

**NEAR EAST UNIVERSITY  
GRADUATE SCHOOL OF SOCIAL SCIENCES  
DEPARTMENT OF PSYCHOLOGY  
APPLIED (CLINICAL) PSYCHOLOGY MASTER'S PROGRAM**

**MASTER THESIS**

**THE EFFECTS OF PERCIEVED PARENTAL  
ACCEPTANCE AND REJECTION ON  
PSYCHOLOGICAL PROBLEMS IN ADOLESCENTS**

**CEMALİYE DİREKTÖR**

**20082635**

**Supervisor: Assoc.Prof.Dr. Mehmet akıcı**

**NICOSIA – 2012**

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**Applied (Clinical) Psychology Master Program  
Master Thesis**

The Effects of Perceived Parental Acceptance and Rejection on Psychological Problems in  
Adolescents

Prepared by: Cemaliye Direktör

**We certify that the thesis is satisfactory for the award of the Degree of  
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**ÖZET****ERGENLERDE ALGILANAN ANNE-BABA KABUL VE REDDİNİN  
PSİKOLOJİK SORUNLAR ÜZERİNE ETKİSİ****Hazırlayan: Cemaliye Direktör****Haziran, 2012**

Ergenlik dönemi, doğası gereği birçok değişimin meydana geldiği bir dönemdir. Bu dönemdeki ambivalans aile ilişkilerin, ergenlerin psikolojik uyumunu etkilediği yönünde birçok araştırma bulunmaktadır. Bu çalışmada, ergenlerin anne-babalarına karşı algıladıkları kabul veya reddin depresyon, somatizasyon, anksiyete, hostilite ve olumsuz benlikle ilişkisinin incelenmesi amaçlanmıştır.

Araştırmaya KKTC’de okumakta olan 10. ve 11. sınıf 492 öğrenci katılmıştır. Çocukların anne-babalarına ilişkin kabul ve red algılarını ölçmek amacıyla Ebeveyn Kabul-Red/Kontrol Ölçeği, psikolojik belirtilerin değerlendirilmesi içinse Kısa Semptom Envanteri uygulanmıştır. SPSS programına girilen veriler, korelasyon, lojistik regresyon ve regresyon analizi çerçevesinde değerlendirilmiştir.

Çalışmamızda ergenlerin büyük bir çoğunluğu anne-babalarını kabul edici algıladıkları bulunmuştur. Ergenlerin anne-babaları ile kaliteli bir ilişki geliştirdikleri gözlenmiştir. İlgili literatür tarandığı zaman ergenlerin anne-babalarını kabul edici algılama eğilimde oldukları ile benzer bulgular elde edilmiştir. Anne-babadan algılanan reddin depresyon, anksiyete, hostilite, somatizasyon ve olumsuz benliğin bir yordayıcısı olduğu bulunmuştur. Yapılan araştırmalar ebeveyn kabulünün çocuğun psikolojik ve sosyal gelişimi için önemli olduğunu göstermiştir. KKTC’de yaşayan ergenlerin annelerinden algıladıkları kontrolün depresyon, anksiyete, somatizasyon ve olumsuz benlik ile ilişkili olduğu bulunmuştur. Tüm bilgiler literatür çerçevesinde tartışılmıştır.

**Anahtar kelimeler:** kabul, red, depresyon, anksiyete, somatizasyon, hostilite, olumsuz benlik

**ABSTRACT****THE EFFECTS OF PERCEIVED PARENTAL ACCEPTANCE AND REJECTION ON PSYCHOLOGICAL PROBLEMS IN ADOLESCENTS****Prepared by: Cemaliye Direktör****June, 2012**

Due to the nature of the adolescent stage it is a period where many changes take place. Many studies have shown that ambivalent family relations during this stage affect the psychological adjustment of adolescents. This study aims to evaluate the relationship between perceived mother – father acceptance or rejection of adolescents and depression, somatization, anxiety, hostility and negative self.

492 students in year 10 and 11 studying in the Republic of Northern Cyprus took part in the study. The Parental Acceptance – Rejection / Control Questionnaire was administered in order to measure the perceptions of mother – father acceptance and rejection of the children and The Brief Symptom Inventory was administered in order to evaluate psychological symptoms. The data which was entered into the SPSS program was evaluated using correlation, logistic regression and regression analysis.

This study has shown that a great majority of adolescents perceive their parents to be accepting. Our research has shown that the adolescents who participated have developed a relationship of good quality with their parents. When we investigate literary evidence, it is observed that adolescents have a tendency to perceive their parents as accepting. It was determined that rejection is a predictor of depression, anxiety, somatization, hostility and negative self. The importance of parental acceptance on the psychological and social development of the child is widely accepted throughout research on parental warmth (Ansari, 2002). It was determined that depression, anxiety, somatization, hostility and negative self, in students living in the Turkish Republic of Northern Cyprus, are related to maternal control. All the information collected is discussed in the light of literary evidence.

**Keywords:** acceptance, rejection, depression, anxiety, somatization, hostility, negative self

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**Nicosia, June, 2012**

**Cemaliye Direktör**

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## **INTRODUCTION**

Progress is described as a continual change leading to improvement in physiological, psychological, lingual, emotional and social aspects, from the moment the organism is fertilized until a final point is reached. On the other hand, development is accepted as a process (Senemoglu 2005)

Development psychology studies how individuals change from birth to old age. It includes topics in the areas of cognition, linguistics and social behaviour, due to the fact that people change in all areas during their lifetime (Morris 2002).

Development psychologists aim to define the features of various areas of normal development from fertilization to death and the factors which affect them. Knowing the nature of development, in other words the normal process, will help us understand if the emotion, behaviour or thoughts being observed are particular to a certain stage or a sign of a problem.

Considering this, primarily nature of development is explained through various theories and adolescence is defined in this chapter. Then, relevant literature is reviewed and theoretical explanation is given. 'Parental Acceptance/Rejection Theory' is explained and the studies investigating the correlations of family dynamics and psychological problems observed in adolescence are summarized in the following sub-chapters.

### **1.1 Development**

By drawing our attention to certain structures, Development Theorists aim to explain the development of personality, cognition and morality. Sigmund Freud was the first to stress the importance of childhood in the development of personality. Freud classified each developmental stage according to the physical body part which satisfies a particular biological compulsion. He claimed that personality development was completed in the first five years of life and that the emergence of psychological problems was linked to the degree to which these compulsions were satisfied or not.



Erikson, on the other hand, stressed that personality development could not be explained by biological compulsions alone and that social environment was also important. He also believed that personality development was not completed in the first five years of life. He claimed that there are certain tasks which should be completed at each developmental stage and that the completion of these tasks would lead to a healthy personality.

Mahler, another Developmental Theorist, claims that a baby does not recognize itself as a separate being from its mother and that he or she starts to recognize him/herself as an individual as time goes by. In other words, he states that the biological birth and psychological birth of a baby do not occur at the same time.

Bowlby (1969) states that a child's social development is linked to birth and that it plays a critical role in the child's life. The kind of social bond built between the child and carer affects all other relationships throughout life. Winnicott also stresses the importance of early life on social development. When a baby is uncomfortable or feels threatened by its environment, it wants to be close to its care. The closeness of the carer makes the baby feel secure and comfortable in such stressful situations. The process of dependency has similar characteristics for both children and adults (Frayley and Shaver, 2000).

Theorists who study cognitive development try to understand how and why children of different ages see and comprehend the world around them. Piaget argues that adult thought structures are reached through the development of set mental structures and he explains these cognitive structures for each age period. He also argues that mental structures just like the physical structures are necessary for survival. The individual adapts to and organizes their environment using cognitive structures and schemas. (2005, Senemoglu).

Vygotsky also looks at cognitive development and stresses the importance of the child's social environment (Senemoglu, 2005).

Development theory is an important and essential step in understanding the process of becoming an individual and if necessary being able to separate pathology from what is normal, by understanding what normal development is. As well as making

important contributions to child development, the theorists mentioned above, (excluding Piaget) are not known as cognitive theorists.

From a cognitive point of view, human development is realized through schemas which the individual develops through interaction with their environment. It is known as an approach which studies how environment is perceived and interpreted.

The cognitive model is classified as a developmental theory. At the same time it one of the most important theories in the area of psychological health.

The cognitive model illustrates that an individual's emotions and behaviour affect the way they interpret events. The way a person perceives and makes sense of any situation is related to the emotions they feel. The situation itself does not determine these emotions; the interpretation of the situation determines the emotional reaction (Beck, 2001).

Starting from childhood, people develop certain beliefs about their relationships with themselves, others and the world they live in. The most fundamental beliefs are unquestioned perceptions and ideas about the world and other people based on first experiences. These ideas are accepted as unalterable truths by the individual (Beck, 2011). Bowlby states that if commitment is safe, relationships with other people will be perceived as safe. The cognitive model supports this: A child's first experiences take place in the framework of the family and their perception of these will affect their perception of all others.

As for the Schema therapy model, it is a more comprehensive model founded on the cognitive model and encompassing many other theories.

Schema therapy is a theory and treatment which combines and integrates cognitive, behaviourism and interpersonal techniques to treat psychological illnesses with obvious origins in childhood and adolescence, which are difficult to change (Young, Klosko and Weishaar, 2003).

Cognitive structures called early maladaptive schemas are accepted as representations of the real environment of the child. Generally these themes which are very strong and develop in early childhood emerge within the nuclear family.

However, schemas which develop in later life are not as strong or prevalent (Young, Klosko and Weishaar, 2003; Harris and Curtin, 2002).

It is accepted that early maladaptive schemas which become more complex throughout the individuals lifetime are to a great extent dysfunctional (Young, Klosko and Weishaar, 2003).

Early maladaptive schemas are the product of repeated damaging experiences during childhood and adolescence. These schemas which are formed during childhood and adolescent stages direct the behaviour of the individual when triggered and activated by incidents later in life. The individual interprets events by filtering them through the activated schema. Due to cognitive consistency tendencies, individuals adapt their schemas when their schemas are strained when faced with a situation which conflicts them. Therefore, schemas become increasingly resilient to change (Young, Klosko and Weishaar, 2003).

Schemas are important for a child to be able to survive. After being born, in order to adapt to this strange new world, the baby creates cognitive structures and schemas according to his experiences. So he identifies how to behave when faced with a new situation according to schemas based on similar experiences. From this point of view, when these highly functional schemas become maladaptive they lead to the individual experiencing psychological problems.

There are some fundamental requirements during childhood which need to be fulfilled. Early maladaptive schemas develop when these requirements are not fulfilled, are inhibited or over fulfilled (Young, Klosko and Weishaar, 2003).

Young, Klosko and Weishaar (2003) argue that the child's family dynamics constitute the dynamics of the child's world. When an adult is faced with a situation which triggers his early maladaptive schemas the event is often like a replay of a dramatic scene between themselves and a parent in their childhood. It is accepted that the earlier a schema is created the stronger it will be.

EKAR correlation theory, psychoanalytic theory, schema therapy models and many other theories draw our attention to the importance of early stage events experienced with parents. The most important events in an individual's life are those experienced

within their nuclear family and their effects last a lifetime. This illustrates the importance of any research in this field.

Piaget claims that cognitive development reaches maturity at adolescence. However, from a cognitive structure point of view, according to schema therapy models, adolescence is accepted as being as important as childhood. In other words, Events experienced within the family during adolescence will lead to the development of schemas which will affect the life of the individual. Research into this period when early maladaptive schemas from childhood become stronger is extremely important for developing treatments aiming to correct early maladaptive schemas.

According to Erikson, adolescence is a critical stage and it is when an individual gains their identity. How an individual perceives themselves is linked to their experiences with their environment. The answer to the question “who am I?” will be positive or negative owing to their interaction with their environment and family from childhood onwards. It is claimed that a negative view of one’s identity is related to many psychological problems.

Adolescents and their families struggle to adapt to ever changing conditions. This leads to the emergence of many conflicts. Parents have difficulty changing their rules to accommodate their adolescent child’s first steps into adulthood. Adolescents, on the other hand, try to become adults and to prove that they are adults to their family. Experiences, perceived as positive, with parents during childhood lead to positive perceptions of experiences at this stage. Therefore, conflict will be reduced to a minimum.

Young, Klosko and Weishaar (2003) determined that cold and rejecting parents or parents who are too consenting are a source which leads to the development of early maladaptive schemas. In the same way, parents who are perceived as cold and rejecting lead to varying psychological problems, according to EKAR theory. An accepting approach from parents supports both the short-term and long-term development of their child. A study completed by Onder and Gulay (2007) shows that a rejecting approach towards children leads to them becoming introvert and having interpersonal problems. Another result is that children who are raised according to the accepting approach have a higher level of mental, social and

emotional development, when compared with children who are raised according to the rejecting approach.

As a result, adolescence is accepted as an important stage when it comes to observing psychological problems and developing perceptions in relation to parents.

## **1.2 Adolescence**

The literal definition of adolescence is; the period of physical and psychological development from the onset of puberty to maturity. It is used to show that the individual has “come to the end of their childhood phase, entered their reproductive phase and is sexually fertile.” Adolescence is the state of being an adolescent (Parman, 2003).

Adolescence is known as a period of constant development and change. An individual moving from childhood to maturity is not only undergoing physical and social changes but also cognitive, emotional and spiritual changes at the same time (Karabekiroglu, 2009). The general developmental changes particular to the adolescent stage are not only pervasive, they also affect almost all areas of the young person’s functions. Apart from childhood, there is no other stage in life where changes occur so quickly. These changes start with pubertal changes which affect appearance, behaviour, mental state, relations with others and risk taking (Yalom, 2008).

According to Francoise Dolto adolescence is a second birth. Birth is the period of transformation from fetus to new born. In the same way, adolescence is the period of transformation from child to adult. Dolto expresses that adolescents are fragile and frail like new born babies trying to make sense of the world around them in the first stages of life. Adolescence is a period where the individual is particularly weak and sensitive (Parman, 2003).

Adolescence is seen as a stormy period in almost all communities. Although adolescents’ problems and struggles stem from many different reasons they can be explained by the differences experienced by the youth due to physical, sexual,

emotional, social and personal development occurring during adolescence (Kulaksizoglu, 2004).

To date many researchers have been interested in adolescence and have tried to explain the nature of adolescence. One of these is the important scientist Stanley Hall, who introduced the theory of adolescence to psychology. He explained adolescence as a period of transformation from primitive wildness (childhood) to civilized maturity (adulthood). He qualified adolescence as a stormy and stressful period. Hall evaluated adolescence as passive development (Kulaksizoglu, 2004).

Freud saw the human baby as a bundle of sexual compulsions. The adolescent is slowly forced to strike a balance between controlling or gaining pleasure from his sexual compulsions which are newly re-awakening from their long dormant state. The youth who is torn between giving in to authority or rebelling, withdraws emotionally from his mother – father (Kulaksizoglu, 2004).

One of the most important developmental stages in adolescence is separation and independence. It is expected that the adolescent will feel somewhat alone during this period when they move away from their mother – father emotionally (Cuhadaroglu Cetin and co, 2004).

Related to learning theory, Albert Bandura opposes the idea that adolescence is a depressing period. According to Bandura depressed adolescents or those displaying aggressive behaviour have not received the appropriate education from their family (Kulaksizoglu, 2004).

Sullivan states that the satisfaction of inter-relational needs is of great importance. Parents enter into dominant behaviour because of their own fears due to the adolescent's interest in the opposite sex (Kulaksizoglu, 2004).

A person's behaviour becomes apparent from their interaction with their environment. Lewin states that an individual with a few basic objectives in life varies their life experiences through the experiences gained in adolescence. The youth must let go of the things they learnt in childhood on their way to adulthood (Kulaksizoglu, 2004).

Erikson who expresses “identity” achievement as the culmination of the child’s need to be like the people they depend on and being forced to behave this way. The mother – father force the adolescent to be more responsible (Kulaksizoglu, 2004). An adolescent with a developing identity accepts or rejects many aspects of their unique identity form in a much more logical and integrated manner than in childhood (Hoffnung, 2000).

According to Piaget, formal operations develop in early adolescence and end in the final years of high school (Hoffnung, 2000). Therefore, it is thought that adolescents understand abstract concepts as well as physical form.

Adolescents show their own appearance and attitude like a performance staged for an imaginary audience (Hoffnung, 2000).

As a result of egocentric thinking, Adolescents write their own fairytale or life story. This becomes a completely unique personal fairytale where he or she is the hero (Hoffnung, 2000).

One of the most important characteristics of the adolescent stage is the increase of emotional sensitivity. This can place the adolescent in a more sensitive and fragile state. Disquiet and rebellion, due to the increase of emotional sensitivity are known as characteristics of this stage. However, the results the 2004 study by Cuhadaroglu Cetin and co give rise to the thought that an adolescent’s interpretation of an angry and vicious manner during the adolescent stage can lead to mental problems.

Even though some theorists call the adolescent stage the “problematic stage” some theorists approach adolescence in a positive way. Taking all these theories into consideration there is one point where there is agreement: that the adolescent stage is a very important period.

### **1.2.1 Stages of Adolescence**

Adolescence is a period of development starting at the age of 10-11 and lasting until the age of 20-21. Bearing in mind that the age when children enter and conclude adolescence varies according to the individual, adolescence has been separated into stages based on the changes that can be observed during that period.

### **1.2.1.1 Early Adolescence (age 12-14)**

The main developmental subject of the adolescent stage is an increase in physical capacity due to physical development; growth in height, weight, development of internal organs, a transition from concrete thought to abstract thought due to cognitive development and the realization of adult sexual characteristics (Cetin and co, 2004). The most evident feature of early adolescence is a marked increase in hormone levels, as well as, physical and mental changes happening more rapidly. The issues of identity and belonging become important during this stage. The mother- father are no longer seen as objects of perfect identification and the young adolescent experiences a sense of hiatus due to the loss of their object of identification. Peers are preferred objects of identification at this stage (Karabekiroglu, 2009).

### **2.1.1.2 Middle Adolescence (age 15 – 17)**

The young person is slowly starting to get used to this change. The struggle to become independent from the family increases (Karabekiroglu, 2009). By this stage most of the physical development has been completed so the individual is in the process of solving psychological developmental problems. The main developmental features of this stage are the decreasing importance of mother-father, clashes with authority, separation and independence. In this stage where emotions run high, the adolescent may experience subjective emotional conflict in their inner world (Cetin and co, 2004).

### **1.2.1.3 Late Adolescence (age 18 – 21)**

This stage is accepted as the period in which growth and change slows down. The adolescent has learnt to delay the gratification of their compulsions or to convert them into socially and culturally acceptable actions (Karabekiroglu, 2009). This final phase of adolescence is the stage where identity development is completed and emotional identity integrity is gained (Cuhadaroglu Cetin and co, 2004).



### **1.3 Psychological Adjustment**

Humans are social beings and cannot even be thought of existing independently of their environment. Human psychology has been an area of interest for a long time and many theorists have attempted to clarify the factors which affect it negatively.

Psychoanalytic theory has carried its importance through to today with Freud. Freud was more interested in how psychopathologies are formed than psychological adaptation. He claimed that the problems observed and even the behaviour being displayed occurred without the individual being aware of them. The individual uses subconscious defense mechanisms to keep his “unacceptable” compulsions from becoming conscious. Nevertheless, some of these mechanisms are not functional and have a negative effect on the individual’s life. Freud puts forward that psychopathologies result from the usage of defense mechanisms specific to the relevant stage which are founded in the over or under satisfaction of compulsions during childhood.

Behaviourism, which opposes the theory that people are not aware of the things they do, asserts that psychopathologies are the result of maladaptive learning. Behaviourism sees the individual as a passive being and stresses the importance of environment.

