95 CI [.005,

.041]), negative self-evaluation (*B*=.131, *SE*=.028, %95 CI [.077, .186]), and negative worldview (*B*=.021, *SE*=.011, %95 CI [.003, .047]) on the relationship between maternal rejection and depressive symptoms.
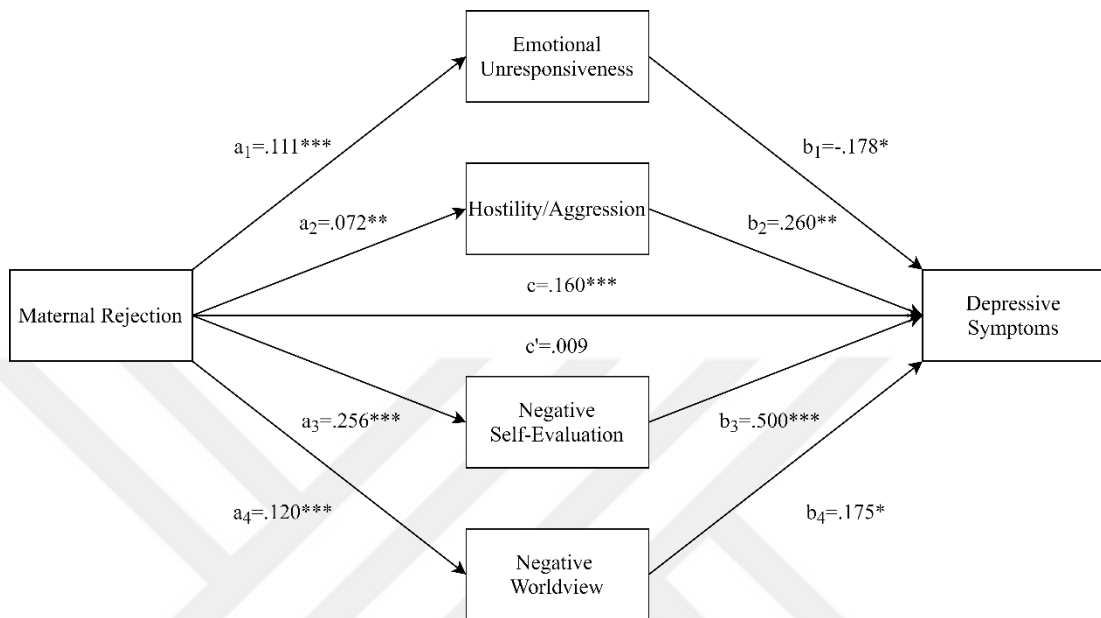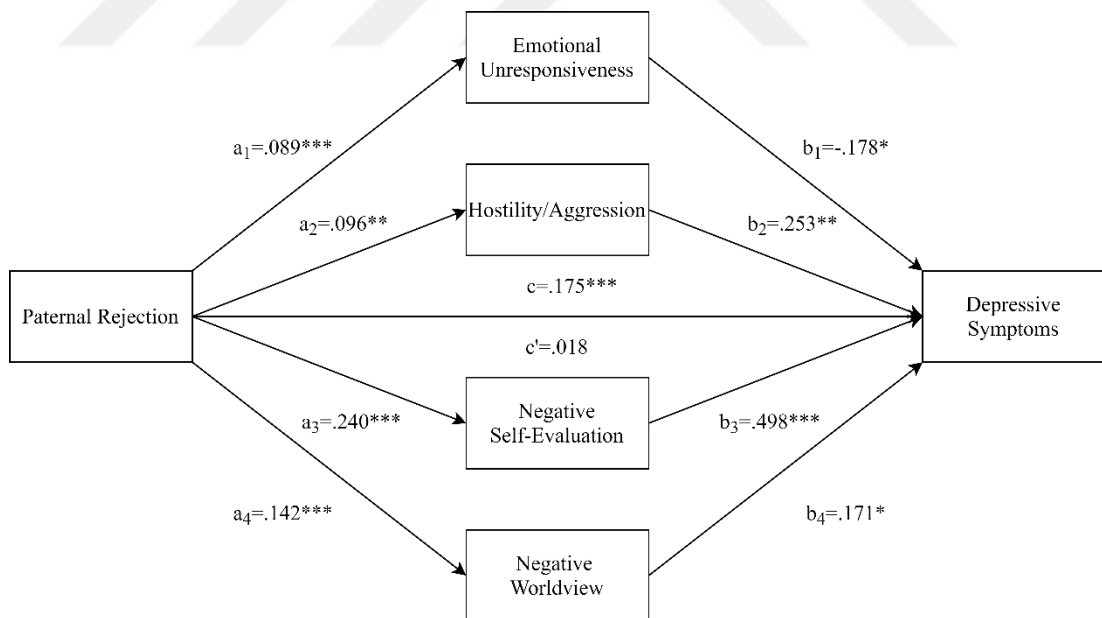


Figure 1. Parallel Multiple Mediational Model of Personality Dispositions on the Relationship Between Maternal Rejection and Depressive Symptoms

In the other model that five personality dispositions simultaneously entered as mediator variables and paternal rejection was the predictor variable, the model was significantly predicted and explained the %57 of the variance in depressive symptoms ($R^2$=.567 $F_{(6,305)}$=66.663, *p*<.001).

In the first step, paternal rejection was significantly predicted ($a_1$ path) emotional unresponsiveness (*B*=.089, *SE*=.019, *p*<.001, %95 CI [.052, .125]), ($a_2$ path) hostility/aggression (*B*=.096, *SE*=.017, *p*<.01, %95 CI [.062, .129]), ($a_3$ path) negative self-evaluation (*B*=.240, *SE*=.039, *p*<.001, CI [.164, .317]), emotional unresponsiveness (*B*=.108, *SE*=.021, *p*<.01, %95 CI [.067, .149]), and ($a_4$ path) negative worldview (*B*=.142, *SE*=.023, *p*<.001, %95 CI [.096, .188]).

In the second step, emotional unresponsiveness ($B$=-.181, $SE$=.084, $p$<.05, %95 CI [-.346, -.016]), hostility/aggression ($B$=.272, $SE$=.085, $p$<.01, %95 CI [.104, .440]), negative self-evaluation ($B$=.508, $SE$=.044, $p$<.001, %95 CI [.420, .595]), and negative worldview ($B$=.174, $SE$=.076, $p$<.05, %95 CI [.024, .325]) were significantly predicted the depressive symptoms (see b paths, respectively), whereas emotional instability did not ($B$=.042, $SE$=.088, $p$=.633, %95 CI [-.131, .214]).

In the third step, the total effect of paternal rejection on depressive symptoms (c path) was significant ($B$=.175, $SE$=.032, $p$<.001, %95 CI [.112, .238]). In the fourth step, the direct effect of paternal rejection (c′ path) was not significantly predicted depressive symptoms ($B$=.018, $SE$=.024, $p$=.448, %95 CI [-.029, .065]). The results have revealed the significant indirect effects of emotional unresponsiveness ($B$=-.016, $SE$=.009, %95 CI [-.034, .000]), hostility/aggression ($B$=.026, $SE$=.009, %95 CI [.010, .047]), negative self-evaluation  ($B$=.122, $SE$=.024, %95 CI [.077, .173]), and negative worldview  ($B$=.025, $SE$=.012, %95 CI [.003, .051]) on the relationship between paternal rejection and depressive symptoms.



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

Figure 2. Parallel Multiple Mediational Model of Personality Dispositions on the Relationship Between Paternal Rejection and Depressive Symptoms

### 3.5.2. The Mediator Roles of Fears of Compassion Between Perceived Parental Rejections and Depressive Symptoms

Two different parallel mediation analyses were conducted to find out the mediator roles of fear of receiving compassion from others and fear of self-compassion on the relationship between parental rejections on depressive symptoms. The results have been shown separately for maternal (Figure 3) and paternal rejection (Figure 4).

In the model that two expressions of fears of compassion entered as mediator variables and maternal rejection was the predictor variable, the model was significantly predicted and explained the %25 of the variance in depressive symptoms ($R^2$=.252 $F_{(3,308)}$=34.662, $p$<.001).

In the first step, maternal rejection was significantly predicted ($a_1$ path) fear of receiving compassion from others ($B$=.110, $SE$=.043, $p$<.05, %95 CI [.026, .194]) and ($a_2$ path) fear of self-compassion ($B$=.202, $SE$=.063, $p$<.01, %95 CI [.077, .327]).

In the second step, fear of receiving compassion from others did not significantly predict ($b_1$ path) depressive symptoms ($B$=.125, $SE$=.070, $p$=.076, %95 CI [-.013, 262]), whereas ($b_2$ path) fear of self-compassion did ($B$=.243, $SE$=.047, $p$<.001, %95 CI [.150, .336]).

In the third step, the total effect of maternal rejection on depressive symptoms (c path) was significant ($B$=.160, $SE$=.042, $p$<.001, %95 CI [.077, .242]), In the fourth step, the direct effect of maternal rejection decreased (c′ path), yet significantly predicted depressive symptoms ($B$=.097, $SE$=.038, $p$<.05, %95 CI [.023, .172]). The results have revealed the significant indirect effect of fear of self-compassion ($B$=.049, $SE$=.019, %95 CI [.015, .088]), but not of fear of receiving compassion from others ($B$=.014, $SE$=.010, %95 CI [-.003, .037]), on the relationship between maternal rejection and depressive symptoms.
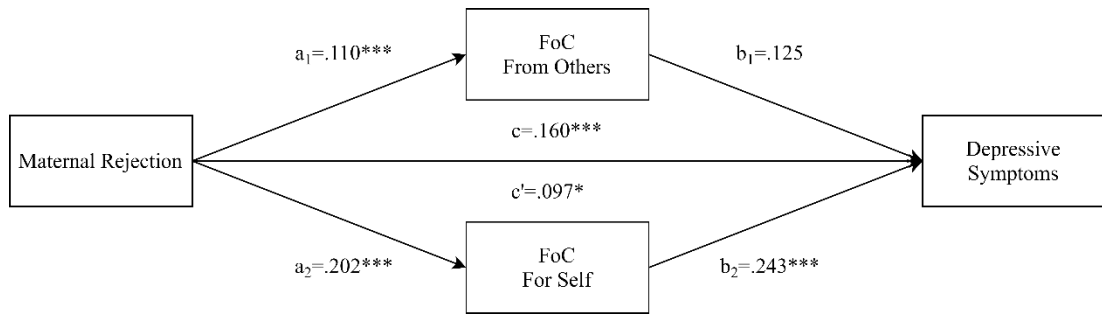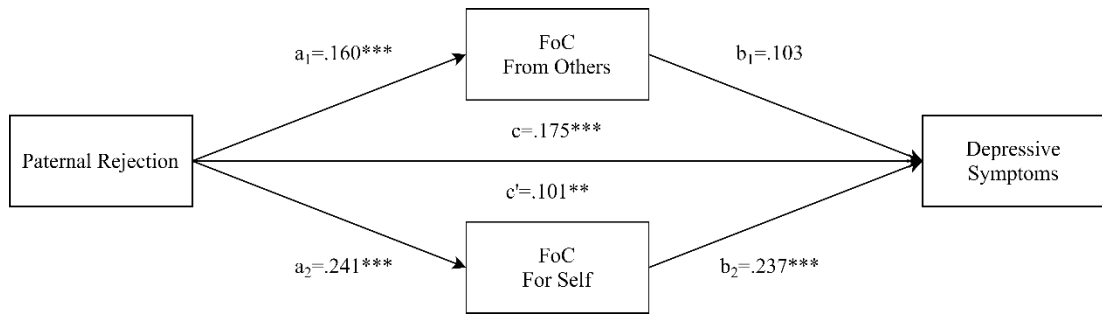
Note. * $p<.05$ ** $p<.01$ *** $p<.001$.

Figure 3. Parallel Multiple Mediational Model of Fears of Compassion on the Relationship Between Maternal Rejection and Depressive Symptoms

In the other model that two expressions of fears of compassion entered as mediator variables and paternal rejection were the predictor variable, the model was significantly predicted and explained the %26 of the variance in depressive symptoms ($R^2=.263$ $F_{(3,308)}=36.725$, $p<.001$).

In the first step, paternal rejection was significantly predicted ($a_1$ path) fear of receiving compassion from others ($B=.160$, $SE=.032$, $p<.05$, %95 CI [.096, .224]) and ($a_2$ path) fear of self-compassion ($B=.241$, $SE=.048$, $p<.01$, %95 CI [.145, .336]).

In the second step, fear of receiving compassion from others did not significantly predict ($b_1$ path) depressive symptoms ($B=.103$, $SE=.070$, $p=.142$, %95 CI [-.035, 240]), whereas ($b_2$ path) fear of self-compassion did ($B=.237$, $SE=.047$, $p<.001$, %95 CI [.145, .330]).

In the third step, the total effect of paternal rejection on depressive symptoms (c path) was significant ($B=.175$, $SE=.032$, $p<.001$, %95 CI [.112, .238]). In the fourth step, the direct effect of paternal rejection decreased (c′ path), yet significantly predicted depressive symptoms ($B=.101$, $SE=.030$, $p<.01$, %95 CI [.042, .161]). The results have revealed the significant indirect effect of fear of self-compassion ($B=.057$, $SE=.018$, %95 CI [.027, .095]), but not of fear of receiving compassion from others ($B=.016$, $SE=.012$, %95 CI [-.006, .042]), on the relationship between paternal rejection and depressive symptoms.

