



**THE RELATIONSHIP BETWEEN THE TIMING OF
ADULT ROLE TRANSITIONS AND NEGATIVE
EMOTIONAL STATE: THE MODERATING ROLES OF
PERCEIVED PARENTAL ACCEPTANCE-REJECTION
AND GENDER ROLE IDENTITIES**

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Graduate School
Izmir University of Economics

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A Thesis Submitted to
The Graduate School of Izmir University of Economics
Master's Program in Clinical Psychology

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ABSTRACT

THE RELATIONSHIP BETWEEN THE TIMING OF ADULT ROLE TRANSITIONS AND NEGATIVE EMOTIONAL STATE: THE MODERATING ROLES OF PERCEIVED PARENTAL ACCEPTANCE-REJECTION AND GENDER ROLE IDENTITIES

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January, 2022

The present study aimed to investigate the relationship between timing of adult role transitions (early, on time, late) and negative emotional state (depression, anxiety, stress) and the moderating roles of perceived parental acceptance-rejection and gender role identities on this relationship. A total of 362 participants between the ages of 24 to 41 completed Demographic Information Form, Ideal-Actual Time Questionnaire, Depression Anxiety Stress Scale, Parental Acceptance-Rejection Questionnaire, BEM Sex Role Inventory. A series of one-way and two-way ANOVAs were performed. One-way ANOVAs revealed that being early is significantly associated with higher levels of negative emotional state compared to being on-time for completing education and getting full-time job. Additionally, being early is found to be significantly associated with higher levels of negative emotional state compared to being late for becoming a parent. Lastly, being early is found to be associated with higher levels of

negative emotional state compared to being on-time and late for taking charge of a house and getting married. Two-way ANOVAs revealed the moderating role of perceived paternal acceptance-rejection on the relationship between being on-time and negative emotional state for being a parent. Additionally, the moderating role of maternal acceptance-rejection was found on the relationship between being early and on-time and negative emotional state for getting married. However, the moderating role of gender role identities on the relationship between timing of adult role transitions and negative emotional state were not found. Findings were discussed within the current literature.

Keywords: social clock, adulthood roles, perceived parental acceptance-rejection, gender role identities.

ÖZET

YETİŞKİNLİK ROLLERİNE GEÇİŞ ZAMANLAMASI İLE NEGATİF DUYGU DURUMU ARASINDAKİ İLİŞKİ: ALGILANAN EBEVEYN KABUL-REDDİ VE CİNSİYET ROLÜ KİMLİKLERİNİN DÜZENLEYİCİ ROLLERİ

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Ocak, 2022

Bu çalışma, yetişkinlik rollerine geçiş zamanlaması (erken, zamanında, geç) ile negatif duygu durumu (depresyon, kaygı, stres) arasındaki ilişkiyi ve bu ilişkide algılanan ebeveyn kabul-reddi ve cinsiyet rolü kimliklerinin düzenleyici rollerini araştırmayı amaçlamaktadır. Bu çalışmada yer verilen yetişkinlik rolleri; eğitimi tamamlama, tam zamanlı işe başlama, bir evin sorumluluğunu alma, evlenme ve ebeveyn olma rolleridir. Örneklem 24-41 yaş arası 362 katılımcıdan oluşmaktadır. Veriler, Demografik Bilgi Formu, İdeal-Gerçek Zaman Formu, Depresyon Kaygı Stres Ölçeği, Ebeveyn Kabul-Red Ölçeği, BEM Cinsiyet Rolü Envanteri kullanılarak toplanmıştır. Hipotezleri test etmek amacıyla tek ve iki yönlü varyans analizleri yürütülmüştür. Tek yönlü varyans analizleri, eğitimi tamamlama ve tam zamanlı bir işe başlama rolleri için zamanında olmaya kıyasla, erken olmanın daha yüksek düzeyde negatif duygu durumu ile ilişkili olduğunu ortaya koydu. Ek olarak, ebeveyn olma rolü için bu rolü

erken edinmenin ge edinmeye kıyasla, daha yksek dzeyde negatif duygu durumu ile iliřkili olduėu bulunmuřtur. Son olarak, bir evin sorumluluėunu stlenme ve evlenme rolleri iin bu rolleri erken edinmenin, zamanında ve ge edinmeye kıyasla daha yksek dzeyde negatif duygu durumu ile iliřkili olduėu bulunmuřtur. İki ynl varyans analizleri, ebeveyn olma rol iin bu rol zamanında edinen grupta baba tarafından algılanan kabul ve reddin dzenleyici roln ortaya koymuřtur. Ayrıca evlenme rol iin erken ve zamanında gruplarında anne kabul ve reddinin dzenleyici rol bulunmuřtur. Herhangi bir yetiřkinlik rol iin cinsiyet rol kimliklerinin yetiřkinlik rollerini edinme zamanlaması ile negatif duygu durumu arasındaki iliřkide dzenleyici rolne rastlanmamıřtır. Son olarak, tm bulgular gncel literatr dahilinde tartiřılmıř; alıřmanın sınırlılıkları, klinik ıkarımlar ve gelecek alıřmalar iin neriler sunulmuřtur.

Anahtar Kelimeler: sosyal saat, yetiřkinlik rolleri, algılanan ebeveyn kabul-reddi, cinsiyet rol kimlikleri.

ACKNOWLEDGEMENT

I would like to express my sincere gratitude to my advisor Asst. Prof. Nevra Cem Ersoy for her guidance, support and patience when undertaking my research and writing my project. Besides my advisor, I would like to thank rest of my thesis committee: Asst. Prof. Yasemin Meral Ögütçü and Asst. Prof. Ceren Gökdağ, for their insightful comments and suggestions to my research. I am also deeply grateful to all my teachers for their efforts to share their wisdom with me.

I owe a deep sense of gratitude to my sister and also my best colleague ever for her invaluable advice, unwavering support and encouragement. I would also give a special thank to my family, especially to my husband, for their belief in me and tremendous understanding during this process. I am so lucky to have you on my side.

I would like to extend my sincere thanks to my friends who provided me a great source of support and encouragement I needed throughout this process.

Finally, many thanks to all participants that took part in my study and enabled this research to be possible.

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CHAPTER 1: INTRODUCTION

Adulthood is defined as the human development period during which full physical growth and maturity have been attained and particular biological, cognitive, social, personality, and other changes related to the aging process occur (American Psychological Association Dictionary, n.d.). What determines adulthood is a challenging question because the conception of adulthood varies across societies and cultures, and over time within the same society. Moreover, adulthood was addressed within a multidisciplinary approach by researchers. Therefore, different disciplines focus on different markers of adulthood.

From the biological perspective, puberty is the most basic marker of adulthood especially in primitive societies. Through puberty, a child's body develops into an adult body which is capable of sexual production. However, in today's modern societies, its importance as a marker of adulthood has been diminished. The onset of puberty is mostly seen as an indicator of transition from childhood to adolescence (Settersten, Ottusch and Schneider, 2015).

From the legal perspective, an individual who reaches eighteen years of age is considered an adult even though there are some cross country differences in the age of majority (FRA, n.d.). The legal adult status brings various legal rights and responsibilities such as voting, driving, drinking, becoming a member of a political party, or full criminal responsibility. However, there are debates about whether legal adult age ensures being cognitively mature enough to make adult decisions. Brain research put forward that brain maturation, which means that development of brain systems responsible for logical reasoning and basic information processing is not fully completed until approximately twenty-five years of age (Arain et al., 2013). Therefore, these findings call into question the legal adult status and attained rights and responsibilities that come through with this status. Besides findings from brain research, a study, which was conducted to investigate the conception of transition to adulthood among American adolescents, emerging adults and young to midlife adults, revealed that participants give little importance to legal adult age as an indication of being adult (Arnett, 2001).

Contrary to objectivity of biological and legal markers, psychological markers of adulthood are much more subjective and abstract phenomena like having responsibility, maturity, independence, and/or personal control (Arnett, 1998, Arnett, 2001). The study, which is conducted by Arnett (1998) in U.S. with a sample predominant by white Americans, revealed that in American society, young people consider the indicators of transition to adulthood mainly as individualistic character qualities such as “accepting responsibility for oneself”, “making independent decisions”, “establishing an equal relationship with parents”, “deciding on personal values and beliefs” and “becoming financially independent”. Even though the capability of standing alone as a self-sufficient person mostly signifies the transition to adulthood according to the majority of the American youth, compliance with social norms is also considered as a highly important indicator of adulthood such as developing greater consideration for others and avoiding behaviours that could harm others (Arnett, 1998, 2001) .

Another study which aims to explore the conception of transition to adulthood in Turkey was conducted among young people from three different social settings: educated urban young people, rural young people with limited education and young rural immigrants to big cities (Çok and Atak, 2015). Similar to the findings of Arnett (1998)’s study with American youth, educated urban young people in this study were found to value individualistic criteria such as taking responsibility for one's own behaviour, being economically independent, making one’s own decisions, and controlling emotions in specifying transition to adulthood. While educated urban young people in this study made individualistic attributions to adulthood like standing alone as a self-sufficient person, individuals who are from rural settings and individuals who are rural immigrants to big cities gave importance to the role transitions such as military service, marriage, getting a job, and being a parent. Similarly, another study by Arnett (2003) which was carried out among the three major American ethnic minority groups: African Americans, Latinos, and Asian Americans. Those minority groups are found to be more likely to value more collectivistic criteria including role transitions (such as marriage, being employed full time, having a child), compliance with social norms (such as avoiding drunk driving, avoiding committing petty crimes like vandalism and shoplifting, avoiding illegal drugs etc.) and family capacities (such as supporting family financially, keeping family safe, taking care of

children) as markers of transition to adulthood compared to white Americans.

These studies also highlighted the sociological perspective of adulthood which conceptualizes the process of becoming adult as a series of role transitions that necessitate stepping out of certain roles (such as leaving parental home, completing education) and taking on new ones (such as getting full time job, managing an independent household, getting married, being parent) (Hogan and Astone, 1986).

1.1. Adult Role Transitions and Social Clock

Sociological model of adulthood -conceptualization of adulthood through role transitions- was accompanied by cultural prescriptions and proscriptions about the ages that these role transitions should or should not be completed. Interestingly, society members are told explicitly or implicitly appropriate time for completing education, getting into a full-time job, marriage, parenthood and so on. These expectations regarding the timing of these events constitute the conception of social clock which is a culture specific timetable formed by social norms (Neugarten, Moore and Lowe, 1965). Individuals compare their own timing of experiencing certain life events with a social clock and describe their timing as “on time” or “off time (early or late)” regarding major life events (Neugarten, 1979). The majority of society more or less follows this normative pattern and their behaviors are governed by a social clock through accelerating or delaying a life event (Neugarten, et al., 1965).

Age norms manifest itself in two levels: descriptive and prescriptive levels. At a descriptive level, the social clock specifies the average ages for various major life events within a given culture during a specific period in history. At a prescriptive level, the expectations which form the social clock limit individuals to follow a settled, normative timetable (Peterson, 1996). If individuals’ timing for these major life events occurs within a socially prescribed span of years, this behavior is regarded as appropriate and they gain social approval. On the other hand, if individuals’ timing for experiencing these major life events deviates from the social clock, either earlier or later, it is regarded as inappropriate and these individuals are subject to negative social sanctions (Neugarten, 1979). Thus, age norms are not only descriptive but also prescriptive for appropriate timing of a behavior.

If the timing of these major life events does not match with societal expectations, it can result in some psychological and social adverse outcomes for many reasons (Neugarten, 1979). According to social clock theory, acquiring adult roles “off time” is more stressful than acquiring “on time” because of negative social sanctions (Neugarten and Hagestad, 1976). For instance, being a parent at an atypical age while most peers are continuing their education can be regarded as socially disapproved behavior. Being “off time” regarding major life events also reduces one’s opportunities for social support resources (Neugarten, 1979). For instance, individuals whose timing for parenthood is atypical, are less likely to receive social support from their peers because they have relatively fewer peers with similar life experiences at the same time. However, social support plays a crucial role in the time of major life transitions due to the challenging nature of role transitions. In addition to this, Neurgaten (1979) stated that age norms initiate social comparisons and individuals evaluate their own social position by comparing themselves with their peers. In the case of age norms violation, individuals’ self esteem, sense of adequacy and self competence may be threatened as a result of social comparisons (Neugarten, 1979). The study conducted by Pekel-Uludağlı and Aktaş (2019) supported this theory and it revealed that people who marry or became a parent “off time” reported lower levels of self competence compared to “on time”.

1.2. Negative Emotional State

Numerous studies have found that stressful life events contribute to the development of depression and anxiety (Hammen, 2005; Kessler, 1997; Grupe and Nitschke, 2013; Monroe and Simons, 1991; Calkins et al., 2009) Although depression and anxiety are quite different concepts, the presence of comorbid anxiety and depression is not unusual in clinical practice and research (Clark and Watson, 1991a). One possible explanation for high comorbidity between these two disturbances is that they have many overlapping symptoms such as sleep disturbances, diminished ability to think and concentrate, loss of interest in activities, fatigue and restlessness (Cramer, et al., 2010; van Loo, et al., 2016; Zbozinek, et al., 2012).

On the other hand, stressful life situations also elicit stress response and stress has affinities with anxiety. Fight, flight, or freeze response is activated in both conditions

and insomnia, difficulty in concentrating, fatigue, muscle tension, and irritability are shared symptoms of anxiety and stress (Lovibond and Lovibond; 1995).

Overlapping symptoms of these three conditions cause additional problem in discrimination of negative affective conditions. In order to solve this problem, research programs were designed to maximize discriminant validity between these constructs through removal of overlapping symptoms (Lovibond and Lovibond; 1995; Beck et al., 1988). Despite the efforts to develop scales which assess core symptoms of these constructs, the intercorrelations between these scales are still moderately high. Lovibond and Lovibond (1995) stated that common causes of depression, anxiety and stress can be the reason for this association rather than overlapping symptoms and they mentioned about two possible common cause of negative emotional states: neuroticism and common environmental activation (Eysenck and Eysenck, 1964; Watson and Clark, 1984).

High intercorrelation between these three conditions because of their common causes and overlapping symptoms led us to create a new construct by uniting depression, anxiety and stress into negative emotional state. Therefore, in the present study, depression, anxiety and stress were used to evaluate negative emotional state.

1.2.1. Depression

Depression is one of the most common mental disorders all around the world and findings from the Global Burden of Disease Study revealed that more than 264 million people suffer from depression (GBD, 2017). According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), profound sadness and decrease in interest or pleasure in almost all activities are the most prominent symptoms of depression (American Psychiatric Association, 2013). People who develop depression may experience feelings of worthlessness or excessive or inappropriate guilt. Impairments in cognitive abilities such as difficulty in concentration or making decisions, decreased ability to think or recall of information can occur. As a physiological symptom, depression may cause notable weight loss, changes in appetite, energy loss, sleep disturbance, or psychomotor agitation or retardation. The existence of recurrent thoughts of death, suicidal ideation, a suicide attempt or a specific plan for suicide can also be seen in people who suffer from

depression (American Psychiatric Association, 2013).