In the case of cognitive theory, it is put forward that people interpret events in their later life by their set beliefs resulting from childhood experiences. Some of these beliefs are not functional and lead to the individual experiencing psychological problems. A person becomes an active being when importance is placed on their thoughts. In following years, the development of concepts related to behaviour being affected by thought led to the combination of Behaviourism and Cognitive Theory and the emergence of Cognitive Behavioural Theory.

All the theories touched upon so far have focused on psychological problems, in other words abnormal behaviour.

Gesalt’s approach, on the other hand, uses a Humanistic approach. As opposed to the others, this theory which considers humans positively, attempts to explain psychological health and adjustment.

As all other living beings, humans possess two fundamental qualities; the ability to survive and the ability to grow and develop. Humans fulfill all their physical, psychological and social requirements, in order to survive, grow and develop, from the environment. The person or organism is in a state of balance, in situations where there are no such requirements. In cases where these requirements are not met for long periods, the organism's control system (realizing that there is a deficiency takes action to rebalance) collapses and leads to the onset of physical and psychological illnesses and the growth and development of the organism ceases (Das, 2009).

#### **1.4 Psychological Adjustment and Problems in Adolescents**

Identity formation stages commence in earliest childhood, the seed of identity forming in the child develops during the oedipal and latency periods and crystalizes, along with the completion of self-design, in adolescence. As well as identity development during the adolescent stage, adolescents face difficulties and conflicts specific to this stage due to the acceleration of cognitive development, the requirements of their compulsions and increase in emotional density, the rekindling of pre-oedipal and oedipal conflicts, the need to choose a career, relationships with the opposite sex, separation from mother-father and the experience of becoming an individual (Volkan, 1999).

Due to the nature of adolescence it is a stage where a great deal of change takes place. It is believed that adolescents will be more susceptible to suffering psychological problems during this period of adaptation because these changes occur in every area of life.

Along with the necessary acceleration and increase in areas of change, the number of individuals suffering from mental health problems increases in adolescence, in comparison to childhood (Kim, 2003).

Akdemir and Cuhadaroglu Cetin and co observed, in their 2008 research, that the diagnoses most often observed in males were disruptive behaviour disorders, anxiety disorders, mental retardation and mood disorders, in that order; as for females they found mood disorders, anxiety disorders, disruptive behaviour disorders, mental retardation and somatoform disorder, respectively, were prevalent. However,

Costello and co (2006) states that social-phobia, panic disorder, substance abuse, severe depression and eating disorders all form in adolescence.

#### **1.4.1 Depression**

Depression is the most important mental health problem during the adolescent stage (Dopheide, 2006). Depression is a mood disorder. It is a disorder which alters emotions and thoughts. The following symptoms have been observed: depressive mood (lasting almost all day, near enough every day), disinterest in events, weight gain or loss, changes in sleep pattern, psychomotor agitation or retardation, loss of energy, feelings of insignificance, feelings of guilt and loss of attention (Koroglu, 2005). Many researchers have reported that the symptoms observed in depressed adolescents have similar attributes to those of adults.

Research on the frequency of occurrence of depression among adolescents shows that its prevalence fluctuates between 5% to 20% (Lewinsohn and co, 2000). When studying the prevalence of depression, it was found that more female adolescents suffer from depression than males and that they are more likely to be more severely depressed (Tamar and Ozbaran, 2008; Davison, 2004).

Many etiological explanations have been made for depression. To summarize, biological and psychosocial factors combine and cause depression to occur (Karabekiroglu, 2009).

Thought schemas, which develop, are shaped and become inflexible in time by biological and environmental factors, can be deciding factors in a person's disposition towards depression. If an adolescent does not receive positive feedback from a young age, is not rewarded when necessary and is subjected to over harsh punishment, it can lead to the adolescent assuming a negative constitution (Karabekiroglu, 2009).

Research conducted found that, symptoms atypical of depression, such as, tiredness and increase in appetite were present in depressed females and healthy control females before menstruation (Korkmaz, 2002).

It was also established that females who were diagnosed with depression suffered severe premenstrual symptoms (Akdeniz and co, 2002). All these findings stress the importance of the effect of hormones on mood (Tamar and Ozbaran, 2008).

A negative family environment increases the risk of depression, suicidal thoughts and suicidal attempts. A link has been determined between family structure; its function, especially the lack of emotional support and suicidal behaviour (Tamar and Ozbaran, 2008).

In their 2008 study Eskin and co established that low grades at school, weak friend and family support along with a poor level of problem solving skills can precipitate male depression. It points out that almost 18% of the students taking part in the study could have been diagnosed as suffering from depression.

Comorbid disorder goes hand in hand with depression in 40 – 95% of cases. The most commonly observed are specified as anxiety disorders and dysthymic disorder. Other common disorders are disruptive behaviour disorders, antisocial and borderline personality disorders and substance abuse (Parker and Roy, 2001).

#### **1.4.2 Anxiety**

Anxiety is described as an emotional discomfort caused by the expectation of danger. Physical symptoms such as headache, stomach ache and irritable bowel syndrome can be frequently observed in children and adolescents. Other symptoms, such as, anger, over sensitivity, avoidance of tasks which require skill and performance, being overly worried about their health, an increasing dependence on those who offer security, a need for constant approval and searching for security can externalize rising levels of anxiety in adolescents (Karabekiroglu, 2009)

Research completed in the general population establishes that 5 – 18% of children and adolescents suffer from at least one anxiety disorder. The figures are somewhat higher in females (Vasey and Ollendick, 2000).

#### **1.4.3 Negative Self-perception**

Self-perception is a concept which has been explored by many theorists. While Freud describes self-perception as the part of personality which balances the needs of id

and superego with reality, Erikson, suggests that the first function of self-perception is to develop a sense of identity and to serve to protect it (Burger, 2006).

Self-respect is the evaluation of the information within self-perception. Self-respect focuses on self- evaluation and a person's need to evaluate himself positively (Uyanik-Balat and Akman, 2004). A positive self-perception is described as a person's respect, trust and acceptance of every aspects of their identity (Salmivalli, Kaukianen and Lagerspetz, 19999).

#### **1.4.4 Hostility**

Animosity (hostility)is described as a concept with emotional, cognitive and behavioural aspects. The most characteristic feature of this concept is that it has cognitive components. Therefore, animosity is understood mostly as cognitive personality. It is specifically a structure which includes relatively stabilized and permanent negative and disruptive attitudes, beliefs and cognitive patterns of resentful beliefs and attitudes towards others. It harbors emotions, such as, insecurity, suspicion (the expectation that others deliberately want to harm them), anxiety, and anger. Animosity has been found to be linked to constant anger, insecurity, confrontational attitude, and low conformity (Sanz, Garcia-Vera and Magan, 2010).

Research has found that there is a positive relationship between parental hostility and observations of aggressive attitudes in children. A parent who is hostile may induce aggressiveness, as the child's disappointment and negative emotions will breed anger and animosity. Children may learn aggressive attitudes from their parents (Carrasco, Holgado and Rodriguez, 2009).

#### **1.4.5 Somatization**

Somatization disorder is a disorder where there is more than one bodily complaint which cannot be explained by a physical examination or laboratory tests. Many bodily complaints involving numerous systems can be observed within somatization disorder (Karabekiroglu, 2009). In a study completed in Turkey, bodily symptoms due to mental causatives are frequently observed in children and adolescents, however, somatization disorder is rarely diagnosed before adulthood. This is due to the content of the diagnostic criteria being aimed at an adult audience (e.g. menstrual irregularity). It has been established that one in five individuals diagnosed in

adulthood had been suffering with their symptoms since before adolescence (Pehlivanurk, 2008). The most frequently observed signs of somatization in children and adolescents other than complaints of “pain” are complaints of breathlessness, nausea, dizziness, weakness and tiredness (Karabekiroglu, 2009).

### **1.5 Adolescent – Parent Relationship**

The type of intersection of adolescents’ expectations of appropriate parental behaviour and parents’ expectations of appropriate adolescent behaviour is an indicator of adolescent – parent relations during the adolescent stage. In this stage, a larger intersection, in other words more common ground between parent and adolescent is a relationship type to be aimed at. Parents take on the duty of providing shelter and support for their children up to a certain point. Children wish to make this experience last as long as possible (Plusi, 2007).

Adolescent development requires the young person to reshape their relationship with their family and to take new steps towards autonomy. The conflict experienced serves a positive role in that the adolescent differentiates themselves from their parents and spends more time with peers and in the development of more behavioural autonomy and emotional independence. They learn to express their thoughts and emotions freely and regularly. In opposition to this, in cases where effective communication is not generated within the family environment, the development of the child is obstructed and they become dependent individuals who cannot think freely or express their thoughts and emotions clearly. They face a variety of problems and difficulties adjusting in their future lives (Copur and Safak, 2000).

Psychoanalytic theory states that adolescence is a period of mourning. The adolescent mourns the fact that he has to leave his happy and compatible family relationship. Relationships with the close family environment belonging to childhood will be replaced by new relationships with groups made up of peers. Oedipal objects are the most important of these losses and need to be mourned. Adolescents have to mourn the loss of their oedipal objects, their mother-father while they are still living with them. In the latent stage the child has suppressed the passion they feel toward their oedipal object and internalized the prohibition placed by the rival parent. However, in adolescence the youth needs to mourn the end of

their dependence on the parent in question and the end of their oedipal sanctions and to develop a new type of relationship (Parman, 2003).

Parents view parent – adolescent relations as day to day relations and some interpret these relations as “unbalanced” or as there being “no coalition” (Hoffnung, 2000).

In research by Cuhadaroglu Cetin and co (2004), over 60% of the adolescents in the study expressed that they felt comfortable spending time with their family and that they felt that their family trusted them and was proud of them. This finding is evidence that generally adolescent – family relations are of a positive nature. It was found that males have a more negative interpretation of their family relations and that they embraced family attitudes to a lower degree in comparison to females. We can deduce that this is due to females facing a greater risk in family conflicts and their consequences when compared to males.

Another factor affecting parent- adolescent relations is that of socio-economic level. According to a study completed in Turkey, females living in families of a lower socio-economic level viewed their family relations in a more negative manner (Cuhadaroglu Cetin and co, 2004).

Conflict with parents is generally a normal and characteristic feature of the adolescent stage. Research has shown that adolescents who experience conflict with parents are affected mentally and have difficulties in the identity formation stage (Cuhadaroglu Cetin and co, 2004).

Adolescents prefer to consult with and take advice from their mothers more than their fathers. Adolescents turn to their parents, in particular, to share any problems they may be experiencing with their peers (who are of great importance), to consult about a particular problem or when they feel the need for advice (Cuhadaroglu Cetin and co, 2004).

Support is defined as the parent helping the child to overcome everyday problems, praising the positive behaviour of the child or others and showing love towards the child. Inspection consists of supervision of the child’s activities, keeping an eye on the child’s relations at school and with friends and ensuring that family and social rules are adhered to. Discipline; less severe punishments such as disputation, instead of severe physical punishment should be employed. It is thought that these

three principles are essential to a healthy parental attitude (Amoto and Fowler, 2002). Even though adolescents are making an effort to separate and become independent, they still need their family. As a result, the attitude of the family and its support has an effect on adolescent's mental development.

### **1.5.1 Adolescent – Parent Relationship**

Perception is the organization, interpretation and making sense of information, from our sensory organs, reaching our brain. Differing perceptions of identical emotional stimulus between individuals can cause a variety of problems in interpersonal communication. The way a person perceives something is largely defined by their cultural upbringing and past experiences (Dökmen, 2006).

Perception is part of interpersonal communication. Perception has a great function not only in spoken communication but also non-spoken communication. People try to adapt to their social environment by attempting to make sense of and to interpret the facial and bodily movements and tone of voice of the person they are interacting with (Dökmen, 2006).

Individual – environment interaction includes the individual organizing the area where they live and attributing meaning to its features (Akkoyun, 2005). People grow and develop as living beings in a state of interaction with their environment. The emotions of love and anger are each necessary requirements and to be able to experience these emotions a person needs to have a social environment, friends and interaction with people (Akkoyun, 2005).

The first step in predicting how people will interact with each other should be defining how those people perceive each other (Dökmen, 2006).

In psychology, “motivation” is a concept which encompasses the compulsions of desire and need. Motivation is generally divided into two sections. The first of these is made up of physiologically founded motivations, the second is made up of social motivations, such as curiosity and success and these can be seen as being more important. We exhibit certain behaviours according to the motivations we have. Therefore, another important factor which affects adolescent – parent relations is the case of removal of motivation (Dökmen, 2006).



We dream of unconditional love but the more likely truth of life is that parents have mixed emotions (Plusi, 2007).

An adolescent's need for his/her parents never ends, yet the adolescent always perceived himself/herself as an individual independent of his/her parents (Keskin and Çam, 2009).

One of the fundamental requirements of a child, from their parents, is love. Maslow's Hierarchy of Needs shows the importance of an individual's needs within communication. First, physiological needs take their place. After these needs are met, the needs of shelter and security come to the foreground. When observing parental attitude, this need was not met in cases where the parents had an authoritarian style and displayed threatening and scary behaviour and this lead to their experiencing communication conflicts. Every human wants to be loved. The third step in Maslow's hierarchy is the need for love and to belong. A child will be able to see himself as part of the family if the child is consulted when making decisions about family matters, if what he wants is taken seriously and if importance is placed on the things he does. Behaviour, such as, kissing will also fulfill the need for love. The child will perceive themselves as valued and deserving of respect and this will contribute greatly to the child's autonomy and self-esteem. Thus, they will reach the highest level and become self-fulfilling individuals. A self-fulfilling person accepts themselves, has a positive outlook on life, loves people and tries to understand them (Dökmen, 2006).

Parents who form secure attachment relationships with their children, make children feel secure that they are valued, safe and love at the same time. Children raised with this security attain the self-confidence necessary to be successful on one hand, and keep their psychological health on the other hand (Sümer and Şendağlı, 2009).

Family members have different needs and experience conflict when it comes to finding a compromise to fulfill these needs. It is important to understand the cause of this conflict because clashes between parents themselves and between parents and children threaten their psychological health.

### **1.5.2 Interpretational Differences in the Receiving Messages**

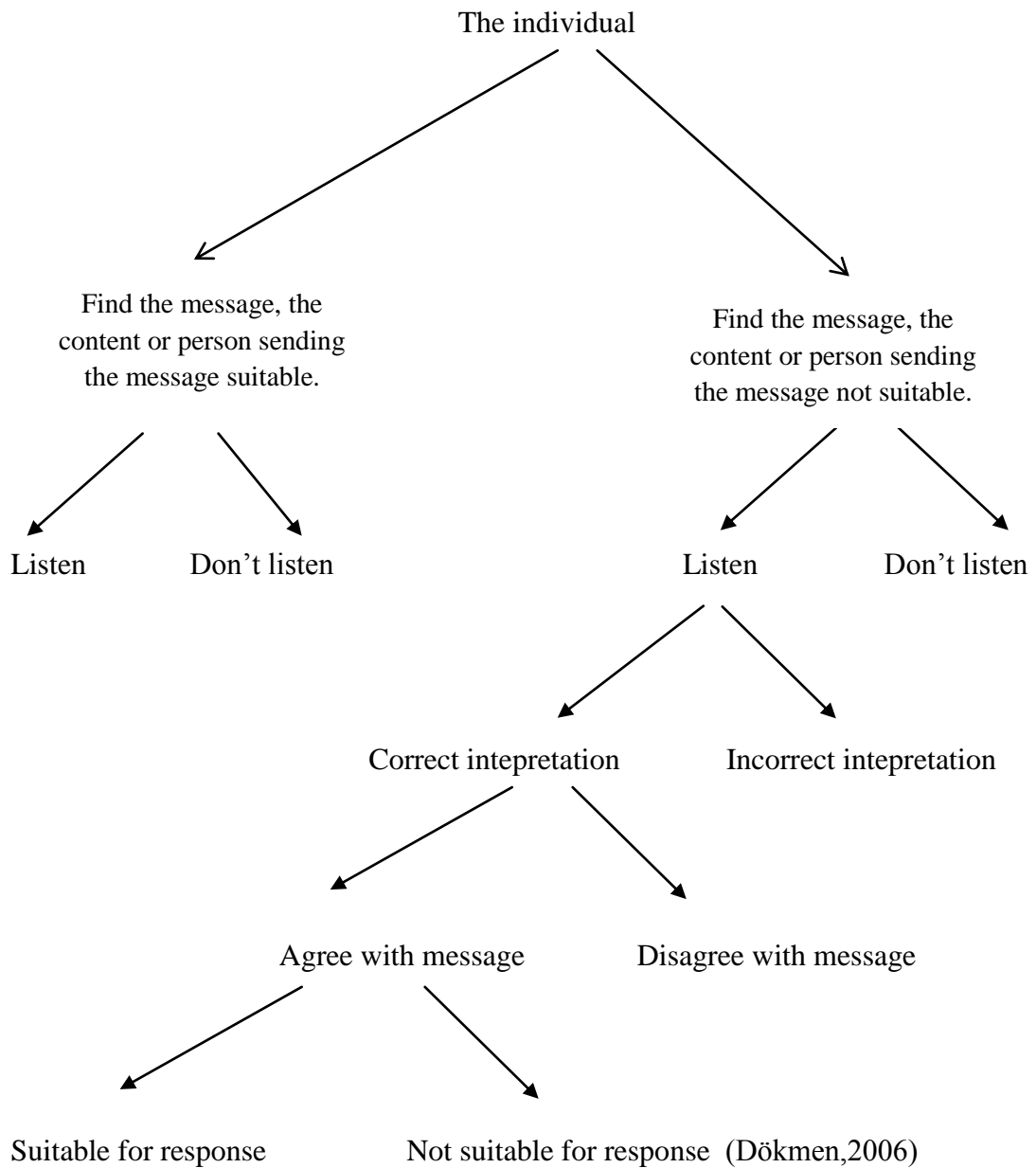
An important factor affecting the essence of interpersonal relations is communication. Creating healthy communication and improving communication skills increases the quality of the relationship. To avoid conflict in adolescent – parent communication it is important for both sides to meet at common sense. It is necessary for the adolescent and the parent to interpret the message the way it is being shown.

There are two factors which define the types of conflict within interpersonal communication. The first of these are the introduction factors. We can give such attributes as interpretation, cognition, communication skills and needs as an example. The second are conclusion factors which are the direct, observable, superficial causes of conflict (Dokmen, 2006).

The conclusion factors are divided into four groups:

1. The person's view of themselves.
2. The person's view of the other party; if the person has a negative view of the person they are communicating with they will not want to accept what they are being told.
3. The person's view of the message they are being given; the message will not be accepted if it is against the recipient's beliefs. Schemas have a very important role in a person's life and messages which do not comply with these schemas will be rejected.
4. The person's communication skills / communication style; The message being sent may be rejected even if it does not juxtapose the recipient's beliefs. One of the reasons for this is linked to communication style and the message not being sent clearly.

This result can be observed in the flow-chart below:



A person who finds the message unsuitable will not receive the message; those who misinterpret the message, are against the content of the message or those who find the message unworthy of response will reject the message. Therefore, the lack of “common interpretation” required for communication will lead to conflict.

Communication skills need to be organized during adaptation to change. The individual, who was formerly a child, is now an adolescent and wishes to be seen as

an individual by his mother-father. Thus, to avoid conflict, the reorganization of communication style between parent and adolescent is very important.

