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# Cyprus Turkish Journal of Psychiatry & Psychology

*Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi*



*Vol/ Cilt 5. Issue/Sayı:4, December 2023*

- Moderated Mediation Models of Emotion Regulation and Gender in the Relationships between Personality Disorders and Reinforcement Sensitivity  
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- A Review on the Psychological Effects of Smartphone Addiction  
*Akıllı Telefon Bağımlılığının Psikolojik Etkileri Üzerine Bir Derleme*





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## EDITORIAL / EDİTÖRDEN

### Mehmet Çakıcı

#### Değerli Okuyucular,

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi olarak 2023 yılının Aralık sayısını yayınlamış olmaktan dolayı ekip olarak büyük mutluluk yaşıyoruz. Dünya değişiyor. Teknoloji dünyamızda daha da çok yerini alıyor. Robotlar, yazılım teknolojisi, data mühendisliği, yapay zekâ gibi gelişmeler hayatımızda daha çok yer almaya başladı. Tüm bunlar yaşanırken acaba tüm bu gelişmeler psikolojinin de yerini alabilecek mi diye hepimizin aklına sorular getiriyor. Sanmam çünkü adı üstünde yapay zekâ ve tüm bu büyük teknolojik gelişmeler iyi yetişmiş ve çok ciddi tecrübeye sahip bir uzmanın yerine geçemeyecektir. Doğal zekâ her zaman yapay zekanın da önünde olacaktır. Bu yüzden psikoloji bilimi yok olmadan gelişmeye devam edecektir. Burada olan genel ihtiyaç bilginin daha da ruh sağlığı alanında gelişmesidir. Bir ruh sağlığı uzmanı ne kadar çok eğitim görürse ve tecrübe kazanırsa insanlık için önemi ve değeri o kadar artacaktır. Gelecekte de iyi yetişen uzmanlara daha çok ihtiyaç duyacağız. Dünyanın genelinde sorunlar ve problemler daha da çok artıyor. Yaşanan savaşlar, ekonomik bunalımlar ve doğal afetler insanlığı daha da çok ruh sağlığı bozukluklarıyla karşı karşıya bırakıyor. Ruhsal hastalıklar yalnızca ruhsal bozukluk yaşayanları etkilemiyor bu kişilerin çevresindeki bireyleri ve toplumları da etkiliyor. Giderek artan ruhsal bozukluklar ruh sağlığı uzmanlarını ve ruh sağlığı merkezlerini daha da önemli hale getirmiştir. Bu artan ihtiyaç, yeteri kadar eğitilmiş ve kalifiye uzman bulunmaması nedeniyle sorunların kolaylıkla çözülememesine ve birikmesine neden olmaktadır. Ruh sağlığı sorunlarıyla başa çıkabilmek için kalifiye Ruh Sağlığı Uzmanlarına ihtiyaç bulunmaktadır. Bu ihtiyaç bundan sonra da artmaya devam edecektir. Daha çok uzman yetiştirmeliyiz. Ancak bir o kadar da önemli olan bu uzmanları yetiştirecek eğitimcilerin de kalifiye olması gerekmektedir. Üniversitelerin ve bilim kurumlarının da programlı bilimsel çalışmalar yaparak eğitim standartlarının da geliştirilmesine ve artırılmasına ihtiyaç vardır. Dergimiz de ruh sağlığı alanındaki katkısı da bundan sonra daha da artarak devam edecektir. Dergimiz kendi yerel bölgesi olan Kıbrıs'ta psikiyatri ve psikoloji alanındaki en geniş ağa sahip indekslerde ilk sırada olmaya devam etmektedir. Scimago'da 8 Türk psikiyatri dergisi arasında 7. Sıradadır. Klinik Psikoloji'de ise Türk Dergileri arasında birinci sırada, Ortadoğu'da ise Klinik Psikolojide 4. Sıradadır. Dergimize yayınlanan yazılarda ülke çeşitliliği de artmaktadır. SCOPUS ve Web of Science listelerinde bulunmak bizi ayrıca memnun etmektedir. Tr Dizin kriterlerini karşılayabilme çabamızda bu yıl yoğunlaşmıştır. Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi olarak tüm katkı koyan herkese teşekkür ederiz.

#### Dear Readers,

We are very happy to have published the December issue of 2023 as the Cyprus Turkish Journal of Psychiatry and Psychology. The world is changing. Technology is taking its place more and more in our world. Developments such as robots, software technology, data engineering and artificial intelligence have begun to take more part in our lives. While all this is happening, it brings questions to all of our minds as to whether all these developments can replace psychology. I don't think so, because artificial intelligence and all these great technological developments cannot replace a well-trained and experienced expert. Natural intelligence will always be ahead of artificial intelligence. That's why the science of psychology will continue to develop without disappearing. The general need here is to further develop knowledge in the field of mental health. The more a mental health specialist receives training and experience, the more her importance and value to humanity will increase. We will need more well-trained experts in the future. Problems are increasing all over the world. Wars, economic depressions and natural disasters expose humanity to more mental health disorders. Mental illnesses do not only affect those with mental ill patient, they also affect the individuals and societies around these people. This increasing need causes problems to accumulate and not be easily solved due to the lack of sufficiently trained and qualified experts. Qualified Mental Health Professionals are needed to deal with mental health problems. This need will continue to increase in future. We must train many experts in the field. However, equally important, the trainers who will train these experts must also be qualified. There is a need for universities and scientific institutions to develop and increase educational standards by carrying out programmed scientific studies. Our journal's contribution to the field of mental health will continue to increase. Our journal continues to be at the top of the indexes with the widest network in the field of psychiatry and psychology in its local region, Cyprus. It is ranked 7th among 8 Turkish psychiatry journals in Scimago. It ranks first among Turkish journals in Clinical Psychology, and ranks 4th in Clinical Psychology in the Middle East. The diversity of countries in the articles published in our journal is also increasing. We are also pleased to be included in the SCOPUS and Web of Science lists. Our efforts to meet the Tr Index criteria have intensified this year. As the Cyprus Turkish Journal of Psychiatry and Psychology, we would like to thank everyone who contributed.

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RESEARCH ARTICLE / ARAŞTIRMA YAZISI

# Moderated Mediation Models of Emotion Regulation and Gender in the Relationships between Personality Disorders and Reinforcement Sensitivity

## Kişilik Bozuklukları ve Pekiştiric Duyarlılıkları Arasındaki İlişkilerde Duygu Düzenleme ve Cinsiyetin Düzenleyici Aracılık Modelleri

Yusuf Bilge<sup>1</sup>, Gülşah Balaban<sup>2</sup>

### Abstract:

The differences between females and males in personality disorders and reinforcement sensitivity systems are stated in many studies. However, the underlying reasons for these differences are not clear, and also there are limited studies about the moderating role of gender via emotion regulation. In this respect, in this study it was aimed to examine the moderated mediation role of emotion regulation and gender in the relationships between reinforcement sensitivity systems and personality disorders. In the study, 427 (28.52±11.05) participants, 262 females (61.4%) and 165 males (38.6%) between the ages of 18-66 were included. Coolidge Axis II Inventory Plus Turkish-Short Form, Reinforcement Sensitivity Questionnaire and Difficulties in Emotion Regulation-Brief Form were used. Pearson Product Moments Correlation coefficient method, Fisher's Z test, independent samples t-test and Model 59 in the "PROCESS Macro v.3.5" program was applied for statistical analysis. It was found that Personality Disorder (PD), Borderline PD, Histrionic PD, Narcissistic PD, Avoidant PD, Dependent PD, BIS, Flight, Freeze and Difficulties in Emotion Regulation Scale scores were significantly higher in women; Antisocial PD scores were significantly higher in males. It was found that emotion regulation and gender have moderated mediation role in the models that include Schizoid PD, Dependent PD, Borderline PD, Antisocial PD, Obsessive Compulsive PD, Histrionic PD and Narcissistic PD. The findings show that men and women are affected in different ways from the difficulties in emotion regulation and reinforcement sensitivity systems in regards to personality disorders.