1.2.1.1. Etiology of Depression

Etiological models for depression are mostly diathesis-stress models which explains the development of depression as a result of interaction between environmental stressors and biological, personal, cognitive vulnerability factors (Monroe and Simons, 1991).

Environmental factors which play a role in the aetiology of depression are acute and chronic stressful life events and adverse childhood experiences. There is plenty of research that suggests that the majority of depressive episodes are preceded by stressful life events (Hammen, 2005; Kessler, 1997; Kendler, Karkowski, and Prescott, 1998). The severity of stress was found positively associated with the probability of developing depression (Kendler, Karkowski, and Prescott, 1998). One of the common causes of depression is loss of something which is important to self such as loss of significant others, relationship, status, cultural ties, sense of self-worth (Brown, 1993; Tennant, 2002). Chronic stressors related to marriage – divorce, marital conflict, partner abuse- , health – serious or chronic illness, being disabled - , work –mobbing, heavy workload, role ambiguity -, and socioeconomic status - such as poverty, unemployment, being subject of discrimination as a disadvantageous or minority group - were found significantly associated with depression (Phelan, 1991; Husain, Creed and Tomenson, 1997; Banks and Kohn-Wood, 2007). Additionally, changes in life demand numerous adjustments hence become a source of stress. Despair and a sense of helplessness as a result of failure to adapt to these changes may lead to depression (Seligman, 1990).

In addition to acute and chronic negative life events, there is ample evidence that negative experiences in childhood contribute to depression (Beck, 1967; Bowlby, 1973, 1980; Gibb, Butler and Beck, 2003). In their study, Gibb, Butler, and Beck (2003) found that childhood emotional abuse is a strong predictor of later onset of depression. Moreover, a review article published by Kessler and Magee (1993) revealed that childhood exposure to stressors such as parental alcohol use, parental mental health problems, domestic violence, interparental problems, parental loss, and lack of a close and positive relationship with an adult strongly related to development

of depression in adulthood.

In addition to the environmental risk factors, the diathesis-stress model emphasizes the role of diathesis in the aetiology of depression. Diathesis refers to the risk factors which account for individual differences in response to similar stressful life events.

The depressogenic cognitive style is hypothesized as highly pessimistic and self-critical, with perceptions of helplessness and hopelessness about changing or improving the situations. (Beck, 1967; Abramson, Seligman, and Teasdale, 1978; Abramson, Metalsky and Alloy, 1989). Research showed that these depressogenic cognitive styles are developed in childhood especially in parent-child relationship through criticism, maltreatment, disconfirmation, poor relationship quality, and modelling and learning of the parent's own negative cognitive style. These depressogenic cognitive styles were demonstrated as one of the predictors of depression (Beck, 1967; Abramson, Seligman, and Teasdale, 1978).

In addition to this, some personality traits and habits are risk factors for depressive episodes. As a personality trait, neuroticism - which is a general tendency to experience negative emotional states - is a strong predictor of depression (Fanous et al., 2002). Moreover, rumination – excessive, repetitive thinking about a particular theme - as a response to emotional distress increases negative and self-focused thinking and inhibits problem solving, hence strengthens or maintains the depression (Nolen-Hoeksema, 2000).

1.2.1.2. Theories of Depression

Depression was explained by various theories. According to Freud's psychoanalytic theory, depression is triggered by the loss of an object and this loss could be actual (i.e. loss of a loved one) or symbolic (i.e. loss of one's approval). Anger, which results from the object loss, is repressed and directed to inward. Anger turned inward reduces an individual's self-esteem and initiates the sense of guilt. In this way, it produces a vulnerability for one to develop depression (Freud, 1917).

From the behavioural perspective, depression develops from the decrease in environmental reward, reduced frequency of positively reinforced healthy behaviours or punishment of these healthy behaviours and reinforcement of depressive behaviours

in the face of certain environmental changes. For instance, someone who lost his/her loved one may develop depression because of decreased positive reinforcement. On the other hand, his depressive state may attract attention and sympathy of his friends; therefore, this attention as a reinforcer may endure depressive state (Lewinsohn, 1974). In addition to the role of reinforcement and punishment in development of depression, avoidant cognitions (i.e. denying, ruminating, minimizing) or behaviours (i.e. substance use, gambling, binge eating) which are used to reduce contact with subjectively aversive or minimally rewarding internal or external stimuli are thought to produce and sustain the depression by reducing reward and positive reinforcement (Ferster, 1973).

A cognitive approach on depression proposed by Aaron Beck is schema-based theory of depression. He underlies the role of schematic content in the development of emotional disorders. Schema is a cognitive construct that operates the identification, interpretation, categorization and evaluation of information. Once activated, the information in the environment is processed in a way that is consistent with the content of this dysfunctional schema. The depression related schematic content consists of negative beliefs and attitudes about the self, world and future. Once these anxiety related schemas are activated, it results in biased information processing like preferential encoding and retrieval of negative self-referential information which are especially fundamental in formation of depression (Beck, 1967).

1.2.2. Anxiety

Fear is an alarm reaction to the actual danger, whereas anxiety is a general feeling of apprehension about the future threat (American Psychiatric Association, 2013). Fear involves the activation of fight-or-flight response, thoughts of actual threat and escape behaviours. Anxiety generally involves muscle tension and vigilance, thoughts of possible danger and taking precaution or avoidance behaviours (5th ed.; DSM-5; American Psychiatric Association, 2013).

Anxiety is a part of life but if the degree of anxiety is greatly disproportionate to the risk and severity of possible danger and if it continues even though immediate danger does not exist and interfere with the individual's functioning, then the reaction is considered as abnormal (Beck et al., 2005).

The excessive fear and anxiety and related behavioral disturbances are common features of anxiety disorders. Anxiety disorders consist of four main components; cognitive, emotional, physical and behavioural. *Cognitive symptoms* are repetitive fearful ideation, frightening visual images, fear of not being able to cope, inability to concentrate, unable to control thinking, difficulty in reasoning, confusion. *Emotional symptoms* are feelings of alarmed, nervous, tense, uneasy, edgy, fearful, anxious and so on. *Physical symptoms* are palpitation, increased heart rate, rapid breathing, sweating, blushing, muscle tension, sleep disturbances and other autonomic arousal symptoms. *Behavioural symptoms* are in general taking precaution or avoidance from the objects and situations that evoke anxiety. In the case of encounter with the anxiety evoking object/situation, the behavioural reactions are inhibition or fight (Beck, Emery, and Greenberg, 2005).

1.2.2.1. Etiology of Anxiety

The interaction of environmental stressors and biological, personal, cognitive vulnerabilities account for etiology of anxiety disorders (Calkins et al., 2009).

Situations which involve uncertainty are potential stressors that contribute to the development of anxiety by reducing one's ability to effectively and efficiently prepare for the future (Grupe and Nitschke, 2013). Adverse childhood experiences are also potential predictors of the development of anxiety disorders. Experiencing emotional and physical trauma, and low socioeconomic status during childhood were found to be related with increased anxiety symptoms in late adulthood (Lähdepuro et al., 2019).

One of the dispositional factors which was found associated with development of anxiety is behavioural inhibition. Behavioural inhibition is an early-appearing temperament identified by tendency to display fear and withdrawal to novel or unfamiliar situations (Kagan, Reznick, and Snidman, 1988). There is plenty of research puts forward that behavioural inhibition is positively associated with symptoms of anxiety (Muris et al., 2001; Biederman et al., 1993). Another dispositional factor is neuroticism, the primary personality trait that serves a vulnerability factor for anxiety symptoms (Ormel, Rosmalen and Farmer, 2004; Weinstock and Whisman, 2006). Additionally, intolerance of uncertainty is a

dispositional factor that contributes to the development of anxiety symptoms and is defined as a tendency to react negatively to an uncertain event or situation, regardless of its probability of occurrence and related outcomes (Ladouceur et al., 2000; Carleton et al., 2012).

Cognitive biases such as selective attention to threatening stimuli, interpreting ambiguous stimuli or events as negative or threatening, believing that anxiety and anxiety related sensations have negative consequences are potential contributory factors to anxiety (Mathews and MacLeod, 1985; Amir et al., 2005; Schmidt, Zvolensky and Maner, 2006; McNally, 2002).

1.2.2.2. Theories of Anxiety

Anxiety was addressed by various theories. One of them is Freud's psychoanalytic theory of anxiety –Signal Theory. It defines anxiety as a signal, which informs the ego about the anticipated danger of expression of forbidden unconscious impulses (often sexual or aggressive). These impulses must be repressed because their expressions are linked to unconscious fears such as fear of social condemnation, abandonment, separation from primary object, the loss of object's love, annihilation. According to Freud, these are linked to the more fundamental threat: threat of castration. Therefore, the ego assigns defense mechanisms. If they fail to resolve unconscious conflict, anxiety symptoms are felt. Anxiety symptoms also play a defensive role by moving the focus away from the real unconscious conflict (Freud, 1926).

Many of S. Freud's followers disagreed primarily with his contention regarding the sexual nature of the unconscious impulses. They proposed that any thought, feeling, or action that might threaten an individual's attachment to the significant people in his or her life may be construed as dangerous (Wolfe, 2005).

From the behavioural perspective, pathological anxiety results from conditioning. In consequence of repeated pairings of neutral stimulus, which evoke no emotion at the beginning, with the aversive unconditioned stimulus (US); neutral stimulus becomes conditioned stimulus (CS) that signals the upcoming onset of aversive unconditioned stimulus. Anxiety develops from the anticipation of aversive unconditioned stimulus (Pavlov, 1927; Watson and Rayner, 1920).

In 1947, Mowrer extended this formulation and proposed his two-factor theory of avoidance. According to this theory, avoidance from anxiety-provoking stimuli causes relief; therefore, removal of unpleasant feelings becomes a reward and reinforces the avoidance behaviour as a consequence.

From the cognitive perspective, one of the main theories regarding anxiety is schema-based theory was proposed by Aaron Beck. He places emphasis on the role of schematic content in the development of emotional disorders (Beck and Emery, 1985). Schema is a cognitive construct that operates the identification, interpretation, categorization and evaluation of information. Once activated, the information in the environment is processed in a way that is consistent with the content of this dysfunctional schema. The anxiety provoking schematic content consists of beliefs and attitudes about the danger and vulnerability. Once these anxiety related schemas are activated, it results in biased information processing like selective processing of threat and underestimation of ability to cope which are especially fundamental in formation of anxiety (Beck and Emery, 1985).

1.2.3. Stress

Stress is a physiological and psychological response to situations which seriously threaten physical and emotional well being through exceeding coping resources (Selye, 1956; Lazarus and Folkman, 1984). Physiological stress response is characterized by fight or flight response. Psychological stress response is composed of emotional reactions (e.g., irritability, worry, and anger), cognitive responses (e.g., apathy and difficulty concentrating), and behavioral reactions (e.g., reduced efficiency at work) (Suzuki et al., 1997).

1.2.3.1. Etiology of Stress

Stress response results from the interaction of environmental factors (stressors) and individual characteristics (McKeever and Huff, 2003). Situations which require adjustment can be regarded as stressful. Stressors -that are unpredictable, uncontrollable, chronic, involve a person closely- are more likely to place a person under severe stress (Havrenek, 2016; D'Aquila, 1994). Besides the role of stressor characteristics in development of stress response, individual characteristics also play

an important role and account for individual differences in response to similar stressful life events. Individuals who experience more stress early in life are more vulnerable to develop stress response in the face of a stressor (Gillespie and Nemeroff, 2007; Elroy and Hevey, 2014). Another study revealed that individuals' responses to acute stress differ by their personality traits, especially neuroticism and extraversion. Neuroticism is found to be positively and extraversion is found to be negatively related with subjective stress responses (Xin et al., 2017). In addition to these, low self-esteem and low social support were found to predict stress symptoms (Kivimäki and Kalimo, 1996; Taylor and Stanton, 2007).

1.2.3.2. Theories of Stress

Stress is a very complicated phenomenon and there are various theoretical models to explain its nature. Different approaches conceptualize stress differently. These approaches regarding stress can be categorized into three main perspectives: the response-based approach, the stimulus based approach, and the cognitive transactional process approach (Schwarzer and Schulz, 2001).

The response-based approach conceptualizes stress as a set of physiological reactions to environmental demands (Hans Selye, 1956). However, this approach only focuses on physiological reactions and neglects the role of emotions and cognitions.

The stimulus-based approach focuses on the characteristics of stimulus which demands response, adjustment, or adaptation and exceeds one's coping resources (Schwarzer and Schulz, 2001).

The cognitive-transactional model of stress and coping which was put forward by Richard Lazarus and Susan Folkman (1984). This model emphasizes the importance of cognitive appraisal in the experience of stress. The process of cognitive appraisal consists of primary evaluation of a situation or stimulus - whether the situation is dangerous, or threatening- and secondary evaluation - whether his ability or resources are adequate or not to cope with the demand of the situation. According to this model, psychological stress is experienced if an individual perceives the situation as threatening for his or her well-being and taxing or exceeding his or her resources.

1.3. The Relationship between the Timing of Adult Role Transitions and Negative Emotional State

Many researches have been conducted to explore the relationship between timing of adult role transitions and individuals' psychological health. Studies indicate that acquiring adult roles on time contributes positively to individuals' psychological health. For instance, Pekel-Uludağlı and Aktaş (2018) conducted a research to investigate how timing of marriage and parenthood was associated with depression and life satisfaction. Results of the study indicated that individuals who perceived their timing for marriage as “on time” reported lower levels of depression, higher levels of life satisfaction compared to those who perceived their timing as either early or late. For parenthood, individuals who perceived themselves as being a parent on-time reported lower levels of depression.

Another study conducted by Carlson (2010) to examine the effect of deviation from expected motherhood age on mental health. The result of this study revealed that women whose timing is either earlier or later than expected motherhood timing, reported higher levels of depression symptoms compared to the “on time” group.

In some studies, especially being early at first birth was found to be related with depression. For instance, in Falci, Mortimer and Noel's (2010) study the effect of motherhood timing on depression was investigated. Results of the study investigated that women who have their first child prior to the age of twenty reported higher levels of depression during young adulthood (around age twenty-nine) compared to late parents who have their first child in their twenties and women who remain childless. This differentiation was explained through the greater financial strain and lower sense of personal control of early parents. Another study conducted by McMahan et al. (2011) revealed that older maternal age was found to be related with lower levels of depression and anxiety symptoms and higher levels of psychological resilience compared to younger and middle age groups.

Research also demonstrated that deviating from the socially prescribed timetable in role transitions is found to be related with anxiety. For instance, Melkevik and his colleagues (2016) found that delayed high school completion is related to both depression and anxiety symptoms and individuals who both delayed high school

completion and have lower educational attainment reported especially higher levels of anxiety symptoms.