### **1.6 Parental Acceptance– Rejection Theory**

Parental Acceptance –Rejection Theory is fundamentally a theory which aims to explore and explain interpersonal relations, particularly the reasons for perceived acceptance – rejection during childhood, the possible effects of this on the behavioural, cognitive and emotional development and socialization of children and adults and the effects of these on their other relationships throughout their lives. Rohner, choosing a universal approach to his theory, aimed to demonstrate that intercultural generalizations in human behaviour could be made (Rohner, 1986).

Parental Acceptance – Rejection theory aims to explain the scale of parental warmth / affection (Rohner, 2005). PARTheory defines warmth as the quality of the bond of love between parent and child (Rohner and co. 2007). This scale is relevant to everyone, as everybody has experienced varying amounts of love towards the people who raised them when they were children (Rohner, 2005). Children all around the world need positive feedback (acceptance) from their figures of attachment (Rohner, 2005).

The warmth / affection scale points to the social interaction between child and care-giver and also to the way the child interprets this social interaction. The most important hypothesis of this theory is that the parental behaviours which lead to acceptance or rejection can differ between varying cultures. However, the child's interpretation of rejection will lead to similar results in the development of self-esteem in all communities (Rohner, 1986).

The results of meta-analysis, evaluating the results of 43 studies in 15 different countries on 7563 test subjects, show that the interpretation of parental acceptance is universally linked to psychological adjustment (Khaleque and Rohner, 2002). The importance of parental acceptance on the psychological and social development of the child is widely accepted in parental warmth / affection research (Lila, Garcia and Garcia, 2007).

Behaviour such as parental warmth; the use of autonomy when evaluating their children, and the use of disciplinary methods which support the child's empathetic and positive social behaviour is thought to be an indicator of parental acceptance (Clark and Ladol, 2000).

### **1.6.a Warmth Scale**

Parental "warmth dimension" is accepted as a situation with acceptance or rejection at each end of the scale (Rohner, 1986).

Warmth dimension is related to the type of bond experienced between parent and child. Parents use physical, verbal and symbolic behaviour to express their emotions (Kaurkoutas and Erkman, 2011). Parental warmth has two dimensions; acceptance is at one end and rejection at the other (Rohner and co, 2007). At one end of the dimension are positive emotions, such as, parental acceptance (warmth), love, care, interest, help and support. At the opposite end are various emotions and behaviours which are psychologically and physically harmful to the child, like rejection and the lack of or the severe denial of the positive emotions mentioned above (Kaurkoutas and Erkman, 2011). The parent can express their love through physical behaviour, such as, kissing, hugging, or stroking or verbally by praising, complimenting and making positive comments about the child (Rohner and co, 2007).

Accepting parents are generally known as parents who love their children, are proud of and their children's personalities and take part in their children's activities. All of these behaviours lead to the child feeling that they are wanted, loved and protected (Erkan and Toran, 2004).

Parents displaying rejecting behaviour dislike their children and do not accept them. They prefer to use harsh disciplinary strategies and to treat their children badly. If a child receives love from his family, no matter where he is, he will feel good and mature, he will have fewer problems because of aggression and animosity towards authority, he will give relevant emotional responses, he will be secure and have a positive outlook on life. The importance of parental acceptance on the psychological and social development of the child is widely accepted in parental warmth / affection research (Lila, Garcia and Garcia, 2007).

The results of intercultural research have shown that parents display rejecting behaviour in four different ways;

- a. Cold and emotionless; denying love and care, displaying cold behaviour.
- b. Hostility and aggression; feeling animosity and displaying aggressive behaviour.
- c. Indifference and neglect; behaving indifferently and showing negligence.
- d. Undifferentiated rejection; the child's belief that the parent does not love them even though the parent is not cold, neglecting or aggressive (Rohner, 2005).

Undifferentiated rejection is the child's belief that their mother – father does not care about them or does not love them, even though there are no obvious behavioural signals to point to the parent's neglecting the child or acting in an aggressive or uncaring way toward them (Rohner, 1986).

Parents usually express their hostility through aggressive behaviour. Parents can be both physically and verbally abusive. Examples of physical aggression include behaviour such as, hitting, pushing and pinching. Examples of verbal aggression, on the other hand, include behaviour such as, teasing, shouting, saying humiliating and disparaging things (Rohner, 1986).

PARTheory describes neglect as the parent's inability to meet the physical, medical, and educational needs of the child and their remaining indifferent to the child's requirements and interests. The most important sign of neglect is that the parent is psychologically and physically unavailable. Psychological unavailability means the parent is physically there, however when the child needs something they are not interested in the child's requests (Rohner, 1986).

Parental acceptance – rejection is a symbolic language. According to inter-ethnic and inter-cultural research it is expressed in different ways. Therefore, for this reason, it is important to consider the structure of the culture and its various features (Conner and Malpass, 1994).

The theory is made up of three lower dimensions and five fundamental questions:

### 1.6.1 Personality Sub-theory

Personality dimension, which aims to explain psychological problems linked to perceived parental acceptance – rejection in adults and children and mental health, includes two questions. The first: Do individuals show the same response to parental acceptance – rejection, regardless of their belonging to ethnic groups with different sociocultural environments or different gender groups? The second: To what extent does rejection in childhood affect adulthood and later life (Conner and Malpass, 1994).

Acceptance / warmth has a pivotal importance in parental acceptance – rejection theory. Warmth and love are the most important things in a child's environment. Parents are an important psychological requirement for children. If this need is not met it can lead to distortions in the child's personality (Ansari, 2002).

Acceptance – Rejection syndrome is characterized by social, emotional and cognitive tendencies (Rohner, 2004). Perceived rejection leads to some personality dispositions. These are;

1. Hostile, aggressive or passive-aggressive behaviour. Difficulty in controlling aggression or anger.
2. Dependency on others or the exact opposite, exhibiting independent behaviour in a defensive manner.
3. Low self-esteem.
4. Negative self-efficacy
5. Emotional instability in giving natural emotional responses or difficulty in expressing emotions adequately.
6. Negative worldview, seeing the world as dangerous or unreliable (Rohner and Britner, 2002; Rohner and Khaleque, 2010).

Rohner and Britner's 2002 study found a relationship between parental rejection and mental health problems, in particular, depression, depressive mood, communication problems, behavioural problems and substance abuse. Parental acceptance accounts for 26% of the difference in the child's psychological adjustment. No matter where in the world, children who receive acceptance from their parents are more likely to think better of themselves, feel that they are talented, be able to control their

aggression better, be more emotionally stable, be less dependent and have a more positive worldview, when compared to children who are rejected (Kim and Rohner, 2002).

### **1.6.2 Coping Sub-theory**

Coping sub-theory aims to investigate the rejected lifestyle and, in particular, adults and children who cope with rejection emotionally in a more effective manner than others who are also rejected (Kim and Rohner, 2002).

Why do some adults and children cope with being rejected as children in a more effective manner than others?

Some of the social cognitive abilities of children and adults who are more resilient to the effects of rejection are an obvious value of self, the ability to make decisions by themselves and to not take everything personally. Decisiveness describes the person's aptitude to control the situation they find themselves in. This inner psychological strength allows the person to be minimally affected by the results of perceived rejection. Those who take things personally are more likely to interpret little incidents, which are out of their parent's control, as rejection or to accept them in the same way as other more harmful events. Those who do not take things personally have a psychological resource which allows them to cope with interpersonal problems with a more positive outlook. These three social cognitive elements allow individuals to cope with the negative effects of rejection (Rohner and Khaleque, 2005).

Parental – acceptance – rejection theory explores the expected relationship between being rejected by mother-father and mental health. According to this relationship, which takes individual differences into consideration, it is thought that the child's mental health will be damaged in proportion to the frequency, intensity and length of time they are subjected to rejection (Rohner and Khaleque, 2005).

In this theory "affective copers" refers to people who are more resilient to rejection. Although they come from rejecting families, those who cope effectively with rejection have a good level of emotional and mental health. However, those who



cope with rejection functionally, although they perform well at school, work etc, have a lower level of emotional and mental health when compared to affective copers (Conner and Malpass, 1994).

From a theoretical and empirical point of view coping mechanisms are the least developed area of Parental Acceptance – Rejection Theory. As yet, there is no reliable information on the mechanisms and processes which allow some people to cope more effectively with perceived parental rejection than others. However, according to Parental Acceptance – Rejection Theory, we must consider the person and the situation the person is in from a multi-directional point of view to be able to understand coping mechanisms (even the whole process of acceptance or rejection). This point of view has three components: Self, others and relation to the situation they are in. (Rohner and Khaleque, 2005).

In a hypothetical situation where all other factors are identical, the probability that a rejected child will cope with rejection more effectively will rise if there is an alternative “care giver” or “other important person” in their lives who is warm and supportive. In the period stretching from childhood to adulthood, apart from those who are severely rejected and suffer acute mental damage, many rejected individuals have enough emotional, cognitive and behavioural positive experiences to reduce the effects of being rejected outside their family life. Therefore, successful psychotherapy along with other satisfying processes and results such as a positive working life or a happy marriage can bring the rejected individual to a more emotionally and psychologically adjusted state than when they were living under the direct effects of their rejecting mother – father. Nevertheless, these individuals will not feel as good as those who have felt loved since childhood. The important components of being rejected stretch into adulthood. One of the most frequently observed negative results of being rejected as a child, even in cases of emotional affective copers, is that this rejection will be inflicted on to the next generation (Rohner and Khaleque, 2005).

### **1.6.3 Social Cultural System Sub-theory**

This theory examines why some parents are warm and full of love, while some others are cold, aggressive and rejecting. It is a sub-theory which focuses on how behaviour in the community and personal beliefs can affect both parents and the child. This

sub-theory endeavors to predict and explain general worldwide reasons for acceptance – rejection in a sociocultural framework. (Conner and Malpass, 1994).

Cultural differences are related to parental acceptance – rejection. In communities where children are rejected children, the supernatural world generally defines children using negative terms (enemy, unexpected, destructive, capricious, unreliable etc.). In opposition to this, in communities where children are defined by the supernatural world using positive terms (warm, supportive, generous, protective etc.) children are shown acceptance (Conner and Malpass, 1994).

### **1.6.b Control Dimension**

Control means the extent to which a parent limits or restricts the child's behaviour and the extent to which these limitations are strained. This theory defines parents who rarely check on their children as permissive (low level of control) and it classifies parents who frequently check on their children as restrictive (high level of control). At one end of this dimension is no control, where the parent has no rules for the child or only enforces rules which are necessary for the child's health and safety, the parent does not lead the child's actions. Parents completely allow their children to find their own way and make their own decisions. While at the other end of control dimension is excessive control where the parent enforces too many rules and restrictions in various situations and occasions and forces the child to adhere to these rules. They keep an eye on every behaviour and they restrict the child's ability to acquire new skills without the parent and the child's independence (Rohner and Rohner, 1981).

### **1.7 Parental Acceptance – Rejection Theory in Adolescents**

The parent – child relationship leaves deep scars and has effects on the child's life which last for many years. Therefore, it is very important that parents approach their children in an accepting, supportive and interested manner (Onder and Gulay, 2007).

## **1.8 The Relationships Between Parental Acceptance – Rejection in Adolescents and Psychological Problems**

Khaleque (2007) reveals that there is a universal link between parental rejection and the psychological adjustment of the child; “across all ethnic groups, races, cultures, languages, gender and geographic boundaries of the world. No population has yet been found where the theoretically expected relations fail to emerge.”

A meta-analysis of 43 studies found that rejection has consistently negative effects on the psychological adjustment and behavioural functioning of both children and adults worldwide (Khaleque and Rohner, 2005).

Emotional insecurity or insecure representations and reactions, linked to insecurity in parent- child relations, lead to the observation of internalizing disorder in adolescents. Internalizing disorder is the combination of anxiety, depression and withdrawal (Erkman and co).

The adjustment and well-being of the child is related to their inter-personal acceptance – rejection experiences (provided by their social environment) (Erkman and Rohner, 2006). Accepting and warm parents are more likely to have well-adjusted happy children (Rohner, 2004). As opposed to rejecting parents who are more likely to have children with a lower level of adjustment (Rohner, 2004).

It is widely accepted that the most important factor in mental health is perceived parental rejection (Khaleque and Rohner, 2002; Rohner and Britner, 2002). It has been expressed by Parental Acceptance – Rejection Theory research that perceived parental acceptance is positively significant for the psychological adjustment, behavioural functionality and positive worldview of children (Khaleque and Rohner, 2002).

Rejection does not only damage the child’s self-perception but it also leads to their feeling that their family relations are strained and that they are alienated from their own identity (Dwairy, 2009).

### **1.9 Related Research in the Republic of Turkey**

Research studying functional – dysfunctional families and children’s perceptions of parental rejection, conducted on 8-11 year old children from broken homes and children who live with both parents, found that mother – father rejection was more important than conflict between mother – father and parental marital status. It states that the most ideal environment for the mental development of the child is a home in which there is no conflict and that any other circumstance will be psychologically damaging for the child (Candan, 2006).

It was observed that both internalization and externalization problems in girls increased along with increases in perceived psychological control. However, the research showed that externalization problems in males increased along with increases in perceived psychological control (Kindap and co, 2008).

In a study by Yildirim Emekci (2008) it was expressed that, in general, children and parents have a tendency to perceive acceptance rather than rejection. When the results of data taken from both parents and children were analyzed it was found that children from families who loved them perceived that they were accepted by their parents, but children from families who loved them less perceived that their parents were more rejecting. Furthermore, it reported that the child displayed increasing levels of negative psychological adjustment as the level of perceived rejection and control rose.

Research observing mother- child acceptance and rejection behaviour at different sociocultural levels found a meaningful difference between the lowest socioeconomic levels and highest socioeconomic levels. It was put forward that sociocultural variables affected acceptance – rejection behaviour according to sociocultural level (Toran, 2010).

Parental rejection has been observed to have a relationship with numerous fundamental personality traits, various coping strategies and psychological symptoms, in other words, depression and anxiety (Isik, 2010).

A significant relationship was found, without gender differences, between adolescent’s self-perception and the perceived acceptance/ interest from their mother. Furthermore, it was observed that the perceived acceptance/ interest from father in

female adolescents played a supporting role and strengthened the aforementioned relationship. It is thought that it can increase the perceived acceptance/ interest from mother of female adolescents and lead to positive developments in their self-perception (Ozen, 2009).

### **1.10 Related Worldwide Research**

Rohner and Britner (2002) reported that there was a relationship between family rejection and various mental health problems. Depression, depressive behaviour, behavioural disorders, externalizing behaviour and criminal behaviour were among the behavioural problems observed.

Perceived acceptance from both the mother and the father is linked to the child reporting that they are psychologically adjusted. Furthermore, while a relationship between perceived acceptance from the mother and the behaviour of their children, as reported by their parents, was determined, the same was not found for perceived acceptance from the father (Lila and co, 2007).

An intercultural study in 9 different countries; France, Poland, Argentina, Kuwait, Algeria, Saudi Arabia, Bedouins (Israel), Jordan, and India found that fathers reject more and accept less. Male adolescents were more likely to perceive more rejection and less acceptance. A link between low educational and socioeconomic level and rejection was found. It reported that fathers from western countries were more accepting and less rejecting when compared with fathers from eastern countries. Children perceived their mothers to be less rejecting. While it was reported that Bedouin and Jordanian parents were found to be the most rejecting families, Polish fathers were reported to be the least accepting parent. Similar results in acceptance and rejection were collected from the other countries (Dwairy, 2010).

Park, (2009) in his study claiming that there is a negative relationship between parental control and parental interest, found a positive relationship between parental interest, self-esteem and social support and a negative relationship between depression and parental interest. He reported parental control has a negative relationship with social support and a positive relationship with depression.

The aim of *Parental Acceptance in Childhood and Psychological Adjustment in Close relationships of Asian immigrants in America* was to evaluate the relationship between psychological adjustment, perceived partner acceptance – rejection, and parental acceptance – rejection remembered from childhood in Asian immigrants living in America. 129 individuals, of which 49 were male and 80 were female, between the ages of 18 – 67, took part in the study. Data was collected using self-report questionnaires and personal information forms. Generally the participants tended to perceive their mothers, fathers and partners as full of love (accepting). Furthermore, they generally described their psychological adjustment as “good” (Ruan, C. C and Rohner R. P.).

I am of the opinion that it is necessary to determine the extent to which perceived parental acceptance or rejection of adolescents affects psychological problems. Understanding adolescents’ perceptions of their parents carries great weight for educating the family and in clinical application. It is thought that this is essential for the strengthening of family relationships through communication.

We will gain information about the type of interaction between adolescent students in year 10 and 11 living in the Turkish Republic of Northern Cyprus and their parents and whether this interaction is satisfactory or not to them. Furthermore, we will collect information on the frequency of psychological problems in adolescents residing in the Turkish Republic of Northern Cyprus.

This research is important because it will show the effects of relations between mother / father and adolescent child on psychological problems especially those specific to adolescence. When observing research in the area of adolescent psychological health, we can see that depression, anxiety, behavioural disorders and negative self-perception are some of the most common problems. In their 2008 study Akdemir and Cuhadaroglu Cetin found that somatization in girls and mental retardation in both sexes were also common. In research related to PARTheory it was observed that rejection was related to problems, such as, depression, negative self-perception, anxiety and many others.

Taking all of this into consideration and drawing our attention to the fact that such a study has not been conducted in the Turkish Republic of Northern Cyprus it will serve to affirm the generalisation of the theory and to place Cypriot culture within the study of depression, anxiety, negative self-perception and hostility. Somatization has also been added to this research due to there being limited research on adolescents and there is no research related to the basic theory of this study. The diagnosis of somatization is rare in adolescents, however it is thought that the symptoms of somatization displayed by adults start in adolescence. If the factors affecting somatization are defined treatment of somatization in adolescence will make a great contribution to adult psychological health.

Other pieces of research conducted with a Northern Cypriot sample have been aimed at psychological problems in adolescents and have found a relationship between some psychological problems in adolescents and parental attitudes. However, I feel that the lack of research in Northern Cyprus in the area of adolescents' perceived love and care from their mother/father, in relation to possible psychological problems increases the importance of this research.

In the light of information gained we will be able to provide education based on mother / father -adolescent relations and we will be able to contribute to the improvement of the quality of this relationship.

### **1.11 Aims of the Research and Questions to be Answered**

This research fundamentally aims to establish whether or not psychological problems such as depression, somatization, hostility, negative self and anxiety in 15 to 17 year old adolescents are affected by their perceptions of acceptance or rejection within their relationships with their mother and father and to answer the following questions.

1. What is the level of parental acceptance –rejection perceived by adolescents in the TRNC?
2. Are there gender differences in perceived parental acceptance - rejection in the TRNC?

3. Is there a differential in the perceived parental acceptance – rejection of adolescents born in the TRNC and adolescents who were born in other countries and emigrated to the TRNC?
4. Is there a differential in perceived parental acceptance – rejection according to the educational level of the mother – father?
5. Is there a differential in perceived acceptance – rejection according to the marital status of the parents?
6. What level of relationship is there between the above mentioned psychological problems and the perceived parental acceptance – rejection of the adolescents?
7. What kind of relationship is there between different types of perceived parental rejection and psychological problems?
8. Is there a differential in the reported problems of the participants according to their perceiving acceptance or rejection from one or both of their parents?



## **METHODOLOGY**

### **2.1 Model of the Study**

This study which researches the relationship between perceived parental acceptance – rejection and psychological problems in year 10 and 11 adolescents living in The Turkish Republic of Northern Cyprus uses a scanning model. We feel that this model is the best alternative for researching the matter at hand.