**Keywords:** emotion regulation, gender differences, moderated mediation, personality disorders, reinforcement sensitivity

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**Öz:**

Alanyazında kişilik bozukluklarında kadın ve erkekler arasındaki farklılıklar çok sayıda çalışma ile ortaya konmaktadır. Ancak bu farklılıkların altında yatan nedenler net bir şekilde açıklanamamaktadır ve cinsiyetin duygu düzenleme ile ilişkili olarak düzenleyici rolüne ilişkin sınırlı sayıda çalışma olduğu görülmektedir. Bu bağlamda, bu çalışmada kişilik bozuklukları ile pekiştirici duyarlılık sistemleri arasındaki ilişkilerde duygu düzenleme ve cinsiyetin düzenleyici aracılık rolünün incelenmesi amaçlanmıştır. Çalışmaya 18-66 yaş arası 262 kadın (%61, 4) ve 165 erkek (%38,6) olmak üzere toplam 427 (28,52±11,05) katılımcı dahil edilmiştir. Coolidge Eksen II Envanteri Plus Türkçe Kısa Formu, Pekiştirici Duyarlılık Ölçeği ve Duygu Düzenleme Güçlüğü Ölçeği- Kısa Form kullanılmıştır. İstatistiksel analizler için Pearson Momentler Çarpımı Korelasyon katsayısı yöntemi, Fisher Z testi, bağımsız örneklem t-testi ve "PROCESS Macro v.3.5" programında yer alan Model 59 uygulanmıştır. Paranoid Kişilik Bozukluğu (KB), Borderline KB, Histrionik KB, Narsisistik KB, Çekingen KB, Bağımlı KB, DİS, Kaçma, Donma ve Duygu Düzenleme Güçlüğü Ölçeği puanlarının kadınlarda istatistiksel olarak anlamlı düzeyde yüksek olduğu; Antisosyal KB puanlarının erkeklerde istatistiksel olarak anlamlı düzeyde daha yüksek olduğu saptanmıştır. Düzenleyici aracılık analizinde Şizoid KB, Bağımlı KB, Borderline KB, Antisosyal KB, Obsesif Kompulsif KB, Histrionik KB ve Narsisistik KB'yi içeren modellerde cinsiyet ve duygu düzenlemenin düzenleyici aracılık rolüne sahip olduğu tespit edilmiştir. Elde edilen sonuçlar, kişilik bozuklukları açısından kadın ve erkeklerin pekiştirici duyarlılık sistemlerinden ve duygu düzenleme güçlüğünden farklı şekillerde etkilendiğini göstermektedir.

**Anahtar Kelimeler:** duygu düzenleme, cinsiyet farklılıkları, düzenleyici aracılık, kişilik bozuklukları, pekiştirici duyarlılığı

**Introduction**

In neurobiological-based Reinforcement Sensitivity Theory (RST), developed by Gray (1981), a neurobehavioral model is offered on the basis of motivational systems. In this model, three systems are defined in relation to behaviors and mood. One of these systems is Behavioral Activation System (BAS), defined as related to impulsivity and sensitivity to reward. Another system is Behavioral Inhibition System (BIS) and it is claimed that it is associated with anxiety and sensitivity to punishment. And the last system is defined as Fight-Flight System (FFS) which is related to psychoticism and sensitivity to unconditionally aversive stimuli.

In the light of following studies, the systems in RST were functionally revised (Gray & McNaughton, 2000). In the revised RST, a new sub-dimension was added to FFS as "Freeze", and as a result its name changed as Fight-Flight-Freezing System (FFFS). Gray (1981) claimed that hyperactivation in these systems is one of the factors that have a role in the existence of psychopathology. There are many studies that support Gray's claim about the relationship between psychopathology and BIS, BAS, FFFS systems (Bilge & Balaban, 2019; Gupta & Shukla, 1989; Heritage et al., 2018).

In personality disorders, lack of emotion regulation is also considered as a risk factor. For instance, adjustment problems, problems in interpersonal relationships, lack of empathy, impulsivity, rigid attitude, low level of stress resistance, and lack of emotional and cognitive flexibility are seen in personality disorders (American Psychiatric Association (APA), 2013; Arıcı-Özcan, 2019; Ouellet et al., 2019; Schwartz Mette et al., 2020). As the ability of emotion regulation is a fundamental skill that develops

from the beginning of the childhood, it can be said that poor skills in emotion regulation may be one of the underlying reasons in development of personality disorders.

Moreover, gender-related differences can also have a role in personality disorders and has been one of the research topics in the literature (Corbitt & Widiger, 1995). It is stated that Antisocial Personality Disorder (PD), Schizoid PD, Schizotypal PD and Obsessive-compulsive PD were seen more in males, whereas Borderline PD, Histrionic PD and Dependent PD are more common in females (APA, 2013). In line with DSM 5, in a study it was found that Obsessive-compulsive PD, Narcissistic PD, and Antisocial PD were more common in men (Golomb et al., 1995). In another study it was found that Schizotypal PD was more common in men, and Borderline PD and Dependent PD were more common in women (Matsunaga et al., 2010).

Gender-related differences in the prevalence of personality disorders could be related to the differences in neurobiological systems in men and women (Corbitt & Widiger, 1995). In the studies, in which the gender differences were investigating in terms of activation of BIS and BAS systems, it was found that BIS (Carver & White, 1994) and "reward-seeking" (Jorm et al., 1999) which is a subscale of the BAS, were higher in women. Also, neuroticism which is associated with BIS and seen at a higher level in women (Bilge & Bilge, 2017) is found to be related to Paranoid PD, Histrionic PD, Avoidant PD and Dependent PD (Brieger et al., 2000) and Borderline PD (Distel et al., 2009). In this regard, it can be thought that gender could be a moderating variable in the relationships between reinforcement sensitivity systems and personality disorders. In addition, the findings related to gender-related differences in emotion regulation (Lopez et al.,



2009; Tamres et al., 2002) could be shown as evidence for the interaction of gender and emotion regulation in the relationships between personality disorders and reinforcement sensitivity systems.

Personality disorders (APA, 2013) and reinforcement sensitivity systems (Carver & White, 1994; Jorm et al., 1999) also differ according to gender. However, it could be said that there is not enough information about the relationships between gender, personality disorders, reinforcement sensitivity and emotion regulation. With this regard, in our study it was aimed to examine the relationships between personality disorders and reinforcement sensitivity systems by taking consideration of possible mediation and moderation effects of emotion regulation and gender on this relationship.

