

ORIGINAL PAPER

## The mediating role of beliefs about emotions in the relationship between invalidating childhood environment and borderline personality traits

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### Abstract

While the association between an invalidating childhood environment and borderline personality traits is well-established, the psychological mechanisms underlying this relationship remain insufficiently understood. This study aimed to examine the mediating role of negative beliefs about emotions and their subdimensions in the relationship between an invalidating childhood environment and borderline personality traits in adulthood. The sample consisted of 420 Turkish adults aged between 18 and 40 years. Participants completed the Invalidating Childhood Environment Scale, the Borderline Personality Traits Questionnaire, and the Beliefs about Emotions Questionnaire through an online survey. Data were analyzed using Pearson correlation analysis and regression-based path analyses based on Hayes' bootstrap mediation approach with 5,000 resamples. The results indicated that an invalidating childhood environment was positively associated with both borderline personality traits and negative beliefs about emotions, and that negative beliefs about emotions were also positively associated with borderline personality traits. Mediation analyses demonstrated that overall negative beliefs about emotions (95% CI [.04, .13]), overwhelming/uncontrollable beliefs (95% CI [.07, .19]), shameful/irrational beliefs (95% CI [.03, .12]), and damaging beliefs (95% CI [.01, .08]) each significantly mediated this relationship. Overall, the findings suggest that maladaptive beliefs about emotions constitute a key psychological mechanism through which childhood emotional invalidation may increase vulnerability to borderline personality traits in adulthood.

**Keywords:** invalidating childhood environment, borderline personality traits, beliefs about emotions, emotion regulation

### Çocuklukta onaylamayan çevre ve borderline kişilik özellikleri ilişkisinde duygulara ilişkin inançların aracı rolü

Çocuklukta onaylamayan çevre ile borderline kişilik özellikleri arasındaki ilişki iyi bilinmekle birlikte, bu ilişkiye aracılık eden psikolojik mekanizmalar büyük ölçüde yeterince incelenmemiştir. Bu çalışma, çocuklukta onaylamayan çevre ile yetişkinlikteki borderline kişilik özellikleri arasındaki ilişkide duygulara ilişkin olumsuz inançların ve bu inançların alt boyutlarının aracı rolünü incelemeyi amaçlamaktadır. Örnekleme, yaşları 18–40 arasında değişen 420 Türk yetişkinden oluşmaktadır. Katılımcılar Çocuklukta Onaylamayan Çevre Ölçeği, Borderline Kişilik Özellikleri Ölçeği ve Duygulara İlişkin İnançlar Ölçeği'ni çevrim içi ortamda doldurmuş; veriler Pearson korelasyon analizi ve Hayes'in bootstrap temelli aracılık yaklaşımına dayalı, 5.000 yeniden örnekleme ile yürütülen regresyon temelli yol analizleri kullanılarak analiz edilmiştir. Bulgular, çocuklukta onaylamayan çevrenin borderline kişilik özellikleri ve duygulara ilişkin olumsuz inançlarla pozitif ilişkili olduğunu; ayrıca duygulara ilişkin olumsuz inançların da borderline kişilik özellikleriyle pozitif ilişkili olduğunu göstermiştir. Aracılık analizi sonuçları, duygulara ilişkin genel olumsuz inançların (%95 GA [.04, .13]), bunaltıcı/kontrol edilemez (%95 GA [.07, .19]), utanç verici/irrasyonel (%95 GA [.03, .12]) ve zarar verici inançların (%95 GA [.01, .08]) bu ilişkide anlamlı aracı rol üstlendiğini ortaya koymuştur. Genel olarak bulgular, çocuklukta onaylamayan bir çevrede büyümenin, borderline kişilik özelliklerine yönelik kırılganlığı artırmasında duygulara ilişkin uyumsuz inançların temel bir psikolojik mekanizma oluşturduğunu göstermektedir.

**Anahtar Kelimeler:** çocuklukta onaylamayan çevre, borderline kişilik özellikleri, duygulara ilişkin inançlar, duygu düzenleme

### INTRODUCTION

Childhood experiences significantly shape emotional and behavioral patterns throughout adulthood (McEwen, 2003). Caregivers may, through abuse or neglect, impede healthy development, leading to physical, psychological, or social harm and compromising children's safety and well-being. These negative experiences are known to have lasting effects that persist into adulthood (D'Arcy-Bewick et al., 2022; Mansueto et al., 2021; Nivison et al., 2021; Semsar et al., 2021; VanMeter et al., 2021). Various theories have been proposed to explain the psychological consequences of early experiences. Among them, the biosocial theory (Linehan, 1993), foundational to Dialectical Behavioral Therapy (DBT), offers a prominent framework

for understanding how the family's emotional environment influences psychological functioning.

### Biosocial Theory and Invalidating Childhood Environment

The biosocial theory (Linehan, 1993) posits that maladaptive behavioral patterns adopted by individuals to regulate unpleasant emotions result from the interaction between biological predispositions and environmental factors. In line with this theory, an unsupportive social milieu during childhood intensifies biological vulnerabilities, thereby precipitating maladaptive behaviors. Linehan (1993) defined an invalidating childhood environment as one in which family members or other caregivers meet a child's

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emotional experiences with punishment, devaluation, or disregard. In other words, the concept of an invalidating childhood environment can be defined as a situation in which a child's emotional expression is met with a rejecting or devaluing reaction from others. In such environments, children develop the conviction that their interpretation and expression of their own emotions and experiences are flawed, as are their perspectives on the underlying causes of their emotions, beliefs, and behaviors. Furthermore, caregivers may associate a child's emotional experiences with negative personality traits, which are often viewed as socially unacceptable or undesirable. For instance, a child may be perceived as hypersensitive, vulnerable, or paranoid because of their emotional reactions. In some contexts, the child may even be labeled for exhibiting negative emotional expressions. Ultimately, however, the child's personal emotional experiences and emotional reactions are frequently invalidated and dismissed as insignificant (Linehan, 1993; Musser et al., 2018).

It is well-established that emotional sharing and validation play a critical role in the acceptance and understanding of emotions (Bader, 2016). When children receive supportive and accepting responses to their emotional expressions from caregivers, they are more likely to understand the causes of their feelings and develop the ability to accurately identify and label their emotions (Are & Shaffer, 2016). In contrast, children exposed to invalidating environments often struggle to connect their emotional experiences with the situations that elicited them (Kench & Irwin, 2000; Lambie & Lindberg, 2016; Warner et al., 2020). This disruption in emotional awareness and meaning-making may contribute to difficulties in emotion regulation. For instance, Fabes et al. (2001) found that children whose parents responded to their negative emotions with punitive or dismissive attitudes were more likely to express those negative emotions with greater intensity in peer interactions and demonstrated lower levels of social competence. These findings suggest that critical or invalidating parental responses may impair children's emotion regulation capacities. Similar results have been reported in earlier studies, highlighting a consistent link between unsupportive parental emotion socialization practices and poorer emotional and social outcomes in children (Denham, 1997; Eisenberg et al., 1996).