### **2.2 Population and Sample**

The population of the study was made up of year 10 and 11 students studying at general high schools and colleges belonging to The Turkish Republic of Northern Cyprus National Education and Culture Department in the spring semester of the 2010-2011 academic year: Lefkosa Turk High School in Lefkosa, Kurtulus High School in Guzelyurt, Anafartalar High School in Girne, Namik Kemal High School in Gazimagusa made up the general high schools and Turk Maariff College in Lefkosa, Guzelyurt Turk Maarif College in Guzelyurt, 19 Mayıs College in Girne and Gazimagusa Turk Maarif College in Gazimagusa made up the colleges making a total of 8 schools with a sample group of 600 students. Taking into consideration the amount of students attending each school 50 students from each college and 100 students from each high school were included in this study.

After gaining the consent of The Turkish Republic of Northern Cyprus National Education and Culture Department the questionnaires were handed out by the researcher during free lesson times specified by the headmaster of each school.

Prep-school (year 9) is accepted as an important stage of adaption where students must get use to their new school and adapt to starting high school. The final year

(year 12) of high school is accepted as an important stage because students are preparing to go to university and may feel anxiety about the future. The problems encountered during these stages may be signs of problems related to these stages. For this reason, year 10 and 11 students were chosen for this study.

Students who left fields empty or students whose mother, father or both were deceased were excluded from the group and their data was not included in the analysis, so the final number of students in the sample group was reduced to 492.

The demographic information relating to the 65,4 % (n=322) female and 34,6% (n=170) male sample is presented below:

Taking into consideration the ages of the students they were split into two groups age 15-16 and age 17-18. The 15-16 year old adolescents, made up 228 (%46.3) of the sample and the 17-18 year old adolescents made up 264 (%53.7) of the sample. Grouping mother- father educational level in the same manner, the first group included primary secondary school, the second group included high school / college and university, open-university, masters, and other made up the third group. The first group consisted of 179 mothers and 177 fathers; the second group consisted of 222 mothers and 195 fathers; and the third group 91 mothers and 120 fathers.

### **2.3 Methods of Data Collection for the Study**

The children's form of the Parental Acceptance – Rejection / Control (Child PARQ /Control) to evaluate mother - father and Brief Symptom Inventory were used with the aim of collecting data for this study. Furthermore, a general information form created by the researcher was added.

#### **2.3.1 General Information Form**

The General Information Form was created with the aim of collecting demographic information such as the child's gender, age, sibling information, place of birth and parental level of education. The educational level of mother – father was evaluated according to their final level of education from 1 to 7 (see appendix 1).

### **2.3.2 Parental Acceptance – Rejection Questionnaire Child Form (Child PARQ/Control)**

Parental Acceptance – Rejection Questionnaire Child Form was developed to evaluate the level of parental rejection and parental control perceived by the child.

The scale was originally developed as PARQ by Rohner, Saavedra and Granum (1978) and later took on its final shape of the 73 item PARQ/ Control when the control scale was added.

Parental Rejection 1) Warmth (and its opposite, coldness) (e.g. “Speaks to me in a warm and loving way” (Item 20) , 2) Hostility (e.g. “Ridicules and makes fun of me” (Item 15), 3) Complacency and neglect (e.g. “Forgets things she is supposed to do for me” (Item 15), 4, Undifferentiated rejection (e.g. “Seems to dislike me” (Item 10) is evaluated by PARQ and Control (e.g. “Tells me exactly when I need to come home when I go out”) is evaluated by the 13 item Control Scale.

The scale is evaluated as “Almost Never True” 1 point, “Rarely True” 2 points, “Sometimes True” 3 points and “Almost Always True” 4 points. The Warmth scale, Complacency and Neglect scales are evaluated in the opposite way. High scores show a low level of perceived warmth and maximum rejection.

Meta-analysis research by Rohner (2002) found that PARQ/Control Child Form had an internal consistency of .89 for parental rejection and .71 for control.

PARQ was first applied in Turkish by Erdem (1990) and PARQ/Control was first applied by Erkman (2003). According to the data collected from the children the internal consistency of the Mother Form was .91 for warmth, .87 for hostility, .86 for complacency, .81 for undifferentiated rejection and .74 for control. The total internal consistency for perception of mother was found to be .81. The internal consistency of the Father Form was found to be .94, .91, .86, .58, .76 for warmth, complacency, undifferentiated rejection and control respectively and the total internal consistency was found to be .85.

The 73 item version of the PARQ/Control Child’s Form was used in this study (See Appendix 2 and 3).

### **2.3.3 Brief Symptom Inventory (BSI)**

SCL-90 is a tool which performs a general psychopathological evaluation. BSI developed by Degoratis (1992) is a short version of the conventional 90 item SCL-90 and the form can be completed in around 5-10 minutes.

The BSI is a Likert style scale made up of 53 items. Each item is graded between 0-4 corresponding with answers “not at all” to “extremely”. It is comprised of 9 primary symptom dimensions, 3 global indices of distress and other additional items. In the original scale the primary symptom dimensions include “somatization”, “obsessive compulsive disorder”, “interpersonal sensitivity”, “depression”, “anxiety”, “hostility”, “phobic anxiety”, “paranoid ideation” and “psychoticism”. The global indices include; the General Severity Index, the Positive Symptom Distress Index and the Positive Symptom Total.

The Turkish version of the BSI was created by Sahin and Durak in 1994. The primary symptom dimensions relevant to the Turkish population were placed in the following order; somatization, depression, anxiety, hostility and negative self.

In their 2002 research in relation to using their form with adolescents Sahin and co determined five factors comprised of depression (14 items), somatization (7 items), anxiety (17 items), negative self (9 items) and hostility (4 items). Their internal consistency for the primary symptom dimensions points were .88 for depression, .84 for anxiety, .74 for negative self, .70 for somatization, .73 for hostility and the coefficient for internal consistency of the total points of the scale was found to be .94 (see appendix 4)

### **2.4 Statistical Analyses**

SPSS software was used to evaluate the data collected in this study via computer. T-test, ANOVA, chi-square and regression analysis were used to define the differences and relationships between variables.

## RESULTS

This section studies the statistical analysis and related interpretations which test the hypothesis of the research. This section is presented under two main headings. In the first sub-section the frequency distributions and interpretations of the answers to the mother – father forms (presented separately) of PARQ/Control used in this study are illustrated. The second sub-section has been put aside to study depression, anxiety, somatization, hostility and negative self- perceptions in relation to the adolescent’s perceptions of mother- father acceptance / rejection.

### 3.1 Parental Acceptance - Rejection / Control / Child Form (Mother and Father) Percentages of Adolescent’s Answers

**Table 3.1 The Percentages of PARQ Items**

Item	Always N (%)	Sometimes N (%)	Rarely N (%)	Never N (%)	Total N (%)
Item1. “Says nice things about me”	310(63)	134 (27.4)	36(7.3)	12(2.4)	492(100)
Mother					
Father	267(54.3)	144 (29.3)	55(11.2)	26(5.3)	492(100)
Item 2. “Nags or scolds me when I’m bad”	155(31.5)	199(40.4)	85(17.3)	33(10.8)	492(100)
Mother					
Father	128(26)	148(30.1)	134(27.2)	82(16.7)	492(100)
Item 3. “Pays no attention to me”	22 (4.5)	33 (7.1)	57 (11.6)	378(76.8)	492(100)
Mother					
Father	29 (5.9)	70 (14.2)	71 (14.4)	322(65.4)	492(100)
Item 4. “Does not really love me”	16 (3.3)	24 (4.99)	22 (4.5)	430(87.4)	492(100)
Mother					
Father	17 (3.5)	30 (6.1)	35 (7.1)	410(83.3)	492(100)

Item 5. "Wants to make sure I understand exactly what I should and shouldn't do"					
Mother	215(43.7)	157 (31.9)	91 (18.5)	29 (5.9)	492(100)
Father	203(41.3)	125 (25.4)	95 (19.3)	69 (14)	492(100)
Item 6. "Talks to me about our plans and listens to what I have to say"					
Mother	34 (6.9)	59 (12)	103(20.9)	296(60.2)	492(100)
Father	68 (13.8)	84 (17.1)	103(20.9)	237(48.2)	492(100)
Item 7. "Complains about me to others, when I do not listen to her/him"					
Mother	66 (13.4)	93 (18.9)	116(23.6)	217(44.1)	492(100)
Father	37 (7.5)	40 (8.1)	75 (15.2)	340(69.1)	492(100)
Item 8. "Takes a real interest in me"					
Mother	332(67.5)	88 (17.9)	53 (10.8)	19 (3.9)	492(100)
Father	199(40.4)	150 (30.5)	90 (18.5)	53 (10.8)	492(100)
Item 9. "Tells me exactly when I need to come home when I go out"					
Mother	250(50.8)	108 (22)	78 (15.9)	56 (11.4)	492(100)
Father	204(41.5)	101 (20.5)	95 (19.3)	92 (18.7)	492(100)
Item 10. "Encourages me to bring my friends home and tries to make things pleasant for them"					
Mother	217(44.1)	116 (23.6)	105(21.3)	54 (11)	492(100)
Father	149(30.3)	116 (23.6)	92 (18.7)	135(27.4)	492(100)
Item 11. "Ridicules and makes fun of me"					
Mother	23 (4.7)	41 (8.3)	60 (12.2)	368(74.8)	492(100)
Father	25 (5.1)	45 (9.1)	65 (13.2)	357(72.6)	492(100)
Item 12. "Pays no attention to me as long as I do nothing to bother her /him"					
Mother	35 (7.1)	45 (9.1)	73 (14.8)	339(68.9)	492(100)
Father	57 (11.6)	65 (13.2)	78 (15.9)	292(59.3)	492(100)

Item 13. "Yells at me when she/he is angry"					
Mother	140(28.5)	162(32.9)	127(25.8)	63(12.8)	492(100)
Father	113(23)	116(23.6)	138(28)	125(25.4)	492(100)
Item 14. "Always tell me how to behave"					
Mother	157(31.9)	156(31.7)	101(20.5)	78(15.9)	492(100)
Father	133(27)	127(25.8)	112(22.8)	120(24.4)	492(100)
Item 15. "Makes it easy for me to tell her/him things which are important to me"					
Mother	218(44.3)	135(27.4)	98(19.9)	41(8.3)	492(100)
Father	162(32.9)	116(23.6)	109(22.2)	105(21.3)	492(100)
Item 16. "Treats me harshly"					
Mother	29(5.9)	53(10.8)	125(25.4)	285(57.9)	492(100)
Father	36(7.3)	111(22.6)	80(16.3)	265(53.9)	492(100)
Item 17. "Enjoys having me around her/him"					
Mother	279(56.7)	136(27.6)	45(9.1)	32(6.5)	492(100)
Father	243(49.4)	86(17.5)	127(25.8)	36(7.3)	492(100)
Item 18. "Believes that there needs to be a lot of rules and that they should not be broken"					
Mother	168(34.1)	140(28.5)	123(25)	61(12.4)	492(100)
Father	193(39.2)	133(27)	99(20.1)	67(13.6)	492(100)
Item 19. "Makes me feel proud when I do well"					
Mother	311(63.2)	112(22.8)	46(9.3)	23(4.7)	492(100)
Father	291(59.1)	105(21.3)	58(11.8)	38(7.7)	492(100)
Item 20. "Hits me, even when I do not deserve it"					
Mother	23(4.7)	23(4.7)	20(4.1)	426(86.6)	492(100)
Father	20(4.1)	22(4.5)	34(6.9)	416884.6)	492(100)
Item 21. "Forgets things she/he is supposed to do for me"					
Mother	40(8.1)	61(12.4)	121(24.6)	270(54.9)	492(100)
Father	47(9.6)	87(17.7)	159(32.3)	199(40.4)	492(100)

Item 22. "Sees me as a big nuisance"					
Mother	25(5.1)	40(8.1)	51(10.4)	376(76.4)	492(100)
Father	29(5.9)	38(7.7)	56(11.4)	369(75)	492(100)
Item 23. "Gives me as much freedom as I want"					
Mother	133(27)	158(32.1)	109(22.2)	92(18.7)	492(100)
Father	110(22.4)	150(30.5)	111(22.6)	121(24.6)	492(100)
Item 24. "Praises me to others"					
Mother	169(34.3)	175(35.6)	97(19.7)	51(10.4)	492(100)
Father	164(33.3)	177(36)	84(17.1)	67(13.6)	492(100)
Item 25. "Punishes me severely when she/he is angry"					
Mother	23(4.7)	45(9.1)	93(18.9)	331(67.3)	492(100)
Father	42(8.5)	48(9.8)	103(20.9)	299(60.8)	492(100)
Item 26. "Makes sure I have the right kind of food"					
Mother	279(56.7)	134(27.2)	55(11.2)	24(4.9)	492(100)
Father	164(33.3)	130(26.4)	106(23.5)	92(18.7)	492(100)
Item 27. "Tells me how to do things down to every little detail"					
Mother	201(40.9)	155(31.5)	101(20.5)	35(7.1)	492(100)
Father	182(37)	139(28.3)	103(20.9)	68(13.8)	492(100)
Item 28. "Talks to me in a warm and loving way"					
Mother	286(58.1)	129(26.5)	54(11)	23(4.7)	492(100)
Father	226(45.9)	128(26)	85(17.3)	53(10.8)	492(100)
Item 29. "Gets angry at me easily"					
Mother	48(9.8)	66(13.4)	135(27.4)	243(49.4)	492(100)
Father	44(8.9)	111(22.6)	75(15.2)	262(53.3)	492(100)
Item 30. "Is too busy to answer my questions"					
Mother	22(4.5)	54(11)	99(20.1)	317(64.4)	492(100)
Father	34(6.9)	58(11.8)	122(24.8)	278(56.5)	492(100)
Item 31. "Seems to dislike me"					
Mother	25(5.1)	34(6.9)	30(6.1)	403(81.9)	492(100)



Father	17(3.5)	53(10.8)	42(8.5)	380(77.2)	492(100)
Item 32. "Allows me to go where I want without asking first"					
Mother	59(12)	78(5.9)	118(24)	237(48.2)	492(100)
Father	45(9.1)	98(19.9)	117(23.8)	232(47.2)	492(100)
Item 33. "Says nice things to me when I discipline them"					
Mother	312(63.4)	112 (22.8)	52 (10.8)	16 (3.3)	492(100)
Father	247(50.2)	141 (28.7)	71 (14.4)	33 (6.7)	492(100)
Item 34. "Gets mad quickly and picks on me"					
Mother	53(10.8)	64(13)	113(23)	262(53.3)	492(100)
Father	50(10.2)	72(14.6)	104(21.1)	266(54.1)	492(100)
Item 35. "Cares about who my friends are"					
Mother	269(54.7)	113(23)	74(15)	36(7.3)	492(100)
Father	183(37.2)	138(28)	95(19.3)	76(15.4)	492(100)
Item 36. "Insists on my behaving exactly as I have been told"					
Mother	140(28.5)	151(30.7)	140(28.5)	61(12.4)	492(100)
Father	156(31.7)	149(30.3)	103(20.9)	84(17.1)	492(100)
Item 37. "Is interested in the things I do"					
Mother	255(51.8)	133(27)	68(13.8)	36(7.3)	492(100)
Father	188(38.2)	154(31.3)	102(20.7)	48(9.8)	492(100)
Item 38. "Says many unkind things to me"					
Mother	39(7.9)	53(10.8)	83(16.9)	317(64.4)	492(100)
Father	33(6.7)	45(9.1)	98(19.9)	316(64.2)	492(100)
Item 39. "Pays no attention when I ask for help"					
Mother	23(2.7)	49(10)	61(12.4)	359(73)	492(100)
Father	29(5.9)	50(10.2)	82(16.7)	331(67.3)	492(100)
Item 40. "Thinks it is my own fault when I'm having trouble"					
Mother	49(10)	83(16.9)	160(32.5)	200(40.7)	492(100)
Father	61(12.4)	79(16.1)	159(32.3)	193(39.2)	492(100)

Item 41. "Allows me to go out any evening I want"					
Mother	77(15.7)	103(20.9)	121(24.6)	191(38.8)	492(100)
Father	71(14.4)	101(20.5)	103(20.9)	217(44.1)	492(100)
Item 42. "Makes me feel wanted and needed"					
Mother	236(48)	131(26.6)	80(16.3)	45(9.1)	492(100)
Father	188(38.2)	125(25.4)	108(22)	71(14.4)	492(100)
Item 43. "Tells me I get on her/his nerves"					
Mother	37(7.5)	50(10.2)	112(22.8)	293(59.6)	492(100)
Father	29(5.9)	44(8.9)	82(16.7)	337(68.5)	492(100)
Item 44. "Pays a lot of attention to me"					
Mother	258(52.4)	138(28)	68(13.8)	28(5.7)	492(100)
Father	194(39.4)	140(28.5)	108(22)	50(10.2)	492(100)
Item 45. "Wants to tell me what to do"					
Mother	225(45.7)	133(27)	89(18.1)	45(9.1)	492(100)
Father	174(35.4)	121(24.6)	128(26)	69(14)	492(100)
Item 46. "Tells me how proud she(he is when I am good"					
Mother	274(55.7)	113(23)	67(13.6)	38(7.7)	492(100)
Father	218(44.3)	127(25.8)	97(19.7)	50(10.2)	492(100)
Item 47. "Goes out of her/his way to hurt my feelings"					
Mother	23(4.7)	35(7.1)	57(11.6)	377(76.6)	492(100)
Father	26(5.3)	34(6.9)	57(11.6)	375(76.2)	492(100)
Item 48. "Forgets important things I think she/he should remember"					
Mother	32(6.5)	75(15.2)	129(26.2)	256(52)	492(100)
Father	77(15.2)	102(20.7)	140(28.5)	173(35.2)	492(100)
Item 49. "Makes me feel unloved if I misbehave"					
Mother	41(8.3)	40(8.1)	59(12)	352(71.5)	492(100)
Father	29(5.9)	50(10.2)	74(15)	339(68.9)	492(100)

Item 50. "Gives me tasks to complete and does not allow me to do anything else until they are complete"					
Mother	99(20.1)	116(23.6)	121(24.6)	156(31.7)	492(100)
Father	92(18.7)	95(19.3)	126(25.6)	179(36.4)	492(100)
Item 51. "Makes me feel what I do is important"					
Mother	215(43.7)	178(36.2)	78(15.9)	21(4.3)	492(100)
Father	192(39)	154(31.3)	101(20.5)	45(9.1)	492(100)
Item 52. "Frightens or threatens me when I do something wrong"					
Mother	41(8.3)	48(9.8)	103(20.9)	300(61)	492(100)
Father	42(8.5)	46(9.3)	98(19.5)	306(62.2)	492(100)
Item 53. "Likes to spend time with me"					
Mother	275(55.9)	128(26)	62(12.6)	27(5.5)	492(100)
Father	212(34.1)	134(27.2)	88(17.9)	58(11.8)	492(100)
Item 54. "Lets me do whatever I want to"					
Mother	72(14.6)	139(28.3)	172(35)	109(22.2)	492(100)
Father	96(19.5)	149(30.3)	145(29.5)	102(20.7)	492(100)
Item 55. "Tries to help me when I am scared or upset"					
Mother	290(58.9)	110(22.4)	67(13.6)	25(5.1)	492(100)
Father	211(42.9)	125(25.4)	94(19.1)	62(12.6)	492(100)
Item 56. "Shames me in front of my friends when I misbehave"					
Mother	28(5.7)	41(8.3)	78(15.9)	345(70.1)	492(100)
Father	24(4.9)	50(10.2)	75(15.2)	343(69.7)	492(100)
Item 57. "Tries to stay away from me"					
Mother	26(5.3)	26(5.3)	39(7.9)	401(81.5)	492(100)
Father	25(5.1)	40(8.1)	64(13)	363(73.8)	492(100)
Item 58. "Complains about me"					
Mother	34(6.9)	61(12.4)	102(20.7)	295(60)	492(100)
Father	25(5.1)	66(13.4)	71(14.6)	329(66.9)	492(100)