While determining the model of the study, the order of development of the variables and their possible effects on each other were considered according to the studies in the literature. The reinforcement sensitivity systems have a biological basis, and it is obvious that these systems develop earlier and may have effects on the development of personality disorders and emotion regulation skills. Therefore in our study reinforcement sensitivity systems are evaluated as variables that may influence on existence and level of the emotion regulation ability and personality disorders.

When the other variables are evaluated according to their order of development, emotion regulation is one of the mechanisms develop in the early childhood (Álvarez et al., 2022), however personality disorders occur as a result of interaction of biological systems and the environment, and are diagnosed in adulthood (Wilson et al., 2021).

In this study model, as the gender is a categorical variable and it does not have a direct effect on variables but may have an effect on the relationships between the variables, gender was evaluated as a moderating variable. In the moderation analysis the correlational relationship between the moderator and the other variables is not required and is not expected (Baron & Kenny, 1986). It is known that emotion regulation is differentiated according to the gender (Lopez et al., 2009; Tamres et al., 2002). In moderated mediation models, it is supposed that the moderator may has influence on the mediator or in other words the mediator is differentiated according to the moderator, therefore the model of this study was formed as moderated mediation.

As a result, in this study with this moderated mediation model it was investigated whether the interaction between emotion regulation and gender strengthen or weaken the relationships between the personality disorders and reinforcement sensitivity systems. Therefore the hypotheses that were tested in this study were determined as below:

Hypothesis 1 (H1). Personality disorders, reinforcement sensitivity systems and emotion regulation are differentiated according to gender.

Hypothesis 2 (H2). Emotion regulation and gender have moderated mediation role in the relationships between personality disorders and reinforcement sensitivity systems. Specifically, gender has a direct or indirect effect on the paths where emotion regulation has a mediating role in the relationships between personality disorders and reinforcement sensitivity systems.

## Methods

### Participants

The data was collected by convenience sampling method between 05.01.2022 and 05.02.2022, and the sample in the study was a total of 427 (28.52±11.05) individuals, 262 females (61.4%) and 165 males (38.6%) between the ages of 18-66. In the study, 13 (3.0%) of the participants were primary school graduates, 45 (10.5%) high school graduates, and 369 (86.4%) university graduates; 287 (67.2%) were single, 131 (30.7%) were married, 7 (1.6%) were divorced, and 2 (0.5%) were widowed. In terms of socioeconomic status, 35 (8.2%) participants reported low, 368 (86.2%) medium and 24 (5.6%) high levels. Twenty-seven (6.3%) participants stated that they were receiving psychological or psychiatric help, 173 (40.5%) reported that they felt the need for psychological help.

### Data Collection Tools

#### Coolidge Axis II Inventory Plus Turkish Short Form (CATI+TR SF).

CATI+TR-SF (Bilge, 2018) is a four-point Likert-type scale consisting of 78 items, which is the shorten version of CATI+ (Coolidge, 2006) with 250 items. There are ten sub-dimensions in this inventory as Paranoid PD, Schizotypal PD, Schizoid PD, Antisocial PD, Borderline PD, Histrionic PD, Narcissistic PD, Obsessive Compulsive PD, Avoidant PD, Dependent PD. These sub-dimensions give information related to personality disorders in respect to dimensional approach. The high scores in sub-dimensions are evaluated as tendency to have the personality disorders. In the original study, the Cronbach's Alpha values for CATI+TR-SF were found between 0.66 and 0.77.

In the test-retest analysis, the values of correlation coefficients were found to be between 0.77 and 0.89. As a result of convergent validity analysis, the correlation coefficients for CATI+TR-SF with the SCID-II-KA subscales were determined between 0.27 - 0.78 and Personality Belief Scale subscales were found between 0.35 - 0.64. In our study, the Cronbach's Alpha values were found as 0.79 for Paranoid PD, 0.72 for Schizotypal PD, 0.51 for Schizoid PD, 0.65 for Antisocial PD, 0.82 for Borderline PD, 0.73 for Histrionic PD, 0.76 for Narcissistic PD, 0.69 for Obsessive Compulsive PD, 0.77 for Avoidant PD, and 0.81 for Dependent PD.

#### Reinforcement Sensitivity Questionnaire (RSQ).

RSQ was developed by Smederevac et al. (2014), and it has five subscales: BAS, BIS, Fight, Flight and Freeze. The high scores are evaluated for BIS as tendency to be introvert, and for BAS as tendency to be extravert. For Fight high scores indicate tendency to antisocial behaviours and psychoticism, for Flight and Freeze high scores are considered as sensitivity to unconditionally aversive stimuli. It is claimed that the individuals with high scores in Flight generally tend to run away from the threatening object or situation, whereas the individuals with high scores in Freeze tend to lose their ability to act in a logical way.

The Turkish adaptation of the questionnaire was performed by Balaban and Bilge (2021). The questionnaire has 27 items, and it is a four-point Likert type. In the original RSQ, the Cronbach's Alpha value was found for BIS as 0.86, for BAS as 0.78, for Fight as 0.82, for Flight as 0.69, and for Freeze as 0.87.

In the Turkish adaptation of RSQ, Cronbach's Alpha values were found to be 0.81 for BIS, 0.71 for BAS, 0.78 for Fight, 0.83 for Flight, and 0.82 for Freeze; and correlation values were determined between 0.22 and 0.65 for the subscales of RSQ and Eysenck Personality Questionnaire, STAI-II Anxiety Inventory, and BIS/BAS scale in the convergent validity analysis. In our study, the Cronbach's Alpha values were determined as 0.61 for BIS, 0.73 for BAS, 0.56 for Fight, 0.59 for Flight, and 0.62 for Freeze.

#### **Difficulties in Emotion Regulation Scale – Brief Form (DERS-16).**

The study of original scale was conducted by Bjureberg et al. (2016) and the Turkish reliability and validity study was made by Yiğit and Guzey Yiğit (2019). The scale is a 5-point Likert-type scale and includes 16 items. There are five subscales in the scale: “clarity, goals, impulse, strategies, non-acceptance”.

In the Turkish version of DERS-16, the Cronbach's Alpha coefficients were determined between 0.78 and 0.87. In our study the total score is used for evaluating emotion regulation, and the Cronbach's Alpha value for total score was found as 0.96. In the scale also the total score could be used for measuring the level of difficulty in emotion regulation, and high scores are evaluated to indicate a high level of difficulty in emotion regulation.

#### **Procedure**

Ethics committee approval dated 31.12.2021 and numbered 2021/12 was obtained from the Ethics Committee of İstanbul Sabahattin Zaim University for this study. Data was obtained by paper/pencil method and the data was collected by convenience sampling method from the researchers' circle on the basis of voluntariness.

On the first page of the questionnaires, all participants were given consent for their data to be used in the research, and they were informed that they could withdraw at any time. In the study, filling the questionnaires lasted almost 15 minutes. No gift or fee were offered to the participants.

In our study one of the exclusion criterias was being younger than 18 years old. The second exclusion criteria in our study was to respond the items 55 and/or 70 in CATI+TR SF other than 1 point (absolutely incorrect), which indicates that the questionnaires were filled in randomly or carelessly. The third exclusion criteria was leaving most of the items in the questionnaires blank.