Figure 4. Parallel Multiple Mediational Model of Fears of Compassion on the Relationship Between Paternal Rejection and Depressive Symptoms

### 3.5.3. The Mediator Roles of Personality Dispositions Between Perceived Parental Rejections and Fear of Compassion from Others

Two parallel mediation analyses were performed to explore the mediator roles of personality dispositions on the relationship between perceived parental rejection and fear of receiving compassion from others. The results presented for maternal (Figure 5) and paternal rejection (Figure 6), separately.

In the model that two personality dispositions entered simultaneously as mediator variables and maternal rejection was the predictor variable, the model was significantly predicted and explained the %28 of the variance in fear of receiving compassion from others ($R^2$=.284 $F_{(3,308)}$=40.751, $p<.001$).

In the first step, maternal rejection was significantly predicted ($a_1$ path) emotional unresponsiveness ($B$=.111, $SE$=.024, $p<.001$, %95 CI [.064, .158]) and ($a_2$ path) negative worldview ($B$=.120, $SE$=.031, $p<.001$, %95 CI [.060, .180]).

In the second step, both emotional unresponsiveness ($B$=.554, $SE$=.102, $p<.001$, %95 CI [.352, 755]) and negative worldview ($B$=.401, $SE$=.079, $p<.001$, %95 CI [.245, 557] significantly predicted fear of compassion from others (see b paths, respectively).

In the third step, the total effect of maternal rejection on fear of receiving compassion from others (c path) was significant ($B$=.110, $SE$=.043, $p<.001$, %95 CI [.026, .194]). In the fourth step, the direct effect of maternal rejection (c′ path) did not significantly

predicted fear of receiving compassion from others ($B$=.001, $SE$=.038, $p$=.990, %95 CI [-.075, .076]). The results have revealed the significant indirect effect of emotional unresponsiveness ($B$=.061, $SE$=.018, %95 CI [.029, .101]), and negative worldview ($B$=.048, $SE$=.016, %95 CI [.020, .082]) on the relationship between maternal rejection and fear of receiving compassion from others.
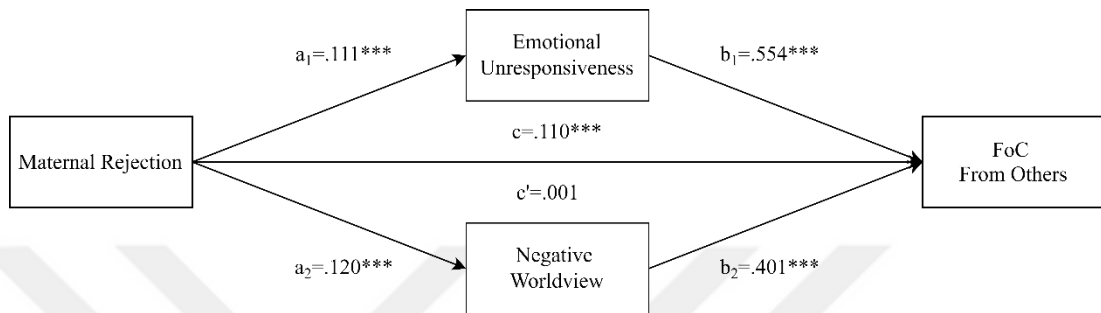


Note. * $p$<.05 ** $p$<.01 *** $p$<.001.

Figure 5. Parallel Multiple Mediational Model of Personality Dispositions on the Relationship Between Maternal Rejection and Fear of Compassion from Others
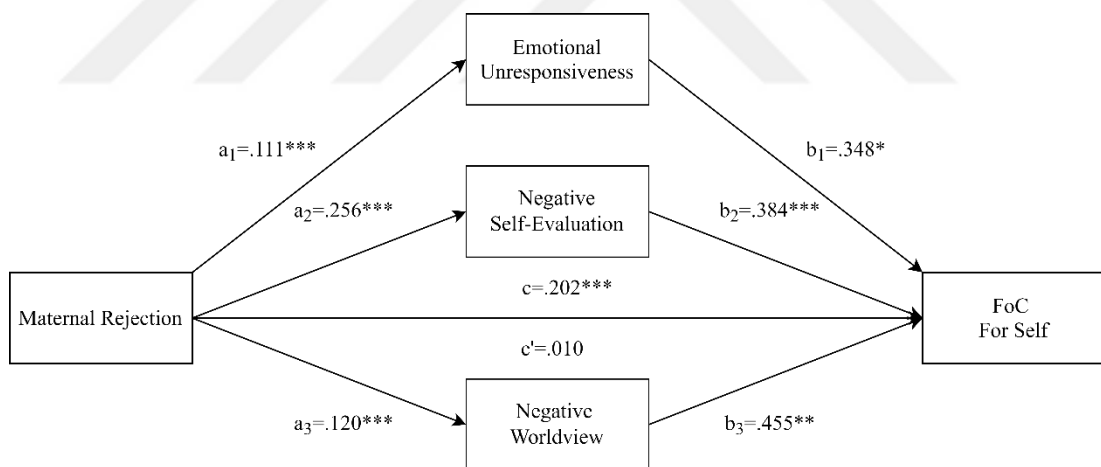
In the other model that two personality dispositions entered as mediator variables and paternal rejection was the predictor variable, the model was significantly predicted and explained the %29 of the variance in fear of receiving compassion from others ($R^2$=.293 $F_{(3,308)}$=42.638, $p$<.001).

In the first step, paternal rejection was significantly predicted ($a_1$ path) emotional unresponsiveness ($B$=.089, $SE$=.019, $p$<.001, %95 CI [.052, .125]) and ($a_2$ path) negative worldview ($B$=.142, $SE$=.023, $p$<.001, %95 CI [.096, .188]).

In the second step, both emotional unresponsiveness ($B$=.533, $SE$=.101, $p$<.001, %95 CI [.334, 731]) and negative worldview ($B$=.364, $SE$=.081, $p$<.001, %95 CI [.205, 522] significantly predicted fear of compassion from others (see b paths, respectively).

In the third step, the total effect of paternal rejection on fear of receiving compassion from others (c path) was significant ($B$=.160, $SE$=.033, $p$<.001, %95 CI [.096, .224]). In the fourth step, the direct effect of paternal rejection decreased (c′ path) yet

significantly predicted fear of receiving compassion from others ($B$=.061, $SE$=.030, $p$<.05, %95 CI [.001, .121]). The results have revealed the significant indirect effect of emotional unresponsiveness ($B$=.047, $SE$=.014, %95 CI [.022, .078]), and negative worldview ($B$=.052, $SE$=.016, %95 CI [.024, .085]) on the relationship between paternal rejection and fear of receiving compassion from others.
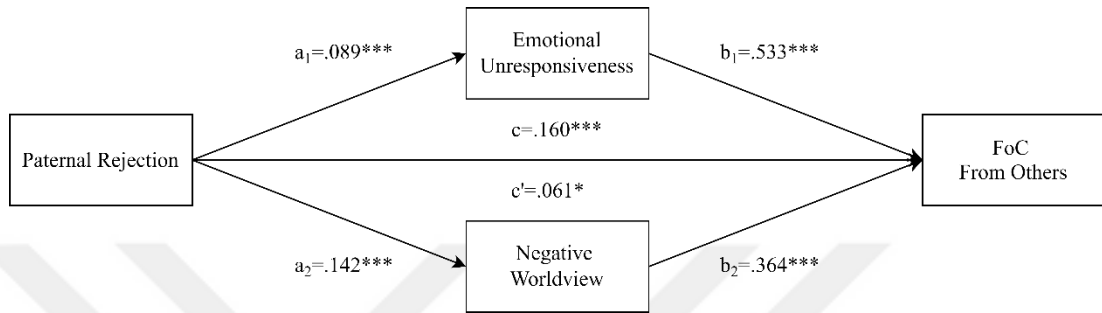


Note. * $p$<.05 ** $p$<.01 *** $p$<.001.

Figure 6. Parallel Multiple Mediational Model of Personality Dispositions on the Relationship Between Paternal Rejection and Fear of Compassion from Others

### 3.5.4. The Mediator Roles of Personality Dispositions Between Perceived Parental Rejection and Fear of Self-Compassion

Two parallel mediation analyses were conducted to explore the mediator roles of personality dispositions on the relationship between perceived parental rejections and fear of self-compassion. The results have been shown for maternal (Figure 7) and paternal rejection (Figure 8), separately.

In the model that three personality dispositions entered simultaneously as mediator variables and maternal rejection was the predictor variable, the model was significantly predicted and explained the %34 of the variance in fear of being self-compassionate ($R^2$=.345 $F_{(4,307)}$=40.398, $p$<.001).

In the first step, maternal rejection was significantly predicted ($a_1$ path) emotional unresponsiveness ($B$=.111, $SE$=.024, $p$<.001, %95 CI [.064, .158]), ($a_2$ path) negative

self-evaluation (*B*=.256, *SE*=.051, *p*<.001, CI [.156, .356]) and (a$_3$ path) negative worldview (*B*=.120, *SE*=.031, *p*<.001, %95 CI [.060, .180]).

In the second step, emotional unresponsiveness (*B*=.348, *SE*=.115, *p*<.05, %95 CI [.043, .652]), negative self-evaluation (*B*=.384, *SE*=.082, *p*<.001, %95 CI [.223, .544]), and negative worldview (*B*=.455, *SE*=.132, *p*<.01, %95 CI [.195, .716]) were significantly predicted the fear of self-compassion (see b paths, respectively).

In the third step, the total effect of maternal rejection on fear of self-compassion (c path) was significant (*B*=.202, *SE*=.063, *p*<.001, %95 CI [.077, .327]). In the fourth step, the direct effect of maternal rejection (c′ path) did not significantly predicted fear of self-compassion (*B*=.010, *SE*=.055, *p*=.850, %95 CI [-.098, .118]). The results have revealed the significant indirect effects of emotional unresponsiveness (*B*=.038, *SE*=.020, %95 CI [.004, .079]), negative self-evaluation (*B*=.098, *SE*=.030, %95 CI [.046, .164]), and negative worldview (*B*=.055, *SE*=.022, %95 CI [.018, .104]) on the relationship between maternal rejection and fear of being self-compassionate.



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

Figure 7. Parallel Multiple Mediational Model of Personality Dispositions on the Relationship Between Maternal Rejection and Fear of Self-Compassion
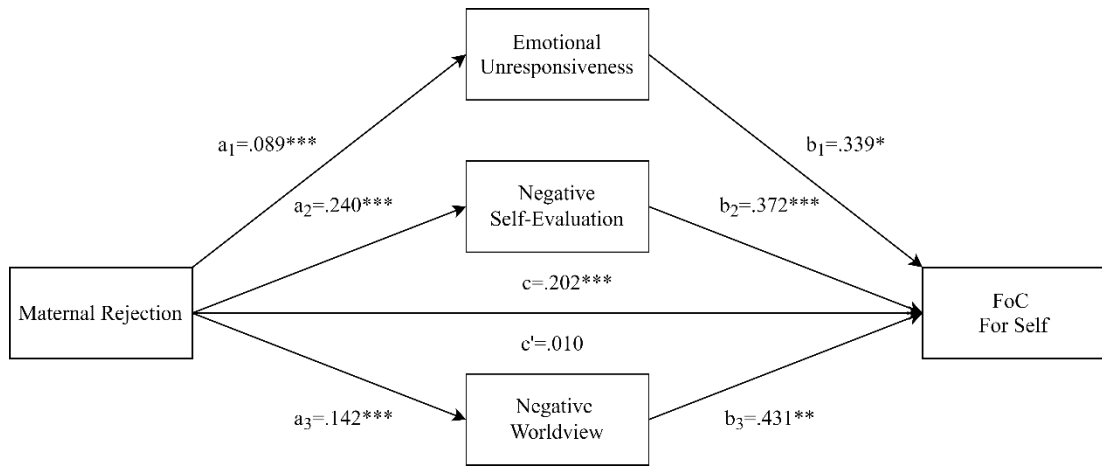
In the other model that three personality dispositions entered simultaneously as mediator variables and paternal rejection was the predictor variable, the model was

significantly predicted and explained the %34 of the variance in fear of being self-compassionate ($R^2$=.345 $F_{(4,307)}$=40.398, $p$<.001).

In the first step, paternal rejection was significantly predicted ($a_1$ path) emotional unresponsiveness ($B$=.089, $SE$=.019, $p$<.001, %95 CI [.052, .125]), ($a_2$ path) negative self-evaluation ($B$=.240, $SE$=.039, $p$<.001, CI [.164, .317]) and ($a_3$ path) negative worldview ($B$=.142, $SE$=.023, $p$<.001, %95 CI [.096, .188]).

In the second step, emotional unresponsiveness ($B$=.339, $SE$=.153, $p$<.05, %95 CI [.038, .641]), negative self-evaluation ($B$=.384, $SE$=.082, $p$<.001, %95 CI [.212, .532]), and negative worldview ($B$=.431, $SE$=.133, $p$<.01, %95 CI [.169, .693]) were significantly predicted the fear of self-compassion (see b paths, respectively).