Item 59. "Wants to control everthing I do"					
Mother	109(22.2)	134(27.2)	142(28.9)	107(21.7)	492(100)
Father	109(22.2)	115(23.4)	145(29.5)	123(25)	492(100)
Item 60. "Cares about what I think and likes me to talk about it"					
Mother	258(52.4)	125(25.4)	72(14.6)	37(7.5)	492(100)
Father	241(49)	107(21.7)	84(17.1)	60(12.2)	492(100)
Item 61. "Feels other children are better than me no matter what I do"					
Mother	46(9.3)	54(11)	80(16.3)	312(63.4)	492(100)
Father	53(10.8)	68(13.8)	77(15.7)	294(59.8)	492(100)
Item 62. "Cares about what I would like when she/he makes plans"					
Mother	288(58.5)	126(25.6)	53(10.8)	25(5.1)	492(100)
Father	211(42.9)	78(15.9)	139(28.3)	64(13)	492(100)
Item 63. Let's me do things I think are important, even if it's hard for her/his"					
Mother	147(29.9)	198(40.2)	107(21.7)	40(8.1)	492(100)
Father	128(26)	168(34.1)	113(23)	83(16.9)	492(100)
Item 64. "Thinks other children behave better than I do"					
Mother	43(8.7)	65(13.2)	93(18.9)	291(59.1)	492(100)
Father	45(9.1)	60(12.2)	97(19.7)	290(58.9)	492(100)
Item 65. "Wants other people to take care of me"					
Mother	23(4.7)	38(7.7)	49(10)	382(77.6)	492(100)
Father	28(5.7)	44(8.9)	45(9.1)	375(76.2)	492(100)
Item 66. "Lets me know I'm not wanted"					
Mother	25(5.1)	33(6.7)	40(8.1)	394(80.1)	492(100)
Father	23(4.7)	31(6.3)	64(13)	374(76)	492(100)
Item 67. "Is interested in the things I do"					
Mother	254(51.6)	137(27.8)	72(14.6)	29(5.9)	492(100)
Father	197(40)	144(29.3)	98(19.9)	53(10.8)	492(100)

Item 68. "Tries to make me feel better when I'm hurt or sick"					
Mother	358(72.8)	71(14.4)	39(7.9)	24(4.9)	492(100)
Father	289(58.7)	92(18.7)	79(16.1)	32(6.5)	492(100)
Item 69. "Tells me how ashamed she/he is when I misbehave"					
Mother	28(5.7)	58(11.8)	82(6.7)	324(65.9)	492(100)
Father	36(7.3)	48(9.8)	63(12.8)	345(70.1)	492(100)
Item 70. "Lets me know she/he loves me"					
Mother	315(64)	102(20.7)	56(11.4)	17(3.5)	492(100)
Father	245(49.8)	122(24.8)	69(14)	56(11.4)	492(100)
Item 71. "Treats me gently and with kindness"					
Mother	317(64.4)	102(20.7)	56(11.4)	17(3.5)	492(100)
Father	244(49.6)	131(26.6)	79(16.1)	38(7.7)	492(100)
Item 72. "Makes me feel ashamed or guilty when I misbehave"					
Mother	43(8.7)	72(14.6)	108(22)	269(54.7)	492(100)
Father	38(7.7)	66(13.4)	121(24.6)	267(54.3)	492(100)
Item 73. "Tries to make me happy"					
Mother	327(66.5)	94(19.1)	44(8.9)	27(5.5)	492(100)
Father	286(58.1)	107(21.7)	61(12.4)	38(7.7)	492(100)

### 3.2 Relationships Between Psychological Problems and Acceptance-Rejection

#### 3.2.1 General Information Form: Frequency distributions and percentages for some demographic information of the children

**Table 3.2.1.1** Frequency distributions and percentages for age variable of the participants (adolescents)

Age	Frequency	Percentages
15-16	228	46,3
17-18	264	53,7

As Table 3.2.1.1 shows, adolescents aged between 15-16 make up 46,3% of the sample and adolescents aged between 17-18 make up 53,7% of it.

**Table 3.2.1.2** Frequency distributions and percentages for gender variable of the participants (adolescents)

Gender	Frequency	Percentages
Female	322	65,4
Male	170	34,6

65,4% of the sample are female, 34,6% are male.

**Table 3.2.1.3** Frequency distributions and percentages for level of education of mother variable of the participants (adolescents)

Mother's Education	Frequency	Percentages
Primary-secondary school	179	36,4
High school	222	45,1
University	91	18,5

When we consider the educational level of the mothers, mothers who graduated from primary / secondary school comprise 36,4%, mothers who graduated from high school comprise 45,1% and mothers who graduated from university comprise 18,5% of the sample.

**Table 3.2.1.4** Frequency distributions and percentages for level of education of father variable of the participants (adolescents)

Father's Education	Frequency	Percentages
Primary-secondary school	177	36
High school	195	39,6
University	120	24,4

When we consider the educational level of the fathers, fathers who graduated from primary / secondary school comprise 36%, fathers who graduated from high school comprise 39.6% and fathers who graduated from university comprise 24.4% of the sample.

**Table 3.2.1.5** Frequency distributions and percentages for place of birth variables of the participants (adolescents)

Birth of Place	Frequency	Percentages
TRNC	362	73,6
Turkey	112	22,8
Other	18	3,7

It was observed that 73,6% of the adolescents participating in the study were born in the TRNC, 22,8% in Turkey and 3,7% in other countries.

### 3.2.2 Differences Between Perceived Acceptance-Rejection from Parents and Demographic Information

**Table 3.2.2.1** Comparison of age groups according to distribution of the participants perceived acceptance-rejection of mother and father

		Father Acc.	Father Rej.	Total	Mother Acc.	Mother Rej.	Total
15-16	N (%)	207 (46,7)	21 (42,9)	228 (46,3)	207 (46,7)	21 (42,9)	228 (46,3)
18-19	N (%)	23,6 (53,3)	28 (57,1)	264 (53,7)	236 (53,3)	28 (57,1)	264 (53,7)
Total	N (%)	423 (100)	69 (100)	492 (100)	443 (100)	49 (100)	492 (100)
$x^2=0,26$		sd=1		p=.606		$x^2=0,266$	
						sd=1	
						p=.606	

Age did not differ according to perceived acceptance-rejection from mother and father. Respectively,  $x^2$  (sd=1, n=492)=0.26,  $x^2$  (sd=1, n=492)= 0.26 p>.05.

**Table 3.2.2.2** Comparison of socioeconomic level groups according to distribution of the participants perceived acceptance-rejection of mother and father

		Father Acc.	Father Rej.	Total	Mother Acc.	Mother Rej.	Total
Over 2000	N	176	26	202	170	253	423
	(%)	(39,7)	(53,1)	(41,1)	(84,2)	(87,5)	(86)
Below2000	N	267	23	290	32	37	69
	(%)	(60,3)	(46,9)	(58,9)	(15,8)	(12,8)	(14)
Total	N	443	49	492	202	290	492
	(%)	(100)	(100)	(100)	(100)	(100)	(100)
$x^2=3.241$		sd=1		p=.072		$x^2=0,939$	
						sd=1	
						p=.333	



Socioeconomic level of family did not differ according to perceived acceptance-rejection from mother and father. Respectively,  $\chi^2$  (sd=1, n=492)=3.241,  $\chi^2$  (sd=1, n=492)= 0.939  $p>.05$ .

**Table 3.2.2.3** Comparison of birth places according to distribution of the participants perceived acceptance-rejection of mother and father

		Father Acc.	Father Rej.	Total	Mother Acc.	Mother Rej.	Total
TRNC	N (%)	312 (73,8)	50 (72,5)	362 (73,6)	331 (74,7)	31 (63,3)	362 (73,6)
Turkey	N (%)	95 (22,5)	17 (24,6)	112 (22,8)	97 (21,9)	15 (30,6)	112 (22,8)
Other	N (%)	16 (3,8)	2 (2,9)	18 (3,7)	15 (3,4)	3 (6,1)	18 (3,7)
Total	N (%)	423 (100)	69 (100)	492 (100)	443 (100)	49 (100)	492 (100)
$\chi^2=0.26$		sd=2		p=.87		$\chi^2=3.16$	
						sd=2	
						p=.206	

Birth place did not differ according to perceived acceptance-rejection from mother and father. Respectively,  $\chi^2$  (sd=2, n=492)=0.26,  $\chi^2$  (sd=2, n=492)= 3.16  $p>.05$ .

**Table 3.2.2.4** Comparison of education of parents groups according to distribution of the participants perceived acceptance-rejection of mother and father

		Father Acc.	Father Rej.	Total	Mother Acc.	Mother Rej.	Total
Primary School	N (%)	84 (19,9)	14 (20,3)	98 (19,9)	99 (22,3)	11 (22,4)	110 (22,4)
Secondary School	N (%)	69 (16,3)	10 (14,5)	79 (16,1)	57 (12,9)	12 (24,5)	69 (14)
High School	N (%)	163 (38,5)	32 (46,4)	195 (39,6)	200 (45,1)	22 (44,9)	222 (45,1)
University	N (%)	87 (20,6)	10 (14,5)	97 (19,7)	64 (14,4)	2 (4,1)	66 (13,4)
Open Education	N (%)	6 (1,4)	1 (1,4)	7 (1,4)	8 (1,8)	1 (2)	9 (1,8)
Institution of Higher Education	N (%)	14 (3,3)	2 (2,9)	16 (3,3)	9 (2)	1 (2)	9 (1,8)
Total	N (%)	423 (100)	69 (100)	492 (100)	443 (100)	49 (100)	492 (100)
$x^2=2.19$		sd=5		p=.822		$x^2=8.93$	
						sd=6	
						p=.177	

Education level of parents did not differ according to perceived acceptance-rejection from mother and father. Respectively,  $x^2$  (sd=5, n=492)=2.19,  $x^2$  (sd=6, n=492)=8.93  $p>.05$ .

**Table 3.2.2.5** Comparison of marital status according to distribution of the participants perceived acceptance-rejection of mother and father

		Acceptance	Rejection	Total
Married	N	413	37	450
	(%)	(93,2)	(75,7)	(91,5)
Divorced	N	30	12	42
	(%)	(6,8)	( 24,5)	(8,5)
Total	N	443	49	492
	(%)	(100)	(100)	(100)

$\chi^2=17,73$      $sd=1$      $p=.000$

It is seen that the ration of perceived acceptance from mother of those whose mothers and fathers are together is %93.2 where it is %75.5 who accepted rejection. The ratio of perceived maternal acceptance is %6.8 and perceived maternal rejection is %24.5 of those whose mothers and fathers are divorced. There is a significant difference in perceived acceptance-rejection according to parental marital status,  $\chi^2$  ( $sd=1$ ,  $n=492$ )= $17.73$ ,  $p<.01$ .

**Table 3.2.2.6** Logistic Regression Anlaysia Results Relating to Acceptance-Rejection and Marital Status

		B	S.E.	wald	df	p	Exp(B)
Depression	Rejection	1.185	.334	12.566	1	.000**	3.270
	Divorced	.389	.394	.978	1	.324	1.475
Anxiety	Rejection	.788	.497	2.519	1	.112	2.200
	Divorced	.310	.582	.283	1	.595	1.363
Negative self	Rejection	1.324	.483	7.529	1	.006**	3.760
	Divorced	1.258	.506	6.180	1	.013*	3.518
Hostility	Rejection	1.376	.507	7.376	1	.007**	3.961
	Divorced	.888	.568	2.444	1	.118	2.431
Somatization	Rejection	1.398	.473	8.744	1	.003**	4.048
	Divorced	.658	.557	1.394	1	.238	1.931

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

In this study, a correlation is found between perceived maternal rejection and divorce however, a correlation between perceived paternal rejection and divorce is not observed. Considering the studies that shows divorce affects psychological health of children, logistic regression analysis were performed and it is observed that perceived rejection has much more significant effect than divorce ( $p < .05$ ,  $p < .001$ ). Perceived rejection from the mother had higher significant relation with depression, anxiety, somatization, hostility and negative self than divorced ( $p < .05$ ,  $p < .01$ ).

### 3.2.3 The correlations between opinion relationship with parents and acceptance/rejection

**Table 3.2.3.1** The relationship between opinion of relationship with mother and acceptance / rejection

Relationship	p	r
Rejection	.000**	-.471
Coldness	.000**	-.439
Hostility	.000**	-.381
Undifferentiated rejection	.000**	-.388
Neglect	.000**	-.439
Control	.022*	-.103

\* $p < .05$ , \*\* $p < .001$

The question “How is your relationship with your mother?” was included on the general information form prepared by the researcher. It was organized as a four answer likert style question, with answers ranging from “very good” to “not good at all”. As can be seen from the table above, a reverse relationship was determined between the evaluation of relationship with mother and rejection, coldness, undifferentiated rejection, neglect and control. The relevant coefficients are  $r = -.471$ ,  $r = -.439$ ,  $r = -.381$ ,  $r = -.388$  ve  $r = -.439$  respectively. When the coefficients gathered were evaluated, it was observed that there is a low level of relationship. It was also determined that the highest level of relationship was with rejection.

**Table 3.2.3.2** The relationship between opinions on relationship with father and acceptance / rejection.

Relationship	p	r
Rejection	.000**	-.555
Coldness	.000**	-.536
Hostility	.000**	-.406
Undifferentiated rejection	.000**	-.402
Neglect	.000**	-.525
Control	.085	-.078

\*\*p<.001

A reverse relationship was determined between the evaluation of relationship with father and rejection, coldness, animosity, undifferentiated rejection and neglect. The relevant coefficients are  $r=-.555$ ,  $r=-.536$ ,  $r=-.406$ ,  $r=-.402$  ve  $r=-.525$  respectively. When the coefficients gathered were evaluated, it was observed that there is a low level of relationship. It was also determined that the highest level of relationship was with rejection.

### **3.2.4 Relationship Between Acceptance-Rejection and Depression, Anxiety, Somatization, Hostility, Negative Self**

Correlation results and tables illustrating the relationship between perceived parental acceptance / rejection and psychological problems, in line with the fundamental aim of this study, are given below.

**Table 3.2.4.1** Relationship between perceived rejection from the mother and relevant psychological problems

Rejection	p	r
Depression	.000**	.279
Anxiety	.000**	.333
Negative self	.000**	.341
Somatization	.000**	.271
Hostility	.000**	.299
Severity index	.000**	.342
BSI total scores	.000**	.342

\*\*p<.01

When we investigate the correlation between BSI subscale scores and Parental Acceptance-Rejection Questionnaire Child Form Rejection subscale score with Pearson Correlation analysis, there is a meaningful level relationship between perceived rejection from the mother and depression, anxiety, negative self, somatization, hostility, severity index and BSI total points ( $p<.01$ ). The related correlation coefficients are as follows;  $r=.333$  for anxiety,  $r=.341$  for negative self and  $r=.342$  for severity index and BSI total scores. When the coefficients gathered were evaluated, it was observed that there is a low level of relationship..

**Table 3.2.4.2** Relationship between perceived rejection from the father and relevant psychological problems

Rejection	p	r
Depression	.000**	.315
Anxiety	.000**	.346
Negative self	.000**	.353
Somatization	.000**	.273
Hostility	.000**	.305
Severity index	.000**	.363
BSI total scores	.000**	.363

\*\*p<.01

When we investigate the correlation between BSI subscale scores and Parental Acceptance-Rejection Questionnaire Child Form Rejection subscale score with Pearson Correlation analysis, there is a meaningful level relationship between perceived rejection from the father and depression, anxiety, negative self, somatization, hostility, severity index and BSI total points ( $p < .01$ ). The related correlation coefficients are as follows;  $r = .315$  for depression,  $r = .346$  for anxiety,  $r = .353$  for negative self,  $r = .305$  for hostility and  $r = .363$  for severity index and BSI total scores. When the coefficients gathered were evaluated, it was observed that there is a low level of relationship. When the related problems were compared, it was found that negative self-perception has the highest level of relationship out of all the problems.

A higher level of relationship was observed for perceived rejection from the father than the mother.

**Table 3.2.4.3** Relationship between perceived coldness from the mother and relevant psychological problems

Coldness	p	r
Depression	.000**	.168
Anxiety	.000**	.192
Negative self	.000**	.218
Somatization	.000**	.227
Hostility	.000**	.205
Severity index	.000**	.290
BSI total scores	.000**	.207

\*\*p&lt;.01

When we investigate the correlation between BSI subscale scores and Parental Acceptance-Rejection Questionnaire Child Form Coldness subscale score with Pearson Correlation analysis, there is a meaningful level relationship between perceived coldness from the mother and depression, anxiety, negative self, somatization, hostility, severity index and BSI total scores (p<.01).

**Table 3.2.4.4** Relationship between perceived coldness from the father and relevant psychological problems

Coldness	p	r
Depression	.000**	.266
Anxiety	.000**	.256
Negative self	.000**	.269
Somatization	.000**	.227
Hostility	.000**	.269
Severity index	.000**	.210
BSI total scores	.000**	.296

\*\*p&lt;.01



When we investigate the correlation between BSI subscale scores and Parental Acceptance-Rejection Questionnaire Child Form Rejection subscale score with Pearson Correlation analysis, there is a meaningful level relationship between perceived coldness from the father and depression, anxiety, negative self, somatization, hostility, severity index and BSI total scores ( $p < .01$ ).

When the coefficients, which showed the relationship between perceived coldness from the mother and perceived coldness from the father and the relevant problems, were collected and evaluated, it was determined that perceived coldness from the father has a higher level of relationship.

**Table 3.2.4.5** Relationship between perceived aggression from the mother and relevant psychological problems

Aggression	p	r
Depression	.000**	.306
Anxiety	.000**	.363
Negative self	.000**	.350
Somatization	.000**	.301
Hostility	.000**	.318
Severity index	.000**	.370
BSI total scores	.000**	.370

\*\* $p < .01$

When we investigate the correlation between BSI subscale scores and Parental Acceptance-Rejection Questionnaire Child Form Aggression subscale score with Pearson Correlation analysis, there is a meaningful level relationship between perceived aggression from the mother and depression, anxiety, negative self, somatization, hostility, severity index and BSI total scores ( $p < .01$ ). The related correlation coefficients are  $r = .306$ ,  $r = .363$ ,  $r = .350$ ,  $r = .301$ ,  $r = .318$ ,  $r = .370$ ,  $r = .370$  respectively. When the coefficients gathered were evaluated, it was observed that there is a low level of relationship. When the related problems were compared, it was found that anxiety has the highest level of relationship out of all the problems.

**Table 3.2.4.6** Relationship between perceived aggression from the father and relevant psychological problems

Aggression	p	r
Depression	.000**	.283
Anxiety	.000**	.344
Negative self	.000**	.347
Somatization	.000**	.248
Hostility	.000**	.261
Severity index	.000**	.341
BSI total scores	.000**	.341

\*\*p&lt;.01

When we investigate the correlation between BSI subscale scores and Parental Acceptance-Rejection Questionnaire Child Form Aggression subscale score with Pearson Correlation analysis, there is a meaningful level relationship between perceived aggression from the father and depression, anxiety, negative self, somatization, hostility, severity index and BSI total scores ( $p < .01$ ). The related correlation coefficients are as follows;  $r = .344$  for anxiety,  $r = .347$  for negative self and  $r = .341$  for severity index and BSI total scores. When the coefficients gathered were evaluated, it was observed that there is a low level of relationship. However, it was determined that negative self-perception has the highest level of relationship out of all the problems.