In our study, a total of 480 participants filled out the questionnaires and regarding the exclusion criterions, the data of 53 participants that were determined not to meet inclusion criterions were excluded.

The Gpower program (Erdfelder et al., 1996) was used to determine the statistical power of study and it was determined as 0.96. In the analysis, the significance level was 0.05, the effect size was 0.3, and the power of the test was 80.

In the study the correlational research design was used in which the relationships between the variables are examined. In line with this, to examine the correlations between the variables Pearson Product Moments Correlation coefficient method was performed (Table 1). Fisher's Z test was used to determine if there is a significantly differentiation between the correlation values. Independent samples t-test was applied to determine whether there is a statistically significant difference between the variables according to gender.

Model 59 in the “PROCESS Macro v.3.5” program was used for moderated mediation analysis (Hayes, 2018), and in the analysis 5,000 bootstrap method was used. The absence of zero in the 95% confidence interval is accepted as evidence that the mediation and moderation effects are significant (Hayes, 2018). Graphs of moderated mediation analysis were formed by using the Johnson-Neyman method, and the values of 1 standard deviation below and 1 standard deviation above the mean were used. The proposed and statistical model of the moderated mediation model is given in Figure 1.

In the moderated mediation model, reinforcement sensitivity systems were determined as the independent variable (X), difficulties in emotion regulation as the mediator (M), personality disorders as the dependent variable (Y), and gender as the moderator (W). The statistical model is defined with the following equations (Hayes, 2018):

$$M = i_M + a_1X + a_2W + a_3XW \quad (1)$$

$$Y = i_Y + c_1X + b_1M \quad (2)$$

According to the first equation, the effect of X on M:

$$\theta_X \rightarrow M = a_1 + a_3W \quad (3)$$

The indirect effect of X on Y, mediated by M, as the total of X's effect on M and M's effect on Y:

$$a_1\theta_X \rightarrow Y = a_1b_1 + a_1b_2W \quad (4)$$



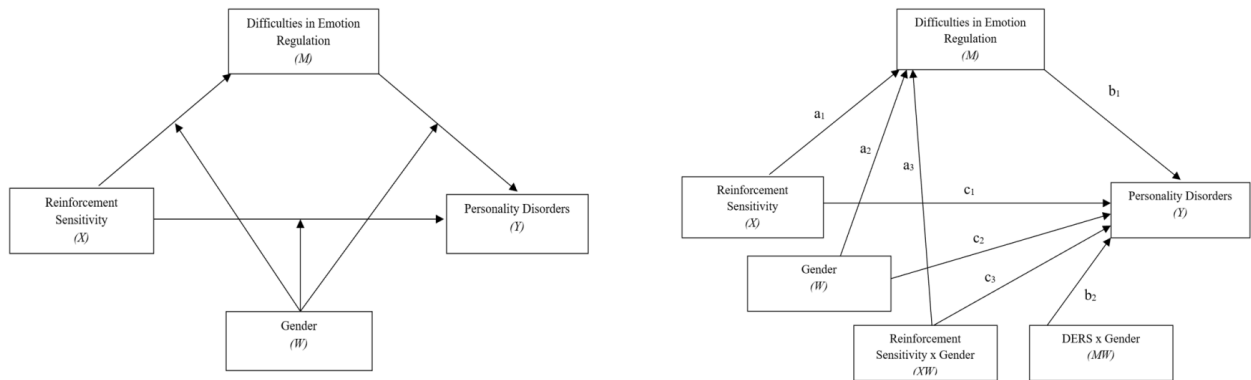
**Table 1.** The mean and standard deviation values of the variables, the correlation coefficients between the personality disorders, subscales of RSQ and DERS-16, and results of comparison between the correlations in samples of female and male (Z and p values according to Fisher’s Z test)

	Mean (SD)	Paranoid PD	Schizotypal PD	Schizoid PD	Antisocial PD	Borderline PD	Histrionic PD	Narcissistic PD	Obsessive-compulsive PD	Avoidant PD	Dependent PD	DERS	
BIS	Female	17.11 (5.38)	0.37**	0.42**	0.23**	0.26**	0.58**	0.40**	0.45**	0.63**	0.69**	0.67**	
	Male	14.71 (4.78)	0.47**	0.34**	0.21**	0.28**	0.50**	0.49**	0.49**	0.55**	0.57**	0.78**	
	Total	16.19 (5.18)	0.41**	0.37**	0.20**	0.23**	0.56**	0.45**	0.49**	0.61**	0.67**	0.72**	
Z(p)	-	-	-1.21 (0.11)	0.93 (0.18)	0.21(0.42)	-0.22 (0.42)	1.13 (0.13)	-1.12 (0.13)	-0.51 (0.30)	1.23 (0.11)	<b>2.00 (0.02*)</b>	<b>2.15 (0.02*)</b>	<b>-2.34(0.01**)</b>
BAS	Female	13.94 (3.19)	0.15*	0.25**	-0.05	0.25**	0.20**	0.25**	0.23**	0.01	-0.06	-0.00	0.04
	Male	14.48 (3.07)	0.36**	0.39**	0.07	0.33**	0.33**	0.33**	0.31**	0.30**	0.03	-0.02	0.18*
	Total	14.15 (3.15)	0.21**	0.31**	0.00	0.29**	0.23**	0.25**	0.23**	0.11*	-0.05	-0.02	0.08
Z (p)	-	-	<b>-2.25 (0.01**)</b>	-1.56 (0.06)	-1.2 (0.12)	-0.87 (0.19)	-1.40 (0.08)	-0.87 (0.19)	-0.86 (0.19)	<b>-2.99 (0.00**)</b>	-0.90 (0.18)	1.10 (0.14)	-1.42 (0.08)
FIGHT	Female	12.70 (3.21)	0.47**	0.36**	0.26**	0.48**	0.44**	0.40**	0.40**	0.36**	0.22**	0.21**	0.25**
	Male	13.13 (3.25)	0.52**	0.35**	0.12	0.50**	0.43**	0.24**	0.26**	0.30**	0.15	0.20*	0.26**
	Total	12.87 (3.23)	0.47**	0.36**	0.21**	0.49**	0.42**	0.33**	0.32**	0.33**	0.18**	0.19**	0.24**
Z (p)	-	-	-0.66 (0.25)	0.11 (0.46)	1.45 (0.07)	-0.26 (0.40)	0.12 (0.45)	<b>1.79 (0.04*)</b>	1.57 (0.06)	0.67 (0.25)	0.72 (0.24)	0.10 (0.46)	-0.11 (0.46)
FLIGHT	Female	14.82 (3.14)	0.09	0.10	0.03	-0.03	0.15*	0.09	0.18**	0.17**	0.31**	0.27**	0.29**
	Male	13.18 (2.94)	0.12	0.12	0.06	-0.06	0.10	0.21**	0.18*	0.18*	0.32**	0.13	0.30**
	Total	14.19 (3.16)	0.12*	0.10*	0.02	-0.07	0.16**	0.17**	0.27**	0.19**	0.34**	0.25**	0.32**
Z (p)	-	-	-0.30 (0.38)	-0.20 (0.12)	-0.30 (0.38)	0.30 (0.38)	0.51 (0.31)	-1.23 (0.11)	-1.16 (0.12)	-0.10 (0.46)	-0.11 (0.46)	1.46 (0.07)	-0.11 (0.46)
FREEZE	Female	11.01 (4.08)	0.37**	0.38**	0.14*	0.25**	0.48**	0.39**	0.35**	0.51**	0.55**	0.57**	0.64**
	Male	8.57 (3.24)	0.39**	0.35**	0.17*	0.19*	0.45**	0.40**	0.40**	0.47**	0.55**	0.60**	0.68**
	Total	10.07 (3.96)	0.39**	0.34**	0.11*	0.18**	0.49**	0.43**	0.41**	0.49**	0.57**	0.59**	0.66**
Z (p)	-	-	-0.23 (0.41)	0.35 (0.37)	-0.31 (0.38)	0.63 (0.26)	0.38 (0.35)	-0.12 (0.45)	-0.58 (0.28)	0.53 (0.30)	0.00 (0.50)	-0.46 (0.32)	-0.71 (0.24)
DERS-16	Female	31.68 (16.39)	0.52**	0.54**	0.25**	0.38**	0.70**	0.54**	0.49**	0.61**	0.62**	0.71**	-
	Male	26.35 (15.18)	0.54**	0.44**	0.34**	0.42**	0.60**	0.51**	0.58**	0.60**	0.58**	0.57**	-
	Total	29.62 (16.12)	0.53**	0.49**	0.26**	0.37**	0.67**	0.54**	0.53**	0.61**	0.62**	0.68**	-
Z (p)	-	-	-0.28 (0.39)	1.32 (0.09)	-0.99 (0.16)	-0.48 (0.32)	<b>1.74 (0.04*)</b>	0.41 (0.34)	-1.26 (0.10)	0.16 (0.44)	0.62 (0.27)	<b>2.39 (0.01**)</b>	-
Mean (SD)	Female	-	17.25 (5.40)	13.91 (4.28)	15.24 (3.59)	12.34 (3.50)	18.61 (6.43)	16.27 (4.58)	20.02 (4.86)	20.13 (4.98)	17.29 (5.19)	13.11 (4.67)	31.68 (16.39)
Mean (SD)	Male	-	16.24 (4.65)	14.22 (4.74)	15.92 (3.66)	13.16 (4.41)	16.97 (5.54)	14.58 (3.78)	17.52 (4.88)	19.20 (4.93)	15.18 (4.10)	11.69 (4.09)	25.35 (15.18)
Mean (SD)	Total	-	16.86 (5.14)	14.03 (4.46)	15.50 (3.63)	12.66 (3.89)	17.98 (6.14)	15.62 (4.36)	19.05 (5.01)	19.77 (4.98)	16.48 (4.91)	12.56 (4.50)	29.62(16.12)