The biosocial theory identifies four primary consequences of growing up in an invalidating environment during childhood (Linehan, 1993; Musser et al., 2018). First, children are more likely to develop a fear of emotions, suppress their thoughts, and exhibit heightened emotional sensitivity (Braden et al., 2020; Ding et al., 2022; McCallum & Goodman, 2019). Second, they may struggle to develop problem-solving skills, distress tolerance, and realistic goal-setting abilities due to the oversimplification of problem-solving strategies within their family environment (Guérin-Marion, 2020; Haslam et al., 2008; Mountford et al., 2007). Third, children in such contexts may receive attention or support only when they display extreme emotional reactions or encounter severe difficulties, thereby reinforcing maladaptive behavioral patterns (Johnson et al., 2017). Finally, these children often fail to learn when and how to trust their own cognitive and emo-

tional responses in specific situations (Linehan, 1993; Musser et al., 2018).

A growing body of research supports the notion that invalidating childhood environments contribute to a wide array of psychopathological outcomes. These include disordered eating attitudes and eating disorders (Haslam et al., 2008; Haslam et al., 2012; Gonçalves, 2021), alexithymia (Ditzer et al., 2023; Edwards et al., 2021; Kılıç, 2023; Lecours et al., 2016), anxiety and depression (Brandão et al., 2023; Holden et al., 2021), and somatization (Haktanır & Çoklar, 2023; Kerber et al., 2023; Kooiman et al., 2004; Kroska et al., 2018). Among these, however, the association between invalidating environments and borderline personality disorder (BPD) has received particularly robust empirical and theoretical attention (Bandelow et al., 2005; Carr & Francis, 2009; Gill & Warburton, 2014; Keng & Wong, 2017; Keng & Soh, 2018; Robertson et al., 2013; Sauer & Baer, 2010; Sturrock & Mellor, 2013), making it a central focus in understanding the long-term psychological consequences of early childhood invalidation.

### Borderline Personality Disorder and Traits

Borderline Personality Disorder (BPD), as defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR; American Psychiatric Association [APA], 2022), is a complex mental health condition characterized by a pervasive pattern of emotional instability, impulsivity, unstable interpersonal relationships, a fragile or inconsistent self-image, and heightened sensitivity to abandonment (APA, 2022). To meet the diagnostic criteria, an individual must exhibit at least five of the following symptoms: desperate attempts to prevent actual or perceived abandonment, highly volatile and intense interpersonal relationships, significant disturbances in self-identity, impulsive actions that may be self-destructive, repeated suicidal behaviors or self-injury, marked emotional instability, persistent feelings of emptiness, episodes of inappropriate or intense anger, and transient, stress-induced paranoid thoughts or dissociative experiences. Emerging typically in adolescence or early adulthood, BPD is associated with significant societal costs due to the complexity and chronicity of its presentation, necessitating long-term, multifaceted treatment approaches (Leichsenring et al., 2011; Livesley, 2012; Mendez-Miller, 2022).

Historically, Stern (1938) was among the first to conceptualize BPD, describing patients as a heterogeneous group who fit neither neurotic nor psychotic classifications and for whom standard psychoanalytic treatments often proved inadequate. Knight (1953) explored the disorder within the context of schizophrenia, while Frosch (1970) characterized BPD as a "psychotic character" with limited but relatively stable ties to reality. Kernberg (1967) advanced this understanding by conceptualizing borderline personality organization as a broader pathology marked by identity diffusion, primitive defense mechanisms, and distortions in reality testing. By the 1970s, Gunderson and colleagues (Gunderson & Singer, 1975; Gunderson & Kolb, 1978) refined the diagnostic criteria,

leading to the inclusion of BPD as a distinct diagnostic category in the DSM-III-R (APA, 1987). In its current iteration, the DSM-5-TR (APA, 2022) continues to recognize BPD as a distinct diagnostic category, underscoring its enduring clinical and research significance.

The DSM-5 introduced a nuanced perspective on BPD, distinguishing between borderline personality disorder and borderline personality traits. It emphasizes that the presence of personality disorder characteristics does not necessarily warrant a clinical diagnosis and highlights the need to differentiate between individuals meeting full diagnostic criteria and those exhibiting borderline traits (APA, 2022; Leichsenring et al., 2024). While individuals diagnosed with BPD experience pervasive and enduring patterns of distress and dysfunction, borderline personality traits are defined as characteristics associated with the disorder, such as emotional lability, impulsivity, and separation insecurity, that fall short of meeting the full diagnostic threshold. These traits often manifest in situational or transient ways and may not result in significant functional impairment. Some clinicians prefer to conceptualize these symptoms as personality traits rather than assigning a formal diagnosis, even when the diagnostic criteria for BPD are met (Crowell et al., 2009; Livesley, 2017; Widiger & Costa, 2013). Recognizing borderline personality traits without pathologizing normative variability is crucial for fostering early intervention and understanding personality as a continuum rather than a categorical construct. This approach allows for a more nuanced understanding of personality dimensions and avoids the stigmatization often associated with formal diagnoses.

### Negative Beliefs About Emotions

Negative beliefs about emotions have been directly associated with core features of BPD, including impulsivity and emotional dysregulation (Manser et al., 2011). Individuals who believe emotions are fixed or unchangeable tend to exhibit lower emotion regulation efficacy than those who view emotions as modifiable (Bigman et al., 2016; De Castella et al., 2013; Kneeland et al., 2016; Tamir, 2007). Such maladaptive beliefs are hypothesized to exacerbate emotion regulation difficulties, thereby increasing the likelihood of developing borderline personality traits (Sabri et al., 2021). Bateman and Fonagy (2004) observed that individuals with BPD frequently perceive emotions as overwhelming, dangerous, meaningless, or uncontrollable—perceptions often rooted in early attachment disturbances and invalidating relational contexts. Indeed, rigid beliefs, such as “emotions are permanent,” “expressing emotions is dangerous,” or “my emotions are fundamentally different from others,” have been linked to increased impulsivity (Manser et al., 2012), emotional dysregulation (Veilleux et al., 2015; Veilleux et al., 2019), and broader psychopathological outcomes such as anxiety, depression, and eating disorders (Becerra et al., 2024; De Castella et al., 2013; Ford, Lwi et al., 2018; Kneeland et al., 2016; Koç & Uzun, 2023; Petrides et al., 2017; Veilleux et al., 2021; Vuillier et al., 2021).

Crucially, beliefs about emotions may occupy a more central and modifiable position than related constructs

such as emotional schemas or avoidance tendencies because they represent higher-order appraisals that guide how individuals interpret and regulate emotional experiences. As demonstrated in broader emotion-belief research, these meta-emotional beliefs influence the intensity and duration of emotions, the selection of regulation strategies, and overall psychological well-being (Ford, Lam, et al., 2018; Ford & Gross, 2019; Kneeland & Kisley, 2023; Leahy, 2002; Tamir et al., 2007). Unlike avoidance tendencies, which reflect behavioral patterns, or emotional schemas, which encompass broader relational narratives, beliefs about the controllability and utility of emotion directly shape regulatory efforts and can be targeted through cognitive and behavioral interventions (Becerra et al., 2020, 2024; De Castella et al., 2013; Johnston et al., 2024; Sasaki et al., 2023). This evidence supports the conceptualization of emotion beliefs as a pivotal mechanism underlying emotion dysregulation in BPD and a promising target for therapeutic change.