According to social clock theory, it is expected that the discrepancy between timing of major life events and societal expectations causes stress. The study conducted by Rook, Catalano, and Dooley (1989) investigated the effect of timing of major life events on psychological functioning found that there is a relationship between being late in timing of major life events and increased psychological distress, but there is no difference between “early” and “on time” groups in terms of psychological distress.

According to Bacon (1974) early marriage and motherhood were found to be highly associated with high incidence of marital dissolution. These findings were interpreted as early entry to spouse and motherhood roles generate stress. However Bell and Lee (2006) conducted a study to investigate the relationship between the timing and sequencing of major life events (marriage and motherhood) and stress among Australian women. Results of the study revealed that timing and sequencing of major life events was found to be weakly associated with stress.

In the light of these studies, the relationship between timing of role transitions and depression, anxiety and stress were uncovered. Most of the studies in this field focused on a few life events especially parenthood and marriage. However, role transitions in adulthood do not only include being a parent and getting married but also completing education, getting into a full-time job, taking charge of a house. There is scarcity of research that examines this relationship in a comprehensive way by including various adulthood roles transitions and depression, anxiety, stress together. Therefore, one of the aims of this research is to fill this gap.

1.4. Parental Acceptance-Rejection

From past to present, many theoreticians have emphasised the importance of parent-child relationship and its effects on one’s adult life. One of the well-known theories in this literature is parental acceptance-rejection theory (PARTheory) which was put forward by Ronald Rohner (1986). PARTheory is an evidence-based theory of socialization and lifespan development and suggests that the quality of affectional bonds between parents and their children plays a crucial role in children’s

psychological health. The theory intends to examine the effects of parental acceptance and rejection on psychological adjustment, personality dispositions and behavioral functioning in both children and adults across the world (Rohner, 1986).

PARTheory is composed of three subtheories that are personality subtheory, coping subtheory, and sociocultural subtheory. Personality subtheory aims to investigate the consequences of perceived parental acceptance and rejection on personality and mental health. Personality subtheory seeks to answer two questions. First, are all children affected in the same way when they perceive that their parents accept or reject them? Second, to what extent do the effects of childhood rejection extend into adulthood and old age (Khaleque and Rohner, 2012)? According to this subtheory, all individuals in the world are in need of a positive response from their significant others such as desire for care, concern, support, comfort, and so on (Rohner, 1986). The individuals whose need for a positive response is not met by attachment figures are more likely to develop certain set of behavioral, emotional, and cognitive dispositions, including hostility, aggression, dependence or defensive independence, negative self-esteem, inadequacy, emotional instability, emotional unresponsiveness, and negative worldview (Khaleque and Rohner, 2012).

Coping subtheory aims to explain how some children cope with perceived rejection more effectively than others (Rohner, Khaleque, and Cournoyer, 2012). It emphasizes the importance of social cognitive abilities like a sense of self determination, and the capacity to depersonalize in coping with rejection. Self-determined individuals have a belief that they can exercise control over what happened to them; therefore, this sense of self determination creates a resource for them to minimize damaging effects of rejection. In addition to this, individuals with capacity to depersonalize, which means do not take personally what happens to them in life or interpersonal relations, have an internal psychological resource to cope with rejection in a more positive way (Rohner, 1986).

On the other hand, sociocultural system subtheory attempts to answer two questions. First, why do some parents exhibit warmth and love to their children while others are cold, aggressive, and neglecting/rejecting? Second, how does the tendency of most parents in a society to either accept or reject their children affect the whole fabric of

society and individuals' behaviors and beliefs in that society? (Khaleque and Rohner, 2012).

To answer all these questions, firstly, researchers presented the concepts of parental acceptance and rejection through the warmth dimension of parenting.

1.4.1. The Warmth Dimension of Parental Acceptance-Rejection

The warmth dimension of parenting is a continuum which quantifies the quality of parents' affectional bond with their children. This continuum consists of two opposite ends that are parental acceptance and rejection. Since all individuals more or less experience love from their attachment figures, everyone can be placed on this continuum (Rohner, Khaleque, and Cournoyer, 2012). As shown in Figure 1, parental acceptance end represents a child's experience of receiving warmth, affection, care, love, support, comfort, nurturance from their parents. It can be expressed both physically and verbally. Physical expressions for parental acceptance are like hugging, kissing, smiling and so on. Verbal expressions for parental acceptance involve praising, complementing, telling nice things to their children or about children (Rohner et al., 2012).

On the other hand, parental rejection end is characterized by lack of or significant withdrawal of feelings and behaviors regarding acceptance, and this end represents physically and psychologically painful behaviors and emotions for children (Rohner et al., 2012). In the light of comprehensive cross-cultural studies, four principal expressions for parental rejection were determined and individuals experience parental rejection in any combination of them (Rohner, 1986). The first principal expression is the being cold and unaffectionate as through withholding their love, warmth and affection. The second one is hostility and aggression in which parents are perceived as angry, or resentful, or their behaviors are perceived as having an intention of hurting physically or verbally. The third one is indifference and neglect that is characterized by unavailability of parents both physically and psychologically, and also disregard the child's needs. The last one is undifferentiated rejection that is described as a child's feelings of unloved, unappreciated or uncared although there is no obvious behavioral indicator for rejection (Rohner, 1986).

PARENTAL ACCEPTANCE

WARMTH/AFFECTION

Physical

Verbal

Kiss,
hug,
fondle,
etc.

Praise,
compliment,
say nice
things to or
about.

HOSTILITY/AGGRESSION

Physical

Verbal

Hit, bite,
scratch,
shove,
pinch,
etc.

Curse,
sarcasm,
belittling, say
thoughtless,
unkind, cruel
things to or
about, etc.

INDIFFERENCE/
NEGLECT

Physical and
psychological
unavailability of
parent. Pays no
attention to
needs of child,
etc.

PARENTAL REJECTION

UNDIFFERENTIATED
REJECTION

Child feels
unloved,
unappreciated,
or uncared-for

Figure 1. The warmth dimension of parenting (Source : Rohner, Khaleque and Cournoyer, 2005)

1.5. Direct and Moderating Effects of Perceived Parental Acceptance and Rejection on Negative Emotional State

Many studies were conducted to examine the effects of perceived parental acceptance and rejection on psychological adjustment such as mental health, and personality dispositions both in childhood and adulthood.

The meta analyses of 43 studies in different nationalities and ethnic groups conducted by Khaleque and Rohner (2002) revealed that there is a relationship between perceived parental acceptance and psychological adjustment in both children and adults. Another meta analysis of Khaleque and Rohner (2012b) including 66 studies showed that perceived parental rejection is transnationally associated with psychological maladjustment. Psychological adjustment or maladjustment was measured through the summed of personality dispositions namely: hostility and aggression, dependence, impaired self-esteem, impaired self-adequacy, emotional unresponsiveness, emotional instability, and negative worldview.

In addition to this, several studies have shown the relationship between perceived parental rejection and mental illness such as depression (Yıldız and Dağ, 2017; Miranda, Affuso, Esposito and Bacchini, 2015), anxiety (Giaouzi and Giovazolias, 2015; Akün, 2017; Miranda, Affuso, Esposito and Bacchini, 2015).

According to Aaron Beck (1976), depression results from negative cognitive beliefs about oneself, the world, and the future. Therefore the etiology of depression is directly or indirectly related to perceived rejection. Since PARTheory suggests that perceived rejection causes distorted mental representations of self, significant others, and the world. This theoretical rationale has been supported by many studies. For instance, in Miranda, Affuso, Esposito and Bacchini (2015)'s study both paternal and maternal rejection was found to be related to adolescent depression symptoms. Yıldız and Dağ (2017)'s study among Turkish university students concluded that parental rejection levels, more specifically perceived paternal rejection level, predicts depressiveness.

There are some studies which examine the relationship between parental rejection and anxiety and they indicated that parental rejection is associated with anxiety symptoms, more specifically social anxiety. In Miranda and her colleagues (2015)'s study, both

paternal and maternal rejection was found to be related to anxiety symptoms. In addition to this, Akün (2017)'s study indicated that individuals with social anxiety symptoms had a tendency to remember more maternal rejection and reported more psychological maladjustment compared to nonclinical group. Another study conducted by Giaouzi and Giovazolias (2015) found that high levels of remembered parental rejection is associated with high levels of social anxiety during young adulthood.

In some studies the buffering effect of parental acceptance against negative mental health outcomes was investigated. For instance, Crockenberg and Leerkes (2003)' study revealed that paternal acceptance serves as a buffer against potential stressors regarding transition to parenthood. In this study, new mothers who reported higher levels of remembered parental acceptance reported fewer postpartum depression symptoms. Another study conducted by van Beusekom, Bos, Overbeek and Sandfort (2015) investigated the moderating role of parental acceptance in the relationship of gender nonconformity and same-sex attraction with psychological distress and social anxiety. The result of this study revealed that for gender non-conforming boys, paternal acceptance is found to be a protector against psychological distress and social anxiety regarding gender non-conformity. For same sex attracted girls, maternal acceptance is found to be a protector against social anxiety regarding same-sex attraction. According to this study, perceived acceptance by a same-sex parent can buffer the adverse outcomes especially for same-sex attracted girls and gender-nonconforming boys. Similar to this study, Ryan, Russell, Huebner, Diaz, and Sanchez (2010)'s study examined whether parental acceptance is protective factor for negative health outcomes of lesbian, gay, bisexual, and transgender (LGBT) adolescents and young adults or not. They found that parental acceptance in adolescence is related to young adult self- esteem, social support, and general health. Parental acceptance is also found to be serving as a protective factor against depression, substance abuse, and suicidal ideation and attempts.

Last two studies mentioned above were conducted with sexual minority groups. Because of their nonconformity to social norms, these groups are known to be at higher risk for developing mental health problems such as depression, anxiety, psychological distress, substance abuse and suicidality (Meyer, 2003; Cochran, Sullivan, and Mays, 2003). Similar to sexual minority groups, in the present study individuals who deviated

from the socially prescribed timetable for adult roles are expected to report higher levels of depression, anxiety and stress symptoms. Therefore, the results of these two studies are promising for the present study and parental acceptance is expected to serve as a buffer against potential stressors associated with deviation from a social clock.

1.6. Gender Roles

Sex is a biological concept, which refers to the physical characteristics at birth (i.e. male, female, intersex). Gender, on the other hand, is a socially constructed phenomenon (i.e. feminine, masculine, androgynous). It refers to the social meanings, values, and characteristics are attributed to the individuals' assigned sex (Oakley, 1972). These social attributions to the sexes are supported by gender stereotypes which are beliefs and expectations about the sex-appropriate behaviours, personal characteristics and attitudes –gender roles- in a particular society (Burgess and Borgida, 1999).

Gender stereotypes have three properties: descriptive, prescriptive and proscriptive. The descriptive gender stereotypes define what women and men are. The prescriptive gender stereotypes define what women and men ought to be. The proscriptive gender stereotypes designate what women and men ought not to be (Deaux and Major, 1987).

1.6.1. Gender Role Stereotyping

In attempts to explain how gender role stereotypes are formed, the social role theory was introduced by Eagly and Wood (2012). It states that the physical differences between men and women and the demands of the social and economic environment led to the division of labour between the sexes. Especially women's reproductive activities of pregnancy and lactation restrained women to engage in tasks that require speed of movement, undisturbed activity, prolonged training, or long distance travel away from home as much as men. Therefore, in pre-industrial societies, women mostly participated in tasks compatible with childcare. Men, on the other hand, with their greater body size and strength executed the activities like hunting, conducting battle, and plowing. These sex differences in behaviour reflected in gender role beliefs because people observed men and women and made inferences that sexes have corresponding dispositions (Eagly and Wood, 2012).

Since women mostly engage in tasks like doing housework and taking care of children, descriptive stereotypic beliefs about the sexes present women as having communal characteristics such as sensitive, kind, patient, weak, submissive, affectionate, naïve, weak, dependent, interested in children, caregiver, homemaker which imply being selfless and concerned with others. Since men mostly engage in activities like hunting, warfare; they are presented by descriptive stereotypic beliefs as having agentic characteristics such as strong, ambitious, independent, fearless, competitive, active, breadwinner, protector which imply being self-assertive and motivated to master (Eagly and Wood, 2012) .

On the other hand, society promotes these personality characteristics and skills, which are attributed to the sexes to prepare men and women for their usual roles. Therefore, division of labour and gender role beliefs are always in interaction through the socialization process and these two structures support each other.

Similarly, a study, which was conducted to present the structure of gender stereotypes in Turkish culture, revealed that women are associated with motherhood and they are described mostly through the communal adjectives while men are associated with the breadwinning/fatherhood and are described mostly through the agentic adjectives in Turkish society (Sakalli Ugurlu et al., 2018). Another study was carried to determine the views of Turkish male university students on gender roles (Adana et al., 2011). 31% of participants stated that the proper management of marriage and better raising children are the benefits of girls' receiving education while 6.9% of them found girls' receiving education beneficial for having a profession. The role of women in family life was stated as providing moral support to husband and children by 54.3% of participants, organizing social relations of family by 37.1% and contributing the family budget by 2.6%. 41.4% of students believe that men should manage the house while 8.6% believe women should and the rest of them said that the women and men should manage the house together. The result of this study also underlies the society's stereotypic attributions regarding women's communal characteristics and their caregiver role.

1.6.2. Sex-typing Process and Gender Role Identities

In addition to the social role theory, Bem (1983) in her paper mentioned about three dominant theories of sex-typing process. It is the process of acquisition and internalization of sex-appropriate attitudes, behaviours and personality characteristics. According to the psychoanalytic theory, this process begins with the child's identification with the same sex parent as a result of successful resolution of Oedipus complex. However, she criticized the psychoanalytic approach for drawing a conservative conclusion like inevitability of sex typing and lack of empirical evidence.

Another theory of sex typing process is social learning theory, which emphasizes on the learning process through the reinforcement, observation and modelling in the acquisition of sex appropriate behaviours and attitudes (Bussey and Bandura, 1999). The gender roles are reinforced through reward of sex-appropriate personal traits, behaviours and attitudes and punishing the inappropriate ones. Moreover, a child learns and acquires gender roles by observing the social environment and imitating the role models. Even though the theory implies that sex-typing process is not inevitable because it is learned, the theory was criticized for treating a child as a passive recipient rather than an active agent who understand, interpret and organize the social world around him or her (Bem, 1983).

In contrast to the social learning theory, the cognitive developmental theory (Kohlberg, 1966) treats children as active agents and it supposes that children have a natural tendency to classify people on the basis of gender. As they work actively to comprehend the social world, they realize what gender they are and what behaviours or attitudes they should engage. As a result, their need for cognitive consistency motivates them to move toward which is seen as similar to the self and move away from which is seen as different to the self with regards to gender. It is still controversial that how and why children come to prioritize sex in their cognitive development rather than race or ethnicity and the theory lacks in explaining whether every child categorizes sex appropriate beliefs in a same way.