When the coefficients, which showed the relationship between perceived aggression from the mother and perceived aggression from the father and the relevant problems, were collected and evaluated, it was determined that perceived aggression from the mother has a higher level of relationship than perceived aggression from the father.

**Table 3.2.4.7** Relationship between perceived undifferentiated rejection from the mother and relevant psychological problems

Undifferentiated Rejection	p	r
Depression	.000**	.315
Anxiety	.000**	.369
Negative self	.000**	.361
Somatization	.000**	.288
Hostility	.000**	.322
Severity index	.000**	.376
BSI total scores	.000**	.376

\*\*p&lt;.01

When we investigate the correlation between BSI subscale scores and Parental Acceptance-Rejection Questionnaire Child Form Undifferentiated Rejection subscale score with Pearson Correlation analysis, there is a meaningful level relationship between perceived undifferentiated rejection from the mother and depression, anxiety, negative self, somatization, hostility, severity index and BSI total scores ( $p<.01$ ). The related correlation coefficients are as follows;  $r=.315$  for depression,  $r=.369$  for anxiety,  $r=.361$  for negative self,  $r=.322$  for hostility and  $r=.376$  for severity index and BSI total scores. When the coefficients gathered were evaluated, it was observed that there is a low level of relationship. When the related problems were compared, it was found that anxiety has the highest level of relationship out of all the problems.

**Table 3.2.4.8** Relationship between perceived undifferentiated rejection from the father and relevant psychological problems

Undifferentiated Rejection	p	r
Depression	.000**	.263
Anxiety	.000**	.328
Negative self	.000**	.319
Somatization	.000**	.223
Hostility	.000**	.276
Severity index	.000**	.322
BSI total scores	.000**	.322

\*\*p&lt;.01

When we investigate the correlation between BSI subscale scores and Parental Acceptance-Rejection Questionnaire Child Form Undifferentiated Rejection subscale score with Pearson Correlation analysis, there is a meaningful level relationship between perceived undifferentiated rejection from the father and depression, anxiety, negative self, somatization, hostility, severity index and BSI total scores ( $p < .01$ ). The related correlation coefficients are as follows;  $r = .328$  for anxiety,  $r = .319$  for negative self, and  $r = .322$  for severity index and BSI total scores. When the coefficients gathered were evaluated, it was observed that there is a low level of relationship. When the related problems were compared, it was found that anxiety has the highest level of relationship out of all the problems.

**Table 3.2.4.9** Relationship between perceived neglect from the mother and relevant psychological problems

Neglect	p	r
Depression	.000**	.234
Anxiety	.000**	.302
Negative self	.000**	.313
Somatization	.000**	.254
Hostility	.000**	.240
Severity index	.000**	.302
BSI total scores	.000**	.302

\*\*p&lt;.01

When we investigate the correlation between BSI subscale scores and Parental Acceptance-Rejection Questionnaire Child Form Neglect subscale score with Pearson Correlation analysis, there is a meaningful level relationship between perceived neglect from the mother and depression, anxiety, negative self, somatization, hostility, severity index and BSI total scores ( $p < .01$ ). The related correlation coefficients are as follows;  $r = .302$  for anxiety,  $r = .313$  for negative self, and  $r = .302$  for severity index and BSI total scores. When the coefficients gathered were evaluated, it was observed that there is a low level of relationship. When the related problems were compared, it was found that negative self-perception has the higher level of relationship with neglect than the other problems.

**Table 3.2.4.10** Relationship between perceived neglect from the father and relevant psychological problems

Neglect	p	r
Depression	.000**	.282
Anxiety	.000**	.303
Negative self	.000**	.314
Somatization	.000**	.250
Hostility	.000**	.253
Severity index	.000**	.321
BSI total scores	.000**	.321

\*\*p&lt;.01

When we investigate the correlation between BSI subscale scores and Parental Acceptance-Rejection Questionnaire Child Form Neglect subscale score with Pearson Correlation analysis, there is a meaningful level relationship between perceived neglect from the father and depression, anxiety, negative self, somatization, hostility, severity index and BSI total scores ( $p < .01$ ). The related correlation coefficients are as follows;  $r = .303$  for anxiety,  $r = .314$  for negative self, and  $r = .321$  for severity index and BSI total scores. When the coefficients gathered were evaluated, it was observed that there is a low level of relationship. When the related problems were compared, it was found that negative self-perception has the higher level of relationship with neglect than the other problems. It was determined that negative self-perception has a higher level of relationship with neglect than the other problems.

**Table 3.2.4.11** Relationship between perceived control from the mother and relevant psychological problems

Control	p	r
Depression	.000**	.180
Anxiety	.000**	.173
Negative self	.001**	.153
Somatization	.000**	.175
Hostility	.000**	.163
Severity index	.000**	.192
BSI total scores	.000**	.192

\*\*p&lt;.01

When we investigate the correlation between BSI subscale scores and Parental Acceptance-Rejection Questionnaire Child Form Control subscale score with Pearson Correlation analysis, there is a meaningful level relationship between perceived control from the mother and depression, anxiety, negative self, somatization, hostility, severity index and BSI total scores ( $p<.01$ ).

**Table 3.2.4.12** Relationship between perceived control from the father and relevant psychological problems

Control	p	r
Depression	.003**	.133
Anxiety	.003**	.134
Negative self	.045*	.090
Somatization	.005**	.128
Hostility	.000**	.166
Severity index	.001**	.145
BSI total scores	.000**	.145

\*\*p&lt;.01

When we investigate the correlation between BSI subscale scores and Parental Acceptance-Rejection Questionnaire Child Form Control subscale score with

Pearson Correlation analysis, there is a meaningful level relationship between perceived control from the father and depression, anxiety, negative self, somatization, hostility, severity index and BSI total scores ( $p < .01$ ).

### 3.2.5 Differences in scores of depression, anxiety, somatization, hostility and negative self according to perceived acceptance-rejection of mother and father

**Table. 3.2.5.1** Differences in scores of psychological problems according to perceived acceptance-rejection of mother

Psychological problems	Acceptance	Rejection	df	T	p
Depression	15.13±11.08 (443)	23.30±13.65 (49)	490	-4.782	.000**
Anxiety	13.74±10.34 (443)	21.28±12.17 (49)	490	-4.756	.000**
Somatization	3.88±4.31 (443)	7.16±4.31 (49)	490	-4.911	.000**
Hostility	4.95±3.74 (443)	7.96±4.33 (49)	490	-5.253	.000**
Negative Self	5.32±5.09 (443)	10.18±6.91 (49)	490	-6.097	.000**

\*\* $p < .01$ , \* $p < .05$

According to student's t-test results, there were significant differences between depression,  $t(490) = -4.782$ ; anxiety,  $t(490) = -4.756$ ; somatization,  $t(490) = -4.911$ ; hostility,  $t(490) = -5.253$  and negative self,  $t(490) = -6.097$ , with perceived rejection from mother higher compared to acceptance,  $p < .01$ .



**Table. 3.2.5.2** Differences in scores of psychological problems according to perceived acceptance-rejection of father

Psychological problems	Acceptance	Rejection	df	t	p
Depression	14.85±10.56 (423)	22.64±15.12 (69)	490	-5.307	.000**
Anxiety	13.39±9.73 (423)	21.26±13.95 (69)	490	-5.817	.000**
Somatization	3.79±4.15 (423)	6.72±5.89 (69)	490	-5.088	.000**
Hostility	4.86±3.64 (423)	7.62±4.61 (69)	490	-5.609	.000**
Negative Self	5.19±4.80 (423)	9.54±7.61 (69)	490	-6.327	.000**

\*\*p<.01, \*p<.05

The results indicated significant differences between perceived acceptance and rejection from father in terms of depression,  $t(490)=-5.307$ , anxiety,  $t(490)=-5.817$ , somatization,  $t(490)=-5.088$ , hostility,  $t(490)=-5.609$  and neagtive self,  $t(490)=-6.327$ ,  $p<.01$ . adolescents who perceived rejection from father compared to those who perceived acceptance were found to have higher level psychological problems scores.

### 3.2.6 Findings Related to Relationships between PARQ/Control and BSI

**Table 3.2.6.1** Regression Analysis Results Relating to Prediction of Depression

Variable	B	Std. Error	$\beta$	T	p
Constant (Depression)	1.282	2.302		0.557	.578
Mother acc./rej.	6.524	1.720	0.168	3.793	.000**
Father acc./rej.	6.565	1.483	0.197	4.426	.000**

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

When the results were analysed it was observed that mother – father acceptance / rejection is a predictor of depression.  $R=0.285$ ,  $r^2=0.081$ ,  $F(2,489)=21.661$ ,  $p<.01$ . We can state that 8% of the variance relating to depression can be explained by parental acceptance / rejection.

**Table 3.2.6.2** Regression Analysis Results Relating to Prediction of Depression

Variable	B	Std. Error	$\beta$	T	p
Constant (Depression)	6.939	2.068		3.355	.001
Undifferentiated rejection (mother)	6.364	1.608	0.192	3.957	.000**
Undifferentiated rejection (father)	1.522	1.628	0.045	0.935	.350

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

When the results were analysed it was observed that perceived undifferentiated rejection from mother is a predictor of depression.  $R=0.214$ ,  $r^2=0.046$ ,  $F(2,489)=11.762$ ,  $p<.01$ . We can state that 4% of the variance relating to depression can be explained by perceived undifferentiated rejection. However, the same cannot be said for undifferentiated rejection from father.

**Table 3.2.6.3** Regression Analysis Results Relating to Prediction of Depression

Variable	B	Std. Error	$\beta$	T	p
Constant					
(Depression)	2.039	2.039		2.734	.006
Aggression mother	5.760	1.508	0.188	3.820	.000**
Aggression father	3.220	1.533	0.099	2.101	.036*

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

When the results were analysed it was observed that perceived aggression from the mother – father is a predictor of depression.  $R=0.236$ ,  $r^2=0.056$ ,  $F(2,489)=14.374$ ,  $p < .01$ ,  $p < .05$ . We can state that 5% of the variance relating to depression can be explained by perceived aggression from the mother – father.

**Table 3.2.6.4** Regression Analysis Results Relating to Prediction of Depression

Variable	B	Std. Error	$\beta$	T	p
Constant					
(Depression)	4.234	2.353		1.800	.073
Neglect father	4.439	1.811	0.109	2.451	.015*
Neglect mother	5.758	1.309	0.196	4.397	.000**

\* $p < .05$ , \*\* $p < .01$

When the results were analysed it observed that perceived neglect from the father ( $p < .05$ ) and the mother ( $p < .01$ ) is a predictor of depression.  $R=0.240$ ,  $r^2=0.058$ ,  $F(2,489)=14.960$ ,  $p < .01$ ,  $p < .05$ . We can state that 5% of the variance relating to depression can be explained by perceived neglect from the mother – father.

**Table 3.2.6.5** Regression Analysis Results Relating to Prediction of Depression

Variable	B	Std. Error	$\beta$	T	p
Constant (Depression)	5.260	2.146		2.451	.015
Coldness mother	2.454	1.733	0.064	1.416	.157
Coldness father	6.462	1.248	0.236	5.177	.000**

\*\* $p < .01$ ;  $p^* < .05$

After analysis of the results it was observed that perceived coldness from the father is a predictor of depression.  $R=0.262$ ,  $r^2=0.068$ ,  $F(2,489)=17.951$ ,  $p < .01$ . We can state that 5% of the variance relating to depression can be explained by perceived warmth from the mother – father. However the same cannot be said coldness from mother ( $p > .01$ ).

**Table 3.2.6.6** Regression Analysis Results Relating to Prediction of Depression

Variable	B	Std. Error	$\beta$	T	p
Constant (Depression)	4.360	2.877		1.515	.130
Control mother	0.249	0.086	0.154	2.898	.004**
Control father	0.072	0.080	0.048	0.904	.367

\*\* $p < .01$ ;  $p^* < .05$

After analysis of the results it was observed that perceived control from the mother is a predictor of depression,  $R=0.185$ ,  $r^2=0.034$ ,  $F(2,489)=8.656$ ,  $p < .01$ . However the same cannot be said for perceived control from the father ( $p > .01$ ). We can state that 3% of the variance relating to depression can be explained by perceived control from the mother – father.

**Table 3.2.6.7** Regression Analysis Results Relating to Prediction of Anxiety

Variable	B	Std. Error	$\beta$	T	p
Constant (Anxiety)	0.358	2.124		0.169	.866
Mother acc./rej.	5.832	1.587	0.162	3.675	.000**
Father acc./rej.	6.774	1.369	0.219	4.950	.000**

\*\* $p < .01$ ;  $p^* < .05$

After analysis of the results it was observed that acceptance / rejection from the mother – father is a predictor of anxiety.  $R=0.300$ ,  $r^2=0.090$ ,  $F(2,489)=24.101$ ,  $p < .01$ . We can state that 9% of the variance relating to anxiety can be explained by parental acceptance / rejection.

**Table 3.2.6.8** Regression Analysis Results Relating to Prediction of Anxiety

Variable	B	Std. Error	$\beta$	T	p
Constant (Anxiety)	6.520	2.015		3.236	.001
Coldness mother	4.805	1.172	0.189	4.101	.000**
Coldness father	1.856	1.627	0.053	1.141	.254

\*\* $p < .01$ ;  $p^* < .05$

After analysis of the results it was observed that perceived coldness from the mother is a predictor of anxiety.  $R=0.210$ ,  $r^2=0.044$ ,  $F(2,489)=11.311$ ,  $p < .01$ . We can state that 4% of the variance relating to anxiety can be explained by perceived coldness from the mother – father. However the same cannot be said coldness from father ( $p > .01$ ).

**Table 3.2.6.9** Regression Analysis Results Relating to Prediction of Anxiety

Variable	B	Std. Error	$\beta$	T	p
Constant					
((Anxiety)	1.535	1.845		0.832	.406
Aggression mother	6.762	1.365	0.229	4.954	.000**
Aggression father	4.469	1.387	0.149	3.221	.001**

*\*\*p<.01; p\* <.05*

After analysis of the results it was observed that perceived aggression from the mother-father is a predictor of anxiety.  $R=0.315$ ,  $r^2=0.099$ ,  $F(2,489)=26.920$ ,  $p<.01$ . We can state that 10% of the variance relating to anxiety can be explained by perceived aggression from the mother – father.

**Table 3.2.6.10** Regression Analysis Results Relating to Prediction of Anxiety

Variable	B	Std. Error	$\beta$	T	p
Constant					
(Anxiety)	2.799	2.171		1.290	.198
Neglect mother	4.556	1.671	0.121	2.726	.007**
Neglect father	5.643	1.208	0.207	4.671	.000**

*\*\*p<.01; p\* <.05*

After analysis of the results it was observed that perceived neglect from the mother-father is a predictor of anxiety.  $R=0.257$ ,  $r^2=0.066$ ,  $F(2,489)=17.319$ ,  $p<.01$ . We can state that 6% of the variance relating to anxiety can be explained by perceived aggression from the mother – father.

**Table 3.2.6.11** Regression Analysis Results Relating to Prediction of Anxiety

Variable	B	Std. Error	$\beta$	T	p
Constant (Anxiety)	2.829	1.885		1.501	.134
Undifferentiated rejection (mother)	5.724	1.466	0.186	3.906	.000**
Undifferentiated rejection (father)	1.522	1.483	0.145	3.037	.003**

\*\* $p < .01$ ;  $p^* < .05$

When the results were analysed, it was observed that perceived undifferentiated rejection from the mother-father is a predictor of anxiety.  $R=0.279$ ,  $r^2=0.078$ ,  $F(2,489)=20.563$ ,  $p < .01$ . We can state that 8% of the variance relating to anxiety can be explained by perceived undifferentiated rejection from the mother – father.

**Table 3.2.6.12** Regression Analysis Results Relating to Prediction of Anxiety

Variable	B	Std. Error	$\beta$	T	p
Constant (Anxiety)	4.037	2.670		1.512	.131
Control mother	0.214	0.080	0.143	2.678	.008**
Control father	0.077	0.074	0.053	1.038	.300

\*\* $p < .01$ ;  $p^* < .05$

When the results were analysed, it was observed that perceived control from the mother is a predictor of anxiety.  $R=0.179$ ,  $r^2=0.032$ ,  $F(2,489)=8.089$ ,  $p < .01$ . However, it was determined that perceived control from the father is a predictor of

anxiety ( $p > .01$ ). We can state that 3% of the variance relating to anxiety can be explained by perceived control from the mother – father.

**Table 3.2.6.13** Regression Analysis Results Relating to Prediction of Negative self

Variable	B	Std. Error	$\beta$	T	p
Constant					
(negative self)	2.647	1.065		2.485	.013
Mother acc./rej.	3.956	0.786	0.216	4.970	.000**
Father acc./rej.	3.598	0.686	0.228	5.242	.000**

*\*\* $p < .01$ ;  $p^* < .05$*

When the results were analysed, it was observed that perceived acceptance / rejection from the mother -father is a predictor of negative self.  $R=0.346$ ,  $r^2=0.120$ ,  $F(2,489)=33.333$ ,  $p < .01$ . We can state that 12% of the variance relating to negative self can be explained by perceived acceptance / rejection from the mother – father.

**Table 3.2.6.14** Regression Analysis Results Relating to Prediction of Negative self

Variable	B	Std. Error	$\beta$	T	p
Constant					
(negative self)	1.176	1.022		1.150	.211
Coldness mother	1.189	0.825	0.066	1.441	.150
Coldness father	2.689	0.594	0.208	4.526	.000**

*\*\* $p < .01$ ;  $p^* < .05$*

When the results were analysed, it was observed that perceived coldness from the father is a predictor of negative self.  $R=0.235$ ,  $r^2=0.055$ ,  $F(2,489)=14.2296$ ,  $p < .01$ . We can state that 5% of the variance relating to negative self can be explained by



perceived coldness from the mother – father. However the same cannot be said coldness from mother ( $p > .01$ ).

**Table 3.2.6.15** Regression Analysis Results Relating to Prediction of Negative self

Variable	B	Std. Error	$\beta$	T	p
Constant					
(negative self)	0.613	0.945		0.648	.517
Aggression mother	3.149	0.699	0.209	4.506	.000**
Aggression father	2.413	0.710	0.157	3.397	.001**

*\*\* $p < .01$ ;  $p^* < .05$*

When the results were analysed, it was observed that perceived aggression from the mother-father is a predictor of negative self.  $R=0.304$ ,  $r^2=0.092$ ,  $F(2,489)=24.868$ ,  $p < .01$ . We can state that 9% of the variance relating to negative self can be explained by perceived aggression from the mother – father.

**Table 3.2.6.16** Regression Analysis Results Relating to Prediction of Negative self

Variable	B	Std. Error	$\beta$	T	p
Constant					
(negative self)	0.865	1.101		0.786	.432
Neglect mother	3.009	0.847	0.157	3.552	.000**
Neglect father	2.843	0.613	0.205	4.641	.000**

*\*\* $p < .01$ ;  $p^* < .05$*

When the results were analysed, it was observed that perceived neglect from the mother -father is a predictor of negative self.  $R=0.278$ ,  $r^2=0.077$ ,  $F(2,489)=20.510$ ,  $p < .01$ . We can state that 7% of the variance relating to negative self can be explained by perceived neglect from the mother – father.