### The Current Study

While the connection between invalidating childhood environments and the development of borderline personality traits is well-established, the psychological mechanisms underlying this association largely remain underexplored. One proposed mechanism is the formation of negative beliefs about emotions. Repeated emotional invalidation—such as being criticized, dismissed, or punished for expressing emotions—may lead individuals to internalize beliefs such as “emotions are a sign of weakness,” “expressing emotions results in rejection,” or “to be accepted, I must suppress my emotions.” These beliefs may impair emotion regulation in several ways. First, they can inhibit emotional awareness and processing, promoting maladaptive strategies such as suppression, avoidance, or denial. Second, they may amplify distress by eliciting secondary emotional responses, such as shame, guilt, or fear, toward one’s primary emotional experiences. Finally, they may hinder interpersonal functioning by reducing individuals’ willingness or capacity to express emotions and seek support, thereby perpetuating emotional isolation and dysregulation. Collectively, these processes may contribute to the emergence and maintenance of borderline personality traits.

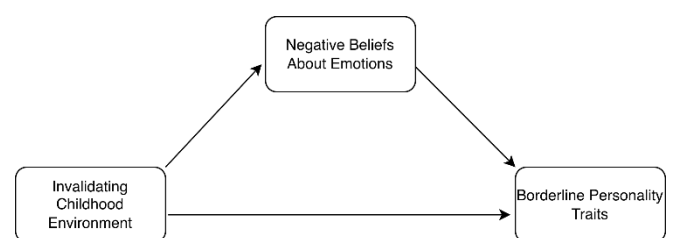


Figure 1. The Hypothesized Conceptual Model.

Considering the existing empirical and theoretical knowledge, the purpose of this study is twofold: first, to determine the relationships among invalidating childhood environment, borderline personality traits, and negative beliefs about emotions, and second, to examine the mediating role of negative beliefs about emotions between an

invalidating childhood environment and borderline personality traits. Building on this rationale, Figure 1 illustrates the hypothesized conceptual model: exposure to an invalidating childhood environment (X) is expected to predict borderline personality traits (Y) both directly and indirectly through negative beliefs about emotions (M).

## METHODS

### Participants

A total of 420 Turkish adults took part in the study. Inclusion criteria for the study required participants to be at least 18 years old, fluent in Turkish, and willing to provide informed consent. Participants were also required to have sufficient cognitive and literacy skills to complete the self-report measures. No formal exclusion criteria were applied in this study, as the primary aim was to capture a broad range of participants within the general adult population. Informed consent was obtained from all participants before data collection, and participants were assured that their responses would remain confidential and would be used solely for research purposes. Based on a population of approximately 54 million adults (18–65 years), the minimum required sample size for estimating a single proportion at 95% confidence with a  $\pm 5\%$  margin of error was calculated as 385 participants. The actual sample ( $n = 420$ ) exceeded this threshold, ensuring that the study had sufficient statistical power and precision. The study participants were 56.7% women and 43.3% men. The age distribution of the participants was as follows: 44.3% were between the ages of 18 and 25, 30% were between the ages of 26 and 33, and 25.7% were between the ages of 34 and 40. Of the total participants, 35.2% reside in the Marmara region, 12.6% in the Aegean region, 12.1% in the Mediterranean region, 6.2% in the Eastern Anatolia region, 9% in the Southeastern Anatolia region, 18.8% in the Central Anatolia region, and 6% in the Black Sea region. With regards to the educational level of the participants, 6.9% indicated that they had completed primary school or middle school, 24.5% reported that they had obtained a high school diploma, 58.6% stated that they had earned an associate or bachelor's degree, and 10% indicated that they had completed a master's degree or doctorate. The participants were divided into three (perceived) socioeconomic status categories: low (33.6%), middle (48.8%), and high (17.6%). While 26% of the participants had received psychotherapy/counseling in the past, 74% had not. Among the participants who received psychotherapy/counseling, 13.1% had done so for a period of 1–2 months, 6.7% for 3–6 months, 2.6% for 7 months to 1 year, and 6.9% for more than 1 year.

### Measures

**Personal Information Form** Respondents were asked to provide data regarding their gender, age, place of residence, self-perceived socio-economic level, and history of psychological help. The personal information form did not include any questions about the personal identity of the participants.

### *Invalidating Childhood Environment Scale (ICES)*

ICES developed by Mountford et al. (2007) was adapted into Turkish by Alpay et al. (2018). There are 14 items evaluating the behaviors and attitudes of the mother and father in the Turkish version of the scale as in the original version. In the 5-point Likert-type scale, the lowest score for each parent is 14 and the highest score is 70. A high score on the scale means a high invalidating environment in childhood. The internal consistency coefficients of the original form of the scale were calculated as .88 for the mother and .90 for the father. The internal consistency coefficients of the Turkish form were calculated as .84 and .87 for the mother and father forms, respectively. In the current study, the Cronbach Alpha coefficient of the Invalidating Childhood Environment Scale was calculated as .77 for the mother form and .78 for the father form.

### *Borderline Personality Questionnaire (BPQ)*

BPQ is an 80-item scale developed by Poreh (2006). The scale was adapted into Turkish by Ceylan et al. (2021). The scale has a “true-false” format. Each “true” answer is scored “1” and each “false” answer is scored “0”. There are 13 reverse items. A minimum score of 0 and a maximum score of 67 points can be obtained from the scale. Both the original and the Turkish version of the Borderline Personality Questionnaire have nine subdimensions: Impulsivity, Affective Instability, Abandonment, Relationships, Self-Image, Suicide/Self-Mutilation, Emptiness, Intense Anger and Quasi-Psychotic States. Cronbach's alpha coefficients of the scale ranged between .46 and .81. Cronbach's alpha coefficient for the whole scale was found to be .89. Within the scope of this study, the internal consistency coefficient Cronbach's alpha coefficient was calculated as .71 for the whole scale, .75 for Impulsivity, .74 for Emotional Instability, .75 for Abandonment, .75 for Relationships, .74 for Self-Image, .75 for Suicide/Self-Mutilation, .75 for Emptiness, .75 for Intense Anger and .75 for Quasi-psychotic states subdimensions.

### *Beliefs About Emotions Questionnaire (BAEQ)*

The BAEQ (Manser et al., 2012) is a 5-point Likert-type scale designed to assess individuals' negative beliefs about emotions such as anger, disappointment, and resentment. Comprising 43 items, the scale includes six subdimensions: Overwhelming/Uncontrollable, Shameful/Irrational, Invalid/Meaningless, Useless, Damaging, and Contagious. Higher scores reflect stronger negative beliefs regarding these emotional experiences. In its original version, the subdimensions demonstrated Cronbach's alpha coefficients ranging from .69 to .88. The Turkish adaptation of the scale, conducted by Koç and Uzun (2022), retained the original six-factor structure but reduced the total number of items to 37, including 14 reverse-scored items. In the Turkish version, Cronbach's alpha coefficients for the subdimensions were reported as .83 for Overwhelming/Uncontrollable, .81 for Shameful/Irrational, .75 for Useless, .70 for Invalid/Meaningless, .61 for Contagious, and .76 for Damaging. The overall internal consistency of the Turkish version was .78. In the present study, Cronbach's alpha coefficients were .71 for the whole scale, and for the subscales: .72 (Overwhelming/

Uncontrollable), .74 (Shameful/Irrational), .78 (Useless), .74 (Damaging), .77 (Invalid/Meaningless), and .76 (Contagious).