By considering drawbacks of the theories that are mentioned above, Bem (1983) proposed gender schema theory of sex typing process. The theory states that in the first place children observe the social world and learn about the contents of their society's

gender schema. After learning about the schemas, the children also learn to invoke their pre-existing gender schemas to encode and organize the new information. They spontaneously split attitudes, personality characters, and behaviours into masculine, feminine categories or equivalence classes. Learning about the society's gender schema leads them to know which attributes are associated or appropriate for their biological sexes. According to the gender schema theory, sex typing results from the internalization of the society's gender schemas and organizing self-concept and behaviours on the basis of these schemas.

Contrary to the traditional views on gender roles, Bem (1974) proposed that one's biological sex does not determine his/her personality. Healthy females can have masculine characteristics as well as healthy men have feminine characteristics. Individuals, who describe themselves mostly in terms of personality characteristics that make up stereotypes for women, are identified as feminine. Individuals, who describe themselves mostly in terms of personality characteristics that make up stereotypes for men, are identified as masculine. Individuals, who incorporate high levels of masculine and feminine characteristics in their personality are identified as androgynous.

According to Kagan (1964) and Kohlberg (1966), sex-typed individual is motivated to keep his/her behaviour consistent with an internalized gender role schemas. Therefore, for individuals who identify themselves as feminine or masculine, gender is a dominant schema applied to shape their attitudes and behaviours. Androgynous people, on the other hand, less likely to refer gender schemas in processing social information and shaping their attitudes and behaviours.

1.6.3. Gender Role Identities and Negative Emotional State

For the sex-typed individuals (feminine, masculine) gender roles play a crucial role in the definition and evaluation of the self. Individuals evaluate their adequacy, sense of self-worth as a person by looking at how well their internalized gender role identity matches with their behaviours, attitudes and preferences. In this way, gender role schemas may cause selective vulnerability for schema relevant life events (Bem, 1983; Hammen, Miklowitz and Dyck, 1986).

As mentioned in the previous sections, communal characteristics, caregiver and homemaker roles were associated with femininity. Agentic personality traits and breadwinner role were associated with masculinity. Therefore, it is expected that individuals who identify themselves with feminine characteristics will be vulnerable for their gender schema relevant life events such as marriage and motherhood. Individuals who identify themselves with masculine characteristics will be vulnerable for their gender schema relevant life events such as getting into a full time job, taking charge of a house financially.

In a similar vein, the study which was conducted to develop a masculine gender role stress (MGRS) scale; feeling physically inadequate, expressing tender emotions, being subordinate to women, being intellectually inferior, and sex or work performance failure are found as stressful for individuals who identified themselves as masculine (Eisler and Skidmore, 1987). As an extension to the study of development of MGRS, feminine gender role stress (FGRS) scale was developed and being unattractive, not being or perceived as nurturant, being in an unemotional relationship, being victimized and behaving assertively are found especially stressful for individuals who identify themselves as feminine (Gillespie and Eisler, 1992).

Another study which was conducted to investigate the relationship between gender roles and emotional well-being in infertile patients, revealed that women with a traditional feminine sex-role type were more anxious than those with a masculine sex-role type (Cook, 1993). Similarly, another study which was carried out among the infertile men and women revealed that anxiety and depression is associated with femininity in both groups (van Balen et al., 1989; as cited in Cook, 1993).

Similar to the studies mentioned above, in the present study sex-typed individuals who deviated from the socially prescribed timetable for their gender schema relevant life events are expected to report higher levels of negative emotional state. Therefore, the results of these studies are promising for the present study and gender role identities are expected to serve as a vulnerability factor in developing negative emotional state in the face of deviation from a social clock for experiencing gender schema relevant life events.

1.7. Aim of the Study

Adulthood is a life period during which full physical growth and maturity have been attained and particular biological, cognitive, social, personality, and other changes related to the aging process occur. Transition to adulthood was addressed by various disciplines and it was conceptualized through different markers such as puberty, age of majority, accepting responsibility for oneself, making independent decisions, consideration for others, and a series of role transitions. In the present study, role transitions as a social marker of adulthood will be investigated in the scope of social clock theory. Expectations regarding the timing of major life events constitute the conception of social clock which is a culture-specific time table formed by social norms (Neugarten, Moore and Lowe, 1965). If individuals' timing for experiencing these major life events deviates from the social clock, either earlier or later, it is regarded as inappropriate and it can result in some psychological and social adverse outcomes for many reasons. One reason is that individuals whose timing for role transitions deviate from socially prescribed time tables are subject to negative sanctions. Another reason is that they are less likely to receive social support from their peers because they have relatively fewer peers with similar life experiences at the same time. In addition to these, age norms initiate social comparisons and individuals evaluate their own social position by comparing themselves with their peers. In the case of violation of age norms, one's self esteem, sense of adequacy and self-competence were threatened as a result of social comparisons (Neugarten, 1979). Moreover, research in social clock literature revealed that people who deviate from socially prescribed timetable in experiencing life events experience low life satisfaction, low psychological resilience, anxiety, stress and depression (McMahon et al., 2011; Bacon, 1974; Bell and Lee, 2006; Carlson, 2010; Pekel-Uludağlı and Aktaş, 2018). In the light of previous studies on social clock theory, the first aim of the study is to investigate the relationship between the timing of adult role transitions and negative emotional state which refers to depression, anxiety and stress. Adult role transitions, which are involved in the study, are completing education, getting into a full time job, taking charge of a house, getting married and being a parent (Hogan and Astone, 1986).

Studies show that parental acceptance-rejection are related to emotional states of individuals (Khaleque and Rohner, 2002; Yıldız and Dağ, 2017; Miranda et al., 2015;

Giaouzi and Giovazolias, 2015; Akün, 2017). Parental acceptance refers to a child's experience of receiving warmth, affection, care, love, support, comfort, and nurturance from their parents. Parental rejection refers to lack of or significant withdrawal of feelings and behaviors regarding acceptance, and this end represents physically and psychologically painful behaviors and emotions for children (Rohner et al., 2012). In some studies, the buffering effect of parental acceptance against negative mental health outcomes was investigated (Crockenberg and Leerkes, 2003; van Beusekom, Bos, Overbeek and Sandfort, 2015; Ryan, Russell, Huebner, Diaz, and Sanchez, 2010). The results of these studies are promising for the present study and parental acceptance is expected to serve as a buffer against potential stressors associated with deviation from a social clock. Therefore, second aim of this study is to examine the moderating role of parental acceptance and rejection on the relationship between timing of adult role transitions and negative emotional state.

Gender roles are beliefs and expectations about the sex-appropriate behaviours, personal characteristics and attitudes. For individuals who internalize feminine or masculine gender role schemas –sex-typed individuals- gender roles play a crucial role in the definition and evaluation of the self. Individuals evaluate their adequacy and sense of self-worth as a person by looking at how well their internalized gender roles match with their behaviours, attitudes and preferences (Bem, 1983; Hammen, Miklowitz and Dyck, 1986). In this way, gender role schemas may cause selective vulnerability for schema relevant life events. There are studies that support this view in literature (Eisler and Skidmore, 1987; Gillespie and Eisler, 1992; Cook, 1993; van Balen et al., 1989, as cited in Cook, 1993). In the light of these studies, third aim of this study is to investigate moderating roles of gender role identities on the relationship between the timing of adult role transitions and negative emotional state.

Although there are some studies that examined the relationship between timing of adult role transitions and mental health in Turkey (Pekel, Uludağlı and Aktaş, 2018), these studies focused on only parenthood and marriage. However, role transitions in adulthood do not only include being a parent and getting married but also completing education, getting into a full-time job and taking charge of a house. Moreover, there is no study that looked at the relationship between timing of role transitions and depression, anxiety and stress together. There is scarcity of research that examines this

relationship in a comprehensive way by including various adult roles transitions and depression, anxiety, stress together. Therefore, this study aims to fill this gap. Furthermore, there is no study considering the impacts of the parental acceptance-rejection and gender role identities on this relationship. Thus, this study will contribute to both international and Turkish literature by looking at the moderating roles of perceived parental acceptance- rejection and gender roles on the relationship between the timing of adult role transitions and negative emotional state. In the light of these, following hypotheses are generated:

Hypothesis 1: Individuals whose timing of adult role transitions deviate from socially prescribed timetable would report higher levels of negative emotional state compared to individuals who are on time.

Hypothesis 2: The negative emotional state levels of individuals whose timing of adult role transitions deviate from socially prescribed timetable will differ by perceived maternal or paternal acceptance-rejection.

Hypothesis 2a: Among the individuals whose timing of adult role transitions deviate from socially prescribed time table, individuals who perceive maternal or paternal acceptance will rate lower on negative emotional state than individuals who perceive maternal or paternal rejection.

Hypothesis 3: The negative emotional state levels of individuals whose timing of adult role transitions deviate from socially prescribed timetable will differ by gender role identities.

Hypothesis 3a: Among the individuals, whose timing of marriage deviate from socially prescribed timetable, individuals who identify themselves as feminine will rate higher on negative emotional state than individuals who identify themselves as masculine, androgynous and undifferentiated.

Hypothesis 3b: Among the individuals, whose timing of being a parent deviate from socially prescribed timetable, individuals who identify themselves as feminine will rate higher on negative emotional state than individuals who identify themselves as

masculine, androgynous and undifferentiated.

Hypothesis 3c: Among the individuals, whose timing of getting into full-time job deviate from socially prescribed timetable, individuals who identify themselves as masculine will rate higher on negative emotional state than individuals who identify themselves as feminine, androgynous and undifferentiated.



CHAPTER 2: METHOD

2.1. Participants

A total of 362 participants voluntarily took part in this study and the descriptive statistics of participants are given in Table 1. Eighty-four point five percent of them were females. Participants were between the ages of 24 to 41. The age range of participants was determined based on the age ranges for emerging adulthood and middle adulthood (Arnett 2000). The mean age for females was 33.02 ($SD = 5.25$) and the mean age for the males was 30.48 ($SD = 4.64$).

Table 1. Demographic Characteristics of the Participants

	N (362 participants)	%	Mean	Range
Age			32.63	24-41
Gender				
Female	306	84.5		
Male	56	15.5		
Education				
Primary School	4	1.1		
Secondary School	17	4.7		
High School	59	16.3		
Associate Degree	61	16.9		
Bachelor's Degree	187	51.7		
Master's Degree	28	7.7		
Doctorate Degree	5	1.4		
Others	1	0.3		
Employment Status				
Employed	199	55.0		
Unemployed	162	44.8		
Family Income				
2.800 - 4.000 TL	69	19.1		
4.000 - 7.000 TL	136	37.6		
7.000 - 10.000 TL	85	23.5		

Table 1. (continued)

10.000 - 13.000 TL	32	8.8
13.000 - 16.000 TL	12	3.3
16.000 TL and above	28	7.7
Relationship Status		
Single	76	21.0
In a relationship	31	9.2
Engaged	11	3.0
Married	242	66.9

2.2. Instruments

2.2.1. Informed Consent Form

The informed consent form was prepared to give information to the potential participants about the purpose of the study, the procedure that they would follow, approximate duration of the study, confidentiality, dissemination of results and contact information of the researcher. They were also informed about their rights to reject participation or withdraw from the study at any time before or during data collection (see Appendix B).

2.2.2. Demographic Information Form

In the Demographic Information Form, participants were asked to state their age, gender, education level, current relationship status, employment status, family income level and parental occupation (see Appendix C).

2.2.3. Ideal Time Questionnaire

Ideal Time Questionnaire consists of five questions which are about the ideal timing for completing education, getting into a full-time job, taking charge of a house, getting married and becoming a parent. This questionnaire is developed by the study researchers based on the literature about transition to adulthood (Hogan and Astone, 1986). A sample item for the questionnaire is “*What do you think is the best age to enter full time job? Please answer the question with your own gender in mind*” (see Appendix D).

2.2.4. Actual Time Questionnaire

In Actual Time Questionnaire consists of five questions which participants were asked to state the ages first time they acquired adulthood roles if they did. This questionnaire is developed by the study researchers based on the literature about transition to adulthood (Hogan and Astone, 1986). A sample item for the questionnaire is “*What age did you start your first full-time job?*” (see Appendix D).

2.2.5. Depression Anxiety Stress Scale (DASS-42)

The Depression Anxiety Stress Scale (DASS-42) is a self-report inventory designed to measure the three related negative emotional states of depression, anxiety, and stress by Lovibond and Lovibond (1995). It contains 14 items for each subscale rated on a 4-point Likert-type scale (0 = did not apply to me at all to 3 = applied to me very much, or most of the time). The range of possible score for each subscale is between 0 and 42. According to the scale manual, both possible and sensible to add the three DASS scores together to produce a composite measure of negative emotional symptoms (Lovibond and Lovibond, 1995b). In the original version of the scale, the reliability coefficients for depression, anxiety and stress subscales were .91, .81 and .89 respectively.

A sample item for depression subscale is “*I couldn't seem to experience any positive feeling at all*”. A sample item for the anxiety subscale is “*I was worried about situations in which I might panic and make a fool of myself*”. A sample item for the stress subscale is “*I was in a state of nervous tension*” (see Appendix E).

Turkish adaptation of DASS-42 was conducted by Bilgel and Bayram (2010). Turkish version of the DASS-42 has high internal consistency with Cronbach's α coefficients of 0.92, 0.86, and 0.88 respectively for depression, anxiety, and stress. In the present study, the reliability coefficients for depression, anxiety and stress subscales of DASS were .95, .91 and .93, respectively.

2.2.6. The Parental Acceptance-Rejection Questionnaire (PARQ) - Short Form

The Parental Acceptance-Rejection Questionnaire (PARQ) - Short Form is a self-report questionnaire developed by Rohner (1978) to assess individuals' perceptions of the degree to which they experienced parental acceptance or rejection in childhood. The parental acceptance-rejection is a bipolar dimension with "parental acceptance" takes place at one end of this dimension, and perceived "parental rejection" is at the other end.

The scale is composed of mother and father versions. Each version consists of 24 items rated on a 4-point Likert-type scale as "almost always true" (4), "sometimes true" (3), and "rarely true" (2), "almost never true" (1). The range of possible score is between 24 and 96. Higher total score from the scale implies greater rejection. Both forms (Mother and Father) of PARQ-S has high internal reliability with Cronbach's α coefficients ranged from 0.86 to 0.99.