\*p<0.05 \*\*p<0.01 BIS=Behavioral Inhibition System, BAS= Behavioral Activation System, DERS-16= Difficulties in Emotion Regulation Scale- Brief Form

Note: The results of Fisher’s Z test that are statistically significant are given in bold in the table.

**Figure 1.** The proposed and statistical moderated mediation model of the study



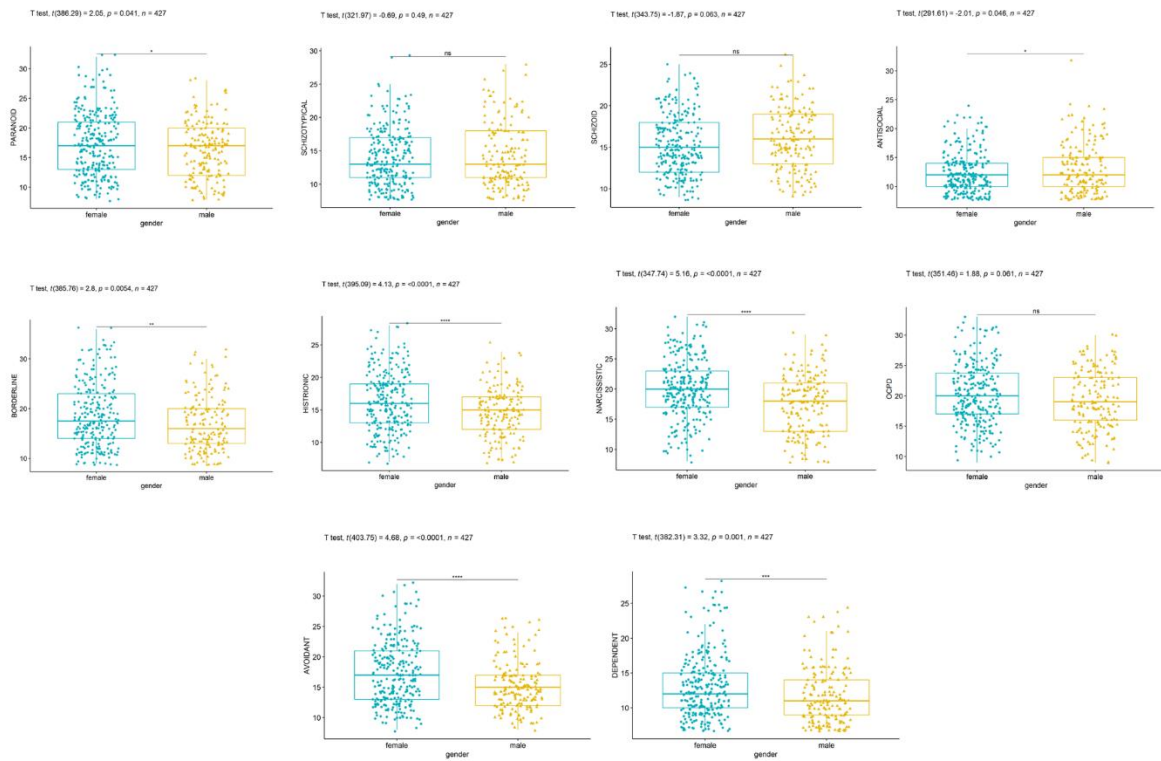
**Results**

In this section, the results of analyses related to comparison of subscales by gender and moderated mediation role of gender and emotion regulation, were given. For comparison by gender, the independent groups t-test analysis was applied. For moderated mediation analysis, the model 59 in the “PROCESS Macro v.3.5” program was used. For determining the moderated mediation model of emotion regulation and gender, fifty models were tested, and as a result, in 9 models the results were found statistically significant. In our study the results of these 9 models were given and discussed. The cut-off scores were determined as 1 standard deviation above the mean and 1 standard deviation below the mean for each independent variable to show the moderated role of gender in the models.

**Results of the comparison of subscales by gender (H1)**

As a result of the independent groups t-test analysis, it was found that the scores of Paranoid PD ( $t(386.29) = 2.05, p = 0.02$ ), Borderline PD ( $t(385.76) = 2.80, p = 0.0054$ ), Histrionic PD ( $t(395.09) = 4.13, p < 0.0001$ ), Narcissistic PD ( $t(347.74) = 5.16, p < 0.0001$ ), Avoidant PD ( $t(403.75) = 4.68, p < 0.001$ ), Dependent PD ( $t(382.31) = 3.32, p < 0.001$ ), BIS ( $t(393.61) = 4.98, p < 0.0001$ ), Flight ( $t(364.91) = 5.47, p < 0.0001$ ), Freeze ( $t(402.65) = 6.84, p < 0.0001$ ) subscale scores and DERS-16 ( $t(368.43) = 4.42, p = 0.001$ ) are statistically significantly higher in females. In addition, the scores of Antisocial PD ( $t(291.61) = -2.01, p = 0.001$ ) were found to be statistically significantly higher in males. No differentiation was found for the other personality disorders and subscales according to gender (Figure 2).