**Procedure**

This study was performed in accordance with the Declaration of Helsinki (1975, revised 2008) for Human Research, and an institutional ethics approval was granted from Istanbul Aydin University Social and Human Sciences Ethics Commission (Decision No: E-88083623-020-106024) on December 21, 2023. Following the receipt of ethical approval, the data collection process was initiated. The data collection instruments were administered to the participants via Google Forms. Participation in the study was carried out voluntarily. The participants were first requested to complete the personal information form and then the Invalidating ICES, BPQ, and the BAEQ, respectively. Participants had to answer each question before they could submit the form. It took approximately 15 minutes to complete the study. The data were collected for a month, from January 8th to the 30th, 2024.

**Data Analysis**

To assess univariate normality, skewness and kurtosis values were examined, and all fell within the recommended range of -1.5 to +1.5, indicating acceptable normality (Tabachnick & Fidell, 2013). Multivariate outliers were evaluated using Mahalanobis distance, and none exceeded the critical chi-square threshold ( $p < .001$ ). Pearson correlation analyses were conducted to examine bivariate associations among invalidating childhood environment, borderline personality traits, and negative beliefs about emotions. Mediation was tested with the PROCESS macro (version 4.3.1; Hayes, 2022), employing Model 4 to estimate the indirect effect of negative beliefs about emotions. A 95% bias-corrected confidence interval was generated from 5,000 bootstrap resamples, and statistical significance was set at  $p < .05$ . No missing data were present.

**RESULTS**

Descriptive statistics for all study variables are presented in Table 1. Participants reported an average score of 66.40 ( $SD = 14.03$ ) on the ICES and 28.10 ( $SD = 7.42$ ) on the BPQ. For the BPQ subdimensions, means ranged from 1.19 ( $SD = 1.79$ ) for suicide/self-mutilation to 4.54 ( $SD = 2.66$ ) for emotional instability. On the BAEQ, the total score averaged 105.00 ( $SD = 14.60$ ), with subdimension means ranging from 11.30 ( $SD = 3.18$ ) for contagious beliefs to 21.50 ( $SD = 7.42$ ) for shameful/irrational beliefs.

Pearson Correlation analysis was conducted to examine the relationships between the variables in the study. The results of the analysis are presented in Table 2. Results indicated that an invalidating childhood environment was positively correlated with overall borderline personality traits ( $r = .20, p < .01$ ) and several subdimensions, including impulsivity ( $r = .11, p < .05$ ), emotional instability ( $r = .17, p < .01$ ), abandonment sensitivity ( $r = .18, p < .01$ ), relationship difficulties ( $r = .16, p < .01$ ), self-image disturbances ( $r = .16, p < .01$ ), suicidal tendencies ( $r = .17, p < .01$ ), feelings of emptiness ( $r = .14, p < .01$ ), and intense anger ( $r = .15, p < .01$ ). Invalidating childhood environment was also positively correlated with negative beliefs about emotions overall ( $r = .21, p < .01$ ), particularly overwhelming/uncontrollable ( $r = .25, p < .01$ ), shameful/irrational ( $r = .24, p < .01$ ), and damaging beliefs ( $r = .16, p < .01$ ), while it was negatively correlated with beliefs of uselessness ( $r = -.14, p < .01$ ) and invalidity/meaninglessness ( $r = -.15, p < .01$ ). Borderline personality traits showed moderate positive correlations with negative beliefs about emotions overall ( $r = .44, p < .01$ ), as well as with overwhelming/uncontrollable ( $r = .56, p < .01$ ), shameful/irrational ( $r = .29, p < .01$ ), and damaging beliefs ( $r = .37, p < .01$ ). In addition, borderline personality traits were negatively correlated with beliefs of uselessness ( $r = -.16, p < .01$ ), whereas their association with invalidity/meaninglessness was small and non-significant ( $r = -.07$ ).

Based on these results, mediation analyses were conducted using the total score of negative beliefs about emotions, and, for the subdimensions, only overwhelming/uncontrollable beliefs, shameful/irrational beliefs, and damaging beliefs were included. These specific sub-scales were selected because they showed significant correlations with both invalidating childhood environment and borderline personality traits, whereas the remaining subdimensions were not significantly related to the key study variables. Separate mediation analyses were performed for each selected subdimension rather than a multiple mediation model to provide a clearer estimation of each subdimension's unique indirect effect and to avoid potential multicollinearity issues. The results of these mediation analyses were presented below.

A mediation analysis (see Table 3) was conducted to examine whether negative beliefs about emotions mediated the relationship between an invalidating childhood environment and borderline personality traits. In the first regression model, an invalidating childhood environment

examined whether negative beliefs about emotions mediated the relationship between an invalidating childhood environment and borderline personality traits. In the first regression model, an invalidating childhood environment

**Table 1. Descriptive Statistics for Study Variables**

Variable	Min	Max	M	SD
ICES-Total	28	140	66.40	14.03
BPQ-Total	1	67	28.10	7.42
BPQ Sub-dimensions				
Impulsivity	0	8	1.87	1.74
Emotional Instability	0	10	4.54	2.66
Abandonment	0	10	3.26	2.41
Relationships	0	8	3.49	2.31
Self-image	0	9	2.94	2.61
Suicide/Self-mutilation	0	7	1.19	1.79
Emptiness	0	10	4.27	2.98
Intense Anger	0	10	3.88	2.95
Quasi-psychotic State	0	7	2.61	1.86
BAEQ-Total				
Damaging	6	30	19.20	4.84
Overwhelming/Uncontrollable	7	35	19.80	6.60
Shameful/Irrational	9	45	21.50	7.42
Useless	6	30	20.20	5.36
Invalid/Meaningless	5	25	12.70	4.61
Contagious	4	20	11.30	3.18