It also consists of four subscales namely: warmth and affection, hostility and aggression, indifference and neglect, and undifferentiated rejection. The warmth and affection scale implies to conditions where individuals perceive their parents to give unconditional love or affection. The reverse scoring of warmth/affection scale refers to perceived coldness and lack of affection that is a form of rejection. Sample items from the warmth/affection scale are "*Makes me feel wanted and needed*", "*Makes it easy for me to tell her things that are important to me*", "*Is really interested in what I do*". The hostility and aggression scale assesses the situations that parents are perceived as angry, or resentful of them, or the situations that individuals hold the view that their parent intends to hurt them physically or verbally. Item examples from the hostility/aggression subscale are "*Punishes me severely when she is angry*", "*Says many unkind things to me*", and "*Feels other children are better than I am no matter what I do*". The indifference and neglect scale refers to parent-child relationship in which individuals see their parents as unconcerned or uninterested in them. Some items from this subscale are "*Pays no attention to me*", "*Forgets important things I think she should remember*", "*Pays no attention to me as long as I do nothing to bother her*". Undifferentiated rejection scale assesses the parent-child relationship where parents are perceived as rejecting, but the manifestation of rejection is not explicitly

unaffectionate, aggressive or neglecting. Items from the undifferentiated rejection subscale like “*Sees me as a big nuisance*”, “*Makes me feel unloved if I misbehave*” (see Appendix G and H).

Turkish adaptation of PARQ-Short Form was conducted by Dedeler, Akün and Durak-Batıgün (2017). Both forms (Mother and Father) of Turkish version of PARQ-S has high internal reliability with Cronbach’s α coefficients ranged from 0.75 to 0.96, the test-retest reliability coefficients ranged from 0.40 to 0.96. In the present study, the Cronbach’s alpha coefficients for warmth/affection, hostility/aggression, indifference/neglect and undifferentiated rejection subscales of PARQ Mother Version .93, .87, .87 and .90, respectively. The Cronbach’s alpha coefficients for warmth/affection, hostility/aggression, indifference/neglect and undifferentiated rejection subscales of PARQ Father Version .93, .90, .91 and .92, respectively.

2.2.7. BEM Sex Role Inventory (BSRI)-Short Form

BEM Sex Role Inventory is developed to assess the extent to which men and women endorse personality traits that constitute the stereotypes for their own and the other sex as a self-description. The scale consists of three subscales namely: femininity, masculinity and neutral. The femininity scale contains the characteristics which are evaluated as more appropriate for women than men such as *emotional, sympathetic, and understanding*. The masculinity scale includes traits which are perceived as more suitable for men than women such as *assertive, strong personality, and dominant*. The rest of the scale consists of neutral items that are not specifically attributed to men or women such as *conscientious, unpredictable, and reliable* (see Appendix F).

The scale consists of 30 items (10 feminine, 10 masculine and 10 neutral) and 7-point Likert scale with 1 “almost never true” and 7 “almost always true”. Based on the responses, a person has four major score: femininity score, masculinity score, and neutral score. The higher difference between the scores from feminine and masculine scales implies sex-typed (either feminine or masculine) while the lower difference scores indicates the androgyny. The reliability coefficient alphas in the original version are 0.78 for femininity scales and 0.87 for the masculinity scale.

The Turkish adaptation of scale was developed by Türker and Lajunen (2005). For

men, the reliability coefficient for masculinity subscale was 0.80 and for the femininity subscale was 0.73. For women, the reliability coefficient for the masculinity subscale was 0.80 and for the femininity subscale was 0.66. In the present study, the Cronbach's alpha coefficients for femininity masculinity subscales of BSRI were .78 and .76, respectively.

2.3. Procedures

The ethics committee approval was obtained before conducting the research. The data was collected online via Google Forms using self-report questionnaires. Online questionnaires were prepared via an online survey website (forms.google.com) and distributed via social media channels. The informed consent, which gives information about the aim of the study, the voluntary participation and confidentiality, was presented to the participants before they took the survey. Individuals agreed to take place in the study were asked to answer demographic information form firstly. Then, participants were asked to fill out the Ideal and Actual Time Questionnaire, Depression Anxiety Stress Scale (DASS-42), the Parental Acceptance-Rejection Questionnaire (PARQ) - Short Form, the BEM Sex Role Inventory (BSRI)-Short Form. Completing questionnaire took approximately 15 minutes.

2.4. Statistical Analysis

In the current study, the Statistical Package of Social Sciences (SPSS), version 26 for Windows was used for data analyses. To examine the relationship between the timing of adult role transitions on the negative emotional state; a series of one-way ANOVAs were conducted. In attempt to understand moderating roles of perceived parental acceptance-rejection and gender role identities on the relationship between the timing of adult role transitions and the negative emotional state; a series of two-way ANOVAs were performed.

CHAPTER 3: RESULTS

This section includes analyses to answer the research hypotheses stated in the previous section. Prior to the analyses, the descriptive statistics and bivariate correlations of study variables were computed. After that the relationships between the timing of adult role transitions and the negative emotional state were examined through a series of one-way univariate analysis of variance (one-way ANOVA). After investigating whether dependent variable significantly differ among the social clock groups for each role, a series of two-way univariate analyses of variance (two-way ANOVA) were conducted to examine the roles of perceived parental acceptance-rejection and gender role identities in these relationships.

3.1. Descriptive Statistics and Bivariate Correlations of Study Variables

Descriptive statistics of study variables and correlations between them were presented at Table 2. and Table 3.

Table 2. Descriptive statistics of study variables

Variables	<i>M</i>	<i>SD</i>
Ideal Ages (IA) for Adulthood Roles		
Completing education (IA)	22.95	2.20
Full-time job (IA)	22.87	2.71
Taking charge of a house (IA)	23.71	3.50
Getting married (IA)	26.64	2.50
Becoming a parent (IA)	28.11	2.90
Actual Ages (AA) for Adulthood Roles		
Completing education (AA)	23.15	2.90
Full-time job (AA)	21.62	5.00
Taking charge of a house (AA)	22.23	4.01
Getting married (AA)	24.38	3.33
Becoming a parent (AA)	26.26	3.70
Negative Emotional State		
DASS Total	46.73	4.30
PARQ-Mother		

Table 2. (continued)

PARQ Mother Total	44.18	17.95
PARQ-Father		
PARQ Father Total	46.10	19.20
BEM		
Femininity	60.30	6.31
Masculinity	48.79	7.91



Table 3. Bivariate correlations among study variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Ideal Ages (IA) for															
Adulthood Roles															
1-Completing education (IA)	1														
2-Full-time job (IA)	.42**	1													
3-Taking charge of a house (IA)	.07	.14**	1												
4-Getting married (IA)	.18**	.27**	.24**	1											
5-Becoming a parent (IA)	.18**	.29**	.16**	.66**	1										
Actual Ages (AA) for															
Adulthood Roles															
6-Completing education (AA)	.21**	.10	.01	.10	.17**	1									
7-Full-time job (AA)	.13*	.37**	-.11	.01	.12*	.22**	1								
8-Taking charge of a house (AA)	.06	.09	.45**	.13*	.13*	.09	-.02	1							
9-Getting married (AA)	.20**	.23**	.07	.19**	.19**	.27**	.06	.58**	1						
10-Becoming a parent (AA)	.22**	.22**	.06	.19**	.24**	.26**	.05	.51**	.90**	1					
Negative Emotional State															
11-DASS Total	-.00	-.00	.09	.05	-.01	-.12*	-.08	-.10	-.14**	-.20**	1				

Table 3. (continued)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
PARQ-Mother															
12-PARQ Mother Total	.02	.05	.07	.04	-.01	-.02	-.01	-.08	-.14*	-.12	.28**	1			
PARQ-Father															
13-PARQ Father Total	.04	.03	.07	.04	.05	.11*	-.04	-.08	-.05	.01	.19**	.59**	1		
BEM															
14-Femininity	-.06	-.04	-.07	-.05	-.08	.08	.03	-.05	-.02	.01	-.13*	-.08	-.09	1	
15-Masculinity	.01	-.08	-.03	.00	.02	.16**	.10	-.06	.08	.19**	-.23**	.00	.07	.30**	1

3.2. Construction of Social Clock Perception Groups

To determine the individuals' perceptions of their timing (early, on-time or late) for each role transition; respondents' own ages at which they acquired the role were compared with the ages they stated as ideal for experiencing this role. Participants were coded as "on-time", if their ideal age for a specific role is between ± 1 of their own age of acquirement. Respondents whose ages of experiencing a role is more than one year higher than the age they stated as ideal for this role were coded as "late". Individuals whose ages at which they acquired a role is more than one year smaller than their ideal age was coded as "early". Participants who did not acquire a certain role were eliminated from the analyses related to this role. This study modelled the classification method of a study which sorted out participants as early, on time and late based on their perceived timing of the achievement of these roles (Pekel-Uludađlı and Aktaş, 2018)

3.3. The Relationship between the Timing of Adult Role Transitions and Negative Emotional State

The first hypothesis was that individuals whose timing of adult role transitions deviate from socially prescribed timetable would report higher levels of negative emotional state compared to individuals who are on-time. This hypothesis was tested by a one-way ANOVA.

Before testing the hypothesis, the distribution of negative emotional state across the categories of each independent variable was tested through the skewness and kurtosis tests. Results showed that skewness and kurtosis values ranged between -1.5 and +1.5. These values were considered as acceptable to indicate that negative emotional state is normally distributed across the categories of each independent variable (Tabachnick and Fidell, 2013). The assumptions of homogeneity of variances were tested through Levene's test and results revealed that the population variances in each categories of being a parent, taking charge of a house, and getting a full-time job are equal. However, for the categories of completing education and getting married, the assumptions of homogeneity of variances were violated. Therefore, Welch's test was used to examine whether dependent variable differs across the social clock perception groups for these roles. In addition, Games-Howell post-hoc test was chosen for these roles to investigate in their which categories the mean of negative emotional state differs

significantly.

One-way ANOVA results revealed a significant difference in negative emotional state between the social clock perception groups for completing education, $F(2, 351) = 3.41, p < .05$, partial $\eta^2 = .02$. Games-Howell post hoc test indicated that individuals who are early for completing education rated significantly higher in negative emotional state than individuals who are on time.

The significant difference in negative emotional state was found also among the social clock perception groups for getting a full time job, $F(2, 293) = 3.28, p < .05$, partial $\eta^2 = .02$. Tukey's post hoc test pointed out that individuals who are early for getting full time job had significantly higher in negative emotional state score from individuals who are on time.

The results also pointed out a significant difference in negative emotional state among the social clock perception groups for taking charge of a house, $F(2, 347) = 4.54, p < .05$, partial $\eta^2 = .03$. Tukey's post hoc test revealed that individuals who are early for taking charge of a house had significantly higher in negative emotional state score from individuals who are on time and late.

For getting married, the negative emotional state significantly differed among the social clock perception groups, $F(2, 237) = 4.48, p < .05$, partial $\eta^2 = .05$. Games-Howell post hoc test pointed out that individuals who are early for getting married had significantly higher in negative emotional state score from individuals who are on time and late.

The significant difference in negative emotional state was identified also between the social clock perception groups for being a parent, $F(2, 199) = 3.50, p < .05$, partial $\eta^2 = .04$. Tukey's post hoc test indicated that individuals who are early for being a parent rated significantly higher in negative emotional state than individuals who are late.

As a consequence, one-way ANOVA partially confirmed Hypothesis 1 and the results are presented in Table 4.

Table 4. Descriptive statistics of social clock perception groups for negative emotional state

	Negative Emotional State			
	<i>M</i>	<i>SD</i>	<i>F</i>	η^2
Completing Education				
Early (n=133)	51.91 _a	30.91		
On-time (n=118)	42.66 _b	26.60	3.40*	.02
Late (n=103)	45.01	26.49		
Full-Time Job				
Early (n=139)	50.98 _a	29.62		
On-time (n=102)	41.56 _b	26.53	3.28*	.02
Late (n=55)	45.18	29.60		
Taking Charge of a House				
Early (n=155)	51.97 _a	29.91		
On-time (n=129)	43.14 _b	26.11	4.54*	.03
Late (n=66)	42.26 _b	28.12		
Getting Married				
Early (n=70)	56.97 _a	33.45		
On-time (n=48)	42.23 _b	26.19	4.48*	.05
Late (n=122)	44.33 _b	25.52		
Becoming a Parent				
Early (n=88)	54.84 _a	29.67		
On-time (n=57)	45.05	29.70	3.50*	.04
Late (n=57)	43.32 _b	25.78		

Note: Different letters indicates significant difference between the social clock groups

* $p < .05$

** $p < .005$

3.4. Moderating Roles of Perceived Parental Acceptance and Rejection on the Relationship between Timing of Adult Role Transitions and Negative Emotional State

In this section, two- way ANOVA were conducted to test Hypothesis 2 that was the negative emotional state levels of individuals whose timing of adult role transitions deviate from prescribed timetable will differ by perceived maternal or paternal acceptance-rejection and Hypothesis 2a that was among the individuals whose timing of adult role transitions deviate from socially prescribed timetable, individuals who perceive maternal or paternal acceptance will rate lower on the negative emotional state than individuals who perceive maternal or paternal rejection.

Before proceeding the analyses, homogeneity of variances and normality assumptions were tested, and the data set met the normality assumption as a result of skewness and kurtosis tests. For the results of analyses with the significant Levene’s test, variance ratio was used as a measure of heterogeneity and variance ratios were found below the 1.5 which implies that there was no threat to *F*-test robustness under these heterogeneity with unequal sample sizes (Blanca et al., 2018).

Secondly, participants were classified into categories based on their perception of parental acceptance-rejection as described in test manual (Rohner, 2005). Individuals whose Parental Acceptance-Rejection Questionnaire (PARQ) scores for both mother and father versions fall between 24 to 59 were categorized into “perceived maternal/paternal acceptance”. Individuals whose PARQ scores fall between 60 to 96 were categorized into “perceived maternal/paternal rejection”.

Table 5. Distribution of participants based on the perceived maternal/paternal acceptance and rejection

		Frequency (n)	Percent (%)
PARQ Mother	Perceived Acceptance	222	61.3
	Perceived Rejection	140	38.7
PARQ Father	Perceived Acceptance	216	59.7
	Perceived Rejection	146	40.3

After construction of the categories of perceived acceptance and perceived rejection

for both versions, a series of two-way ANOVA were performed.

There was a statistically significant interaction effect between the timing of getting married and the perceived maternal acceptance-rejection on negative emotional state level, $F(2, 234) = 3.24, p < .05, \text{partial } \eta^2 = .03$. This effect indicates that negative emotional state levels of social clock perception groups for getting married were affected differently by perceived maternal acceptance and rejection.

Simple effect analyses revealed that negative emotional state levels of individuals who perceived maternal acceptance were significantly lower than individuals who perceived maternal rejection in early and on time group. However, in late group, there is no significant difference between the negative emotional state levels of individuals who perceived maternal acceptance or rejection.