**Table 3.2.6.17** Regression Analysis Results Relating to Prediction of Negative self

Variable	B	Std. Error	$\beta$	T	p
Constant (negative self)	0.230	0.965		0.239	.812
Undifferentetial rejection (mother)	3.298	0.750	0.210	4.398	.000**
Undifferentetial rejection (father)	1.588	0.759	0.100	2.091	.037*

\* $p < .05$ , \*\* $p < .01$

When the results were analysed, it was observed that perceived undifferentiated rejection from the mother ( $p < .01$ ) – father ( $p < .05$ ) is a predictor of negative self.  $R = 0.267$ ,  $r^2 = 0.071$ ,  $F(2,489) = 18.786$ ,  $p < .01$ ,  $p < .05$ . We can state that 7% of the variance relating to negative self can be explained by perceived undifferentiated rejection from the mother – father.

**Table 3.2.6.18** Regression Analysis Results Relating to Prediction of Negative self

Variable	B	Std. Error	$\beta$	T	p
Constant (negative self)	1.474	1.368		1.078	.282
Control mother	0.113	0.041	0.148	2.770	.006**
Control father	0.006	0.038	0.009	0.169	.866

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

When the results were analysed, it was observed that perceived control from the mother is a predictor of negative self.  $R = 0.153$ ,  $r^2 = 0.023$ ,  $F(2,489) = 5.882$ ,  $p < .01$ . However, perceived control from the father is a predictor of negative self ( $p < .01$ ). We can state that 2% of the variance relating to negative self can be explained by perceived control from the mother – father.

**Table 3.2.6.19** Regression Analysis Results Relating to Prediction of Somatization

Variable	B	Std. Error	$\beta$	T	p
Constant (somatization)	1.503	0.902		1.666	.096
Mother acc./rej.	2.673	0.674	0.176	3.984	.000**
Father acc./rej.	2.429	0.581	0.186	4.178	.000**

*\*\*p<.01; p\* <.05*

When the results were analysed, it was observed that perceived acceptance / rejection from the mother -father is a predictor of somatization.  $R=0.282$ ,  $r^2=0.08$ ,  $F(2,489)=21.192$ ,  $p<.01$ . We can state that 8% of the variance relating to somatization can be explained by perceived acceptance / rejection from the mother–father.

**Table 3.2.6.20** Regression Analysis Results Relating to Prediction of Somatization

Variable	B	Std. Error	$\beta$	T	p
Constant (somatization)	0.702	0.806		0.871	.384
Undifferentietal rejection (mother)	3.025	0.627	0.233	4.826	.000**
Undifferentietal rejection (father)	0.042	0.634	0.003	0.066	.947

*\*\*p<.01; p\* <.05*

When the results were analysed, it was observed that perceived undifferentiated rejection from the mother is a predictor of somatization.  $R=0.234$ ,  $r^2=0.055$ ,  $F(2,489)=14.158$ ,  $p<.01$ . We can state that 5% of the variance relating to somatization can be explained by perceived undifferentiated rejection from the

mother – father. However the same cannot be said undifferentiated rejection from father ( $p > .01$ ).

**Table 3.2.6.21** Regression Analysis Results Relating to Prediction of Somatization

Variable	B	Std. Error	$\beta$	T	p
Constant					
(somatization)	0.380	0.788		0.482	.630
Aggression mother	0.833	0.593	0.066	1.406	.160
Aggression father	3.136	0.583	0.251	3.379	.000**

*\*\* $p < .01$ ;  $p^* < .05$*

When the results were analysed, it was observed that perceived aggression from the father is a predictor of somatization.  $R=0.282$ ,  $r^2=0.079$ ,  $F(2,489)=21.054$ ,  $p < .01$ . We can state that 8% of the variance relating to somatization can be explained by perceived aggression from the mother – father. However the same cannot be said aggression from mother ( $p > .01$ ).

**Table 3.2.6.22** Regression Analysis Results Relating to Prediction of Somatization

Variable	B	Std. Error	$\beta$	T	p
Constant					
(somatization)	1.055	0.916		1.151	.250
Neglect mother	2.487	0.705	0.156	3.528	.000**
Neglect father	2.138	0.510	0.186	4.194	.000**

*\*\* $p < .01$ ;  $p^* < .05$*

When the results were analysed, it was observed that perceived neglect from the mother -father is a predictor of somatization.  $R=0.262$ ,  $r^2=0.069$ ,  $F(2,489)=18.088$ ,  $p < .01$ . We can state that almost 7% of the variance relating to somatization can be explained by perceived neglect from the mother – father.

**Table 3.2.6.23** Regression Analysis Results Relating to Prediction of Somatization

Variable	B	Std. Error	$\beta$	T	p
Constant					
(somatization)	0.515	0.847		0.608	.544
Coldness mother	2.281	0.492	0.213	4.634	.000**
Coldness father	0.794	0.684	0.053	1.161	.246

\*\* $p < .01$ ;  $p^* < .05$

When the results were analysed, it was observed that perceived coldness from the mother is a predictor of somatization.  $R=0.233$ ,  $r^2=0.054$ ,  $F(2,489)=14.087$ ,  $p < .01$ . We can state that 5% of the variance relating to somatization can be explained by perceived coldness from the mother – father. However the same cannot be said coldness from father ( $p > .01$ ).

**Table 3.2.6.24** Regression Analysis Results Relating to Prediction of Somatization

Değişken	B	Std. Error	$\beta$	T	p
Constant					
(somatization)	0.179	1.128		0.159	.874
Control mother	0.095	0.034	0.150	2.823	.005*
Control father	0.026	0.031	0.045	0.847	.398

\*\* $p < .01$ ;  $p^* < .05$

When the results were analysed, it was observed that perceived control from the mother is a predictor of somatization.  $R=0.179$ ,  $r^2=0.032$ ,  $F(2,489)=8.095$ ,  $p < .01$ . However, the same cannot be said perceived control from the father ( $p > .01$ ). We can state that 3% of the variance relating to somatization can be explained by perceived control from the mother – father.

**Table 3.2.6.25** Regression Analysis Results Relating to Prediction of Hostility

Variable	B	Std. Error	$\beta$	T	p
Constant					
(hostility)	0.054	0.770		0.070	.944
Mother acc./rej.	2.429	0.575	0.186	4.222	.000**
Father acc./rej.	2.307	0.496	0.205	4.650	.000**

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

When the results were analysed, it was observed that perceived acceptance / rejection from the mother -father is a predictor of hostility.  $R=0.306$ ,  $r^2=0.093$ ,  $F(2,489)=25.188$ ,  $p < .01$ . We can state that 9% of the variance relating to hostility can be explained by perceived acceptance - rejection from the mother – father.

**Table 3.2.6.26** Regression Analysis Results Relating to Prediction of Hostility

Variable	B	Std. Error	$\beta$	T	p
Constant					
(hostility)	1.659	0.683		2.422	.016
Aggression mother	2.073	0.307	0.193	4.092	.000**
Aggression father	1.035	0.515	0.093	2.011	.045*

\* $p < .05$ , \*\* $p < .01$

When the results were analysed, it was observed that perceived aggression from the mother ( $p < .01$ ) –father ( $p < .05$ ) is a predictor of hostility.  $R=0.244$ ,  $r^2=0.060$ ,  $F(2,489)=15.492$ ,  $p < .01$ ;  $p < .05$ . We can state that 6% of the variance relating to hostility can be explained by perceived aggression from the mother – father.

**Table 3.2.6.27** Regression Analysis Results Relating to Prediction of Hostility

Variable	B	Std. Error	$\beta$	T	p
Constant (hostility)	1.227	0.793		1.547	.123
Neglect mother	1.850	0.611	0.135	3.029	.003**
Neglect father	1.681	0.441	0.170	3.808	.000**

*\*\*p<.01; p\* <.05*

When the results were analysed, it was observed that perceived neglect from the mother-father is a predictor of hostility.  $R=0.235$ ,  $r^2=0.055$ ,  $F(2,489)=14.234$ ,  $p<.01$ . We can state that 5% of the variance relating to hostility can be explained by perceived neglect from the mother – father.

**Table 3.2.6.28** Regression Analysis Results Relating to Prediction of Hostility

Variable	B	Std. Error	$\beta$	T	p
Constant (hostility)	1.606	0.691		2.324	.021
Undifferentiated rejection (mother)	2.156	0.537	0.193	4.012	.000**
Undifferentiated rejection (father)	1.036	0.544	0.092	1.904	.018*

*\*p<.05, \*\*p<.01*

When the results were analysed, it was observed that perceived undifferentiated rejection from the mother -father is a predictor of hostility.  $R=0.267$   $r^2=0.071$ ,  $F(2,489)=18.786$ ,  $p<.01$ . We can state that 7% of the variance relating to hostility can be explained by perceived undifferentiated rejection from the mother – father.

**Table 3.2.6.29** Regression Analysis Results Relating to Prediction of Hostility

Variable	B	Std. Error	$\beta$	T	p
Constant (hostility)	1.643	0.726		2.264	.024
Coldness mother	1.878	0.422	0.203	4.446	.000**
Coldness father	1.169	0.586	0.091	1.995	.047*

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

When the results were analysed, it was observed that perceived coldness from the mother ( $p < .01$ ) – father ( $p < .05$ ) is a predictor of hostility.  $R = 0.245$ ,  $r^2 = 0.060$ ,  $F(2,489) = 15.673$ ,  $p < .01$ ;  $p < .05$ . We can state that 6% of the variance relating to hostility can be explained by perceived coldness from the mother – father.

**Table 3.2.6.30** Regression Analysis Results Relating to Prediction of Hostility

Variable	B	Std. Error	$\beta$	T	p
Constant (hostility)	1.261	0.968		1.302	.194
Control mother	0.056	0.029	0.103	1.934	.054
Control father	0.055	0.027	0.110	2.064	.040

\*\* $p < .01$

When the results were analysed, it was observed that perceived control from the father is a predictor of hostility.  $R = 0.187$ ,  $r^2 = 0.035$ ,  $F(2,489) = 8.866$ ,  $p < .05$ . We can state that 3% of the variance relating to hostility can be explained by perceived control from the mother – father. However, the same cannot be said perceived control from mother ( $p > .05$ ).



## DISCUSSION

PARTheory defines warmth as the quality of the bond of love between parent and child. Parental warmth has two dimensions; acceptance is at one end and rejection at the other (Rohner and co. 2007). This study has shown that a great majority of adolescents perceive their parents to be accepting. PARTheory accepts the warmth dimension as the quality of the relationship between parent and child (Rohner and co, 2007). Our research has shown that the adolescents who participated have developed a relationship of good quality with their parents. When we investigate literary evidence, it is observed that adolescents have a tendency to perceive their parents as accepting (Erkman, 2003). Socio-cultural differences make individuals from societies which view supernatural beliefs positively perceive their mothers – fathers to be more accepting when compared to other societies (Conner and Malpass, 1994). In Turkish culture, supernatural powers are perceived as generous, forgiving and supportive, therefore, this finding demonstrates an expected situation. Research by Ekmekci (2008) found similar evidence. However, research by Dwairy (2010) states that western societies perceive more parental acceptance than eastern societies such as Jordan. According to this we can postulate that adolescents living in the TRNC are displaying the characteristics of western society. Love and warmth are important requirements for a child (Ansari, 2002). The research conducted shows that adolescents living in the TRNC perceive warmth from their parents. Lerner (2002) states that positive parent-child interaction (warm and close relationships, where there is no animosity) is related to the psychological and social health of the adolescent. Our study found relationship between perceived parental acceptance / rejection and psychological problems. When we evaluate literature there is a similar point of view of the evidence collected.

Mothers were perceived to be more accepting compared to fathers. The importance of parental acceptance on the psychological and social development of the child is widely accepted throughout research on parental warmth (Khaleque and Rohner, 2002, 2005; Khaleque, 2007; Lila, Garcia and Garcia, 2007; Rohner and Britner, 2002). The behaviour of the mother – father can affect the psychological adjustment of the child in different ways. The effects of the father on different areas of development of their children were repeatedly found to be of equal proportion to the effects of the mother (Yörükoğlu, 2008). Research by Dwairy (2010) put forth that fathers are perceived to be more rejecting than mothers. Furthermore, it states that male adolescents perceive more rejection than female adolescents. However, the study we conducted proved that male adolescents perceived more aggression and undifferentiated rejection from their fathers. It is thought that during the adolescent stage when Oedipal conflict is rekindled male children who enter into competition with their fathers perceive their fathers as more aggressive than their female children. Furthermore, differences in results relating to undifferentiated rejection according to gender may be interpreted as characteristic of this stage.

There is no relationship between socio-economic level and perceived acceptance/rejection from the mother was determined. This result is not in agreement with research by Toran (2010). Meaningful differences were found between low socio-economic levels and high socio-economic levels.

A meaningful difference was not observed between perceived acceptance / rejection from the mother-father and the variable of age. PARTheory states that parental acceptance / rejection is a socializing process (Rohner, 2005). Longitude studies found that rejection perceived in childhood does not change. It was determined that rejection perceived in childhood affects adult mental health (Eryavuz, 2006). We can interpret this result as showing that perceived acceptance / rejection does not change with age; comparatively permanent. It was determined that 17-18 year old adolescents perceived more control from their fathers. It is thought that adolescents of this age may expect more freedom from their parents in order to be able to become independent (Ergün, 2008). Therefore the evidence that they perceived more control was an expected result.

A meaningful difference was found between perceived rejection from the mother and parental marital status. Adolescents whose parents are divorced perceived more rejection from their mothers. A study conducted in Turkey found that having parents who are divorced affected perceived undifferentiated rejection especially in male children. The reason for this is that male children are more affected by divorce. It was found that the marital status of the parents is not related to perceived parental warmth. It was determined that differences in perceived parental warmth are related to perceived parental conflict (Candan, 2006). In a study by Varan and friends, according to the evidence collected children from households where there is conflict experience more perceived parental rejection and are more psychologically disturbed than children from households where the mother and father have agreed to separate. Conflict between mother and father leads to them acting in a rejecting way towards their children. Another study conducted on 206 children with divorced parents and 328 children with married parents showed that the mother's - father's attachment to their mothering and fathering duties is inversely correlated to their child's external problems (eg, behavioural problems). If parents do not fulfil their duties it increases the problems that may be experienced. Divorce increases the risk of depression in girls. Due to the fact that mothers who experience a reduction in the quality of their motherhood will be depressed they will negatively affect their daughters. The risk of being depressed is greater, than children whose parents are together for males also (Candan, 2006). When field scanning is completed, we can see that the results of the study are in line with literary evidence. The research points to the importance of marital status, from a psychological health point of view. In this study, a correlation is found between perceived maternal rejection and divorce however, a correlation between perceived paternal rejection and divorce is not observed. Considering the studies that shows divorce affects psychological health of children, logistic regression analysis were performed and it is observed that perceived rejection has much more significant effect than divorce.

Many studies have stressed that in our culture parental control is viewed positively and most of the time it is interpreted as attention. Kagitcibasi (1990) expresses that love and control go hand in hand in Turkish families. Fisek (1982) stresses that the Turkish disciplinary style of raising children, leads to the child becoming dependent on external supervision. He draws attention to Turkish families viewing love and

control together, in comparison to western family views that the definitions of love and freedom go together and that factors of control are generally accepted as showing a deficiency of love. The relationship between depression and perceived control from the mother stood out as it is a similar result to that found by Park (2009) in a study conducted in Turkey. It was determined that depressive symptoms increased relative to increases in parental control. As for the results of a more comprehensive study conducted in 9 countries, it found that Eastern countries had a higher level of control compared to western countries. It was determined that perceived control from the father was related to psychological problems in western culture (Dwairy and Achovi, 2010). Over protection leads to emergence of feelings of lacking, because a child who is raised this way is raised as if they are not a whole person. A mother who believes that her child is not capable of doing anything independently or making the right decisions leads to her child fearing being confronted by such situations. As time goes by the child will progressively believe that they are not good enough, that they cannot do anything without help and that they are weak and susceptible to illness (Gençtan, 2006). When comparing the results to literary evidence, although there are some similarities, the differences can be explained by cultural characteristics. The adjustment of children is linked to perceived control. The adolescents reported more medium level control than restrictive or low level control. It was found that perceived acceptance without behavioural control supports the psychological health of the child (Khaleque and co. 2011). It was determined that perceived control from the mother is related to depression, anxiety, negative self-perception and somatization. Various research has shown that adolescents do not want to experience restrictive control. It was observed in a study by Kindap and co (2008) that, internalizing problems (such as, depression and anxiety) and externalizing problems (such as, hostility and behavioural problems) increased in females but only externalizing problems increased in males along with increases in perceived control from the mother. Research by Yıldırım Ekmekci (2008) proved that negative self-perception increases relative to increases in perceived rejection and control. Dwairy (2010) reported a negative relationship between perceived control and psychological illnesses. Research by Park (2009) found a positive relationship between depression and parental control but a negative relationship between self-esteem and parental control. In the traditional Turkish family control is interpreted as being synonymous with attention. However, in the

TRNC, control, especially control perceived from the mother has a positive relationship with psychological disorders. This can be explained by intercultural differences. It has been interpreted that perceived high levels of control from the mother damage the adequacy emotions of the child and increase negative self-perceptions. When desired parental attitudes are studied, many theorists have stated that parenting styles which affect child development positively are controlled but place importance on independence. Children need feedback, due to their mirroring needs, for their self to develop positively. On the other hand, a family environment which controls everything and does not give the child opportunities to see what they can do, the child's mirroring needs will not be met and they will develop negative thoughts about themselves (Yörükoğlu, 2008; Karabekiroğlu, 2009).

Parental rejection is accepted as the most important factor relating to mental health. (Khaleque and Rohner, 2002; Rohner and Britner, 2002). Becker states that being rejected by a parent and parental aggression lead to aggression and various behavioural problems in children. He claims that rejected children tend to be more hostile, display aggressive behaviour and have a more negative worldview than those who are accepted (Rohner 2002).

According to research on this subject; (Ozdiker, 2004) males perceive more aggression and hostility from their mothers than females during the process of perceiving parental accepting or rejecting behaviour. The ratio of aggression and hostility the child perceives increases as the aggressive and hostile behaviour of the mother increases. Our study found relationship between perceived parental acceptance / rejection and depression, somatization, hostility, anxiety and negative self-perception. The child's adjustment and health are related to their experiences of acceptance and rejection (from their environment) in their interpersonal relationships. Accepting, warm parents have a tendency to have more adjusted and happy children (Rohner, 2004). Adolescents who perceive their relationship with their parents as warm and secure have a high level of self-esteem (Bayraktar and co., 2009). Research by Özen (2009), it was found that, as perceived acceptance from the mother increases, self-perception undergoes positive changes in both adolescent boys and girls.

A study by Ceral and Dag (2005) did not find a meaningful difference in depressive symptoms and interpretations of self-esteem according to democratic or indulging family attitudes. The researchers along with putting this down to cultural characteristics, explained that the real factor behind the lowering of self-esteem levels and increasing depressive symptoms is the low level of acceptance / attention which is shared by neglecting and authoritative groups. This evidence and interpretation, which conflicts the results of our study, may be due to the fact that the calculations were conducted in a different area. It is also found that acceptance/rejection and especially perceived control from mother have a correlation with psychological problems. The reason of the inconsistent results with the above-mentioned study is because of the use of different scales.