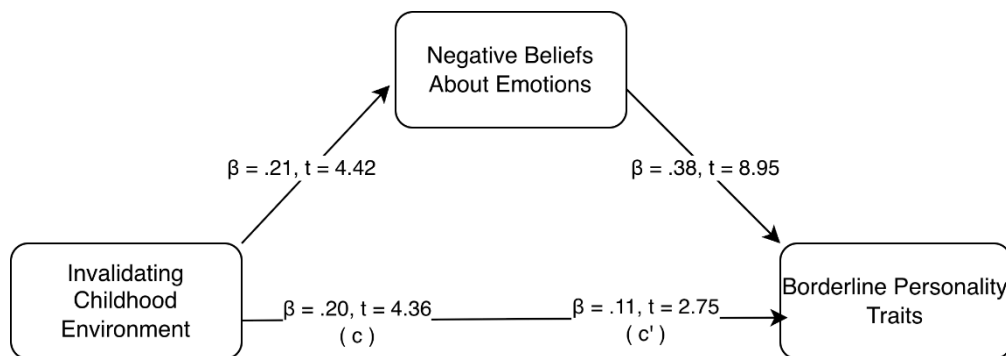
**Table 2. The Relationships Between an Invalidating Childhood Environment, Borderline Personality Traits, and Beliefs about Emotions**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. Invalidating Childhood Environment	—																
2. Borderline Personality Traits	.20**	—															
3. Impulsivity	.11*	.52**	—														
4. Emotional instability	.17**	.82**	.34**	—													
5. Abandonment	.18**	.81**	.37**	.58**	—												
6. Relationships	.16**	.68**	.19**	.48**	.61**	—											
7. Self-image	.16**	.80**	.33**	.59**	.65**	.46**	—										
8. Suicide/Self-mutilation	.17**	.61**	.44**	.44**	.45**	.28**	.39**	—									
9. Emptiness	.14**	.83**	.29**	.65**	.66**	.50**	.76**	.41**	—								
10. Quasi-psychotic state	.04	.56**	.30**	.43**	.37**	.33**	.32**	.30**	.38**	—							
11. Intense anger	.15**	.72**	.32**	.61**	.46**	.43**	.46**	.39**	.47**	.35**	—						
12. Beliefs About Emotions	.21**	.44**	.25**	.38**	.34**	.25**	.43**	.24**	.41**	.20**	.28**	—					
13. Overwhelming/Uncontrollable	.25**	.56**	.17**	.51**	.45**	.36**	.50**	.29**	.52**	.28**	.41**	.66**	—				
14. Shameful/Irrational	.24**	.29**	.29**	.18**	.25**	.15**	.28**	.12*	.24**	.24**	.14**	.67**	.45**	—			
15. Useless	-.14**	-.16**	-.08	-.13**	-.13**	-.15**	-.07	-.09	-.08	-.24**	-.12*	.11*	-.28**	-.31**	—		
16. Damaging	.16**	.37**	.04	.35**	.29**	.28**	.33**	.18**	.34**	.19**	.24**	.65**	.51**	.26**	-.03	—	
17. Invalid/Meaningless	-.15**	-.07	.10*	-.09	-.10*	-.06	-.03	.03	-.09	-.09	-.07	.01	-.38**	-.20**	.30**	-.28**	—
18. Contagious	.09	.02	.06	.07	-.01	-.04	-.02	.02	.00	.05	.05	.39**	.19**	.25**	-.21**	.27**	-.17**

\* $p < .05$ , \*\* $p < .01$ .**Table 3. Findings on the Mediating Role of Negative Beliefs about Emotions in the Relationship between an Invalidating Childhood Environment and Borderline Personality Traits**

Model	B	SE	$\beta$	$t$	$p$	95% Confidence Interval		$F$	$R^2$
						Lower bound	Upper bound		
(Constant)	91.23	5.38		16.92	.0001	[80.63,	101.82]	5.82**	.06
Invalidating childhood	.21	.05	.21	4.42	.0000	[.12,	.31]		
(Constant)	-15.84	6.59		-2.40	.0167	[-28.80,	-2.88]	25.29**	.26
Invalidating childhood	.12	.04	.11	2.75	.0061	[.03,	.22]		
Negative beliefs about emotions	.41	.04	.38	8.95	.0000	[.32,	.51]		
Indirect effect	.08	.02				[.04,	.13]		

\*\* $p < .01$ .



**Figure 2. The Model of the Mediating Role of Negative Beliefs About Emotions in the Relationship Between Invalidating Childhood Environment and Borderline Personality Traits.** *Note.* All effects are estimated controlling for gender, age, socioeconomic status, and history of psychotherapy.

**Table 4. Findings on the Mediating Role of Overwhelming/Uncontrollable Belief in the Relationship between an Invalidating Childhood Environment and Borderline Personality Traits**

Model	B	SE	$\beta$	<i>t</i>	<i>p</i>	95% Confidence Interval		<i>F</i>	<i>R</i> <sup>2</sup>
						Lower Bound	Upper Bound		
(Constant)	16.80	2.39		7.02	.0001	[12.10,	21.50]	9.39**	.10
Invalidating childhood	.10	.02	.23	4.99	.0000	[.06,	.15]		
(Constant)	1.46	4.98		.29	.7689	[-8.32,	11.25]	40.18**	.36
Invalidating childhood	.08	.04	.08	1.98	.0478	[.00,	.17]		
Overwhelming/uncontrollable belief	1.21	.09	.51	12.58	.0000	[1.02,	1.40]		
Indirect effect	.13	.03				[.07,	.19]		

\*\**p* < .01.

significantly predicted negative beliefs about emotions,  $F(5, 414) = 5.82, p < .01$ , accounting for 6% of the variance ( $R^2 = .06$ ). Specifically, an invalidating childhood environment positively predicted negative beliefs about emotions ( $B = .21, \beta = .21, t = 4.42, p < .001$ ).

When negative beliefs about emotions were included as a mediator (see Figure 2), the overall model remained significant,  $F(6, 413) = 25.29, p < .001$ , explaining 26% of the variance in borderline personality traits ( $R^2 = .26$ ). The effect of an invalidating childhood environment decreased but remained significant ( $B = .08, \beta = .08, t = 1.98, p = .048$ ). Overwhelming/uncontrollable beliefs also positively predicted borderline personality traits ( $B = 1.21, \beta = .51, t = 12.58, p < .001$ ).

Bootstrapping analysis with 5,000 resamples confirmed a significant indirect effect of an invalidating childhood environment on borderline personality traits through negative beliefs about emotions (95% CI [.04, .13]). Age, gender, socioeconomic status, and history of psychotherapy were included as covariates in all models, and the mediation effect remained significant after controlling for these variables.

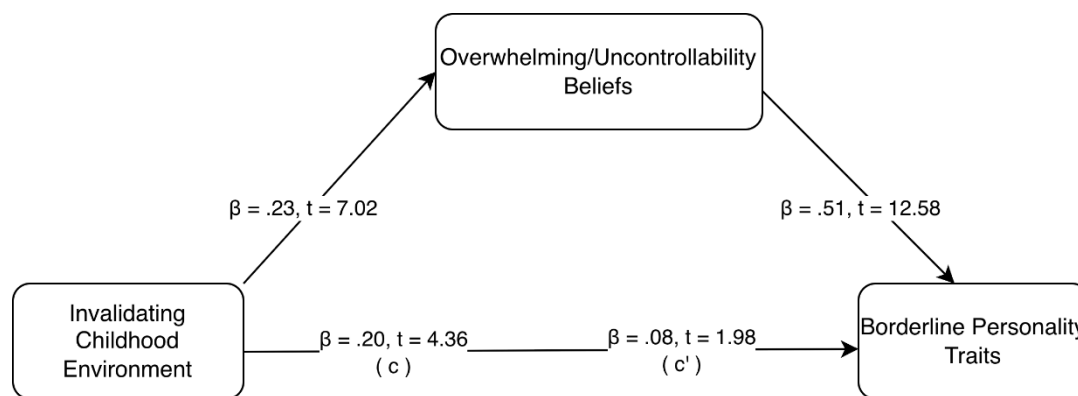
A mediation analysis (see Table 4) was conducted to examine whether overwhelming/uncontrollable beliefs mediated the relationship between an invalidating childhood environment and borderline personality traits. In the first regression model, an invalidating childhood environment significantly predicted overwhelming/uncontrollable beliefs,  $F(5, 414) = 9.39, p < .01$ , explaining 10% of the variance ( $R^2 = .10$ ). Specifically, an invalidating childhood environment positively predicted overwhelming/uncontrollable beliefs ( $B = .10, \beta = .23, t = 4.99, p < .001$ ).