Table 6. Descriptive statistics related to negative emotional state levels of social clock perception groups for getting married based on the levels of maternal acceptance-rejection

Timing of getting married	Maternal Rejection	Negative Emotional State	
		<i>M</i>	<i>SD</i>
Early	Acceptance	41.80 _a	4.92
	Rejection	68.35 _b	4.27
On time	Acceptance	35.34 _a	4.77
	Rejection	56.00 _b	6.75
Late	Acceptance	41.96	3.07
	Rejection	48.38	4.02

Note: Different letters indicates significant difference in negative emotional state levels

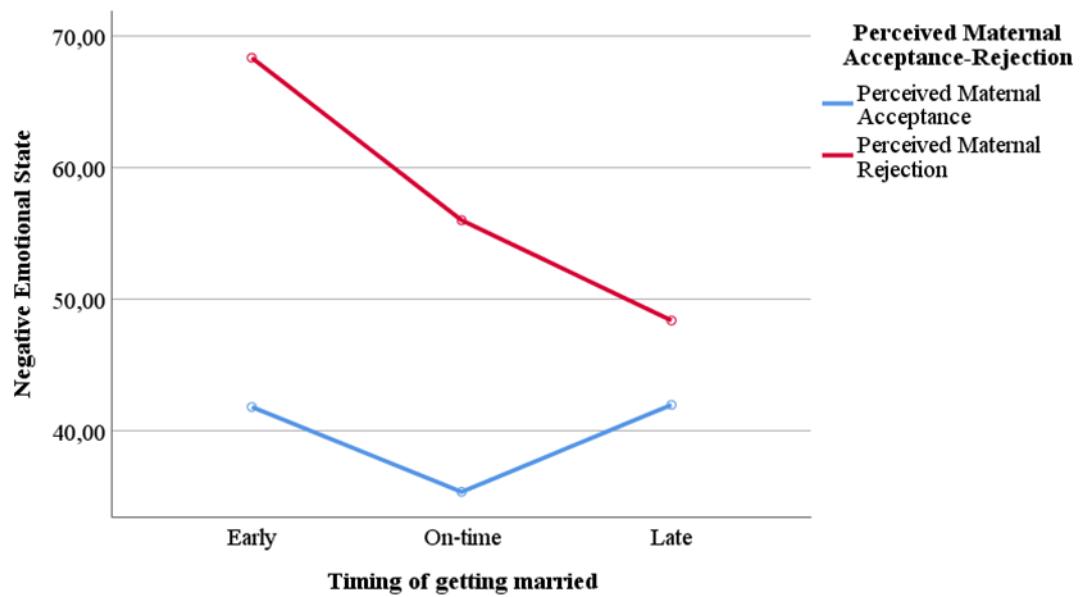


Figure 2. The moderation effect of perceived maternal acceptance-rejection on the negative emotional state levels of the social clock perception groups for getting married

There was a statistically significant interaction effect between the timing of being a parent and the perceived paternal acceptance-rejection on the negative emotional state, $F(2, 196) = 3.28, p < .05, \text{partial } \eta^2 = .03$. This effect indicates that negative emotional state of social clock perception groups for being a parent were affected differently by perceived paternal acceptance and rejection.

Simple effect analyses revealed that negative emotional state levels of individuals who perceived paternal acceptance were significantly lower than individuals who perceived paternal rejection in on time group.

Table 7. Descriptive statistics related to negative emotional state levels of social clock perception groups for being a parent based on the levels of paternal acceptance-rejection

Timing of being a parent	Paternal Acceptance-Rejection	Negative Emotional State	
		<i>M</i>	<i>SD</i>
Early	Acceptance	57.84	4.22
	Rejection	51.70	4.32
On time	Acceptance	37.74 _a	4.80
	Rejection	56.68 _b	6.04
Late	Acceptance	41.85	4.86
	Rejection	45.48	5.90

Note: Different letters indicates significant difference in negative emotional state levels

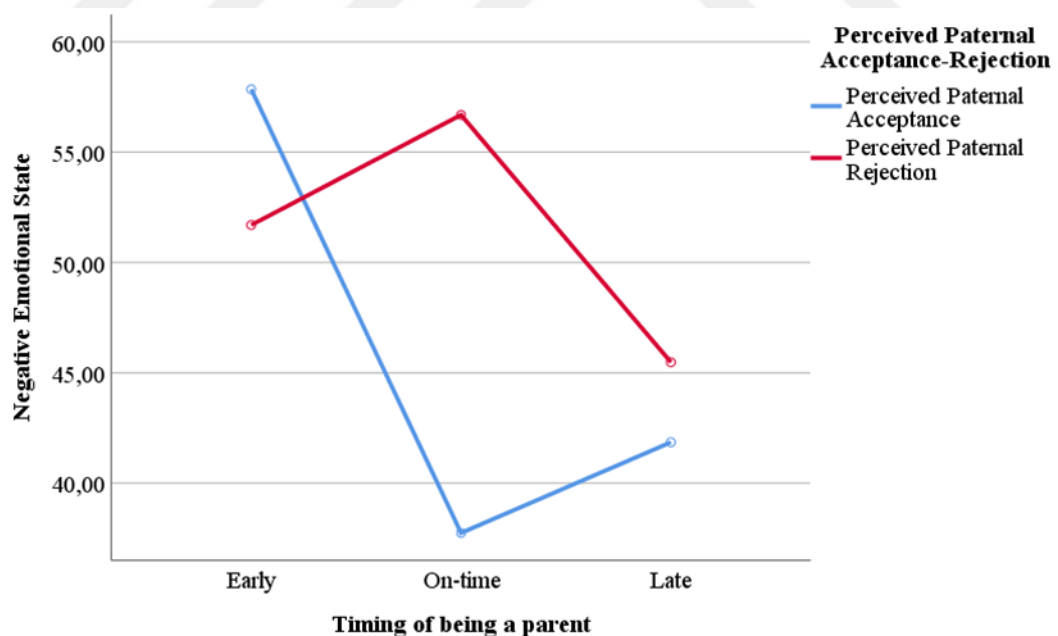


Figure 3. The moderation effect of perceived paternal acceptance-rejection on the negative emotional state levels of the social clock groups for being a parent

3.5. Moderating Roles of Gender Role Identities on the Relationship between the Timing of Adult Role Transitions and Negative Emotional State

A series of two-way ANOVA were conducted to test whether there is a significant interaction effect between gender role identities and the timing of adult role transitions on the negative emotional state. Among the individuals, whose timing of being a parent deviate from socially prescribed timetable, individuals who identify themselves as feminine will rate higher on negative emotional state than individuals who identify themselves as masculine, androgynous and undifferentiated. Among the individuals, whose timing of getting into full time job deviate from socially prescribed timetable, individuals who identify themselves as masculine will rate higher on negative emotional state than individuals who identify themselves as feminine, androgynous and undifferentiated.

Before proceeding the analyses, homogeneity of variances and normality assumptions were tested, and the data set met these assumptions.

Secondly, participants' scores from Bem Sex-Role Inventory were classified into four categories of gender role orientation by using median split method. In this method, firstly median values for Femininity and Masculinity scales were calculated. Then, participants were classified as feminine, masculine, undifferentiated and androgynous based on the median score. Individuals who had femininity score above the median and masculinity score below the median score were categorized as "feminine". Individuals who had masculinity score above the median score and femininity score below the median were categorized as "masculine". Individuals who had both femininity and masculinity score below the median score were categorized as "undifferentiated". Individuals who had both of femininity and masculinity scores above the median score were categorized as "androgynous" (Dökmen, 1999). In this research, the median value for femininity was 61 and the median value for masculinity was 49.

Table 8. The distribution of participants by gender role identities

Gender Role Identities	Frequency (n)	Percent (%)
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Table 8. (continued)

Feminine	63	17.4
Masculine	63	17.4
Androgynous	109	30.1
Undifferentiated	127	35.1
Toplam	362	100,0

After construction of gender role categories, a series of two-way ANOVA were conducted.

There was no statistically significant moderating effect of gender role identities on the relationship between the negative emotional state and the timing of completing education, $F(6, 342) = .87, p > .05$, partial $\eta^2 = .01$; getting full-time job, $F(6, 284) = .66, p > .05$, partial $\eta^2 = .01$; taking charge of a house, $F(6, 338) = 1.17, p > .05$, partial $\eta^2 = .02$; getting married, $F(6, 228) = 1.55, p > .05$, partial $\eta^2 = .04$ and being a parent, $F(6, 190) = 1.61, p > .05$, partial $\eta^2 = .05$.

The results of two-way ANOVA revealed that the negative emotional state levels of social clock perception groups for each role -included in this study- do not differ by gender role identities.

CHAPTER 4: DISCUSSION

This study aimed to examine the relationship between timing of adult role transitions and negative emotional state. The moderating roles of perceived parental acceptance-rejection and gender role identities on this relationship were also investigated. This section will discuss about the results obtained from statistical analyses applied to hypotheses. Firstly, the findings on the relationship between timing of adult role transitions and negative emotional state will be discussed. Afterwards, the second section will focus on the moderating roles of perceived parental acceptance and rejection on the relationship between timing of adult role transitions and negative emotional state. This section will also discuss the findings from the moderating role of gender role identities on this relationship. Finally, limitations of the present study and suggestions for future studies will be presented.

4.1. The Relationship between the Timing of Adult Role Transitions and Negative Emotional State

First hypothesis of the study was that individuals whose timing of adult role transitions deviate from socially prescribed timetable would report higher levels of negative emotional state compared to individuals who are on-time. A series of one-way ANOVA was conducted to test this hypothesis.

In general, being early was found to be associated with higher negative emotional state for each adult role transitions included in this study. Therefore, the results of this study partially supported social clock theory and also our first hypothesis. According to Social Clock Theory, if individuals' timing for experiencing major life events deviates from the social clock, it is regarded as inappropriate and it can result in some psychological and social adverse outcomes for many reasons such as being subject to negative social sanctions, less access to social support from their peers and negative self evaluations as a result of social comparisons (Neugarten, 1979). Rook et al. (1989) in their study presented that participants early in life transitions have less social support and they reported more interpersonal conflict compared to participants who are late. Lack of social support and being subject to negative sanctions may have contributed to higher negative emotional state of individuals who are early in role transitions. In addition to these factors, the findings for each role were discussed below.

Completing formal education was one of the adult role transitions investigated in this

research. It implies that stopping full-time education before starting career. The result of analysis regarding the relationship between timing of completing education and negative emotional state indicated that perceiving one's social clock as early is associated with higher levels of negative emotional state compared with perceiving one's social clock as on time. However, being late offers neither advantages nor disadvantages in experiencing negative emotional state relative to being early and on time. Therefore, these results partially support our hypothesis.

Lower educational attainment and its related adverse outcomes could be the reasons for the early group to rate higher levels of negative emotional state compared to the on time group. The average age of early group for completing education in this study is 19.17 and it indicates that the majority of the early group did not attain higher education. Higher education increases the likelihood of finding a higher status and well paid occupation by improving one's knowledge and skills. Economic resources and social status which are provided by an occupation enhance an individual's quality of life and self-esteem (Ross and Van Willigen, 1997; ., 2019; Prause and Dooley, 1997; Shamir, 1986; Tiggemann and Winefield, 1984). Moreover, education contributes to the development of skills such as problem solving, thinking logically, developing ideas, and implementing plans which are useful for coping with general life problems (Mirowsky and Ross, 1998). Well educated individuals also have relatively more resources to build and maintain social support networks (Pearlin, 1989). All these advantages that come with higher education contribute to better mental health. Therefore, lower education makes individuals more vulnerable to develop depression and anxiety by increasing their life stress and reducing their coping resources (Bjelland et al., 2008; Mirowsky and Ross, 1998; Ross and Van Willigen, 1997; Ross and Mirowsky, 2006).

Another adult role transition which was involved in the present study is getting into a full-time job. The result of analysis regarding the relationship between timing of getting into a full-time job and negative emotional state indicated that perceiving one's social clock as early is associated with higher levels of negative emotional state compared with perceiving one's social clock as on time. However, being late offers neither advantages nor disadvantages in experiencing negative emotional state relative to being early and on time. Thus, these results partially support our hypothesis.

Getting into a full time job early leads to considerable changes in individuals' lives such as entering into employee status, taking steps to live more independently and depending less on family support. According to Lazarus and Folkman (1984), early role transitions may reduce one's chance to be prepared adequately for this new role's demands. Therefore, this life event may be perceived as more threatening, that produces stress by taxing one's coping skills. On the other hand, according to social clock theory, being "off time" may reduce one's opportunities for social support resources (Neugarten, 1979). Individuals who are early in getting into a full-time job may have relatively fewer peers who simultaneously experience similar life events. Therefore, they may have less chance to get support from their peers in the time of this role transition. However, social support decreases individuals' psychological distress and enhances psychological adjustment (Taylor, 2007). Previous studies revealed that less social support is associated with higher levels of depression, anxiety, and stress symptoms (Taylor and Stanton, 2007; Kawachi and Berkman, 2001; Paykel, 1994). These could be the reasons for the early group to rate higher levels of negative emotional state compared to the on time group.

Being a parent is another adult role transition, which was examined in this study. It implies having a child for the first time. The result of analysis regarding the relationship between timing of being a parent and negative emotional state revealed that one's social clock as early is found to be significantly associated with higher levels of negative emotional state compared to perceiving one's social clock as late. However, the on time group did not differ significantly from the early and late groups in experiencing negative emotional state. Therefore, these results partially support our hypothesis, implying that both early and late groups would report higher levels of negative emotional state compared to the on time group. Similar to the findings of the present study, previous research which was conducted to examine the relationship between timing of being a parent and well-being revealed that early parenthood was associated with higher levels of depression and lower levels of life satisfaction (Carlson, 2010; Pekel-Uludađlı, 2018). They interpreted these results through one's increased likelihood of experiencing financial constraints because of lower education and less secure employment in the case of early parenthood. Accordingly, in the studies those who are early in parenthood were found to have lower educational

attainment and less secure employment compared to those who are late (Casad et al. 2012; Falci et al. 2010; Bacon, 1974). Although lower education and less secure employment increase an individual's exposure to life stressors such as financial constraints, they also reduce an individual's social, economic and psychological coping resources as mentioned previously. Moreover, late parenthood was found to be associated with higher marital and parenting satisfaction whereas early parenthood was found to be associated with marital instability (Helms-Erikson 2001; Lightbody 2011; Bacon, 1974). In addition to these, early parenthood may reduce one's chance to adequately prepare for the demands of this new situation. Therefore, this life event may be perceived as more threatening, and produces stress by taxing one's coping skills (Lazarus and Folkman, 1984). For these reasons, it is possible that those who become a parent early have higher levels of negative emotional state.

Another important adult role transition, which is investigated in the present study, is taking charge of a house. It implies that taking responsibility for household expenses and/or domestic works. The results of analyses regarding taking charge of a house indicated that perceiving one's social clock as early is associated with higher levels of negative emotional state compared with perceiving one's social clock as on time or late. However, the late group did not differ significantly from the on time group in experiencing negative emotional state. Therefore, these results partially support our hypothesis.

Taking charge of a house requires one to have adequate economic resources, physical health and strength, and skills to manage houseworks. Individuals who take charge of a house early may have less chance to adequately prepare for these demands. Therefore, this situation can be more threatening for them, tax their coping skills and produce stress (Lazarus and Folkman, 1984). Increased life stress and reduced coping resources make individuals more vulnerable to develop depression and anxiety (Taylor and Stanton; 2007). Hence, the early group may report higher levels of negative emotional state compared to the on time and late group.