In the third step, the total effect of paternal rejection on fear of self-compassion (c path) was significant ($B$=.241, $SE$=.048, $p$<.001, %95 CI [.145, .336]). In the fourth step, the direct effect paternal rejection (c´ path) did not significantly predicted fear of self-compassion ($B$=.060, $SE$=.044, $p$=.172, %95 CI [-.098, .118]). The results have revealed the significant indirect effects of emotional unresponsiveness ($B$=.030, $SE$=.017, %95 CI [.003, .068]), negative self-evaluation ($B$=.089, $SE$=.027, %95 CI [.043, .146]), and negative worldview ($B$=.061, $SE$=.022, %95 CI [.022, .107]) on the relationship between paternal rejection and fear of being self-compassionate.

Emotional
Unresponsiveness

Negative
Self-Evaluation

FoC
For Self

Maternal Rejection

Negative
Worldview

$a_1=.089^{***}$

$a_2=.240^{***}$

$a_3=.142^{***}$

$b_1=.339^{*}$

$b_2=.372^{***}$

$b_3=.431^{**}$

$c=.202^{***}$

$c'=.010$

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

Figure 8. Parallel Multiple Mediational Model of Personality Dispositions on the Relationship Between Paternal Rejection and Fear of Self-Compassion

# CHAPTER 4: DISCUSSION

This thesis investigates the roles of perceived parental rejection, personality dispositions, and fears of compassion on the severity of depressive symptoms. In this chapter, the hypotheses and research questions of the thesis are fundamentally discussed within the framework of relevant literature, PARTheory, and psychoanalytic theory. Following the sequence of the results chapter, firstly, the findings of gender differences in perceived parental rejection, maladaptive personality dispositions, fears of compassion, and depressive symptoms were discussed. Secondly, the results of differences on fears of compassion between depressed individuals with and without psychotherapy experience were interpreted. Then, the explored personality characteristics underlying fear of compassion for others were discussed. After that, the findings concerning the mediator roles of maladaptive personality dispositions on the relationship between perceived parental rejection and depressive symptoms were argued. Next, the findings regarding the mediator roles of fears of compassion on parental rejection and the severity of depressive symptoms were discussed. As of last, the explored personality dispositions that mediated the relationship between perceived parental rejection and fear of receiving compassion from others and fear of self-compassion were argued. Finally, the limitations of the study were presented.

## 4.1. The Evaluation of the T-test Findings for Gender on Research Variables

The second research question of the thesis is whether the perceived parental rejection, maladaptive personality dispositions, fear of compassion, and depressive symptoms changing to gender. The findings of the pairwise comparisons to answer the question are discussed under separate subheadings for each research variable.

### 4.1.1. Gender Differences on Perceived Parental Rejection

Results indicated that, on average, females have higher scores than males in terms of perceived maternal and paternal rejection. However, the difference between females and males is only significant for perceived maternal rejection. In other words, females perceived their mothers as more rejecting in their childhood compared to males.

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When the relevant literature is examined, the findings of the gender differences in perceived parental rejection seem to be inconsistent. Specifically, some studies found no significant difference in total perceived parental rejection scores between males and females (e.g., Akün, 2014; Eryavuz, 2006; McLachlan et al., 2010; Salahur, 2010; Varan, 2005). Different from this study, there are research found that males perceived more rejection from their fathers than females (Kabaoğlu, 2011; Örün, 2010; Ünübol, 2011). Contrasting with our findings, Kavak (2013) reported that males perceived both their mothers and fathers as more rejecting compared to females. In line with this study, Kılıç (2012) found that females perceived significantly more rejection from their mothers than males.

From the psychoanalytic perspective, one possible explanation of our findings may lie in females' oedipal conflict (Chodorow, 1978). In detail, females compete with their mothers for the love of their fathers. A part of this rivalry between the daughter-mother couple includes feelings of hostility towards the mother, who is the primary love object. The ambivalent feelings towards the mother give rise to the fear of losing her love. Considering that, in order to cope with the fear of losing the mother's love, female children may *project* their hostility into their mother. Consequently, females may perceive their mothers as unloving and rejecting due to their projected hostility.

Our findings also indicate that males perceived higher warmth and acceptance from their mothers. In their psychosexual development, the love object of females changes from the mother to the father. However, the mother always remains as the object of love for males. As a result, males' love for their mothers may be less ambivalent than that of females. Following this line, it can be thought that males project their love into their mothers instead of the possible projected aggression of females. Therefore, males may perceive their mothers as more loving and accepting compared to females. Since the projected feelings are partly a product of phantasy rather than reality (Klein, 1946), another possible interpretation is that the males *idealized* their first and unchanged love object more than females.

The sociocultural systems subtheory of PARTheory suggests that the cultural climate may affect the parenting style of society (e.g., Rohner, 1986). Therefore, the research on the sociocultural structure of Turkish families may help interpret our findings. Kağıtçıbaşı (1982, 1990) has reported that, especially in rural areas, male children preferred over female children. Considering rapid and exponentially increased

migration from rural to urban areas (Sunar and Fişek, 2005), individuals may either implicitly or explicitly maintain the internalized rural values. In such a cultural atmosphere, females are more likely to perceive rejection in their early parental relationships than males.

### 4.1.2. Gender Differences on Personality Dispositions

The findings regarding gender differences in maladaptive personality dispositions indicated that, on average, females had significantly higher scores on dependency and emotional instability than males. In other words, females tend to be more dependent on the care, attention, or approval of others. They also tend to be overwhelmed by anger, anxiety, or stress compared to men and deal with these emotions less effectively.

The relevant literature is showing incoherent findings on the gender differences of maladaptive personality characteristics. Specifically, some research indicated that personality dispositions do not differ between females and males (e.g., Erkman and Rohner, 2006; Haktanır, 2020; Yoo and Miller, 2011). Consistent with our findings, some other studies have suggested that females are more prone to be dependent (Akün, 2014; Kavak, 2013; Kitahara, 1987) and emotionally unstable (e.g., Akün, 2014) than males. It has also been reported that males tend to be more hostile, less emotionally unresponsive, and have a more negative sense of self (Kavak, 2013).

As suggested in psychoanalytic theory, one's innate needs for security, care, and warmth should be adequately met in order to move from dependence towards independence (e.g., Erikson, 1950; Mahler et al., 1975; Winnicott, 1960). Since their early needs for psychological nurturance, care, or comfort are inadequately met, rejected individuals tend to extend their emotional dependency on their significant others to have such responsiveness (e.g., Rohner, 2004; Rohner, 2005). Bearing in mind these views, females' inclination for characterological dependence may be associated with their perceived higher maternal rejection compared to males.

Similarly, the perceived higher rejection from their mother may also be related to females' higher emotional instability. In the psychoanalytic theory, individuals' capacity to recognize, tolerate, and regulate their emotional experiences develops depending on the mother's ability to contain her child's sensual and affective

expressions (Bion, 1962; Ogden, 1988). When the mother cannot perform her role as a container, the child's emotional equilibrium tends to be significantly impaired by internal and external stressors. In other words, they often encounter stressful experiences with wide and frequent mood swings (Rohner, 2004).

In addition to the possible explanatory theories regarding the early maternal environment, it is thought that gender roles in Turkish culture may also be related to our findings. The widespread view that women are inferior to men (e.g., Fişek, 1993; Kağıtçıbaşı, 1982), together with the exposed messages concerning their weakness or needing care and protection, may have paved the way for women to be characterologically more dependent due to their conscious or unconscious internalization of such beliefs. On the other hand, subjected higher parental control (e.g., Akün, 2014), restricted sexual interest in the name of honour (Sunar and Fişek, 2005), and suppressed emotional expressions such as aggression (Ataca et al., 1996) may result in women's higher emotionally unstable character.

### 4.1.3. Gender Differences on Fear of Compassion

Considering our findings of the gender differences in the three expressions of fear of compassion, males were more afraid of giving and receiving others' compassion than females. In other words, it was observed that males were more resistant to be understanding and compassionate towards others. Also, they have more difficulties in accepting others' compassionate manner.

In the relevant literature, studies examining the gender differences of fears of compassion are limited. In a meta-analytic research (Kirby et al., 2019), it was found that the associations between fears of compassion and mental-health problems were not significantly differing to the respondents' gender ratio. In one of the previous two research carried out on fear of compassion in Turkey, no gender differences were found in any expression of fear compassion (Meriç, 2020). Contrastingly, in the other one, it was reported that males had significantly more fears of compassion than women in all three dimensions of fear of compassion (Bal, 2019). The limited number of studies and contrasting findings make it difficult to evaluate our results on gender differences in fear of compassion.

However, the higher resistance of males to giving and receiving compassion than females may be interpreted by gender stereotypes and Turkish family structure. In the familial environment, children often express or share their emotions with mothers (Fişek, 1991). The idealized masculinity equates emotional expression and sharing to femininity, which is evaluated as a sign of weakness. Accordingly, fathers take an emotionally distant stance from their children and avoid expressing affiliative emotions compared to mothers. The male children's identification with their fathers, and masculine gender role in general, may result in their higher resistance to or fear of giving and receiving positive emotional expressions such as compassion.

### 4.1.4. Gender Differences on Depressive Symptoms

When the findings were examined, it was revealed that the current depressive symptoms did not differ for the participants' gender. In other words, males and females reported feeling depressed with equal severity.

The research on the prevalence of depression have consistently suggested that females are approximately twice as likely to have a depressive disorder compared to males (e.g., Goldman, 1995; Piccinelli and Wilkinson, 2000; WHO, 2017). Studies conducted in Turkey have also found that females have higher depression rates than males (e.g., Arkar and Şafak, 2004; Ünal et al., 2002). Coherently with our findings, there are research that investigate depressive symptoms in a community sample and found no significant differences between males and females (e.g., Kılıç, 2012; Salahur, 2010).

Our findings on the gender difference in depressive symptoms are inconsistent with the strongly represented conclusion that females are more susceptible to depressive disorders. However, such studies are usually conducted with clinical samples. As mentioned before, in studies carried with analogue groups, the gender difference in depressive symptoms could disappear. Therefore, the gender difference in the measured less severe depressed affect in the community samples and depressive disorders in the clinical samples may not be related. On the other hand, the difference between genders may be interpreted as males with depressive affect are less willing to apply to psychiatric services compared to females.

### 4.2. The Evaluation of T-Test Findings for Psychotherapy Experience on Fear of Compassion Among Depressive Individuals

The third research question of the thesis is whether the three expressions of fear of compassion changing to the presence or absence of psychotherapy experience in depressive individuals. The findings indicated that depressed respondents without any past or current psychotherapy experience had significantly more afraid of receiving compassion from others. On the other hand, their fears of compassion for themselves and others were not differing to their psychotherapy experience.

In other words, depressed individuals without any psychotherapy experience reported that they were more resistant to accepting and receiving compassion and understanding others presented. However, they were afraid of being compassionate and kind to themselves and others at the same level as those who had previous psychotherapy experience or ongoing psychological treatment.

Although such a finding has not been found directly in the literature, clinical experience showed that especially highly self-critical depressed individuals have difficulties in feeling self-compassion (e.g., Gilbert and Procter, 2006; Gilbert et al., 2012). Accordingly, those with clinical depression were found to have higher fears on the three expressions of compassion than non-clinical samples (Gilbert et al., 2014a). When it was not worked through, fears of compassion prevent the recovery of depression (Gilbert et al., 2014a; Gilbert et al., 2014b).

In this framework, our findings may be interpreted in different ways. When we take further the negative impact of fears of compassion on ongoing psychological treatment, it can be thought that higher levels of fear of accepting others' understanding, empathy, and compassion create resistance to starting psychotherapy in the first place. On the other hand, it can also be said that psychotherapy experience may reduce depressive individuals' fear of receiving compassion from others.

The latter explanation also suggests that depressed individuals still have difficulties in being compassionate towards themselves and others, even though they had or having psychological treatment. Considering that self-criticism includes "aggression turned inward" (e.g., Freud, 1917; Gilbert et al., 2014b), getting over the resistances on self-compassion may require working through the unprocessed rage against oneself (e.g., Busch, 2009; McWilliams, 2011).

The mentioned possible interpretations so far, based solely on the information of the presence or the absence of past or current psychotherapy experience of depressed individuals. Therefore, it is essential to study the subject with additional data about the orientation, course, duration, and termination process of the psychotherapy experience for our possible explanations to go beyond speculation.

### 4.3. The Evaluation of Multiple Regression Analyses Findings for the Roles of Personality Dispositions on Fear of Compassion

The first research question of the thesis was what personality characteristics underlie the different expressions of fear of compassion. In order to answer this question, three different multiple regression analyses were performed. However, the findings regarding fear of receiving compassion from others and fear of self-compassion would be discussed later in this chapter.

### 4.3.1. The Roles of Personality Dispositions on Fear of Compassion for Others

The results indicated that fear of giving compassion to others was positively predicted by negative worldview, emotional unresponsiveness, and hostility/aggression. In contrast, negative self-evaluation was negatively predicted by fear of feeling compassion for others. In detail, the more individuals perceive the world and human nature as unreliable, threatening, and hostile, the more they fear and resist feeling compassion for others. As individuals avoid expressing their feelings sincerely in their interpersonal relationships, they fear more of approaching others in a compassionate manner. Besides, the increase in hostility towards others creates an obstacle to giving compassion to others. On the other hand, having less negative self-evaluation or a more positive self-perception is associated with higher fear of being compassionate towards others.