43 studies in 15 different countries proved a universal relationship between perceived parental acceptance and psychological adjustment. A child, no matter where they are, who receives love from their family, feels good and mature, displays less behavioural problems such as aggression towards authority and aggressive behaviour, gives appropriate emotional responses and has a positive worldview (Khaleque and Rohner, 2002). Research by Rohner and Britner (2002) found that parental rejection was related to mental health, especially depression, depressive emotions, communication problems, behavioural problems and substance abuse. A relationship between various fundamental personality traits and various coping strategies of parental rejection and psychological complaints, especially depression and anxiety was observed (Isik, 2010). It was observed that parental acceptance explains 26% of differences in psychological adjustment of children (Kim and Rohner, 2002). The inaccessibility, the significant distancing or separating behaviour of the parent leads to a variety of psychological problems (Karkoutas and Erkman, 2011). Our study determined that neglect, undifferentiated rejection, hostility and control from the mother is related to depression and neglect from the father is related to depression. However our study not found relationships between perceived undifferentiated rejection, hostility and control from father and depression. When studying depression, rejection and its sub-theories differences to literary evidence were observed. A study by Wale and co (2008) found that depressive symptoms were related to perceived parental rejection. If the attachment figure remains unresponsive towards the requests and needs of the child or gives inappropriate responses to these,

the child will perceive the attachment figure as rejecting and perceive themselves as not being worthy of being valued and will develop expectations according to these (Pietromonaco and Borrett, 2000). Contempt, neglect, hatred, rejection, giving harsh criticism, giving severe punishments, hindering the child's physical and emotional development and excluding the child are all defined as behaviours of a rejecting mother. When rejected children become adults they display specific characteristics such as, aggression, grudge bearing and negative self-esteem (Erkan and Toran, 2004).

Our study determined that perceived aggression from the mother and father is a predictor of anxiety. Children are more careful in their relationships with their fathers who perceive their fathers to be aggressive and they may feel anxiety because they believe that if they make a mistake they will be faced with hostility from their father (Yörükoğlu, 2009). Expressions such as "I'll tell your father!", which are especially adopted by Turkish society, breed child - father relationships within a theme of fear. Therefore, it is accepted that children will be disciplined by their fathers through fear. Thus fathers when displaying behaviours which are relevant to fathering will raise their children as anxious individuals.

Our study determined that perceived neglect from the mother and father is a predictor of anxiety. The quality of their relationship with their mother is of great importance for a child. Bowlby (1969) stresses the positive contribution of secure attachment on child development. It is not surprising that a child who experiences a lack of attention, support and love from their mother suffers from anxiety, because the mother is a safe refuge for the child. The lack of a safe refuge to turn to when they are having difficulties leads to the child feeling insecure, in other words being anxious. Therefore they will experience anxiety as their schemas relating to insecurity develop. Our study determined that perceived undifferentiated rejection from the mother and father is a predictor of anxiety. The importance of the role of the father on child development in our study is emphasised again. There is as much need for love and attention from the father as the mother. Children who feel unloved or unwanted by their fathers, feel alienated from their protectors and experience anxiety, as they would if they felt unloved or unwanted by their mothers. The perception that fathers are rejecting even though they do not display any specific

behaviour, may be due to the father living away from the family home, or the beliefs of society that men cannot express their emotions as freely as women.

Our study determined that perceived aggression from the mother and father is a predictor of negative self. Attention is drawn to literary evidence pointing to the effect of parental verbal aggression and physical aggression, separately or together, on lowering self-esteem. A parent who is hostile may induce aggressiveness, as the child's disappointment and negative emotions will breed anger and animosity (Carrasco, Holgado ve Rodriguez, 2009). It has been observed that due to their more aggressive nature male children are more likely to suffer from physical violence and that those administering the physical violence are more likely to be mothers (Tidmarsh, 2000).

Our study determined that perceived undifferentiated rejection and neglect from the mother and father is a predictor of negative self. Not considering differences of gender, there is a significant relationship between the self-perceptions of adolescents and the perceived acceptance/ attention from their mothers (Sirvanli-Ozen, 2009).

The evidence collected in this study is similar with related literature. A relationship between perceived rejection from the mother – father and psychological problems was established. Research which compared American children with Bangladeshi children, American children reported experiencing more love from their parents than the other group. Attention was drawn to the high levels of love in both countries, however it is thought that the lack of love in Bangladesh could be explained as resulting from the tradition family structure (Khaleque and co, 2011). Therefore, we can interpret the high level of perceived acceptance as resulting from cultural characteristics.

Our study determined that perceived control and undifferentiated rejection from the mother and hostility from the father is a predictor of somatization. The perceived neglect from both mother and father is a predictor of somatization. It is claimed that defence rotation mechanisms are frequently used in somatoform disorders. This defence style which leads to loss of function in organs of motion or emotion is useful for suppressing the individual's anxiety and keeping them away from responsibility for a while because they are viewed as being unwell (Öztürk, 2004). The control an



adolescent perceives from his/her mother may lead to the adolescent feeling that they have no effect on their own life. Therefore, alongside the benefits afore mentioned it can be interpreted that they enter into attempts to direct the things they can unconsciously.

Our study determined that perceived hostility from the mother and father is a predictor of hostility. The results of various studies conducted to research where children learn aggressive behaviour from show that it is learnt from parents or social environment. A study by Carrasco and co (2009) found a positive correlation between parental animosity and observed aggressive attitudes in children. The evidence collected in this study is similar with related literature.

Our study determined that neglect from both mother and father is a predictor of hostility. Lack of love and attention contributes to the worthlessness schemas of an individual and the individual may express their anger because they feel they do not deserve to be treated that way. Our study found that a relationships between undifferentiated rejection and hostility however, there is no relationships between control and hostility in this study.

Research is available which shows that parental factors are related to a small portion of adolescent's psychological problems. A study by Dwairy and co (2010) found control from the mother, inconsistency and parental rejection to be more meaningful. Research on the relationship between parental attitudes and levels of psychological symptoms found meaningful differences in levels of psychological symptoms of adolescents who perceived their parents to have democratic or authoritative attitudes. This study, which was completed in our country had similar results to our study. It also found that levels of psychological symptoms were effected by more strict, restrictive and over-controlling parental attitudes (Ceral and Dag, 2005).

As the result, the results are consistent with the literature that there are cross-cultural differences in psychological problems. In our country, as it is in others, it is found that there is a correlation between the quality of the relationship with parents and psychological problems. It is a significant result that the perceived maternal control is more predictive on psychological problems than the perceived paternal control.

This study emphasizes the importance of the family relations in adolescence in terms of psychological health.

This study has also limitations as others. One of the most important limitations of the study is related to procedure. The forms of mother and father were given together. Filling out the questionnaires took 40-45 minutes. After getting permission from teachers, the students filled out the questionnaires during their free times. The effect of sorting was decreased by changing the order of forms; however, the length of the response time and questionnaire decreased reliability.

Another limitation of the study is that data were collected only from children. Although the perceived parental acceptance is important, additional techniques could also be used in scanning psychological problems. Since the questionnaires were administered in classrooms, it is thought that this could be affected the subjectivity of responses.

The study collected data only from public schools. Generalizability was weakened since private and vocational schools were not included in the study.

Finally, since the study is correlational, it should be considered that this study does not give causal relations. For instance, it is possible that perceived maternal control can lead to somatization; however, it is also possible that somatization leads low levels of perceived maternal control.

### **Recommendations for Future Research**

Future research should focus on what makes the TRNC sample able to cope with psychological problems. Therefore, we will know which factors protect the psychological health of adolescents and be able to boost these factors.

This study used only one questionnaire to measure the symptoms of the adolescents. It is recommended that future studies use more than one means of evaluation. Therefore, the reliability of the results will increase.

It is thought that except from perceived parental acceptance/rejection, evaluating also perceived acceptance/rejection from social environment such as peers, teachers, siblings can provide more information related to problems of adolescents.

This study evaluated the psychological disorders listed on the BSI. When examining literature, we can observe that other psychological problems, such as, substance abuse and behavioural problems are also related to parental rejection. Future research should also study these problems. Thus, we will gain more information on the psychological health of the adolescents.

Divorce has negative effects on the psychological health of children. It is thought that families should seek psychological support before and after divorce in order to contribute to the development of their children.

**CHILDREN LEARN WHAT THEY LIVE**

Dorothy Law Nolte

If a child lives with criticism  
he learns to condemn.

If a child lives with hostility,  
he learns to fight.

If a child lives with fear,  
he learns to be apprehensive.

If a child lives with pity,  
he learns to feel sorry for himself.

If a child lives with ridicule,  
he learns to be shy.

If a child lives with jealousy,  
he learns what envy is.

If a child lives with shame,  
he learns to feel guilty.

If a child lives with encouragement,  
he learns to be confident.

If a child lives with tolerance,  
he learns to be patient.

If a child lives with praise,  
he learns to be appreciative.

If a child lives with acceptance,  
he learns to love.

If a child lives with approval,  
he learns to like himself.

If a child lives with recognition,  
he learns that it is good to have a goal.

If a child lives with sharing,  
he learns about generosity.

If a child lives with honesty and fairness,  
he learns what truth and justice are.

If a child lives with security,  
he learns to have faith in himself and in those about him.

If a child lives with friendliness,  
he learns that the world is a nice place in which to live.

*Canfield, J. & Wells, H. C. (1976).*

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## APPENDICES

### APPENDIX -1

#### GENEL BİLGİ FORMU

Sevgili öğrenci;

Lise dönemindeki gençlerle ilgili bir proje yürütmekteyiz. Bu çalışmaya katılmanı öneriyoruz. Senden anne ve babanın sana olan davranışlarıyla ilgili bazı soruları cevaplamanı istiyoruz. Dolduracağınız anketlerde doğru ya da yanlış cevap yoktur. Bu yüzden lütfen sorulara dürüst cevap veriniz; bu, çalışmamız açısından çok önemlidir. Araştırmadan elde edilen tüm bilgiler kesinlikle gizli tutulacak ve sadece bu araştırma çerçevesinde kullanılacaktır. Araştırmaya kayılmayabilirsiniz veya istediğiniz zaman bilgilerinizi geri alabilirsiniz. Araştırma bittiğinde, size bulgularla ilgili bilgiler verilecektir. Bu önemli çalışmada bize yardımcı olduğunuz için teşekkür ederiz. Çalışmamıza verdiğiniz destek bizim için çok değerlidir.

Lise öğrencilerine yönelik bir araştırma kapsamında, aşağıdaki sorulara vereceğiniz cevaplar bilimsel değerlendirme amacı ile kullanılacaktır.

1. Yaşınız: \_\_\_\_\_
2. Cinsiyetiniz: Kız \_\_\_\_ Erkek \_\_\_\_
3. Doğum yeriniz: KKTC  TC  Diğer   
(diğerse neresi olduğunu lütfen belirtiniz) \_\_\_\_\_
4. Doğum yeriniz KKTC değilse, ne kadar süredir KKTC’de yaşıyorsunuz? \_\_\_\_\_
5. Anne ile babanızın doğum yerlerini lütfen belirtiniz.  
Anne: \_\_\_\_\_  
Baba: \_\_\_\_\_
6. Kardeşiniz var mı?  
Evet   
Hayır
7. Evetse:
  - 1 Kardeşim var  Yaşı \_\_\_\_ Cinsiyeti \_\_\_\_
  - 2 Kardeşim var  Yaşı \_\_\_\_ Cinsiyeti \_\_\_\_
  - 3 Kardeşim var  Yaşı \_\_\_\_ Cinsiyeti \_\_\_\_
  - 4 Kardeşim var  Yaşı \_\_\_\_ Cinsiyeti \_\_\_\_

5 Kardeşim var  Yaşı \_\_\_\_\_ Cinsiyeti \_\_\_\_\_

8. Gittiğiniz okul tipini lütfen işaretleyiniz:

Devlet okulu

Özel okul

Diğer \_\_\_\_\_

9. Ailenizle ilgili bilgiler:

Anne ile baba birlikte aynı evi paylaşıyorlar

Anne ile baba boşanmış

Anne ile baba boşanmışsa lütfen kiminle/kimlerle (üvey anne, üvey baba) kaldığınızı belirtiniz:

Ebeveyn kaybı var mı?

Anne

Baba

Her ikisi

10. Evde anne/baba/kardeş dışında sizinle birlikte yaşayan birey/bireyler var mı?

Evet

(kimlerin olduğunu lütfen

belirtiniz) \_\_\_\_\_

Hayır

11. Annenizle ve babanızla ilişkiniz nasıl?

Annemle ilişkim: ( ) Çok iyi

Babamla ilişkim: ( ) Çok iyi

( ) İyi

( ) İyi

( ) İyi değil

( ) İyi değil

( ) Hiç iyi değil

( ) Hiç iyi değil

12. Annenizle babanız ne kadar tartışırlar? ( ) Sık sık ( ) Bazen ( ) Çok az ( ) Hiç

13. Annenizin yaşı: \_\_\_\_\_

14. Annenizin eğitim durumu (lütfen işaretleyiniz):

İlkokul

Üniversite

Ortaokul

Açık öğretim

Lise

Yüksek okul

Diğer (lütfen belirtiniz): \_\_\_\_\_

15. Babanızın yaşı: \_\_\_\_\_

16. Babanızın eğitim durumu (lütfen işaretleyiniz):

İlkokul

Üniversite

Ortaokul

Açık öğretim

Lise  Yüksek okul

Diğer (lütfen belirtiniz): \_\_\_\_\_

17. Ailenizin ortalama aylık geliri ne kadardır?

1250TL altı

1250-2000TL

2000-4000TL

4000TL üzeri

**APPENDIX -2**















**APPENDIX -3**















## APPENDIX -4

## KSE

Aşağıda insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtilerin SİZDE BUGÜN DAHİL, SON BİR HAFTADIR NE KADAR VAROLDUĞUNU yandaki bölmede uygun olan yerde işaretleyin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin. Eğer fikir değişirseniz ilk yanıtınızı silin.

Yanıtlarınızı aşağıdaki ölçeğe göre değerlendirin:

Bu belirtiler son bir haftadır sizde ne kadar var?

(0)Hiç yok (1)Biraz var (2)Orta derecede var (3)Epey var (4)Çok fazla var

	Hiç yok	Biraz var	Orta derecede var	Epey var	Çok fazla var
1.İçinizdeki sinirlilik ve titreme hali	0	1	2	3	4
2.Baygınlık, baş dönmesi	0	1	2	3	4
3.Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri	0	1	2	3	4
4.Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	0	1	2	3	4
5.Olayları hatırlamada güçlük	0	1	2	3	4
6.Çok kolayca kızıp öfkelenme	0	1	2	3	4
7.Göğüs (kalp) bölgesinde ağrılar	0	1	2	3	4
8.Meydanlık (açık) yerlerden korkma duygusu	0	1	2	3	4
9.Yaşamınıza son verme düşünceleri	0	1	2	3	4
10.İnsanların çoğuna güvenilemeyeceği hissi	0	1	2	3	4
11.İştahta bozuklar	0	1	2	3	4
12.Hiçbir nedeni olmayan ani korkular	0	1	2	3	4
13.Kontrol edemediğiniz duygu patlamaları	0	1	2	3	4
14.Başka insanlarla beraberken bile yalnızlık hissetmek	0	1	2	3	4
15.İşleri bitirme konusunda kendini engellenmiş hissetmek	0	1	2	3	4
16.Yalnızlık hissetmek	0	1	2	3	4
17.Hüzünlü, kederli hissetmek	0	1	2	3	4
18.Hiçbir şeye ilgi duymamak	0	1	2	3	4
19.Ağlamaklı hissetmek	0	1	2	3	4
20.Kolayca incinebilme, kırılmak	0	1	2	3	4
21.İnsanların sizi sevmediğine, kötü davrandığına inanmak	0	1	2	3	4
22.Kendini diğerlerinden daha aşağı görme	0	1	2	3	4
23.Mide bozukluğu, bulantı	0	1	2	3	4
24.Diğerlerinin sizi gözlediği ya da hakkınızda	0	1	2	3	4

konuştuğu duygusu					
25.Uykuya dalmada güçlük	0	1	2	3	4
	Hiç yok	Biraz var	Orta derecede var	Epey var	Çok fazla var
26.Yaptığımız şeyleri tekrar tekrar doğru mu diye kontrol etmek	0	1	2	3	4
27.Karar vermede güçlükler	0	1	2	3	4
28.Otobüs, tren, metro gibi umumi vasıtalarla seyahatlerden korkmak	0	1	2	3	4
29.Nefes darlığı, nefessiz kalmak	0	1	2	3	4
30.Sıcak soğuk basmaları	0	1	2	3	4
31.Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak kalmaya çalışmak	0	1	2	3	4
32.Kafanızın “bomboş” kalması	0	1	2	3	4
33.Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar	0	1	2	3	4
34.Günahlarınız için cezalandırılmaz gerektiği	0	1	2	3	4
35.Gelecekle ilgili umutsuzluk duyguları	0	1	2	3	4
36.Konsantrasyonda (dikkati bir şey üzerinde toplama) güçlük/ zorlanmak	0	1	2	3	4
37.Bedenin bazı bölgelerinde zayıflık, güçsüzlük hissi	0	1	2	3	4
38.Kendini gergin ve tedirgin hissetmek	0	1	2	3	4
39.Ölme ve ölüm üzerine düşünceler	0	1	2	3	4
40.Birini dövme, ona zarar verme, yaralama isteği	0	1	2	3	4
41.Bir şeyleri kırma, dökme isteği	0	1	2	3	4
42.Diğerlerinin yanındayken yanlış bir şeyler yapmamaya çalışmak	0	1	2	3	4
43.Kalabalıklarda rahatsızlık duymak	0	1	2	3	4
44.Bir başka insana hiç yakınlık duymamak	0	1	2	3	4
45.Dehşet ve panik nöbetleri	0	1	2	3	4
46.Sık sık tartışmaya girmek	0	1	2	3	4
47.Yalnız bırakıldığında / kalındığında sinirlilik hissetmek	0	1	2	3	4
48.Başarılarınız için diğerlerinden yeterince takdir görmemek	0	1	2	3	4
49.Yerinde duramayacak kadar tedirgin hissetmek	0	1	2	3	4
50.Kendini değersiz görmek / değersizlik duyguları	0	1	2	3	4
51.Eğer izin verirseniz insanların sizi sömüreceği duygusu	0	1	2	3	4
52.Suçluluk duyguları	0	1	2	3	4
53.Aklınızda bir bozukluk olduğu fikri	0	1	2	3	4

**CV**

She was born on 02.05.2987. She born in Nicosia. She graduated from Türk Maarif College in 2004. She graduated from Hacettepe University's Psychology Department in 2008. She graduated from Applied (Clinical) Psychology Master Program in Near East University. She interned in "İlk Adım Anaokulu" and She did her internship Çankaya kindergartens in the Municipality. She interned in Barış ve Sinir Hastalıkları Hospital from the date 23.07.2007 to 18.08.2007. She interned in Ege University Medical School Psychology Unit of the Department of Psychiatry from 01.07.09 to 21.08.09. She interned in Barış Ruh ve Sinir Hastalıkları Hospital from 17.03.10 to 27.09.10. She has attended 14. National Psychology Congress on 2006. She has attended Işık Savaşır Symposium of Clinical on 14-15 May 2007. She attended at the presentations of "Evolution of Health Families Pinellas" and "Model Child Protection Center in OHIO" on 2007. She has attended 13. National Psychology Students Congress on 10-13 July 2008. She has attended training of forensic psychology on 19-21 December 2008. She has attended at the presentation of psychoanalysis and society on 10 September 2009. She has attended the workshop of child assessment package on 2009. She has attended training of cognitive-behavioral perspective and the ways to deal with test anxiety on 2-3 October 2010. She has attended Denver II Development Screening Test and she has certificate of competency. She has attended International Conference on Leadership in Classroom Management and Motivation on 2-3 December 2010. She gave some seminars about of Anger Control and Coping With Stress at Association of Diabetes on 2009. She is working as a psychologist at the clinic, since February 2009. She was working as on teaching assistant in Faculty of Education at Near East University since 2009. She knows English. She is using very well the Microsoft Office programs (word, excel, power point etc.) and SPSS program.