Getting married is another adult role transition, which is involved in the present study. According to results of analyses regarding marriage, perceiving one's social clock as early is associated with higher levels of negative emotional state compared with

perceiving one's social clock as on time or late. However, the late group did not differ significantly from the on time group in experiencing negative emotional state. Therefore, these results partially support our hypothesis. Similar to the findings of the present study, a research that was conducted by Johnson, Krahn and Galambos (2017) found that marrying on time or late (in relation to peers) is associated with lower levels of depression compared with marrying early. They discussed the results through the challenges, which individuals who early in marriage face, such as financial constraints because of lower educational attainment and low-status job. Moreover, previous study which was conducted in Turkey to examine the relationship between timing of marriage and well-being revealed that early marriage was associated with higher levels of depression and lower levels of life satisfaction (Pekel-Uludağlı, 2018). They interpreted these results in a similar way with the findings of their study related to early parenthood which is mentioned above. As Bell and Lee (2006) stated, early marriage inhibits one to attain his/her life goals such as taking education and having an occupation. As stated previously, these lead to financial constraints and adversely affect the well being. Especially for women, getting married and having children after career establishment positively affect social, psychological and economic well being. (Elder, George, and Shanahan, 1996).

4.2. The Moderating Role of Perceived Parental Acceptance and Rejection on the Relationship between Timing of Adult Role Transitions and Negative Emotional State

The second hypothesis of the study was that the negative emotional state levels of individuals whose timing of adult role transitions deviate from socially prescribed timetable will differ by perceived maternal or paternal acceptance-rejection. Among the individuals whose timing of adult role transitions deviate from socially prescribed time table, individuals who perceive maternal or paternal acceptance will rate lower on negative emotional state than individuals who perceive maternal or paternal rejection.

The moderating role of perceived parental acceptance-rejection was found on the relationship between negative emotional state and timing of getting married and being a parent. According to the literature, the early relationships with caregivers were internalized by child and become a mental representation which shapes later

interpersonal relationships (Bowlby, 1973; Klein, 1984). In a supporting way, PARTheory also suggests that the parental acceptance and rejection in early periods of life extend into adulthood intimate relationships (Rohner, 1986). Therefore, it is reasonable to observe moderating effect of perceived parental acceptance and rejection for these role transitions which are interpersonal/relational in their nature. On the other hand, the moderating role of perceived parental acceptance-rejection was not found for other roles namely: completing education, getting into a full-time job, taking charge of house which do not involve intimate relationships in their nature.

To discuss the findings in more detail, for getting married, the results of study are partially supported our hypothesis. The moderating role of maternal acceptance-rejection was found on the relationship between negative emotional state and both being early and on-time. However, the moderating role of perceived parental acceptance-rejection was not found on the relationship between being late and negative emotional state. This may be explained through the presence of other variables related to being late that can help individuals to tolerate stress which is experienced due to role transitions. In the light of literature, late marriage predicted higher educational attainment, more secure employment and higher income level (Johnson et al., 2017). Those individuals may take an advantage of having high socioeconomic status against challenges come with late marriage. This can be reason to not observe the moderating effect of perceived parental acceptance-rejection in late group because the socioeconomic status (as a combination of education, occupation and income) was not controlled in this study.

The results of analysis for being a parent revealed moderating role of paternal acceptance-rejection on the relationship between being on-time and negative emotional state. However, the moderating role of paternal or maternal acceptance-rejection was not found on the relationship between being early or late and negative emotional state for being a parent. Therefore, these results did not support our hypothesis.

These results may be explained through the role of another variable in this relationship such as socioeconomic status. In the previous studies those who are early in parenthood were found to have lower educational attainment and less secure employment

compared to those who are late (Young, 1977; Bram, 1978; Wilkie, 1981). Moreover, high incidence of living in poverty was found strongly associated with early motherhood (Casad et al. 2012; Falci et al. 2010; Bacon, 1974). Another research, which was carried out by Pears and her colleagues (2005), demonstrated that individuals from lower socioeconomic status families are more likely to have a child at younger ages. Low socioeconomic status may cause a level of stress that cannot be tolerated by parental acceptance for individuals who are early in parenthood. On the other hand, previous research found that late parenthood was associated with better well-being and economic conditions (Koropecjy-Cox et al. 2007). Therefore, high socioeconomic status may help individuals to tolerate stress which comes with the role transitions. However, the socioeconomic status was not controlled in this study because it was expected that individuals will report higher negative emotional state as a result of deviation from socially prescribed time-table in role transitions. However, the results of the study led us to consider socioeconomic status as a factor may have an effect on higher negative emotional state in individuals who are early in role transitions and lower negative emotional state in individuals who are late. Eventhough the family income and education level were measured in this study; most of the research in the literature agree that socioeconomic status is a complex factor which involve several dimensions such as income, education, occupation and family size (Kraus and Stephens, 2012; Manstead, 2018). Therefore, no controlling for socioeconomic status may prevented us to observe the moderating effect of perceived parental acceptance-rejection for early and late group.

4.3. The Moderating Role of Gender Role Identities on the Relationship between Timing of Adult Role Transitions and Negative Emotional State

Third hypothesis of the present study was that negative emotional state levels of individuals whose timing of adult role transitions deviate from socially prescribed time table will differ by gender role identities. Related analyses revealed that there is no moderating role of gender role identities on the relationship between timing of adult role transitions and negative emotional state. The results can be interpreted in a way that since masculine and feminine roles are socially constructed phenomena, as society changes the traditional gender roles are also expected to change. Adjectives in the original scale which represent stereotypically masculine and feminine gender roles were determined over 40 years ago and there have been many societal changes in

Turkish society during this period such as women's increased participation in the higher education and workforce (TÜİK; 2017a). In a supporting way, a study was conducted to present the structure of gender stereotypes in Turkish culture found out that although women are described mostly through communal characteristics, agentic characteristics are also used to describe women (Sakalli, et al., 2018). These findings show that stereotypic feminine roles in Turkish culture are changing. Therefore, there is a need for a study to reevaluate Bem Sex Role Inventory in Turkish society. It is possible that representativeness of the scale weaken for modern gender stereotypes due to societal changes in Turkey. There are some studies which reevaluate the Bem Sex Role Inventory in American society found that gender differences in both masculinity and femininity scales were decreased. (Auster and Ohm, 2000; Hoffman and Borders; 2001). A similar situation may apply to Turkish society and it may be a factor prevented us to observe moderating effect of gender role identities on the relationship between timing of adult role transitions and negative emotional state. Future studies may consider using ambivalent sexism psychological construct. Ambivalent sexism represented in two distinct set of attitudes: hostile and benevolent sexism. Hostile sexism is an explicit form of having negative attitudes towards women whereas benevolent form is an implicit and more positive attitudes towards women. Studies showed that these two dimensions are positively related to each other and they are belief systems that legitimize gender hierarchy and traditional gender roles in a society (Glick et al., 2000). Because benevolent sexism measure is an implicit measure, future studies should consider using this conceptualization of sexism.

4.4. Limitations and Future Suggestions

Despite its contributions to the literature, there are also some limitations of the present study. It is important to take these limitations into consideration while interpreting the research findings. First limitation of the study is small sample sizes for social clock perception groups for each role. In addition to this, the sample distribution was not equal for men and women. These limitations decrease the representativeness and generalizability of the sample to the population. Therefore, larger and equally distributed sample in terms of gender is needed in future studies for more generalizable results to Turkish population. Moreover, all measures which are used in this study were based on self-report. Thus, all limitations regarding self-report measures are also relevant for this study. In the present study, participants' own perceptions of ideal age

for each role were used to determine their social clock. It may be useful to ask participants about appropriate ages to engage in these role transitions in their society to obtain more accurate information about the degree to which they care about social pressure. Future studies may consider more proximal predictors of negative emotional state such as self efficacy beliefs of individuals in these adulthood roles. Finally, a cross-sectional design is used in the present study and other factors which may contribute to the negative emotional state such as stressful life events, preexisting mental health problems were not controlled. Longitudinal studies can be conducted and other contributory factors to negative emotional state can be controlled in the future studies to provide more information about causality.



CHAPTER 5: CONCLUSION

Adulthood is a life period during which full physical growth and maturity have been attained and particular biological, cognitive, social, personality, and other changes related to the aging process occur. Transition to adulthood was addressed by various disciplines and it was conceptualized through different markers such as puberty, age of majority, accepting responsibility for oneself, making independent decisions, consideration for others, and a series of role transitions. In the present study, adulthood was addressed through the role transitions. The adult role transitions included in this study were completing education, getting into full-time job, taking charge of a house, One of the purposes of the study was to investigate relationship between timing of adult role transitions (early, on time, late) and negative emotional state (depression, anxiety, stress). A series of one-way ANOVAs were performed to investigate this relationship and the results revealed that being early is significantly associated with higher levels of negative emotional state compared to being on-time for completing education and getting full-time job. Additionally, being early is found to be significantly associated with higher levels of negative emotional state compared to being late for becoming a parent. Lastly, being early is found to be associated with higher levels of negative emotional state compared to being on-time and late for taking charge of a house and getting married. It was hypothesized that deviating from socially prescribed timetable in adult role transitions will be associated with higher levels of negative emotional state compared to being on time; however, only being early was found to be associated with higher negative emotional state.

Other research purposes were to examine the moderating roles of perceived parental acceptance-rejection and gender role identities on the relationship between timing of adult role transitions and negative emotional state. A series of two-way ANOVAs were performed to investigate moderating effects of these variables. The results revealed the moderating role of perceived parental acceptance-rejection on this relationship for some adult role transitions namely: getting married and being a parent. In detail, the moderating role of perceived paternal acceptance-rejection was found on the relationship between being on-time and negative emotional state for being a parent. Additionally, the moderating role of maternal acceptance-rejection was found on the relationship between being early and on-time and negative emotional state for getting

married. Moreover, the moderating role of gender role identities on this relationship was not found for any adulthood role.

Although there are some studies that examined the relationship between timing of adult role transitions and mental health in Turkey; these studies focused on only adulthood roles namely: parenthood and marriage. Therefore, this study addressed this relationship in a more comprehensive way through including various adulthood roles. Furthermore, there was no study considering the impacts of the perceived parental acceptance-rejection and gender role identities on this relationship. Thus, this study contributed to both international and Turkish literature by looking at the moderating roles of perceived parental acceptance- rejection and gender roles on the relationship between the timing of adult role transitions and negative emotional state. It also has the following clinical implications.

5.1. Clinical Implications

The current study findings revealed the importance of social expectations regarding timing of adult role transitions on individuals' mental health. Clinicians who work with adults should take these social expectations into consideration to get a clear picture of the exact problem when they have a client goes through role transitions. Also, it is recommended to look for how the client perceives his/her timing for these role transitions and what are the related cognitions.

Since the study revealed that there is a positive relationship between being early and negative emotional state, for the clients who perceive their timing as early, clinicians can make interventions to reduce its adverse outcomes such as increasing social support, teaching skills to cope with stressful situations.

Moreover, the present study revealed the protective role of parental acceptance against negative emotional state. Thus, intervention programs for parents may be developed to educate both mothers and fathers about the significance of childhood acceptance on their children's resilience against later stressful situations such as adulthood role transitions.

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APPENDIX A: ETHICS COMMITTEE APPROVAL

“The relationship between the timing of acquiring adult roles and depression, anxiety and stress: The moderating roles of perceived parental acceptance-rejection and gender roles”

HAKKINDA KİŞİSEL ETİK UYGUNLUK RAPORU

TARİH : 31.03.2021

İzmir Ekonomi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı'ndan Özge Köseoğlu ve danışmanı Doç. Dr. Nevra Cem Ersoy'un Kurula sunduğu araştırma incelenmiştir. Bu inceleme sonucunda aşağıdaki saptamalar yapılmıştır:

- Araştırmada çevrimiçi anket kullanılacak ve sosyal medya kanallarından duyurulacaktır. Demografik bilgilere ek olarak çeşitli standart ölçekler kullanılacaktır.
- Gönüllülük esasına göre katılım olacaktır.
- Araştırmada kullanılan ölçekler Türk Psikologlar Derneği (TPD) ve Amerikan Psikoloji Birliği (APA) etik kurallarına uygundur. Araştırmada kullanılacak bütün ölçekler daha önce kullanılmış ölçeklerdir ve herhangi bir risk içermemektedirler.

Çalışma herhangi etik bir sorun oluşturmamaktadır.

Saygılarıyla,



Prof.Dr. Murat BENGİSU

İzmir Ekonomi Üniversitesi

Endüstriyel Tasarım Bölümü Öğretim Üyesi

Sosyal ve Beşeri Bilimler Etik Kurul Başkanı

APPENDIX-B: INFORMED CONSENT FORM

Sayın Katılımcı;

Bu çalışma, İzmir Ekonomi Üniversitesi Klinik Psikoloji Yüksek Lisans programı kapsamında, Dr. Öğretim Üyesi Nevra Cem Ersoy danışmanlığında Özge Köseoğlu tarafından yürütülmektedir.

Bu araştırma algılanan ebeveyn kabul-reddinin ve cinsiyet rollerinin; yetişkin rollerini edinmede sosyal saate uyum durumu ile depresyon, kaygı ve stres semptomları arasındaki ilişkiye olan etkisini ölçmek amacıyla tasarlanmıştır.

Çalışmaya katılabilmek için 25-40 yaş arasında olmanız gerekmektedir. Araştırmaya katılım tamamen gönüllülük esasına dayanmaktadır. Araştırmaya katılmama veya katıldıktan sonra istediğiniz herhangi bir anda araştırmadan ayrılma hakkına sahipsiniz.

Araştırmada sizden hiçbir kimlik bilgisi talep edilmeyecektir. Verdiğiniz yanıtlar gizli tutulacak, yalnızca araştırma görevlisi tarafından değerlendirilecektir. Araştırmadan elde edilecek sonuçlar, yalnızca bilimsel amaçlar doğrultusunda kullanılacaktır.

Araştırmaya katılmayı kabul ederseniz, sizden yaklaşık 15 dakikanızı alacak anketimizi doldurmanız istenecektir. Soruların doğru ya da yanlış cevapları yoktur. Lütfen her bir ölçeğin yönergesini dikkatli okuyunuz ve araştırmanın niteliği ve güvenilirliği açısından sorulara sizi en iyi ifade eden cevabı vermeye çalışınız.

Çalışma sonuçları ile ilgili bilgi almak isterseniz Özge Köseoğlu (zgecengiz@gmail.com) ile iletişime geçebilirsiniz. Çalışmaya katılımınız için şimdiden teşekkür ederiz.