When the related literature is examined, it has been seen that the number of research on the fear of feeling compassion for others is limited. However, some directly or indirectly connected findings were also encountered with the results of this study. Fear of compassion for others found to be associated with inadequate and hated self-images

(Gilbert et al., 2011; Gilbert et al., 2012), and avoidant and anxious attachment styles (Gilbert et al., 2011, 2014a).

Back to our findings, the negative worldview was the best personality-related predictor of fear of feeling compassion for others. In PARTheory, it is suggested that early parental rejection leads to individuals' perception of others and the world as unreliable, hostile, and dangerous (Rohner, 2005). These partly unconscious negative mental representations tend to persist throughout one's life (e.g., Rohner, 1980). Similarly, the attachment styles formed early in life are resistant to change and have an impact on the quality of one's interpersonal relationships. Considering its associations with avoidant and anxious attachment styles (Gilbert et al., 2011; Gilbert et al., 2014b), it is not unexpected that the negative worldview predicted fear of feeling compassion for others.

Emotional unresponsiveness, which has substantial parallels with attachment avoidance, was also found to predict fear of feeling compassion for others. One way to avoid the great emotional pain that early parental rejection created is to withdraw from interpersonal relationships (Rohner, 2016). The emotionally unresponsive individuals avoid intimate relationships with others and tend to relate to them in an impersonal manner (Rohner, 2004). They are particularly inclined to have difficulties in giving and receiving love (Rohner, 2005). Therefore, it seems reasonable for emotionally unresponsive individuals to be afraid of approaching others with compassion, which is another affiliative emotion as warmth and love.

In PARTheory, hostility is characterized by feelings of anger and resentment, whereas aggression indicates physically or emotionally harmful behavioral expressions of these feelings (Rohner, 2005). Individuals with the unmet need for warmth, care, and love by their significant others tend to be hostile and aggressive (Rohner, 2004). Especially those who felt rejected and exposed to physical or psychological expressions of aggression in their parental and interpersonal relationships are prone to have an aggressive personality (e.g., Rohner, 2016). They also have difficulties in recognizing and regulating their hostile feelings (Rohner, 2005). Thus, it is expected that a characterological predisposition to hostility and problem with anger management is associated with fear of expressing compassion to others.

Finally, our findings showed that negative self-evaluation negatively predicted fear of feeling compassion for others. In other words, as individuals have a more positive sense of self, they are more resistant to being compassionate to others. Although this finding seems contradictory initially, it may become understandable when considered within the psychoanalytic framework. Negative self-evaluation has two fundamental expressions: negative self-esteem and negative self-adequacy (Rohner, 2005). In psychoanalytic theory, both low self-esteem and inadequate sense of self are thought to be rooted in aggression turned inwards (e.g., Abraham, 1911; Abraham, 1924; Bibring, 1953; Freud, 1917; Jacobson, 1971). In this context, having more positive self-evaluations indicates low levels of self-directed anger. Considering together with the previously argued finding, it can be thought that fear of compassion for others is predicted positively by aggression directed outward and negatively by aggression turned inward. Additionally, the finding that feeling compassion for others is associated with hated self-image (Gilbert et al., 2012) may strengthen our possible interpretation.

### 4.4. Evaluation of Findings for Parallel Mediation Analyses Between Study Variables

The discussion of parallel mediation analyses in the following sections is collected under three headings. First, the findings of the mediator roles of personality dispositions on the relationship between perceived parental rejection and current depressive symptoms are discussed. Then, findings regarding the mediating roles of fears of compassion in this relationship are argued. Finally, the explored personality characteristics that mediated the relationship between parental rejection and fears of compassion were evaluated.

### 4.4.1. Evaluation of Findings for the Mediator Roles of Personality Dispositions on the Relationship Between Parental Rejection and Depressive Symptoms

One of the aims of this thesis was to test psychoanalytic views on depression. Accordingly, the first hypothesis of this thesis was that all maladaptive personality dispositions would mediate the relationship between parental rejection and depressive

symptoms. In other words, it was suggested that perceived early parental rejection leads to the formation of specific personality characteristics which underlie depression. In order to test the hypothesis, two parallel mediation analyses were conducted separately for the predictor roles of maternal and paternal rejection.

The findings showed that both maternal and paternal rejection predicted current depressive symptoms. Moreover, these relationships were mediated by personality dispositions, except dependence and emotional instability. As the results indicated, our hypothesis was largely supported. In this context, the findings of the mediation analysis were first argued for the predictor roles of maternal and paternal rejection on depressive symptoms, then the personality disposition that mediated this relationship.

### 4.4.1.1. The Roles of Parental Rejection on Depressive Symptoms

When the literature was examined, it was seen that parental rejection predict depressive symptoms and depressive affects in children (e.g., Akse et al., 2004; Vulić-Prtorić and Macuka, 2006), adolescents (e.g., Hale et al., 2005; Nolan et al., 2003), and adults (e.g., Baker and Hoerger, 2012; Campos et al., 2010, 2013). Moreover, some longitudinal research also provided evidence that this robust relationship remains stable in time (e.g., Ge et al., 1996; Lefkowitz and Tesiny, 1984; Robertson and Simons, 1989). So, as suggested by both PARTheory (Rohner and Britner, 2002) and psychoanalytic theory (e.g., Abraham, 1924; Freud, 1917; Jacobson, 1971; Rado, 1928), early loss of parental warmth and love is an essential environmental factor leading to depressive symptoms.

One of the most striking findings of this thesis is that paternal rejection explained the variance of depressive symptoms considerably higher than maternal rejection. This finding is also in line with the literature. In a review, it was concluded that paternal rejection is at least as important as maternal rejection in predicting depression and mental health problems in general (Rohner and Veneziano, 2001). Furthermore, some studies showed that depression is predicted solely by paternal rejection (e.g., Barnett et al., 1992; Cole and McPherson, 1993).

A possible explanation of this finding may lie in the perceived parental rejection scores of the participants. As mentioned in the results chapter, approximately %30 of the

participants rated mothers, and %21 rated fathers in the 24-28 score range. It has been suggested that this score range may indicate that parents are either alienated or idealized (Rohner, 2005). Those whose parents were divorced or feel highly rejected lack ambivalent feelings of love and hate (e.g., Bernet et al., 2018; Bernet et al., 2020). Such individuals are inclined to rely on the defence mechanism of splitting heavily (e.g., Klein, 1946) and tend to perceive their significant others as all good or bad. Also, clinical experience suggested that depressive individuals feel intense anger towards the rejecting love object (e.g., Freud, 1917). However, due to excessive need for the love of the objects, they turn their anger inward and idealize their objects (Jacobson, 1971; Kernberg, 1979). Considering research of PARTheory and clinical experience of psychoanalytic theory, it may be thought that maternal rejection did not predict depression as paternal rejection due to the participants' greater idealization of their mothers.

Another possible reason for paternal rejection is that a better predictor of depressive symptoms may be related to the father's role in the family. Being in a higher position than the mother in the family hierarchy (e.g., Fişek, 1993; Kağıtçıbaşı, 1982), may cause the "name of the father," his expectation and approval to be more critical for the children. Besides, his less warm and loving relationship with his children (Fişek, 1991) may lead to fathers being perceived as more rejecting than mothers. So, it can be thought that depression is more related to the loss of the father's love because of his more rejecting attitude and higher position in the family hierarchy.

### 4.4.1.2. The Mediator Roles of Personality Dispositions on the Relationship Between Parental Rejection and Depressive Symptoms

Our findings showed all personality dispositions predicted by perceived parental rejection except dependence. This result seems compatible with PARTheory and its literature. A meta-analytic study on the subject indicated that maternal rejection was associated with all personality traits, whereas paternal rejection was not associated with dependence (Khaleque and Rohner, 2012a). In addition, dependence was considerably less associated with parental rejection than other personality characteristics. An important reason for this is that the relationship between perceived parental rejection and dependency is partially linear (e.g., Khaleque and Rohner,

2012a). As the level of rejection significantly increases, people tend to describe themselves as defensively independent (e.g., Rohner, 2004). In other words, people try to cope with the emotional pain of parental rejection by denying their needs for others (e.g., Rohner, 2005). Therefore, it was a partially expected result that parental rejection did not predict depressive symptoms.

Findings related to personality dispositions predicting depression showed that aggression, negative self-evaluation, and negative worldview have positively predicted depressive symptoms. However, it was found that emotional unresponsiveness negatively predicted depressive symptoms.

PARTheory proposes that individuals withdraw emotionally from their relationships with others to protect themselves from the emotional pain of parental rejection. In other words, emotional unresponsiveness functions as a defence mechanism. From a psychoanalytic perspective, Freud (1917) also points out that due to the loss of the object of parental love, the depressed person withdraws emotionally from the outside world and interpersonal relationships. According to him, in order to deny the loss and avoid the overwhelming sorrow caused by the loss, depressive individuals maintain the relationship with the lost objects in their inner world by identifying with them (Freud, 1917). When considered with these theoretical views, it can be said that the loss of interest in the outside world and the pleasure obtained from previous activities, which are among the fundamental symptoms of depression (APA, 2013), has a protective role from the intense emotions (e.g., sadness and anger) underlying depression.

Losing a parent's love also leads to feelings of hostility and anger. According to PARTheory, individuals' aggressive attitudes and behaviors are a fundamental reaction to the lost love object and are also related to their efforts to regain the lost love (Rohner, 2004). Similarly, Rado (1928) also believes that early rejection experiences in parental relationships cause rejection sensitivity and intense feelings of anger in depressed individuals. He thinks that the fundamental emotion that underlies depression is primarily anger, not sadness. The depressed person "cries for love" only when they see that the lost love cannot be regained with aggression (Rado, 1928). Also, anger outbursts instead of sadness are more commonly seen in childhood depression, and persistent and intense anger can mask the underlying sadness of adult depression (APA, 2013). These distinguishing factors, which are essential for diagnosis, also

emphasize the link between aggression and depression. Therefore, it is an expected result that anger felt towards others and difficulties in anger management would be predict depressive symptoms.

As will be remembered, negative self-evaluation has two fundamental expressions: negative self-esteem and negative self-adequacy. The substantial fall in self-esteem is the most critical characteristic that distinguishes depression from grief (Freud, 1917) and is an essential determining factor of depression (Jacobson, 1971). Theoretically, the decrease in self-esteem is founded on aggression towards the lost love object but directed against the self (Abraham, 1911; Abraham, 1924; Freud, 1917). Besides low self-esteem, there are psychoanalytic views that emphasize the importance of the feeling of inadequacy in depression.

For instance, Bibring (1953) underlined the feelings of helplessness and powerlessness that underlie depression. According to him, loss, traumatic experiences, and uncontrollable life events lead to depression due to triggering feelings of helplessness in early childhood. Also, the sense of inadequacy develops in depressive individuals due to the internalization of exposed intense criticism, which is a part of parental rejection (Blatt, 1974). To avoid criticism and seek the approval of both external and internal objects, they often strive for perfection and put excessive pressure on themselves (Blatt, 2004). The inability to reach the high standards that the individual has set for himself and the discrepancy between the real and idealized self-images give rise to the sense of inadequacy and ultimately depression (Bibring, 1953; Blatt, 1974).

To our findings, the last personality characteristic that underlies depression was the negative worldview. As mentioned earlier, those with a history of early parental rejection are inclined to form distorted mental representations about others and the world (Rohner, 1980). The psychic structure of rejected individuals is considered as a closed system. In other words, their inner world is not permeable to novel experiences, so their distorted mental representations tend to remain unchanging in space and time (Fairbairn, 1958; Ogden, 2010). These predominantly unconscious mental representations include perceptions of the world and interpersonal relationships as insecure, hostile, and dangerous (Rohner, 2005). Considered within this framework, real or symbolic loss (i.e., loss of love) experienced in early childhood leads to the representation of others hurting and unreliable (e.g., Zimmer-Gembeck et al., 2014) and the world as an insecure place in depressed individuals. Besides, from

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psychoanalytic perspective, the anger felt towards the lost love object is projected into the outside world. Consequently, depressed individuals perceive others, and the world as dangerous and hostile (e.g., Abraham, 1911; Abraham, 1924).

### *4.4.2. Evaluation of Findings for the Mediator Roles of Fears of Compassion on the Relationship Between Parental Rejection and Depressive Symptoms*

The second hypothesis of this thesis was that the fear of receiving compassion from others and fear of self-compassion would mediate the relationship between perceived parental rejection and current depressive symptoms. The results indicated partial support for this hypothesis, as fear of self-compassion mediated the association between parental rejection and depressive symptoms, whereas fear of receiving compassion from others did not. In other words, our findings showed that the absence or withdrawal of love and warmth in early parental relationships underlies both individuals' fear of being compassionate and understanding towards themselves and their resistance to receiving affection from others. However, it was seen that only fear of self-compassion was the cause of the current depressive symptoms.

Consistent with our results, albeit limited, there is evidence that early parental relationships are at the root of fears of compassion. Specifically, researchers found that fears of compassion were associated with insecure attachment (Gilbert et al., 2011; Gilbert et al., 2014a; Joeng et al., 2017), childhood maltreatment severity (Boykin et al., 2018; Messman-Moore and Bhuptani, 2020), early experiences of threat and submissiveness (Xavier et al., 2015) and lack of early parental warmth (Naismith et al., 2019).