When overwhelming/uncontrollable beliefs were included as a mediator (see Figure 3), the overall model remained significant,  $F(6, 413) = 40.18, p < .001$ , accounting for 36% of the variance in borderline personality traits ( $R^2 = .36$ ). The effect of an invalidating childhood environment decreased but remained significant ( $B = .08, \beta = .08, t = 1.98, p = .048$ ). Overwhelming/uncontrollable beliefs also positively predicted borderline personality traits ( $B = 1.21, \beta = .51, t = 12.58, p < .001$ ).

Bootstrapping analysis with 5,000 resamples confirmed a significant indirect effect of an invalidating childhood environment on borderline personality traits through overwhelming/uncontrollable beliefs (95% CI [.07, .19]). Age, gender, socioeconomic status, and history of psychotherapy were included as covariates in all models, and the mediation effect remained significant after controlling for these variables.

A mediation analysis (see Table 5) was conducted to examine whether shameful/irrational beliefs mediated the relationship between an invalidating childhood environment and borderline personality traits. In the first regression model, an invalidating childhood environment significantly predicted shameful/irrational beliefs,  $F(5, 414) = 9.93, p < .01$ , explaining 10% of the variance ( $R^2 = .10$ ). Specifically, an invalidating childhood environment positively predicted shameful/irrational beliefs ( $B = .13, \beta = .26, t = 5.68, p < .001$ ).

When shameful/irrational beliefs were included as a mediator (see Figure 4), the overall model remained significant,  $F(6, 413) = 15.72, p < .001$ , accounting for 18% of the variance in borderline personality traits ( $R^2 = .18$ ). The direct effect of an invalidating childhood environment on borderline personality traits decreased but remained

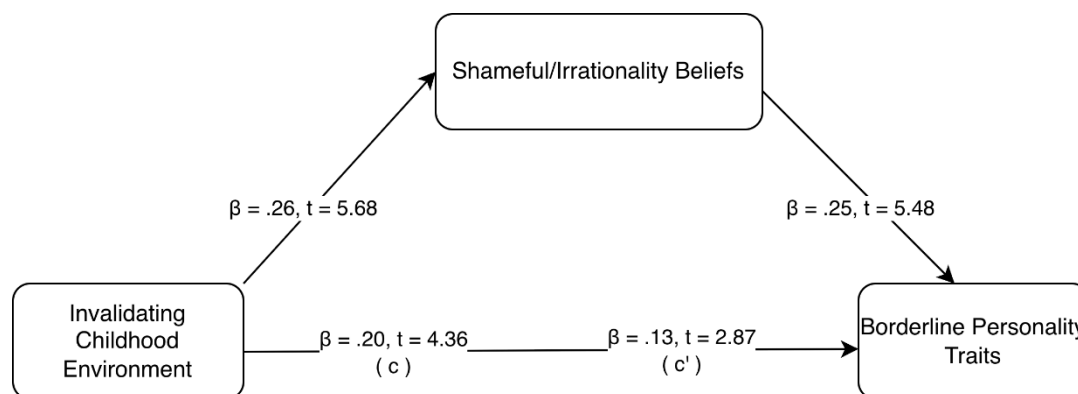


**Figure 3. The Model of the Mediating Role of Overwhelming/Uncontrollability Belief about Emotions in the Relationship Between Invalidating Childhood Environment and Borderline Personality Traits.** *Note.* All effects are estimated controlling for gender, age, socioeconomic status, and history of psychotherapy.

**Table 5. Findings on the Mediating Role of Shameful/Irrational Belief in the Relationship between an Invalidating Childhood Environment and Borderline Personality Traits**

Model	B	SE	$\beta$	$t$	$p$	95% Confidence Interval		$F$	$R^2$
						Lower Bound	Upper Bound		
(Constant)	5.03	2.68		1.87	.0611	[-.23,	10.30]	9.93**	.10
Invalidating childhood	.13	.02	.26	5.68	.0000	[.09,	.18]		
(Constant)	19.21	5.36		3.57	.0004	[8.65,	29.76]	15.72**	.18
Invalidating childhood	.14	.05	.13	2.87	.0042	[.04,	.24]		
Shameful/ irrational belief	.53	.09	.25	5.48	.0000	[.34,	.73]		
Indirect effect	.07	.02				[.03,	.12]		

\*\* $p < .01$ .



**Figure 4. The Model of the Mediating Role of Shameful/Irrational Belief about Emotions in the Relationship Between Invalidating Childhood Environment and Borderline Personality Traits.** *Note.* All effects are estimated controlling for gender, age, socioeconomic status, and history of psychotherapy.

significant ( $B = .14$ ,  $\beta = .13$ ,  $t = 2.87$ ,  $p = .0042$ ). Shameful/irrational beliefs also positively predicted borderline personality traits ( $B = .53$ ,  $\beta = .25$ ,  $t = 5.48$ ,  $p < .001$ ).

Bootstrapping analysis with 5,000 resamples confirmed a significant indirect effect of an invalidating childhood environment on borderline personality traits through shameful/irrational beliefs (95% CI [.03, .12]). Age, gender, socioeconomic status, and history of psychotherapy were included as covariates in all analyses, and the mediation effect remained significant after controlling for these variables.

A mediation analysis (see Table 6) was conducted to examine whether damaging beliefs mediated the relationship between an invalidating childhood environment and borderline personality traits. In the first regression model, an invalidating childhood environment significantly predicted damaging beliefs,  $F(5, 414) = 7.59$ ,  $p < .01$ , explain-

ing 8% of the variance ( $R^2 = .08$ ). Specifically, an invalidating childhood environment positively predicted damaging beliefs ( $B = .04$ ,  $\beta = .13$ ,  $t = 2.87$ ,  $p < .01$ ).

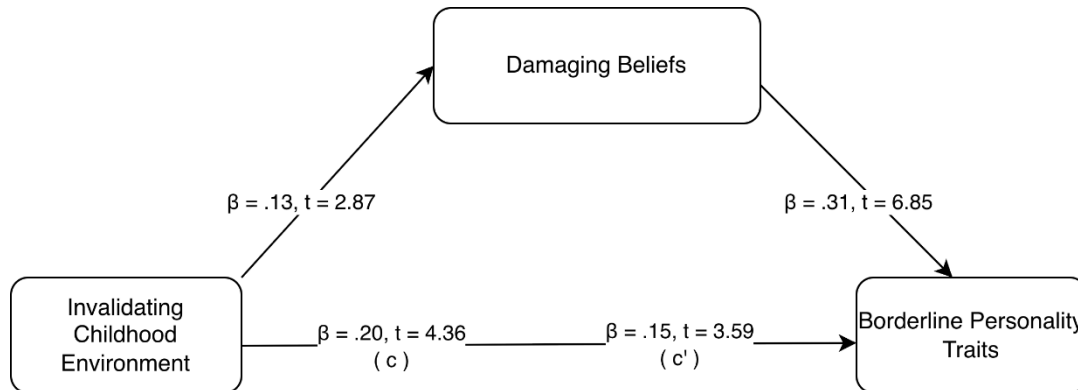
When damaging beliefs were included as a mediator (see Figure 5), the overall model remained significant,  $F(6, 413) = 18.96$ ,  $p < .001$ , accounting for 21% of the variance in borderline personality traits ( $R^2 = .21$ ). The direct effect of an invalidating childhood environment decreased but remained significant ( $B = .17$ ,  $\beta = .15$ ,  $t = 3.59$ ,  $p < .01$ ). Damaging beliefs also positively predicted borderline personality traits ( $B = .99$ ,  $\beta = .31$ ,  $t = 6.85$ ,  $p < .001$ ).