Bu çalışmaya tamamen gönüllü olarak katılmayı kabul ediyorum ve istediğim zaman araştırmadan ayrılabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

APPENDIX-C: DEMOGRAPHIC INFORMATION FORM

- 1) Yaşınız: _____
- 2) Cinsiyet:
Kadın Erkek Diğer
- 3) Medeni Durumunuz:
Evli Nişanlı/Sözlü Sevgili/Flört İlişkisi İlişkisi yok
- 4) Çalışıyor musunuz:
Evet Hayır
- 5) Lütfen devam etmekte olduğunuz bir eğitim derecesi var ise işaretleyiniz. (Yok ise bu soruyu atlayıp bir sonraki soruya geçiniz)
İlkokul Ortaokul Lise Önlisans Lisans Yüksek Lisans
Doktora
- 6) Ailenizin Gelir Düzeyi:
2.800 - 4.000 TL 4.000 - 7.000 TL 7.000 - 10.000 TL 10.000 -
13.000 TL 13.000 - 16.000 TL 16.000 TL ve üzeri
- 7) Annenizin mesleği: _____
- 8) Babanızın mesleği: _____
- 9) Son 6 ay içerisinde deneyimlediğiniz ve olumsuz etkisini hala hayatınızda hissettiğiniz önemli bir stres faktörü yaşadınız mı? Evet ise bu faktörlerin neler olduğunu kısaca belirtiniz (bir yakınının kaybı, hastalık, iş kaybı, boşanma, göç, deprem sel gibi doğal afetler gibi)

- 10) Herhangi bir psikolojik rahatsızlığınız var mı?
Evet Hayır (Cevabınız hayır ise bir sonraki soruyu cevaplamayınız)
- 11) Psikolojik rahatsızlığınızı açıklar mısınız? Ne süredir?

APPENDIX-D: IDEAL AND ACTUAL TIME QUESTIONNAIRE

1) En son bitirdiđiniz okul derecesi nedir?

İlkokul Ortaokul Lise Önlisans Lisans Yüksek Lisans

Doktora

2) En son bitirdiđiniz okul derecesini kaç yařında bitirdiniz? _____

3) Sizce kiřilerin yařama atılmadan önce okul bitirme yařı ideal olarak kaç olmalıdır? (Lütfen kendi cinsiyetinizi göz önünde bulundurarak yanıtlayınız)

4) İlk tam zamanlı bir iře bařladıđınız yař? (Daha önce hiç tam zamanlı bir iřte çalışmadıysanız boş bırakınız) _____

5) Sizce kiřilerin ilk tam zamanlı bir iře bařlama yařları ideal olarak kaç olmalıdır? (Lütfen kendi cinsiyetinizi göz önünde bulundurarak yanıtlayınız)

6) Evli misiniz? Eđer evetse kaç yařında evlendiniz? _____

7) Sizce kiřiler için ilk evlilik yařı ideal olarak kaç olmalıdır? (Lütfen kendi cinsiyetinizi göz önünde bulundurarak yanıtlayınız) _____

8) İlk olarak kaç yařında tam olarak bir evin sorumluluđunu aldınız? _____

9) Sizce bir evin sorumluluđunu alabilmek için ideal yař kaç olmalıdır? (Lütfen kendi cinsiyetinizi göz önünde bulundurarak yanıtlayınız) _____

10) Çocuđunuz var mı? Eđer evet ise kaç yařında çocuk sahibi oldunuz? _____

11) Sizce çocuk sahibi olma yařı ideal olarak kaç olmalıdır? (Lütfen kendi cinsiyetinizi göz önünde bulundurarak yanıtlayınız) _____

APPENDIX-E: DEPRESSION ANXIETY STRESS SCALE (DASS-42)

NO	SON 1 HAFTADAKİ DURUMUNUZ	Hiçbir zaman	Bazen ve arasıra	Oldukça sık	Her zaman
1	Oldukça önemsiz şeyler için üzüldüğümü farkettim	0	1	2	3
2	Ağzımda kuruluk olduğunu farkettim	0	1	2	3
3	Hiç olumlu duygu yaşamadığımı farkettim	0	1	2	3
4	Soluk almada zorluk çektim (örneğin fizik egzersiz yapmadığım halde aşırı hızlı nefes alma, nefessiz kalma gibi)	0	1	2	3
5	Hiçbir şey yapamaz oldum	0	1	2	3
6	Olaylara aşırı tepki vermeye meyilliyim	0	1	2	3
7	Bir sarsaklık duygusu vardı (<i>sanki bacaklarım beni taşıyamayacakmış gibi</i>)	0	1	2	3
8	Kendimi gevşetip salıvermek zor geldi	0	1	2	3
9	Kendimi, beni çok tedirgin ettiği için sona erdiğinde çok rahatladığım durumların içinde buldum	0	1	2	3
10	Hiçbir beklentimin olmadığı hissine kapıldım	0	1	2	3
11	Keyfimin pek kolay kaçırılabilirdiği hissine kapıldım	0	1	2	3
12	Sinirsel enerjimi çok fazla kullandığımı hissettim	0	1	2	3
13	Kendimi üzgün ve depressif	0	1	2	3

	hissettim				
14	Herhangi bir şekilde geciktirildiğimde (asansörde, trafik ışıklarında, bekletildiğimde) sabırsızlandığımı hissettim	0	1	2	3
15	Baygınlık hissine kapıldım	0	1	2	3
16	Neredeyse herşeye karşı olan ilgimi kaybettiğimi hissettim	0	1	2	3
17	Birey olarak değersiz olduğumu hissettim	0	1	2	3
18	Alıngan olduğumu hissettim	0	1	2	3
19	Fizik egzersiz veya aşırı sıcak hava olmasa bile belirgin biçimde terlediğimi gözledim (örneğin ellerim terliyordu)	0	1	2	3
20	Geçerli bir neden olmadığı halde korktuğumu hissettim	0	1	2	3
21	Hayatın değersiz olduğunu hissettim	0	1	2	3
22	Gevşeyip rahatlamakta zorluk çektim	0	1	2	3
23	Yutma güçlüğü çektim	0	1	2	3
24	Yaptığım işlerden zevk almadığımı farkettim	0	1	2	3
25	Fizik egzersiz söz konusu olmadığı halde kalbimin hareketlerini hissettim (kalp atışlarımın hızlandığını veya düzensizleştiğini hissettim)	0	1	2	3
26	Kendimi perişan ve hüzünlü hissettim	0	1	2	3
27	Kolay sinirlendirilebildiğimi	0	1	2	3

	farkettim				
28	Panik haline yakın olduğumu hissettim	0	1	2	3
29	Bir şey canımı sıktığında kolay sakinleşemediğimi farkettim	0	1	2	3
30	Önemsiz fakat alışkın olmadığım bir işin altından kalkamayacağım korkusuna kapıldım	0	1	2	3
31	Hiçbir şey bende heyecan uyandırmıyordu	0	1	2	3
32	Birşey yaparken ikide bir rahatsız edilmeyi hoş göremediğimi farkettim.	0	1	2	3
33	Sinirlerimin gergin olduğunu hissettim	0	1	2	3
34	Oldukça değersiz olduğumu hissettim	0	1	2	3
35	Beni yaptığım işten alıkoyan şeylere dayanamıyordum	0	1	2	3
36	Dehşete düştüğümü hissettim	0	1	2	3
37	Gelecekte ümit veren birşey göremedim	0	1	2	3
38	Hayatın anlamsız olduğu hissine kapıldım	0	1	2	3
39	Kışkırtılmakta olduğumu hissettim	0	1	2	3
40	Panikleyip kendimi aptal durumuna düşüreceğim durumlar nedeniyle endişelendim.	0	1	2	3
41	Vücudumda (<i>örneğin ellerimde</i>) titremeler oldu.	0	1	2	3

42	Bir iş yapmak için gerekli olan ilk adımı atmada zorlandım	0	1	2	3
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APPENDIX-F: BEM SEX ROLE INVENTORY (BSRI)

Lütfen aşağıdaki ifadelerin, sizin için ne oranda doğru ya da yanlış olduğunu sizi ne oranda tanımladığını göz önüne alıp ilgili rakamı daire içine alarak belirtiniz.

1: Tamamen yanlış 2: Çoğunlukla yanlış 3: Biraz yanlış 4: Ne doğru ne yanlış

5: Biraz doğru 6: Çoğunlukla doğru 7: Tamamen doğru

1.	Düşünce ve inançlarını savunan	1	2	3	4	5	6	7
2.	Duygusal	1	2	3	4	5	6	7
3.	Vicdan sahibi / Bilinçli	1	2	3	4	5	6	7
4.	Bağımsız / Dilediğini yapan	1	2	3	4	5	6	7
5.	Sempatik	1	2	3	4	5	6	7
6.	Ne yapacağı belli olmayan / Başına buyruk / Sağı solu belli olmayan	1	2	3	4	5	6	7
7.	İddialı / Tuttuğunu koparan	1	2	3	4	5	6	7
8.	Diğer insanların duygularını önemseyen	1	2	3	4	5	6	7
9.	Güvenilir / İtimat edilir	1	2	3	4	5	6	7
10.	Sağlam karakterli / Güçlü kişilikli	1	2	3	4	5	6	7
11.	Anlayışlı	1	2	3	4	5	6	7
12.	Kıskanç	1	2	3	4	5	6	7
13.	İşe yarar ve becerikli	1	2	3	4	5	6	7
14.	Şefkatli / Merhametli	1	2	3	4	5	6	7
15.	İçten / Samimi	1	2	3	4	5	6	7
16.	Lider / Liderlik özelliklerine sahip	1	2	3	4	5	6	7
17.	Duyularına hakim olabilen / Teskin edici	1	2	3	4	5	6	7

18.	Sır saklayabilen / tutabilen / Ketum	1	2	3	4	5	6	7
19.	Risk alabilen / Risk almayı seven	1	2	3	4	5	6	7
20.	Sıcakkanlı	1	2	3	4	5	6	7
21.	Uyumlu	1	2	3	4	5	6	7
22.	Baskın / Üstün / Hakim	1	2	3	4	5	6	7
23.	Sevecen / Sevgi dolu	1	2	3	4	5	6	7
24.	Kendini beğenmiş / Kibirli	1	2	3	4	5	6	7
25.	Muhalif / Muhalefet eden	1	2	3	4	5	6	7
26.	Çocukları seven	1	2	3	4	5	6	7
27.	Kaba / Patavatsız / Nezaketsiz	1	2	3	4	5	6	7
28.	Saldırgan	1	2	3	4	5	6	7
29.	Kibar / Nazik	1	2	3	4	5	6	7
30.	Toplumsal kurallara uyan / Geleneklerine bağlı	1	2	3	4	5	6	7

APPENDIX-G: PARENTAL ACCEPTANCE-REJECTION QUESTIONNAIRE-MOTHER VERSION (SHORT 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.

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ANNEM		DOĞRU		DOĞRU DEĞİL	
		<i>Hemen Her Zaman Doğru</i>	<i>Bazen Doğru</i>	<i>Nadiren Doğru</i>	<i>Hiçbir Zaman Doğru Değil</i>
1.	Benim hakkımda güzel şeyler söylerdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Bana hiç ilgi göstermezdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Benim için önemli olan şeyleri anlatabilmemi kolaylaştırırdı.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Hak etmediğim zaman bile bana vururdu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Beni büyük bir baş belası olarak görürdü.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Kızdığı zaman beni çok kötü cezalandırırdı.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Sorularımı	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANNEM		DOĞRU		DOĞRU DEĞİL	
		<i>Hemen Her Zaman Doğru</i>	<i>Bazen Doğru</i>	<i>Nadiren Doğru</i>	<i>Hiçbir Zaman Doğru Değil</i>
	cevaplayamayacak kadar meşguldü.				
8.	Benden hoşlanmıyor gibiydi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Yaptığım şeylerle gerçekten ilgilenirdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Bana bir sürü kırıcı şey söylerdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Ondan yardım istediğimde beni duymazlıktan gelirdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirirdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Bana çok ilgi gösterirdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Beni kırmak için elinden geleni yapardı.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Hatırlaması gerekir diye düşündüğüm önemli şeyleri unuturdu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Eğer kötü davranırsam, beni artık sevmediğini hissettirirdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Bana yaptığım şeylerin önemli olduğunu hissettirirdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Yanlış bir şey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANNEM		DOĞRU		DOĞRU DEĞİL	
		<i>Hemen Her Zaman Doğru</i>	<i>Bazen Doğru</i>	<i>Nadiren Doğru</i>	<i>Hiçbir Zaman Doğru Değil</i>
	yaptığımda beni korkutur veya tehdit ederdi.				
19.	Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanırdı.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu düşünürdü.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Bana istenmediğimi belli ederdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Beni sevdiğini belli ederdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Onu rahatsız etmediğim sürece benimle ilgilenmezdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Bana karşı yumuşak ve iyi kalpliydi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**APPENDIX-H: PARENTAL ACCEPTANCE-REJECTION
QUESTIONNAIRE-FATHER VERSION (SHORT 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.

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BABAM		DOĞRU		DOĞRU DEĞİL	
		<i>Hemen Her Zaman Doğru</i>	<i>Bazen Doğru</i>	<i>Nadiren Doğru</i>	<i>Hiçbir Zaman Doğru Değil</i>
1.	Benim hakkımda güzel şeyler söylerdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Bana hiç ilgi göstermezdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Benim için önemli olan şeyleri anlatabilmemi kolaylaştırırdı.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Hak etmediğim zaman bile bana vururdu.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Beni büyük bir baş belası olarak görürdü.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Kızdığı zaman beni çok kötü cezalandırırdı.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Sorularımı cevaplayamayacak kadar meşguldü.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Benden hoşlanmıyor gibiydi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Yaptığım şeylerle gerçekten ilgilenirdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Bana bir sürü kırıcı şey söylerdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Ondan yardım istediğimde beni duymazlıktan gelirdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Bana istenilen ve ihtiyaç duyulan biri olduğumu hissettirirdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Bana çok ilgi gösterirdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Beni kırmak için elinden geleni yapardı.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Hatırlaması gerekir diye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BABAM		DOĞRU		DOĞRU DEĞİL	
		<i>Hemen Her Zaman Doğru</i>	<i>Bazen Doğru</i>	<i>Nadiren Doğru</i>	<i>Hiçbir Zaman Doğru Değil</i>
	düşündüğüm önemli şeyleri unuturdu.				
16.	Eğer kötü davranırsam, beni artık sevmediğini hissettirirdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Bana yaptığım şeylerin önemli olduğunu hissettirirdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Yanlış bir şey yaptığımda beni korkutur veya tehdit ederdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Benim ne düşündüğüme önem verir ve düşündüklerim hakkında konuşmamdan hoşlanırdı.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Ne yaparsam yapayım, diğer çocukların benden daha iyi olduğunu düşünürdü.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Bana istenmediğimi belli ederdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Beni sevdiğini belli ederdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Onu rahatsız etmediğim sürece benimle ilgilenmezdi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Bana karşı yumuşak ve iyi kalpliydi.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>