Some research found both fears of compassion associated with depression (e.g., Gilbert et al., 2011, 2014a). A meta-analytic study indicated that fear of self-compassion and fear of receiving compassion from others are significant predictors of depression (Kirby et al., 2019). On the other hand, one study showed that the total score fear of accepting compassion from others and self-compassion predicted depression, but not separately (Gilbert et al., 2014b). While there is evidence that only fear of receiving compassion from others mediated the relationship between major life events and depressive symptoms (Coelho et al., 2019), it was also showed that only fear of self-compassion was mediated the relationship between self-criticism and

depression (Joeng and Turner, 2015). As of last, related to this study, it has been shown that both the fear of receiving compassion from others and the fear of self-compassion mediate the relationship of early memories of parental warmth and severity of depressive symptoms (Matos et al., 2017).

Parental love and warmth experienced in early childhood are vital for regulating intense and negative affects such as fear, anxiety, or sadness (e.g., Bion, 1962; Gilbert, 2009; Rohner, 2004). In this way, they also learn to be able to soothe themselves. However, in cases where parents were abusive, negligent, or rejecting early in life, the capacity for self-soothing remains underdeveloped (Gilbert et al., 2014b). Moreover, parents who are supposed to be soothing objects become the very threat itself. Therefore, individuals with such a background tend to avoid their parents and their need for affiliative emotions such as warmth, love, and compassion (Liotti, 2000). The avoidance reaction to such emotions also extends into adulthood because it reminds individuals of their absence in early parental relationships (Gilbert et al., 2014b).

The absence or withdrawal of warmth, love, and compassion in early relationships leads us to the loss of parental love, which is considered the fundamental cause of depression in psychoanalytic theory. As Freud (1917) argued, such an early loss disrupts the depressed individuals' capacity for mourning. Similarly, it was claimed that "frozen grief" is an essential factor that underlies fear of compassion (Gilbert and Irons, 2005). In this framework, the psychoanalytic view that depressed individuals suffer from a deterioration in their capacity to love (e.g., Abraham, 1911; Abraham, 1924; Freud, 1917) seems to be valid for compassion as well.

### 4.4.3. Evaluation of the Findings for the Mediator Roles of Personality Dispositions on the Relationship Between Parental Rejection and Fears of Compassion

The first research question of this thesis was what personality characteristics underlie fears of compassion. In this context, the findings obtained in the multiple regression analysis were previously discussed for fear of feeling compassion for others. Discussion of the other two expressions of fear of compassion related to (1) resistance to accepting the compassion offered by others and (2) being self-compassionate were left for later. This was because, unlike the fear of showing compassion for others, the

fear of self-compassion and the fear of accepting compassion from others was found to be rooted in perceived parental rejection. Thus, in this section, the personality dispositions that mediated the relationship between perceived parental rejection and two expressions of fear of compassion were argued together.

The results indicated that emotional unresponsiveness and negative worldview was significantly mediated the relationship between parental rejection and both fears of compassion. However, negative self-evaluation was a significant mediator only for fear of self-compassion. Since the roles of parental rejection on personality dispositions and fears of compassion were already discussed, this section would mainly focus on the personality dispositions that underlie these fears of compassion. Nevertheless, the relationship between early parental rejection and fears of compassion would be remembered.

The relevant literature suggested that fears of compassion were rooted in the lack of parental warmth (e.g., Matos et al., 2017; Naismith et al., 2019). These fears were also associated with adult attachment styles in the same ways (e.g., Gilbert et al., 2011, Gilbert et al., 2014a). Specifically, these fears related to avoiding intimacy with others and higher abandonment anxiety in interpersonal relationships. These findings may suggest that fears of compassion that emerge early in life persist in adulthood.

In this framework, it was expected that emotional unresponsiveness and negative worldview underlie both fears of compassion. As it will be remembered, emotional unresponsiveness has the function of a defence mechanism that emerges to protect individuals from intense negative emotions (i.e., fear, anxiety, sadness) caused by early parental rejection (Rohner, 2005). Moreover, in order not to experience such overwhelming feelings once more, individuals with early histories of parental rejection tend to close themselves emotionally in interpersonal relationships in adulthood (Rohner, 2016). One possible reason why they may find it difficult to receive compassion from others and be unable to be self-compassionate is that their need for compassion reminds them that they were not met in early parent relationships. Such remembrances trigger the negative feelings associated with it. Therefore, seemingly affiliative emotions become frightening such as compassion (Gilbert et al., 2014b).

As cited earlier, the negative worldview consists of mental representations that others and the world are unreliable, dangerous, and hostile (Rohner, 2005). Various theories

assume that the early childhood years are formative for one's personality, perceptions of others, and the world (e.g., Bowlby, 1969; Freud, 1910; Rohner, 1986). The primary sense of trust develops in the bonding (Bowlby, 1969), holding (Winnicott, 1960), and containment (Bion, 1962) experiences in the first years of childhood. Individuals tend to view the world as a dangerous place when faced with neglect or abuse rather than warmth and love in their early parental relationships. Therefore, it can be said that different expressions of perceived parental rejection would lead to the generalized perception of others as unreliable and untrustworthy. Since the inner worlds of rejected individuals are impermeable to new experiences, these largely unconscious mental representations are resistant to change (Fairbairn, 1958; Ogden, 2010). Because, albeit painful, the familiar is preferred over the unfamiliar (e.g., Fairbairn, 1954; Freud, 1920). In this way, the mental representations reinforce themselves. Given that it would be in marked conflict with their mental representations, individuals who hold such negative beliefs about others and the world are also likely to fear the feeling of compassion and deny their need for it.

While emotional unresponsiveness and negative worldview were associated with two expressions of fear of compassion, negative self-evaluation was a significant predictor for only fear of self-compassion. As it will be remembered, negative self-evaluation fundamentally consists of the sense of inadequacy and low self-esteem. Consistently, the relevant literature suggests that fear of self-compassion is related to self-criticism (e.g., Joeng and Turner, 2015; Naismith et al., 2019) as well as hated and inadequate self-images (e.g., Gilbert et al., 2011, Gilbert et al., 2014b). These findings confirm the hypothesis that there is an unprocessed and self-directed rage, which is theoretically thought to underlie fear of self-compassion (Gilbert et al., 2014b).

This research-based hypothesis is also compatible with the psychoanalytic views on the consequences of the loss of parental love. Freud (1917) argued that the loss of the object or its love arouses intense feelings of sadness and anger. As a way of coping with such overwhelming emotions that loss is created, individuals identify with the lost object and make them a part of themselves. As a result of this process, the anger felt towards the object is directed towards the object's double in the inner world, thus the individual's self (Volkan and Zintl, 1993). Feelings of inward anger also lead to a marked decline in self-esteem and feelings of inadequacy (Abraham, 1911; Abraham, 1924; Freud, 1917; Jacobson, 1971). In summary, within the framework of research

findings and theoretical views, our finding that parental rejection leads to fear of self-compassion through one's negative self-evaluations is compatible with the relevant literature.

In this chapter, the findings regarding the research questions and hypotheses of the thesis were discussed so far. As of last for this chapter, the limitations of the study would be argued in the next section.

### 4.5. Limitations

The first issue to be mentioned regarding the limitations of this research is the characteristics of the sample. While the ages of the participants widely ranged and their education levels vary, there was a substantial inequality in their gender distribution. Since the majority of the sample consisted of female participants, it is relatively inappropriate to generalize our results to male participants. Although not included in the research, there was a crucial finding associated with this limitation. As would be remembered, it was found that perceived paternal rejection considerably better predictor of current depressive symptoms compared to maternal rejection. However, further multiple regression analyses revealed that maternal rejection in males and paternal rejection in females were the only significant predictors of depressive symptoms.

The second important issue regarding the limitations of the research is related to the measurement instruments. In this research, the roles of perceived parental rejection on personality dispositions, fear of compassion, and depressive symptoms were investigated. However, when the participants' scores on the Parental Acceptance-Rejection Questionnaire (PARQ) were examined, it was revealed that the majority of the participants were perceived their parents as more accepting. Also, because the study participants were community adults, it may not be appropriate to generalize the results to the clinical sample. Therefore, repeating this research with a clinical sample that is thought to have higher levels of perceived parental rejection is essential for the validity of our results.

On the other hand, it was thought that the relationship between perceived parental rejection and current depressive symptoms might not be utterly linear. Early childhood

experiences are a more important risk factor for persistent depressive disorder (dysthymia) than the major depressive disorder. Specifically, dysthymia is characterized by its milder yet chronic course. In other words, individuals with dysthymia have long-standing depressive symptoms rather than increasing in the past two weeks compared to ones with major depressive disorder. So, it can be said that individuals who perceive higher levels of rejection in early parental relationships may not have corresponding levels of current depressive symptoms. Therefore, the Beck Depression Inventory, which measures depressive symptoms in the past two weeks, may not be an appropriate scale to investigate the influence of early parental rejection on depression.

Another limitation of the research is related to the way of using PARQ. As mentioned in the introduction chapter, there are four fundamental expressions of parental rejection. These expressions consist of parental coldness, hostility, indifference, and undifferentiated rejection. In the thesis, both total parental rejection and distinct subscale scores of the expressions of parental rejection could be used. However, it was preferred to use the total score of the PARQ. Therefore, more specific findings that would be suggested by using subscale scores of perceived parental rejection could not be obtained. In this sense, future research may focus on the roles of different expressions of parental rejection and obtain more specific results.

Finally, another limitation was related to the fact that the research was conducted during the pandemic. The losses of friends, family, social connectedness, or previous life habits through the pandemic period are likely to be associated with grief, which has considerable parallels with symptoms of depression. Therefore, it can be thought that the pandemic has been played an essential role in the participants' depressive symptoms. Given that we did not collect any data regarding the pandemic, it was not possible to eliminate its influence on our findings.

# CHAPTER 5: CONCLUSION

This thesis had three primary purposes. The first was to test the psychoanalytic theories on depression that derived from clinical experience. Beginning with Freud, these theoretical views emphasized the fundamental role of early loss of parental love in the development of depression. Besides, the early loss was reflecting in depressive individuals' dependence on others, emotional withdrawal from interpersonal relationships, aggressive behavior towards others and themselves, inadequate self-image, and a substantial deterioration in self-esteem.

Correspondingly, the cross-cultural and robust findings of PARTheory showed that perceived early parental rejection was leading to the formation of mentioned maladaptive personality dispositions, less severe depressive affect, and depressive disorders. For that reason, the measurement tools of PARTheory were thought to be appropriate for testing the psychoanalytic views on depression. Thus, it was hypothesized that early loss of parental love would give rise to individuals' current depressive symptoms through maladaptive personality dispositions. As PARTheory and psychoanalytic theory suggested, the findings have largely confirmed the fundamental role of early loss of parental love and mediator roles of maladaptive personality dispositions on individuals' depressive symptoms.

The second aim of the thesis was to investigate the origins of the fear of compassion, which constitutes a significant barrier for individuals with depression to benefit from psychological treatment. Since theoretically associated with neglect, criticism, and aggression in early attachment relationships, it was thought that fear of compassion could be originated in the perceived lack of parental warmth. Accordingly, it was hypothesized that fear of receiving compassion from others and fear of self-compassion would be mediate the relationship between perceived parental rejection and depressive symptoms. The findings suggested that our hypothesis was partially supported. Specifically, it was found that both fears of compassion were originated in perceived early parental rejection. However, individuals' depressive symptoms were only arising from fear of self-compassion.

Finally, the third aim of the thesis was to explore personality dispositions underlying three expressions of fear of compassion. Given that studies on the subject were limited, this objective was formulated as a research question. The findings revealed that

emotional withdrawal from interpersonal relationships with unreliable, hostile, threatening mental representations of others and the world were underlying all manifestations of the fear of compassion. Individuals' negative self-evaluation that consists of inadequate self-image and lower levels of self-esteem were associated positively with fear of self-compassion and negatively with fear of being compassionate to others. Also, hostility towards others and anger management difficulties were underlying fear of compassion for others. Within this framework, the research and clinical implications of the findings were argued in the following section.

## 5.1. Implications

One of the most important criticisms of psychoanalytic theory is the limited testability of its propositions. In order to respond to this partially justified critique, throughout the thesis, it was tried to integrate essential elements of psychoanalytic theory with evidence-based assumptions of PARTheory and directly or indirectly related research. In this way, the fundamental hypotheses of psychoanalytic theory on depression became considerably testable. Therefore, an important implication of this thesis is that it provides a modest example that some propositions of psychoanalytic theory could be studied quantitatively.

The thesis contributed to gain an understanding of the fear of compassion, which is a relatively novel topic in the literature, with the limited number of research on its foundations and underlying personality characteristics. Also, it was the first research with a Turkish sample that focused on the roles of fear of compassion on depressive symptoms. Thus, a cross-cultural contribution on the relationship between fear of compassion and depression was provided.

Within the framework of the findings, it can be said that aggression towards others and turned inwards with emotional withdrawal from the interpersonal relationship are the essential personality dispositions underlying depression. Besides, depressive individuals' have mental representations of others, human nature, and the world as unreliable, hostile, and dangerous. These personality dispositions also create considerable resistance to giving and receiving positive emotions such as compassion. Moreover, all the mentioned personality characteristics and fear of compassion of

depressive individuals are rooted in the early loss of parental love. Therefore, it can be concluded that aggression, emotional withdrawal, and the early loss of parental love are the fundamental themes in the treatment of a group of depressive individuals. In other words, their way out from melancholia lies in bringing "the shadows of the past" to light once again. Then, to mourn over what has been lost, the love.