Bootstrapping analysis with 5,000 resamples confirmed a significant indirect effect of an invalidating childhood environment on borderline personality traits through damaging beliefs (95% CI [.01, .08]). Age, gender, socioeconomic status, and history of psychotherapy were included as covariates in all models, and the mediation ef-

**Table 6. Findings on the Mediating Role of Damaging Belief in the Relationship between an Invalidating Childhood Environment and Borderline Personality Traits**

Model	B	SE	<i>B</i>	<i>t</i>	<i>p</i>	95% Confidence Interval		<i>F</i>	<i>R</i> <sup>2</sup>
						Lower Bound	Upper Bound		
(Constant)	21.15	1.77		11.92	.0000	[17.66,	24.64]	7.59**	.08
Invalidating childhood	.04	.01	.13	2.87	.0042	[.01,	.07]		
(Constant)	.81	6.08		.13	.8930	[-11.13,	12.77]	18.96**	.21
Invalidating childhood	.17	.04	.15	3.59	.0004	[.07,	.26]		
Damaging belief	.99	.14	.31	6.85	.0000	[.71,	1.28]		
Indirect effect	.04	.01				[.01,	.08]		

\*\**p* < .01.



**Figure 5. The Model of the Mediating Role of Damaging Belief about Emotions in the Relationship Between Invalidating Childhood Environment and Borderline Personality Traits.** Note: All effects are estimated controlling for gender, age, socioeconomic status, and history of psychotherapy.

fect remained significant after controlling for these variables.

**DISCUSSION**

This study aimed to investigate the mediating role of negative beliefs about emotions in the relationship between an invalidating childhood environment and borderline personality traits. First, the associations among the variables were examined, revealing positive correlations between an invalidating childhood environment, borderline personality traits, and negative beliefs about emotions. Regarding the primary objective of the study, the mediating role of negative beliefs about emotions, it was found that these beliefs mediated the relationship between an invalidating childhood environment and borderline personality traits. Furthermore, the sub-dimensions of negative beliefs about emotions, including shameful/irrational beliefs, damaging beliefs, and overwhelming/uncontrollable beliefs, also exhibited a mediating effect in this relationship.

The findings reveal a significant positive association between an invalidating childhood environment and borderline personality traits. Specifically, greater childhood invalidation was associated with increased severity across various sub-dimensions of borderline traits, including impulsivity, emotional instability, fear of abandonment, interpersonal difficulties, self-image disturbances, suicidal and self-mutilative behaviors, chronic feelings of emptiness, intense anger, and quasi-psychotic experiences. This pattern suggests that as childhood invalidation increases, so too does the severity of borderline features. These results align with prior research highlighting the role of dysfunctional parental attitudes and insufficient emotional and physical care in the development of borderline person-

ality disorder (Bandelow et al., 2005; Carr & Francis, 2009; Nickell et al., 2002). Moreover, emotional abuse and neglect in early childhood have been linked to borderline symptoms (Carvalho Fernando et al., 2014; Rosenstein et al., 2018). Importantly, a growing body of research has directly examined the link between invalidating childhood environments and borderline personality traits, consistently supporting this association (Lee et al., 2022; Keng & Wong, 2017; Keng & Soh, 2018; Robertson et al., 2013; Sauer & Baer, 2010; Sturrock & Mellor, 2013). Individuals raised in invalidating environments may have difficulty identifying, expressing, and managing their emotions, which likely contributes to emotion regulation deficits and the emergence of borderline personality features.

Another key finding of the study was the significant positive relationship between an invalidating childhood environment and the development of negative beliefs about emotions. Specifically, individuals who experienced higher levels of childhood invalidation were more likely to perceive emotions as overwhelming, irrational, contagious, or harmful. Analysis of the sub-dimensions of negative emotional beliefs, such as beliefs that emotions are overwhelming/uncontrollable, shameful/irrational, contagious, and damaging, revealed consistently strong associations with childhood invalidation. In particular, individuals from invalidating environments tended to view emotions like sadness, disappointment, resentment, and anger as shameful, irrational, or uncontrollable. These results are consistent with previous research indicating that parental disapproval, dismissal, or punishment of emotional expression during childhood contributes to the development of dysfunctional emotional beliefs and difficulties in emotional understanding (Gottman et al., 1996; McKenna, 2022). Similarly, Strodl and Wylie (2020) found that

beliefs about emotions being overwhelming and uncontrollable are closely associated with early childhood trauma. Taken together, these findings underscore the crucial role of parental responses in shaping children's long-term emotional beliefs.

Parent–child conversations about emotions—both in terms of what is communicated and how it is conveyed—play a central role in the development of emotion regulation. These interactions serve as a primary means through which parents transmit their own emotional belief systems, shaping children's emerging schemas about emotions and their regulation (Thompson & Meyer, 2007). When these conversations are supportive and validating, children are more likely to form adaptive beliefs about emotions and develop effective regulatory strategies. However, when the emotional environment is invalidating, children may internalize beliefs that emotions are dangerous, irrational, or uncontrollable. Over time, such beliefs can undermine emotional understanding and contribute to long-term regulatory difficulties.

The current study supports this developmental perspective by demonstrating a significant positive relationship between negative beliefs about emotions and borderline personality traits. Individuals who perceive emotions as overwhelming, irrational, embarrassing, or harmful were more likely to report elevated borderline features. Subscale-level analyses further revealed consistent associations between specific negative emotional beliefs and core dimensions of borderline pathology, particularly emotion dysregulation and impulsivity. These findings align with previous research indicating that rigid and dysfunctional beliefs about emotions contribute to impulsive and maladaptive behaviors. For example, Manser et al. (2012) found that beliefs about emotions being permanent or dangerous were linked to greater impulsivity. Similarly, Edwards and Wupperman (2019) and Ford and Gross (2019) reported associations between maladaptive emotional beliefs and various forms of psychopathology. Bateman and Fonagy (2004) also highlighted that individuals with borderline personality disorder often believe that emotional expressions can negatively affect others, reinforcing avoidance or suppression of emotions. Likewise, Leahy and Napolitano (2006) found that negative beliefs about emotions were closely associated with key borderline traits, including affective instability and difficulty regulating emotions. These findings suggest that early exposure to invalidating emotional environments may contribute to the formation of rigid, negative beliefs about emotions, which, in turn, play a role in the development and maintenance of borderline personality traits.