**Figure 2.** The results of independent samples t-test analysis of personality disorders according to gender



**Results of Moderated Mediation Analysis (H2)**

As a result of the moderated mediation analysis, it was found that emotion regulation and gender have moderated mediation role in the relationships between BIS and Schizoid PD and Antisocial PD; BAS and Borderline PD;

Fight and Dependent PD; Freeze and Antisocial PD. In addition, it was determined that gender has a moderating role in the relationships between BIS and DERS-16; Obsessive-compulsive PD and BAS; Dependent PD and Freeze; Fight and Histrionic PD; Fight and Narcissistic PD (Table 2) (Figure 3).

**Table 2.** The results of moderated mediation analysis

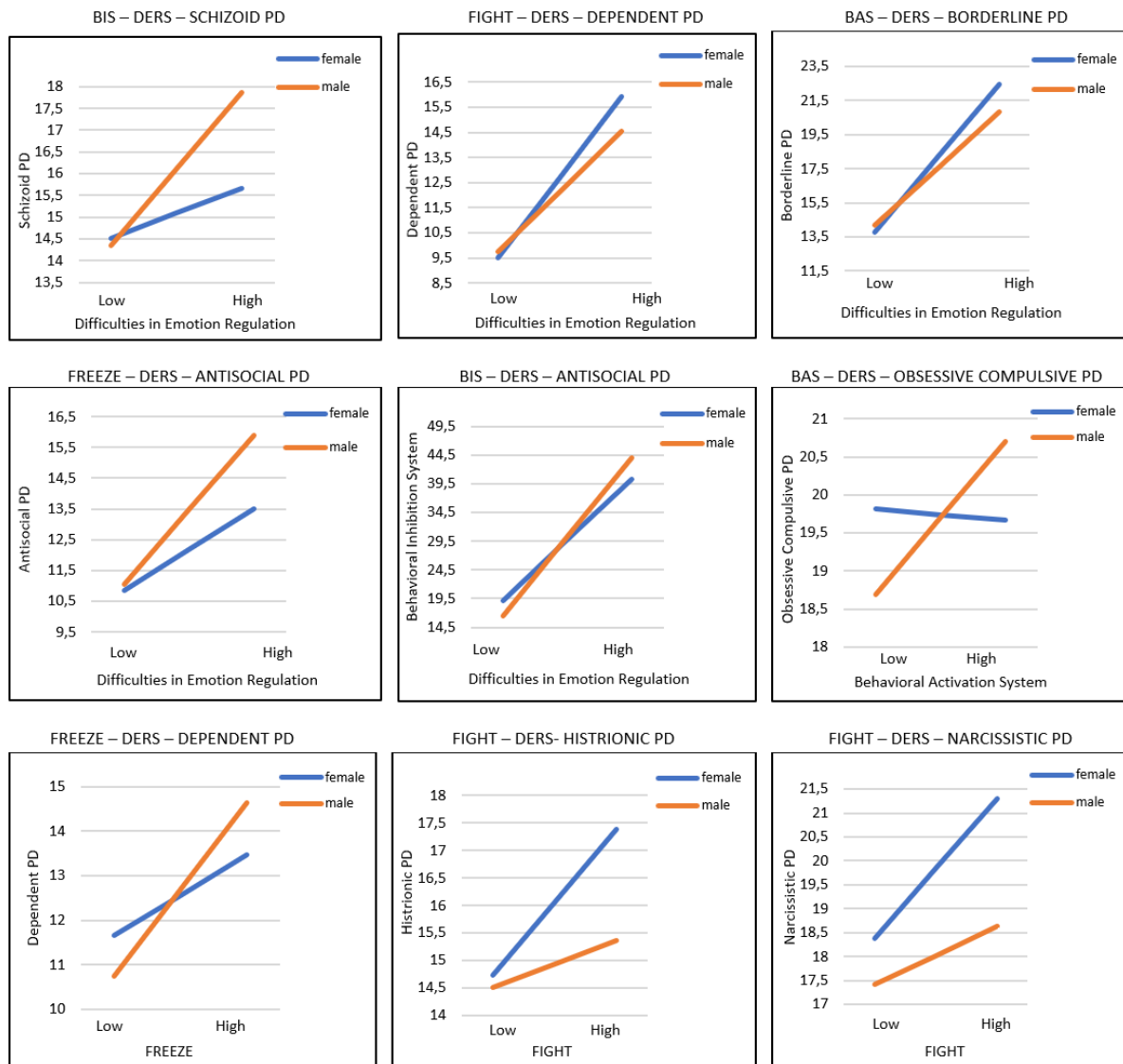
		Outcomes														
		Difficulties in Emotion Regulation (M)						SCHIZOID PD (Y)								
		95% CI						95% CI								
		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F	B	SE	p	LLCI	ULCI	R <sup>2</sup>	F	
BIS	a <sub>1</sub>	2.04	.13	<.001	1.79	2.30	.52	152.19	c <sub>1</sub>	.08	.05	.12	-.02	.19	.10	9.17
DERS	-	-	-	-	-	-	-	-	b <sub>1</sub>	.04	.02	.04	.00	.07	-	-
Gender	a <sub>2</sub>	-9.31	3.80	.01	-16.77	-1.85	-	-	c <sub>2</sub>	1.01	.36	.01	.31	1.71	-	-
BIS x Gender	a <sub>3</sub>	<b>.60</b>	<b>.23</b>	<b>.01</b>	<b>.14</b>	<b>1.06</b>	-	-	c <sub>3</sub>	-.20	.11	.07	-.42	.02	-	-
DERS x Gender	-	-	-	-	-	-	-	-	<b>b<sub>2</sub></b>	<b>.07</b>	<b>.03</b>	<b>.03</b>	<b>.01</b>	<b>.14</b>	-	-
		Difficulties in Emotion Regulation (M)						BORDERLINE PD (Y)								
		95% CI						95% CI								
		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F	B	SE	p	LLCI	ULCI	R <sup>2</sup>	F	
BAS	a <sub>1</sub>	.20	.31	.52	-.41	.80	.04	5.56	c <sub>1</sub>	.35	.09	<.001	.18	.52	.49	80.96
DERS	-	-	-	-	-	-	-	-	b <sub>1</sub>	.27	.02	<.001	.24	.30	-	-
Gender	a <sub>2</sub>	-15.42	7.42	.04	-29.99	-.85	-	-	c <sub>2</sub>	.55	2.14	.80	-3.66	4.76	-	-
BAS x Gender	a <sub>3</sub>	.69	.51	.17	-.31	1.69	-	-	c <sub>3</sub>	.05	.14	.72	-.23	.33	-	-
DERS x Gender	-	-	-	-	-	-	-	-	<b>b<sub>2</sub></b>	<b>-.06</b>	<b>.03</b>	<b>.03</b>	<b>-.12</b>	<b>-.01</b>	-	-
		Difficulties in Emotion Regulation (M)						DEPENDENT PD (Y)								
		95% CI						95% CI								
		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F	B	SE	p	LLCI	ULCI	R <sup>2</sup>	F	
FIGHT	a <sub>1</sub>	1.26	.30	<.001	.67	1.84	.09	13.41	c <sub>1</sub>	.06	.07	.39	-.07	.19	.46	70.33
DERS	-	-	-	-	-	-	-	-	b <sub>1</sub>	.20	.01	<.001	.17	.22	-	-
Gender	a <sub>2</sub>	-5.14	6.36	.42	-17.65	7.37	-	-	c <sub>2</sub>	.74	1.40	.60	-2.02	3.50	-	-