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# APPENDICES

*Appendix A. Ethics Committee Approval*

**SAYI :** B.30.2.İEÜ.0.05.05-**020**-*113*    03.03.2021

**KONU :** Etik Kurul Kararı hk.

Sayın Prof. Dr. Falih Köksal ve Utku Büte,

**"Shadow of the Past: Effects of Early Parental Rejection, Personality Maladjustment and Fear of Compassion on Depressive Symptoms"** başlıklı projenizin etik uygunluğu konusundaki başvurunuz sonuçlanmıştır.

Etik Kurulumuz 02.02.2021 tarihinde sizin başvurunuzun da içinde bulunduğu bir gündemle toplanmış ve projenin incelenmesi için bir alt komisyon oluşturmuştur. Projenizin detayları alt komisyon üyelerine gönderilerek görüş istenmiştir. Üyelerden gelen raporlar doğrultusunda Etik Kurul 03.03.2021 tarihinde tekrar toplanmış ve raporları gözden geçirmiştir.

Sonuçta 03.03.2021 tarih ve 118 numaralı **"Shadow of the Past: Effects of Early Parental Rejection, Personality Maladjustment and Fear of Compassion on Depressive Symptoms"** konulu projenizin etik açıdan uygun olduğuna oy birliği ile karar verilmiştir.

Gereği için bilgilerinize sunarım. Saygılarımla,

Prof. Dr. Murat Bengisu Etik Kurul Başkanı

Değerli Katılımcı,

Bu araştırma, İzmir Ekonomi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı kapsamında, Prof. Dr. Falih Köksal danışmanlığında, Utku Büte tarafından hazırlanmış bir tez çalışmasıdır. Araştırmacının amacı; yetişkinlikte hatırlanan, çocuklukta yaşanmış algılanan ebeveyn reddinin güncel depresif semptomlarla, bazı evrensel kişilik eğilimleriyle ve şefkat korkusuyla ilişkini incelemektedir.

Çalışma yaklaşık 15-20 dakika sürecektir. Çalışmaya katılabilmeniz için 18-65 yaş aralığında olmanız yeterlidir.

Bu çalışmaya katılmak tamamen gönüllülük esasına dayanmaktadır. Çalışmaya katılmama veya istediğinizde çalışmayı yarıda bırakma hakkınız bulunmaktadır. Çalışma boyunca sizden herhangi bir kimlik bilgisi talep edilmeyecektir. Cevaplarınız gizli tutulacak, yalnızca araştırmacı tarafından değerlendirilecektir.

Hazırlanan ölçeklerden elde edilen sonuçlar yalnızca bilimsel amaçlar doğrultusunda kullanılacaktır. Ölçeklerde bulunan sorulara vereceğiniz yanıtların gerçeği yansıtması, araştırmanın niteliği açısından oldukça önemlidir.

Lütfen her ölçeğin yönergesini dikkatle okuyunuz ve soruları sizi en iyi ifade eden şekilde cevaplamaya çalışınız.

Katılımınız için teşekkür ederim.

Çalışmaya yönelik sorularınız için Utku Büte (utkubute8@gmail.com) ile iletişime geçebilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katılmayı ve verdiğim bilgilerin bilimsel amaçlar doğrultusunda kullanılmasını kabul ediyorum.

Evet  ( )  Hayır ( )

## *Appendix C. Sociodemographic Information Form*

1. Cinsiyetiniz: ( ) Kadın ( ) Erkek ( ) Diğer (Belirtiniz) ………………...

2. Yaşınız:

3. Medeni Durumunuz:  ( ) Bekar (evlenmemiş)
   ( ) Evli

   ( ) Bekar (boşanmış)

   ( ) Diğer (belirtiniz) ……………………

4. Anneniz: ( ) Sağ ( ) Vefat Etti (yaşınız)………

5. Babanız: ( ) Sağ ( ) Vefat Etti (yaşınız)………

6. Ailenizin medeni durumu:  ( ) Evli ve beraber yaşıyorlar
   ( ) Evli fakat ayrı yaşıyorlar
   ( ) Boşandılar (yaşınız)……………
   ( ) Ebeveynlerimden biri vefat etti
   ( ) Ebeveynlerimin ikisi de vefat etti

   ( ) Diğer ( Belirtiniz): ………………

7. Eğitim Düzeyiniz: ( ) İlkokul
   ( ) Ortaokul

   ( ) Lise

   ( ) Ön Lisans

   ( ) Lisans

   ( ) Yüksek Lisans

   ( ) Doktora

8. Herhangi bir psikolojik rahatsızlığınız var mıdır? ( ) Hayır
   ( ) Evet
   (belirtiniz)…………

9. Daha önce bir psikoterapi hizmeti aldınız mı? ( ) Hayır
   ( ) Evet

**Yetişkin EKRÖ: Anne (Kısa Form)**

Bu sayfada anne-çocuk ilişkisini içeren ifadeler bulunmaktadır. Her ifadeyi dikkatlice okuyun ve annenizin siz çocukken, size olan davranışlarını ne derece tanımladığını düşünün.

Her ifadeyi okuduktan sonra, o ifadenin annenizin size karşı davranışları konusunda ne kadar uygun olduğunu düşünerek, " Hemen hemen her zaman doğru", "Bazen doğru", "Nadiren doğru" veya "Hiçbir zaman doğru değil" şıklarından birini işaretleyiniz.

| ANNEM | DOĞRU | | DOĞRU DEĞİL | |
|---|---|---|---|---|
| | *Hemen Her Zaman Doğru* | *Bazen Doğru* | *Nadiren Doğru* | *Hiçbir Zaman Doğru Değil* |
| İyi davrandığımda bana sarılır ve beni öperdi. | ☒ | ☐ | ☐ | ☐ |

Adaptation by M. Dedeler, E. Akün, A. Durak Batıgün (2017).

| ANNEM | | DOĞRU | | DOĞRU DEĞİL | |
|---|---|---|---|---|---|
| | | **Hemen Her Zaman Doğru** | **Bazen Doğru** | **Nadiren Doğru** | **Hiçbir Zaman Doğru Değil** |
| 1. | Benim hakkımda güzel şeyler söylerdi. | ☐ | ☐ | ☐ | ☐ |
| 2. | Bana hiç ilgi göstermezdi. | ☐ | ☐ | ☐ | ☐ |
| 3. | Benim için önemli olan şeyleri anlatabilmemi kolaylaştırırdı. | ☐ | ☐ | ☐ | ☐ |
| 4. | Hak etmediğim zaman bile bana vururdu. | ☐ | ☐ | ☐ | ☐ |
| 5. | Beni büyük bir baş belası olarak görürdü. | ☐ | ☐ | ☐ | ☐ |
| 6. | Kızdığı zaman beni çok kötü cezalandırırdı. | ☐ | ☐ | ☐ | ☐ |
| 7. | Sorularımı cevaplayamayacak kadar meşguldü. | ☐ | ☐ | ☐ | ☐ |
| 8. | Benden hoşlanmıyor gibiydi. | ☐ | ☐ | ☐ | ☐ |
| 9. | Yaptığım şeylerle gerçekten ilgilenirdi. | ☐ | ☐ | ☐ | ☐ |
| 10. | Bana bir sürü kırıcı şey söylerdi. | ☐ | ☐ | ☐ | ☐ |
| 11. | Ondan yardım istediğimde beni duymazlıktan gelirdi. | ☐ | ☐ | ☐ | ☐ |
| 12. | Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirirdi. | ☐ | ☐ | ☐ | ☐ |
| 13. | Bana çok ilgi gösterirdi. | ☐ | ☐ | ☐ | ☐ |
| 14. | Beni kırmak için elinden geleni yapardı. | ☐ | ☐ | ☐ | ☐ |
| 15. | Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuturdu. | ☐ | ☐ | ☐ | ☐ |
| 16. | Eğer kötü davranırsam, beni artık sevmediğini hissettirirdi. | ☐ | ☐ | ☐ | ☐ |
| 17. | Bana yaptığım şeylerin önemli olduğunu hissettirirdi. | ☐ | ☐ | ☐ | ☐ |
| 18. | Yanlış bir şey yaptığımda beni korkutur veya tehdit ederdi. | ☐ | ☐ | ☐ | ☐ |
| 19. | Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanırdı. | ☐ | ☐ | ☐ | ☐ |
| 20. | Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu düşünürdü. | ☐ | ☐ | ☐ | ☐ |
| 21. | Bana istenmediğimi belli ederdi. | ☐ | ☐ | ☐ | ☐ |

| ANNEM | | DOĞRU | | DOĞRU DEĞİL | |
|---|---|---|---|---|---|
| | | *Hemen Her Zaman Doğru* | *Bazen Doğru* | *Nadiren Doğru* | *Hiçbir Zaman Doğru Değil* |
| 22. | Beni sevdiğini belli ederdi. | ☐ | ☐ | ☐ | ☐ |
| 23. | Onu rahatsız etmediğim sürece benimle ilgilenmezdi. | ☐ | ☐ | ☐ | ☐ |
| 24. | Bana karşı yumuşak ve iyi kalpliydi. | ☐ | ☐ | ☐ | ☐ |

**Yetişkin EKRÖ: Baba (Kısa Form)**

Bu sayfada baba-çocuk ilişkisini içeren ifadeler bulunmaktadır. Her ifadeyi dikkatlice okuyun ve babanızın siz çocukken, size olan davranışlarını ne derece tanımladığını düşünün.

Her ifadeyi okuduktan sonra, o ifadenin babanızın size karşı davranışları konusunda ne kadar uygun olduğunu düşünerek, " Hemen hemen her zaman doğru", "Bazen doğru", "Nadiren doğru" veya "Hiçbir zaman doğru değil" şıklarından birini işaretleyiniz.

| BABAM | DOĞRU | | DOĞRU DEĞİL | |
|---|---|---|---|---|
| | *Hemen Her Zaman Doğru* | *Bazen Doğru* | *Nadiren Doğru* | *Hiçbir Zaman Doğru Değil* |
| İyi davrandığımda bana sarılır ve beni öperdi. | ☒ | ☐ | ☐ | ☐ |

| BABAM | | DOĞRU | | DOĞRU DEĞİL | |
|---|---|---|---|---|---|
| | | Hemen Her Zaman Doğru | Bazen Doğru | Nadiren Doğru | Hiçbir Zaman Doğru Değil |
| 1. | Benim hakkımda güzel şeyler söylerdi. | ☐ | ☐ | ☐ | ☐ |
| 2. | Bana hiç ilgi göstermezdi. | ☐ | ☐ | ☐ | ☐ |
| 3. | Benim için önemli olan şeyleri anlatabilmemi kolaylaştırırdı. | ☐ | ☐ | ☐ | ☐ |
| 4. | Hak etmediğim zaman bile bana vururdu. | ☐ | ☐ | ☐ | ☐ |
| 5. | Beni büyük bir baş belası olarak görürdü. | ☐ | ☐ | ☐ | ☐ |
| 6. | Kızdığı zaman beni çok kötü cezalandırırdı. | ☐ | ☐ | ☐ | ☐ |
| 7. | Sorularımı cevaplayamayacak kadar meşguldü. | ☐ | ☐ | ☐ | ☐ |
| 8. | Benden hoşlanmıyor gibiydi. | ☐ | ☐ | ☐ | ☐ |
| 9. | Yaptığım şeylerle gerçekten ilgilenirdi. | ☐ | ☐ | ☐ | ☐ |
| 10. | Bana bir sürü kırıcı şey söylerdi. | ☐ | ☐ | ☐ | ☐ |
| 11. | Ondan yardım istediğimde beni duymazlıktan gelirdi. | ☐ | ☐ | ☐ | ☐ |
| 12. | Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirirdi. | ☐ | ☐ | ☐ | ☐ |
| 13. | Bana çok ilgi gösterirdi. | ☐ | ☐ | ☐ | ☐ |
| 14. | Beni kırmak için elinden geleni yapardı. | ☐ | ☐ | ☐ | ☐ |
| 15. | Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuturdu. | ☐ | ☐ | ☐ | ☐ |
| 16. | Eğer kötü davranırsam, beni artık sevmediğini hissettirirdi. | ☐ | ☐ | ☐ | ☐ |
| 17. | Bana yaptığım şeylerin önemli olduğunu hissettirirdi. | ☐ | ☐ | ☐ | ☐ |
| 18. | Yanlış bir şey yaptığımda beni korkutur veya tehdit ederdi. | ☐ | ☐ | ☐ | ☐ |
| 19. | Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanırdı. | ☐ | ☐ | ☐ | ☐ |
| 20. | Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu düşünürdü. | ☐ | ☐ | ☐ | ☐ |
| 21. | Bana istenmediğimi belli ederdi. | ☐ | ☐ | ☐ | ☐ |

| BABAM | | DOĞRU | | DOĞRU DEĞİL | |
|---|---|---|---|---|---|
| | | Hemen Her Zaman Doğru | Bazen Doğru | Nadiren Doğru | Hiçbir Zaman Doğru Değil |
| 22. | Beni sevdiğini belli ederdi. | ☐ | ☐ | ☐ | ☐ |
| 23. | Onu rahatsız etmediğim sürece benimle ilgilenmezdi. | ☐ | ☐ | ☐ | ☐ |
| 24. | Bana karşı yumuşak ve iyi kalpliydi. | ☐ | ☐ | ☐ | ☐ |

Yetişkin **KİDÖ**

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Bu testte, farklı kişilerin kendileri hakkındaki düşünceleriyle ilgili bazı cümleler var. Her cümleyi dikkatlice okuyun ve

<u>okuduğunuz cümlenin</u>

<u>sizi</u>

<u>ne kadar iyi anlattığını düşünün</u>

Her cümlenin yanında 4 tane kutu var.