The study also confirmed that negative beliefs about emotions serve as a mediator in the relationship between an invalidating childhood environment and borderline personality traits. This suggests that individuals who grow up in invalidating environments may internalize dysfunctional beliefs—such as the idea that emotions are overwhelming, irrational, or harmful—which, in turn, may hinder the development of adaptive emotion regulation strategies. Specific subdimensions of these beliefs, including perceptions of emotions as uncontrollable, shameful, and damaging, demonstrated significant mediating effects

in this relationship. These findings extend existing literature by highlighting a possible cognitive-affective mechanism through which early invalidation contributes to borderline traits. In other words, it may not only be emotional neglect or abuse itself, but also the subsequent formation of maladaptive emotional beliefs that increases vulnerability to BPD features.

This interpretation is consistent with and builds upon prior studies linking negative beliefs about emotions with borderline pathology (Manser et al., 2011; McLachlan et al., 2022; Veilleux et al., 2020). For example, McLachlan et al. (2022) found that borderline personality traits were significantly associated with beliefs about one's ability to regulate emotions, particularly the belief that emotions are uncontrollable. Additionally, Sturrock and Mellor (2013) found that perceptions of parental invalidation predicted BPD symptoms in adulthood indirectly through their effects on emotion dysregulation, current invalidation in close relationships, and poor distress tolerance. Their path model showed a strong link between emotion dysregulation and distress tolerance, although the latter did not independently predict BPD symptoms. This aligns with Linehan's (1993) biosocial theory of BPD, which posits that chronic emotion dysregulation is a core mechanism driving mood instability, impulsivity, identity disturbance, and interpersonal dysfunction. Supporting this framework, Hope and Chapman (2019) reported that childhood trauma, parental psychological control, and maladaptive emotional socialization (e.g., magnifying or dismissing negative emotions) were associated with BPD features, with emotion regulation difficulties mediating these relationships. In line with this, Sturrock et al. (2009) previously demonstrated that avoidance of affect mediated the link between maternal invalidation and BPD traits—a pattern that can be understood as a maladaptive strategy for coping with unpleasant emotions. Taken together, these findings suggest that early invalidation may disrupt the development of both emotional processing capacities and emotion-related schemas. By showing that negative beliefs about emotions mediate the link between childhood invalidation and borderline traits, the current study adds nuance to existing models and underscores the importance of addressing maladaptive emotion beliefs in prevention and intervention efforts for individuals at risk of BPD.

Despite its contributions, the present study has several limitations. The sample primarily consists of women and university students, with most participants aged 18–25 and residing in the Marmara region, which may limit the representativeness of the findings. Additionally, the use of a Turkish sample restricts cross-cultural generalizability, as beliefs about emotions are shaped by culturally specific norms around emotion expression and socialization. Data were collected online using non-randomized methods, introducing the possibility of self-selection bias, and the predominantly young, urban participants may not reflect broader populations. Another limitation is the reliance on self-report measures, which increases the potential for response biases. Although the sample was gender-balanced, gender-based analyses were not conducted because this was beyond the scope of the present study; however,

given known differences in emotional socialization, such analyses could provide valuable insights in future research. Future studies should aim to replicate these findings with more diverse and representative samples. Longitudinal designs and experimental studies could further clarify the causal pathways among invalidating childhood environments, negative beliefs about emotions, and borderline personality traits. Additionally, intervention-based research could explore whether modifying negative beliefs about emotions reduces the severity of borderline personality traits.

## Conclusions

In conclusion, the findings of this study underscore the importance of addressing negative beliefs about emotions as a potential mechanism linking childhood invalidation to borderline personality traits. These results contribute to a growing body of evidence suggesting that early emotional invalidation can shape maladaptive emotional beliefs, which, in turn, undermine emotion regulation and increase vulnerability to borderline pathology. From a clinical standpoint, these findings align with previous literature suggesting that modifying maladaptive beliefs about emotions can be an effective therapeutic approach for individuals with complex psychological difficulties, such as borderline personality disorder (Elliot et al., 2004; Greenberg & Safran, 1989; Leahy, 2019). Meta-Emotion Therapy (MET), as demonstrated by Frost et al. (2024), provides a structured method for identifying and challenging dysfunctional emotional beliefs, leading to significant reductions in comorbid complex post-traumatic stress and binge eating disorder symptoms. Similarly, Cain et al. (2024) offered proof of concept for the adolescent version of MET (MET-A), showing improvements in anxiety and depression symptoms alongside reductions in maladaptive emotional beliefs and improvements in emotion regulation. These results highlight the potential of MET to address emotional difficulties across developmental stages.

A key strength of the MET approach lies in its capacity to examine how negative beliefs about emotions are formed and maintained over time, while also identifying the factors contributing to their persistence (Frost et al., 2025). Through targeted interventions, individuals are supported in replacing these beliefs with healthier, more adaptive alternatives. Although emotion-focused in nature, MET also incorporates a strong cognitive dimension by addressing how individuals think and feel about their emotions. This cognitive-emotional integration makes MET highly compatible with cognitive behavioral therapy (CBT), which is widely practiced in Turkey. CBT techniques such as identifying cognitive distortions, challenging automatic thoughts, and restructuring dysfunctional emotional beliefs can be effectively used within a MET-informed framework. Thus, understanding how emotions are learned and how beliefs about emotions are formed is crucial for developing effective, culturally sensitive therapeutic interventions.

Future research should expand on these findings by employing longitudinal and cross-cultural methodologies, including more balanced and diverse samples to enhance

generalizability. Longitudinal designs and experimental studies could further clarify the causal pathways among invalidating childhood environment, negative beliefs about emotions, and borderline personality traits. Additionally, intervention-based research could explore whether modifying negative beliefs about emotions reduces the severity of borderline personality traits. Moreover, exploring emotion-focused and cognitive-behavioral intervention strategies in prevention and early treatment contexts may inform best practices for reducing the impact of childhood invalidation on later psychological outcomes.

## DECLARATIONS

**Ethics Committee Approval:** This study was performed in accordance with the Declaration of Helsinki (1975, revised 2008) for Human Research and an institutional ethics approval was granted from Istanbul Aydın University Social and Human Sciences Ethics Commission (Decision No: E-88083623-020-106024) on December 21, 2023. Following the receipt of ethical approval, the data collection process was initiated.

**Conflict of Interest:** All authors of this article declare that they have no conflict of interest regarding the article.

**Informed Consent:** Prior to participation, all participants provided informed consent, confirming their voluntary and informed involvement in the study.

**Project/Funding:** This study was not conducted as part of any funded project, and no funding or grants were received.

**Data Sharing/Availability:** The authors declare that the dataset used in this study is available upon reasonable request with appropriate justification.

**Authors' Contributions:** [MSK] and [ÜAC] contributed to the conceptualization and design of the study. [ÜAC] was responsible for the methodology, data collection, and data analysis. [MSK] and [ÜAC] contributed to writing the introduction and discussion sections of the manuscript. All authors reviewed and approved the final version of the manuscript.

**Use of Artificial Intelligence:** No generative artificial intelligence tools were used in the creation of the content, analysis, or interpretation of data in this manuscript. AI-based tools were used solely for language editing and proofreading purposes.

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