FIGHT x Gender		a <sub>3</sub>	-.05	.48	.91	-.99	.88		c <sub>3</sub>	.01	.11	.91	-.20	.22		
DERS x Gender		-	-	-	-	-	-		<b>b<sub>2</sub></b>	<b>-.05</b>	<b>.02</b>	<b>.03</b>	<b>-.09</b>	<b>-.01</b>		
Difficulties in Emotion Regulation (M)								ANTISOCIAL PD (Y)								
95% CI								95% CI								
		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F
BIS	a <sub>1</sub>	2.04	.13	<.001	1.79	2.30	.52	152.19	c <sub>1</sub>	-.00	.05	.99	-.11	.11	.17	17.72
DERS	-	-	-	-	-	-	-	-	b <sub>1</sub>	.11	.02	<.001	.08	.14	-	-
Gender	a <sub>2</sub>	-9.31	3.80	.01	-16.77	-1.85	-	-	c <sub>2</sub>	1.30	.37	<.001	.57	2.02	-	-
BIS x Gender	a <sub>3</sub>	<b>.60</b>	<b>.23</b>	<b>.01</b>	<b>.14</b>	<b>1.06</b>	-	-	c <sub>3</sub>	-.12	.11	.29	-.34	.10	-	-
DERS x Gender	-	-	-	-	-	-	-	-	<b>b<sub>2</sub></b>	<b>.07</b>	<b>.03</b>	<b>.05</b>	<b>.00</b>	<b>.14</b>	-	-
Difficulties in Emotion Regulation (M)								ANTISOCIAL PD (Y)								
95% CI								95% CI								
		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F
FREEZE	a <sub>1</sub>	2.56	.18	<.001	2.20	2.92	.44	110.46	c <sub>1</sub>	.00	.07	.98	-.14	.14	.18	18.40
DERS	-	-	-	-	-	-	-	-	b <sub>1</sub>	.08	.02	<.001	.05	.12	-	-
Gender	a <sub>2</sub>	-4.28	3.44	.21	-11.03	2.47	-	-	c <sub>2</sub>	1.36	1.01	.18	-.63	3.34	-	-
FREEZE x Gender	a <sub>3</sub>	.61	.34	.08	-.07	1.29	-	-	c <sub>3</sub>	-.24	.14	.07	-.51	.02	-	-
DERS x Gender	-	-	-	-	-	-	-	-	<b>b<sub>2</sub></b>	<b>.08</b>	<b>.03</b>	<b>.01</b>	<b>.02</b>	<b>.13</b>	-	-
Difficulties in Emotion Regulation (M)								OCPD (Y)								
95% CI								95% CI								
		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F
BAS	a <sub>1</sub>	.20	.31	<.001	-.41	.80	.04	5.56	c <sub>1</sub>	-.02	.08	.77	-.17	.13	.39	53.31
DERS	-	-	-	-	-	-	-	-	b <sub>1</sub>	.19	.01	<.001	.16	.21	-	-
Gender	a <sub>2</sub>	-15.42	7.42	.04	-29.99	-.85	-	-	c <sub>2</sub>	-4.85	1.90	.01	-8.58	-1.11	-	-
BAS x Gender	a <sub>3</sub>	.69	.51	.17	-.31	1.69	-	-	c <sub>3</sub>	<b>.34</b>	<b>.13</b>	<b>.01</b>	<b>.09</b>	<b>.59</b>	-	-
DERS x Gender	-	-	-	-	-	-	-	-	b <sub>2</sub>	-.00	.03	.97	-.05	.05	-	-
Difficulties in Emotion Regulation (M)								DEPENDENT PD (Y)								
95% CI								95% CI								
		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F
FREEZE	a <sub>1</sub>	2.56	2.16	.11	-.75	7.73	.44	110.46	c <sub>1</sub>	.23	.06	<.001	.11	.35	.50	82.62
DERS	-	-	-	-	-	-	-	-	b <sub>1</sub>	.16	.02	<.001	.13	.20	-	-
Gender	a <sub>2</sub>	-4.28	3.44	.21	-11.03	2.47	-	-	c <sub>2</sub>	-.06	.91	.95	-1.85	1.74	-	-
FREEZE x Gender	a <sub>3</sub>	.61	.34	.08	-.07	1.29	-	-	c <sub>3</sub>	<b>.26</b>	<b>.12</b>	<b>.03</b>	<b>.02</b>	<b>.50</b>	-	-
DERS x Gender	-	-	-	-	-	-	-	-	<b>b<sub>2</sub></b>	<b>-.08</b>	<b>.03</b>	<b>.003</b>	<b>-.14</b>	<b>-.03</b>	-	-
Difficulties in Emotion Regulation (M)								HISTRIONIC PD (Y)								
95% CI								95% CI								
		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F
FIGHT	a <sub>1</sub>	1.26	.30	<.001	.67	1.84	.09	13.41	c <sub>1</sub>	.41	.07	<.001	.27	.55	.36	48.12
DERS	-	-	-	-	-	-	-	-	b <sub>1</sub>	.13	.01	<.001	.10	.16	-	-
Gender	a <sub>2</sub>	-5.14	6.36	.42	-17.65	7.37	-	-	c <sub>2</sub>	2.75	1.47	.06	-.14	5.64	-	-
FIGHT x Gender	a <sub>3</sub>	-.05	.48	.91	-.99	.88	-	-	c <sub>3</sub>	<b>-.28</b>	<b>.11</b>	<b>.01</b>	<b>-.50</b>	<b>-.06</b>	-	-
DERS x Gender	-	-	-	-	-	-	-	-	b <sub>2</sub>	-.01	.02	.67	-.06	.04	-	-
Difficulties in Emotion Regulation (M)								NARCISSISTIC PD (Y)								
95% CI								95% CI								
		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F		B	SE	p	LLCI	ULCI	R <sup>2</sup>	F
FIGHT	a <sub>1</sub>	1.26	.30	<.001	.67	1.84	.09	13.41	c <sub>1</sub>	.45	.08	<.001	.29	.61	.36	48.07
DERS	-	-	-	-	-	-	-	-	b <sub>1</sub>	.12	.02	<.001	.09	.15	-	-
Gender	a <sub>2</sub>	-5.14	6.36	.42	-17.65	7.37	-	-	c <sub>2</sub>	.20	1.69	.91	-3.12	3.52	-	-
FIGHT x Gender	a <sub>3</sub>	-.05	.48	.91	-.99	.88	-	-	c <sub>3</sub>	<b>-.26</b>	<b>.13</b>	<b>.04</b>	<b>-.51</b>	<b>-.01</b>	-	-
DERS x Gender	-	-	-	-	-	-	-	-	b <sub>2</sub>	.05	.03	.09	-.01	.10	-	-

DERS: Difficulties in Emotion Regulation; PD: Personality disorder; BIS: Behavioral inhibition system; BAS: Behavioral activation system; SE: Standard error; LLCI: Lower limit of the confidence interval; ULCI: Upper limit of the confidence interval  
 Note: The paths given in bold are statistically significant results



**Figure 3.** The moderating role of gender on the relationships between the variables in the study. It is graphed as two levels (low and high): 1 standard deviation above the mean and 1 standard deviation below the mean.