Şayet okuduğunuz cümle, **sizi** <u>DOĞRU OLARAK ANLATIYORSA,</u> kendinize şu soruyu sorun:

↓

BENİM İÇİN DOĞRU

|  | Hemen Hemen Her zaman Doğru | Bazen Doğru |  |
|---|---|---|---|

Bu okuduğum cümle,
<u>hemen hemen her zaman için doğru mu</u>,
yoksa, sadece <u>bazen mi doğru</u>?

☐ ☐ ☐ ☐

Okuduğunuz cümlenin sizin için <u>hemen hemen her zaman doğru</u> olduğunu düşünürseniz, HEMEN HEMEN HER ZAMAN DOĞRU kutusuna; sadece <u>bazen doğru</u> olduğunu düşünürseniz, BAZEN DOĞRU kutusuna **X** işareti koyun.

1

Şayet okuduğunuz cümle, **sizi  DOĞRU  OLARAK  ANLATMIYORSA**,
o zaman, kendinize şu soruyu sorun:

↓

BENİM İÇİN DOĞRU DEĞİL

| | | Nadiren Doğru | Hiçbir Zaman Doğru Değil |
|---|---|---|---|

Bu okuduğum cümle,
<u>nadiren doğru mu</u>,
yoksa, <u>hiçbir zaman için doğru değil mi</u>?         ☐   ☐   ☐   ☐

Okuduğunuz cümlenin, sizin için <u>nadiren doğru olduğunu</u> düşünürseniz, NADİREN
DOĞRU kutusuna; <u>hiçbir zaman doğru olmadığını</u> düşünürseniz, HİÇBİR ZAMAN
DOĞRU DEĞİL kutusuna **X** işareti koyun.

＊ ＊ ＊ ＊ ＊

Testi, cümleler üzerinde fazla oyalanmadan, içinizden gelen cevapları işaretleyerek,
**<u>hızlı bir şekilde doldurun</u>**.

**<u>Lütfen her soruyu cevaplayın</u>**.

Unutmayın, hiç bir cümleyi doğru bilmek ya da yanlış bilmek diye birşey yok.
Onun için cevaplarınızı verirken mümkün olduğu kadar **<u>dürüst ve samimi olun</u>**.

Testi, <u>olmak istediğiniz kişi gibi değil</u>,
**<u>gerçekte olduğunuz kişi gibi doldurun</u>**.

2

| | BENİM İÇİN DOĞRU | | BENİM İÇİN DOĞRU DEĞİL | |
|---|---|---|---|---|
| | Hemen Hemen Her zaman Doğru | Bazen Doğru | Nadiren Doğru | Hiçbir Zaman Doğru Değil |
| 1. İnsanlara karşı kızgınım. | ☐ | ☐ | ☐ | ☐ |
| 2. Bir şeyde zorlandığımda, birinin bana moral vermesini isterim. | ☐ | ☐ | ☐ | ☐ |
| 3. Kendimden bıktım. | ☐ | ☐ | ☐ | ☐ |
| 4. Başarısız biri olduğumu düşünüyorum. | ☐ | ☐ | ☐ | ☐ |
| 5. Yakın dostluklar kurmak ve bu dostlukları sürdürmekte zorlandığımı hissediyorum. | ☐ | ☐ | ☐ | ☐ |
| 6. Zor sorunlarla karşılaştığımda, hemen canım sıkılır. | ☐ | ☐ | ☐ | ☐ |
| 7. Evreni ürkütücü, tehlikeli bir yer olarak görürüm. | ☐ | ☐ | ☐ | ☐ |
| 8. Öfkemi kontrol etmekte zorlanıyorum. | ☐ | ☐ | ☐ | ☐ |
| 9. Hasta olduğum zaman, insanların benim için üzülmesi hoşuma gider. | ☐ | ☐ | ☐ | ☐ |
| 10. İyi bir insan olduğumu ve başkalarının saygısını hakkettiğimi düşünüyorum. | ☐ | ☐ | ☐ | ☐ |
| 11. İstediğim şeyler için başarılı bir şekilde mücadele edebilirim. | ☐ | ☐ | ☐ | ☐ |
| 12. Başkalarının yanında duygusal açıdan içimden geldiği gibi davranmak benim için zordur. | ☐ | ☐ | ☐ | ☐ |
| 13. İşler ters gittiğinde canım sıkılır. | ☐ | ☐ | ☐ | ☐ |
| 14. Benim için yaşam, yani evrenin doğası, genelde iyi, güvenli ve dostçadır. | ☐ | ☐ | ☐ | ☐ |
| 15. Kızdığım zaman suratımı asar, somurturum. | ☐ | ☐ | ☐ | ☐ |

3

|  | BENİM İÇİN DOĞRU | | BENİM İÇİN DOĞRU DEĞİL | |
|---|---|---|---|---|
|  | Hemen Hemen Her zaman Doğru | Bazen Doğru | Nadiren Doğru | Hiçbir Zaman Doğru Değil |
| 16. Anlayış veya teselli aramaktansa, sorunlarımı kendime saklamayı tercih ederim. | ☐ | ☐ | ☐ | ☐ |
| 17. Kendimi gerçekten değersiz hissediyorum. | ☐ | ☐ | ☐ | ☐ |
| 18. Yetersizlik duyguları bir çok şeyimi engelliyor. | ☐ | ☐ | ☐ | ☐ |
| 19. İnsanlarla ilişkilerim doğal ve sıcaktır. | ☐ | ☐ | ☐ | ☐ |
| 20. Gün boyunca ruh halim fazla değişmez. | ☐ | ☐ | ☐ | ☐ |
| 21. Yaşamı doğasından dolayı güvensiz ve ürkütücü buluyorum. | ☐ | ☐ | ☐ | ☐ |
| 22. Aptalca şeyler yapan insanlarla dalga geçerim. | ☐ | ☐ | ☐ | ☐ |
| 23. Canım yandığında ya da hastalandığımda, arkadaşlarımın üzerime düşmeleri hoşuma gider. | ☐ | ☐ | ☐ | ☐ |
| 24. Kendimden oldukça memnunum. | ☐ | ☐ | ☐ | ☐ |
| 25. Yaptığım işlerde başarılı olduğumu düşünüyorum. | ☐ | ☐ | ☐ | ☐ |
| 26. Kendimi çoğu insandan uzak ve kopuk hissediyorum. | ☐ | ☐ | ☐ | ☐ |
| 27. Önemli bir neden olmamasına rağmen sinirli ve aksiyim. | ☐ | ☐ | ☐ | ☐ |
| 28. Yaşam benim için güzel bir şeydir. | ☐ | ☐ | ☐ | ☐ |
| 29. Alaycı olmak hoşuma gider. | ☐ | ☐ | ☐ | ☐ |
| 30. Üzgün olduğum zamanlar arkadaşlarımın bana anlayış gösterip, beni neşelendirmelerini isterim. | ☐ | ☐ | ☐ | ☐ |

4

|  | BENİM İÇİN DOĞRU | | BENİM İÇİN DOĞRU DEĞİL | |
|---|---|---|---|---|
|  | Hemen Hemen Her zaman Doğru | Bazen Doğru | Nadiren Doğru | Hiçbir Zaman Doğru Değil |
| 31. Yeni biriyle tanıştığımda, onun benden daha iyi olduğunu düşünürüm. | ☐ | ☐ | ☐ | ☐ |
| 32. Çeşitli durumlarla baş etmekteki yetersizliğim beni üzüyor. | ☐ | ☐ | ☐ | ☐ |
| 33. Sevdiğim insanlara yakınlık ve sevgi göstermek benim için kolaydır. | ☐ | ☐ | ☐ | ☐ |
| 34. Önemsiz olduğunu bilmeme rağmen, bazı şeyler beni dayanılmayacak kadar sinir eder. | ☐ | ☐ | ☐ | ☐ |
| 35. Dünyayı insana endişe veren, güvensiz bir yer olarak görüyorum. | ☐ | ☐ | ☐ | ☐ |
| 36. Öyle sinirlenirim ki, birşeyleri fırlatır ya da kırarım. | ☐ | ☐ | ☐ | ☐ |
| 37. Başarısız olduğumda birilerinin bana moral vermesini isterim. | ☐ | ☐ | ☐ | ☐ |
| 38. Kendimi beğenirim. | ☐ | ☐ | ☐ | ☐ |
| 39. Günlük yaşamın getirdiği sorunlarla yeterince başa çıkabiliyorum. | ☐ | ☐ | ☐ | ☐ |
| 40. Gerçek duygularımı göstermekte zorlanırım. | ☐ | ☐ | ☐ | ☐ |
| 41. Bir çok aksiliği sinirlenmeden veya canımı sıkmadan göğüsleyebilirim. | ☐ | ☐ | ☐ | ☐ |
| 42. Benim görüşüme göre, dünya temelde iyi ve mutlu bir yerdir. | ☐ | ☐ | ☐ | ☐ |
| 43. Biri bana hakaret ettiğinde veya duygularımı incittiğinde ondan intikam alırım. | ☐ | ☐ | ☐ | ☐ |
| 44. Başkalarından destek veya cesaretlendirme beklemek yerine, sorunlarımı kendi başıma çözmeyi tercih ederim. | ☐ | ☐ | ☐ | ☐ |

5

|  | BENİM İÇİN DOĞRU | | BENİM İÇİN DOĞRU DEĞİL | |
|---|---|---|---|---|
|  | Hemen Hemen Her zaman Doğru | Bazen Doğru | Nadiren Doğru | Hiçbir Zaman Doğru Değil |
| 45. Bir işe yaramadığımı ve hiçbir zaman da yaramayacağımı düşünüyorum. | ☐ | ☐ | ☐ | ☐ |
| 46. Kendimi tanıdığım insanlar kadar yetenekli bulmadığım için kendimden memnun değilim. | ☐ | ☐ | ☐ | ☐ |
| 47. Hoşlandığım birine gerçek duygularımı göstermeye çalıştığımda, kendimi rahatsız ve beceriksiz hissederim. | ☐ | ☐ | ☐ | ☐ |
| 48. Küçük aksilikler canımı çok sıkar. | ☐ | ☐ | ☐ | ☐ |
| 49. Yaşamı tehlikelerle dolu görüyorum. | ☐ | ☐ | ☐ | ☐ |
| 50. İçimden birşeye veya birisine vurmak geliyor. | ☐ | ☐ | ☐ | ☐ |
| 51. Sorunlarım olduğunda insanların bana karşı anlayışlı olmalarını isterim. | ☐ | ☐ | ☐ | ☐ |
| 52. Kendimi bir çok açıdan başkalarının aşağısında hissediyorum. | ☐ | ☐ | ☐ | ☐ |
| 53. Etrafımdaki birçok insan kadar yetenekli olduğumu düşünüyorum. | ☐ | ☐ | ☐ | ☐ |
| 54. Gerçekten hoşlandığım insanlara karşı sıcak ve sevecenimdir. | ☐ | ☐ | ☐ | ☐ |
| 55. Bir an neşeli ve mutlu oluyorum, bir sonraki an keyifsiz veya mutsuz. | ☐ | ☐ | ☐ | ☐ |
| 56. Yaşamın hoş olduğunu düşünürüm. | ☐ | ☐ | ☐ | ☐ |
| 57. İçimden kavga etmek veya birine bir kötülük yapmak geliyor. | ☐ | ☐ | ☐ | ☐ |
| 58. Arkadaşlarımın bana karşı çok sevecen olmalarını isterim. | ☐ | ☐ | ☐ | ☐ |

6

| | BENİM İÇİN DOĞRU | | BENİM İÇİN DOĞRU DEĞİL | |
|---|---|---|---|---|
| | Hemen Hemen Her zaman Doğru | Bazen Doğru | Nadiren Doğru | Hiçbir Zaman Doğru Değil |
| 59. Kendime olan saygımın daha fazla olmasını isterdim. | ☐ | ☐ | ☐ | ☐ |
| 60. Yapmaya çalıştığım bir çok şeyde kendimi beceriksiz buluyorum. | ☐ | ☐ | ☐ | ☐ |
| 61. İnsanlarla yakın ilişkilerden kaçınırım. | ☐ | ☐ | ☐ | ☐ |
| 62. Küçük duygusal stresler karşısında soğukkanlılığımı koruyabiliyorum. | ☐ | ☐ | ☐ | ☐ |
| 63. Dünyayı temelde güvenli ve yaşaması hoş bir yer olarak görürüm. | ☐ | ☐ | ☐ | ☐ |

7

**Şefkat Korkusu Ölçeği**

Farklı insanların şefkat ve anlayış konusunda farklı bakış açıları vardır. Bazı insanlar her koşulda ve durumda şefkat ve anlayış göstermenin önemli olduğuna inanırken diğerleri daha dikkatli olmamız gerektiğine inanırlar ve kendimize ve başkalarına çok fazla şefkat ve anlayış göstermekten endişe ederler. Biz sizin hayatınızın üç ayrı alanındaki şefkat ve anlayış konusunda düşünceleriniz ve inançlarınız ile ilgileniyoruz.

1) Başkalarına anlayış ve şefkat göstermek

2) Başkalarından gelen şefkate karşılık vermek

3) Kendinize gösterdiğiniz anlayış ve şefkat

Lütfen aşağıdaki ölçekteki ifadelere ne kadar katıldığınızı aşağıdaki şekilde belirtiniz.

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Kesinlikle katılmıyorum | | Biraz katılıyorum | | Tamamen katılıyorum |

| **Başkalarına Şefkat Göstermek** | **0** | **1** | **2** | **3** | **4** |
|---|---|---|---|---|---|
| 1 | Eğer insanlar beni çok şefkatli görürlerse benden faydalanırlar. | 0 | 1 | 2 | 3 | 4 |
| 2 | Kötü şeyler yapmış insanlara şefkatli davranmak yaptıklarının bedelini ödemekten onları kurtarır. | 0 | 1 | 2 | 3 | 4 |
| 3 | Hayattaki bazı insanlar şefkat görmeyi hak etmez. | 0 | 1 | 2 | 3 | 4 |
| 4 | Fazla şefkatli olmanın insanları kolay hedef yapmasından korkarım. | 0 | 1 | 2 | 3 | 4 |
| 5 | Eğer çok affedici ve şefkatliyseniz insanlar sizden faydalanırlar. | 0 | 1 | 2 | 3 | 4 |
| 6 | Eğer çok şefkatli olursam hassas insanları kendime çekerim ve onların beni duygusal olarak tüketeceklerinden endişe ederim. | 0 | 1 | 2 | 3 | 4 |
| 7 | İnsanlar başkalarının onlara yardım etmesini beklemektense kendi kendilerine yardım etmelidirler. | 0 | 1 | 2 | 3 | 4 |

| 8 | Eğer çok şefkatli olursam bazı insanların bana çok bağımlı hale gelmelerinden korkarım. | 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|---|
| 9 | Çok şefkatli olmak insanları yumuşak başlı ve başkaları tarafından kolay kullanılabilir hale getirir. | 0 | 1 | 2 | 3 | 4 |
| 10 | Bence bazı insanlar için denetlemek ve uygun ceza vermek onlara merhametli davranmaktan daha yararlıdır. | 0 | 1 | 2 | 3 | 4 |
| **Başkalarından Gelen Şefkate Karşılık Vermek** | | **0** | **1** | **2** | **3** | **4** |
| 1 | Kişinin başkalarından kendine kibar olmasını istemesi bir zayıflıktır. | 0 | 1 | 2 | 3 | 4 |
| 2 | İnsanların bana kibar ve anlayışlı olmalarını beklediğimde öyle olmayacaklarından korkarım. | 0 | 1 | 2 | 3 | 4 |
| 3 | Başkalarının bakımına muhtaç olmaktan korkarım çünkü onlar her zaman müsait olmayabilirler veya bunu istemeyebilirler. | 0 | 1 | 2 | 3 | 4 |
| 4 | Başkalarının kibarlık ve sıcaklık gösterilerinin çoğu zaman samimi olup olmadığını merak ederim. | 0 | 1 | 2 | 3 | 4 |
| 5 | Başkalarından kibarlık görme hissi biraz korkutucu gelir. | 0 | 1 | 2 | 3 | 4 |
| 6 | İnsanlar bana karşı kibar ve şefkatli olduklarında gergin hissederim veya utanırım. | 0 | 1 | 2 | 3 | 4 |
| 7 | Eğer insanlar bana karşı arkadaşça ve kibar iseler bende benim hakkımdaki fikirlerini değiştirecek kötü bir şey bulmalarından endişe ederim. | 0 | 1 | 2 | 3 | 4 |
| 8 | İnsanların sadece benden bir şey istediklerinde kibar ve merhametli olduklarından endişe ederim. | 0 | 1 | 2 | 3 | 4 |
| 9 | İnsanlar bana şefkatli ve kibar davrandıklarında içimde bir boşluk ve hüzün hissederim. | 0 | 1 | 2 | 3 | 4 |
| 10 | Eğer insanlar kibar iseler onların bana fazla yaklaştıklarını hissederim. | 0 | 1 | 2 | 3 | 4 |
| 11 | Diğer insanlar bana nazik olsalar da, başkalarıyla olan ilişkilerimde nadiren sıcaklık hissetmişimdir. | 0 | 1 | 2 | 3 | 4 |
| 12 | İnsanların iyi olduklarını bilsem bile onlarla olan mesafemi korumaya çalışırım. | 0 | 1 | 2 | 3 | 4 |
| 13 | Eğer birinin cana yakın olduğunu ve beni önemsediğini düşünürsem onunla aramda bir duvar örerim. | 0 | 1 | 2 | 3 | 4 |
| **Kendinize Şefkat ve Anlayış Göstermek** | | **0** | **1** | **2** | **3** | **4** |
| 1 | Kendime karşı sevecen ve affedici olmayı hak etmediğimi hissederim. | 0 | 1 | 2 | 3 | 4 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 | Eğer kendime karşı gerçekten kibar ve iyi olmayı düşünürsem içim burkulur. | 0 | 1 | 2 | 3 | 4 |
| 3 | Hayatta ilerlemek şefkatli olmaktan çok sert olmakla alakalıdır. | 0 | 1 | 2 | 3 | 4 |
| 4 | Kendime karşı kibar ve şefkatli olmanın nasıl hissettirdiğini bilmesem de olur. | 0 | 1 | 2 | 3 | 4 |
| 5 | Kendime karşı sıcak ve iyi olmayı denediğimde içimde boşluk hissederim. | 0 | 1 | 2 | 3 | 4 |
| 6 | Eğer kendim için şefkat ve sıcaklık hissedersem bir tür kayıp/yas hissine yenik düşmekten korkarım. | 0 | 1 | 2 | 3 | 4 |
| 7 | Eğer kendime karşı daha sevecen olursam ve kendimi daha az eleştirirsem standartlarımın düşeceğinden korkarım. | 0 | 1 | 2 | 3 | 4 |
| 8 | Eğer kendime karşı daha şefkatli olursam zayıf bir insana dönüşeceğimden korkarım. | 0 | 1 | 2 | 3 | 4 |
| 9 | Kendime karşı hiç şefkat hissetmediğimden bu hisleri oluşturmaya nereden başlayacağımı bilemiyorum. | 0 | 1 | 2 | 3 | 4 |
| 10 | Eğer kendime şefkat gösterirsem buna bağımlı olacağımdan endişe ederim. | 0 | 1 | 2 | 3 | 4 |
| 11 | Eğer kendime çok şefkat gösterirsem kendimi eleştirmeyi bırakacağımdan ve de zayıflıklarımın ortaya çıkacağından korkarım. | 0 | 1 | 2 | 3 | 4 |
| 12 | Eğer kendime şefkat gösterirsem olmak istemediğim biri olmaktan korkarım. | 0 | 1 | 2 | 3 | 4 |
| 13 | Eğer kendime karşı çok şefkatli olursam başkalarının beni reddedeceğinden korkarım. | 0 | 1 | 2 | 3 | 4 |
| 14 | Kendimi eleştirmeyi kendime şefkat göstermekten daha kolay bulurum. | 0 | 1 | 2 | 3 | 4 |
| 15 | Kendime karşı fazla şefkatli olursam kötü şeylerin olacağından korkarım. | 0 | 1 | 2 | 3 | 4 |

**Beck Depresyon Envanteri**

Aşağıda gruplar halinde bazı cümleler yazılıdır. Her gruptaki cümleleri dikkatli okuyunuz. Bugün dâhil, geçen hafta içinde kendinizi nasıl hissettiğinizi en iyi anlatan cümleyi seçiniz. Seçmiş olduğunuz cümlenin başındaki numarayı daire içine alınız.

0 Kendimi üzüntülü ve sıkıntılı hissetmiyorum.

1 Kendimi üzüntülü ve sıkıntılı hissediyorum.

2 Hep üzüntülü ve sıkıntılıyım.

3 O kadar üzüntülü ve sıkıntılıyım ki artık dayanamıyorum.

0 Gelecekten umutsuz ve karamsar değilim.

1 Gelecek için karamsarım.

2 Gelecekten hiçbir şey beklemiyorum.

3 Geleceğimden umutsuzum ve sanki hiçbir şey düzelmeyecekmiş gibi geliyor.

0 Kendimi başarısız bir insan olarak görmüyorum.

1 Kendimi çevremdeki birçok insandan daha başarısız hissediyorum.

2 Geçmişime baktığımda başarısızlıklarla dolu olduğunu görüyorum.

3 Kendimi tümüyle başarısız bir insan olarak görüyorum.

0 Birçok şeyden eskisi kadar zevk alıyorum.

1 Her şeyden eskisi gibi hoşlanmıyorum.

2 Artık hiçbir şey bana tam anlamı ile zevk vermiyor.

3 Her şeyden sıkılıyorum.

0 Kendimi herhangi bir şekilde suçlu hissetmiyorum.

1 Kendimi zaman zaman suçlu hissediyorum.

2 Çoğu zaman kendimi suçlu hissediyorum.

3 Kendimi her zaman suçlu hissediyorum.

0 Bana cezalandırılmışım gibi gelmiyor.

1 Cezalandırılabileceğimi seziyorum.

2 Cezalandırılmayı bekliyorum.

3 Cezalandırıldığımı hissediyorum.


0 Kendimden hoşnutum.

1 Kendimden pek hoşnut değilim.

2 Kendime kızıyorum.

3 Kendimden nefret ediyorum.


0 Başkalarından daha kötü olduğumu sanmıyorum.

1 Zayıf yanlarım ve hatalarımdan dolayı kendi kendimi eleştiririm.

2 Hatalarımdan dolayı her zaman kendimi kabahatli bulurum.

3 Her aksilik karşısında kendimi kabahatli bulurum.


0 Kendimi öldürmek gibi düşüncelerim yok.

1 Zaman zaman kendimi öldürmeyi düşündüğüm oluyor.

2 Kendimi öldürmek isterdim.

3 Fırsatını bulsam kendimi öldürürdüm.


0 İçimden her zamankinden fazla ağlamak gelmiyor.

1 Zaman zaman içimden ağlamak geliyor.

2 Çoğu zaman ağlıyorum.

3 Eskiden ağlayabilirdim, şimdi istesem de ağlayamıyorum.


0 Şimdi her zaman olduğumdan daha sinirli değilim.

1 Eskisine göre daha kolay kızıyor veya sinirleniyorum.

2 Şimdi hep sinirliyim.

3 Bir zamanlar beni sinirlendiren şeyler şimdi hiç sinirlendirmiyor.

0 Başkaları ile görüşmek, konuşmak isteğimi kaybetmedim.

1 Başkaları ile eskisinden daha az konuşmak, görüşmek istiyorum.

2 Başkaları ile konuşma ve görüşme isteğimi kaybettim.

3 Hiç kimse ile görüşüp, konuşmak istemiyorum.

0 Eskiden olduğu kadar kolay karar verebiliyorum.

1 Eskiden olduğu kadar kolay karar veremiyorum.

2 Karar verirken eskisine göre çok güçlük çekiyorum.

3 Artık hiç karar veremiyorum.

0 Aynaya baktığımda kendimde bir değişiklik görmüyorum.

1 Daha yaşlanmışım ve çirkinleşmişim gibi geliyor.

2 Görünüşümün çok değiştiğini ve daha çirkinleştiğimi hissediyorum.

3 Kendimi çok çirkin buluyorum.

0 Eskisi kadar iyi çalışabiliyorum.

1 Bir şeyler yapabilmek için gayret göstermem gerekiyor.

2 Bir şeyler yapabilmek için kendimi çok zorlamam gerekiyor.

3 Hiçbir şey yapamıyorum

0 Her zamanki gibi uyuyabiliyorum.

1 Eskiden olduğu gibi uyuyamıyorum.

2 Her zamankinden 1-2 saat daha erken uyanıyorum ve yeniden uyuyamıyorum.

3 Her zamankinden çok daha erken uyanıyorum ve yeniden uyuyamıyorum.

0 Her zamankinden daha çabuk yorulmuyorum.

1 Her zamankinden daha çabuk yoruluyorum.

2 Yaptığım her şey beni yoruyor.

3 Kendimi hiçbir şey yapamayacak kadar yorgun hissediyorum.

0 İştahım her zamanki gibi.

1 İştahım eskisi kadar iyi değil.

2 İştahım çok azaldı.

3 Artık hiç iştahım yok.


0 Son zamanlarda kilo vermedim.

1 İki kilodan fazla kilo verdim.

2 Dört kilodan fazla kilo verdim.

3 Altı kilodan fazla kilo verdim.


0 Sağlığım beni fazla endişelendirmiyor.

1 Ağrı, sancı, mide bozukluğu veya kabızlık gibi rahatsızlıklar beni endişelendiriyor.

2 Sağlığım beni endişelendirdiği için başka şeyleri düşünmem zorlaşıyor.

3 Sağlımdan o kadar endişeliyim ki başka hiçbir şey düşünemiyorum.


0 Son zamanlarda cinsel konulara olan ilgimde bir değişme fark etmedim.

1 Cinsel konulara eskisinden daha az ilgiliyim.

2 Cinsel konulara şimdi çok daha az ilgiliyim.

3 Cinsel konulara olan ilgimi tamamen kaybettim.