NOTE: The graphs given in the Figure 2 are statistically significant results obtained from the moderated mediation analyses.

## Discussion

### Theoretical Implications

In this study, it was aimed to examine the moderated mediation role of emotion regulation and gender in the relationships between personality disorders and reinforcement sensitivity systems. In this direction, firstly it was investigated whether personality disorders, reinforcement sensitivity systems and difficulties in emotion regulation were differentiated according to gender. Secondly, the moderated mediation role of emotion regulation and gender was examined in the relationships between PDs and reinforcement sensitivity systems, as well as the moderating role of gender on the paths in the models was investigated.

As a result of the comparison according to gender (H1), it was found that Paranoid PD, Borderline PD, Histrionic PD, Narcissistic PD, Avoidant PD, Dependent PD, BIS, Flight, Freeze subscale scores and DERS-16 were statistically significantly higher in women. Antisocial PD scores were determined to be statistically significantly higher in males. As a result it is seen that the findings in

our study are partially in accordance with the literature (APA, 2013).

Unlike the studies in the literature (Paris, 2004; Schulte Holthausen & Habel, 2018), in our study Paranoid PD and Narcissistic PD were found to be higher in women. This differentiation may be due to recent changes in masculine or feminine roles over the years (Frank et al., 1984). In addition, the fact that masculine features are associated with BAS (Lombardo et al., 2012), this result may indicate that BAS levels may also increase in women. Especially positive correlations between BAS and Narcissistic PD and also Paranoid PD (Pastor et al., 2007) support this assumption.

As a result of the moderated mediation analysis, moderated mediation role of gender and emotion regulation was found in some models (H2). On the paths between BIS and Schizoid PD, BIS and Antisocial PD, Schizoid PD and DERS-16, Antisocial PD and DERS-16, the moderating role of gender was determined. Specifically, it was determined that increase in difficulties in emotion regulation was related to a higher increase in

Schizoid PD and Antisocial PD in men. In addition, similarly, with the increase in difficulties in emotion regulation in the relationship between Freeze and Antisocial PD, a higher increase in Antisocial PD was found in males. In this regard, as a summary it can be said that difficulties in emotion regulation is a risk factor for Schizoid PD and Antisocial PD in their relationships with BIS and Freeze in men.

BIS has a function in the decision-making mechanism depending on the current anxiety level in conflict situations (Gray & McNaughton, 2000). In this respect, it can be thought that with the relation to high level BIS, the increased anxiety may be a risk factor for conduct disorder and impulsivity, which are the characteristics of Antisocial PD, with difficulties in emotion regulation in men. Also, due to the fact that men generally use suppression and avoidance methods to cope with the anxiety (Tamres et al., 2002), it can be said that this tendency could be one of the risk factors for Schizoid PD, in relation to the hyperactivation of BIS.

In the relationship between BAS and Borderline BP, it was determined that increase in difficulties in emotion regulation is positively related to an increase in Borderline PD in women. Borderline PD is associated with emotional instability (APA, 2013), due to this fact it can be thought that difficulties in emotion regulation has a close relationship with mood imbalance in women. Also, the increase in impulsive behaviors such as self-harm could be thought to be related to hyperactivation in BAS (Gray & McNaughton, 2000).

In the relationship between OCPD and BAS, an increase in BAS was found to be related to a decrease in OCPD in women, while an increase in OCPD was seen in men. Due to the conflicting findings in the literature about prevalence of OCPD in men and women (Paris, 2004; Vivan et al., 2014), it could be said that different variables may have a role in this relationship. In our study, no correlation was found between BAS and OCPD in women, however, a correlation was determined in men. In addition, it was found that there is statistically significant differentiation between these two correlation values. In this respect, it is seen that difficulties in emotion regulation affect women and men differently in the relationship between BAS and OCPD. This result can be considered an important finding in terms of determining appropriate therapy methods for men and women. In reference to the fact that the moderated mediation analysis were performed on the basis of correlation, it is seen that the results of the comparisons between the correlation values in female and male groups, also provide descriptive information related to these results.

It was determined that gender had a moderating role on the paths between Freeze and Dependent PD, and between DERS-16 and Dependent PD. Specifically, high levels in Freeze and difficulties in emotion regulation may be risk factors for increase in Dependent PD in men. Freeze is a sub-dimension of the FFFS, which is related to fear and is a reaction that occurs when the danger is too close not being able to escape (Pickering & Corr, 2008). In this respect, it can be thought that with the increase in difficulties in emotion regulation in men with a high level of Freeze, the inability to take decisions alone and the need for other's support get higher, which is one of the characteristics of Dependent PD (APA, 2013).

In the relationship between Fight and Dependent PD, it was found that increase in difficulties in emotion regulation is a risk factor for increase in Dependent PD in women. In addition, it was determined that increase in Fight was related to a higher increase in Histrionic PD and also in Narcissistic PD in women. Accordingly, in women, as the difficulties in emotion regulation is determined as a risk factor for the relationship between Fight and Dependent PD; and also for the relationship between Histrionic PD and Narcissistic PD, high-level Fight is found to be a risk factor, too. It can be thought that difficulties in emotion regulation could increase the level of Dependent PD, with the fear of being alone and not receiving support, in women. In addition, it can be said that in Histrionic PD a high level of Fight could lead to more seductive and improper behaviors with fear of not being the centre of attention; and in Narcissistic PD, a high level of Fight could be related to an increase in grandiose behaviors and using others for their own benefit, with the fear of being not approved by others.

### Limitations and Future Research

In our study, the personality disorder groups obtained from the subscales of CATI+TR SF, actually indicate a personality trait, and each personality disorder was evaluated dimensionally. Therefore, they should be evaluated diagnosis-independent. However, including clinical samples may provide more descriptive data on the moderated mediation role of emotion regulation and gender. So, not including the clinical sample can be shown as one of the limitations. Also, there are studies that show that psychoeducation programs based on emotion regulation help individuals with Borderline PD to cope with negative emotions (Wojciechowski, 2021). In addition, it is known that these training programs provide increase in usage of the healthy emotion regulation strategies such as reappraisal strategy (Lam et al., 2020). Therefore, experimental studies include psychoeducation programs may provide more clear information about the relationship between reinforcement sensitivity and personality disorders with respect to emotion regulation. In addition, not evaluating masculine and feminine features in our study can be considered another limitation. The increase in some personality disorders in women, especially known to be male-specific, may be related to the increase in masculine features in women in recent years. In this respect, including the examination of masculine and feminine features in future studies is suggested.

In our study, all personality disorders were included and this can be thought one of the strengths of the study. Thus, the effects of emotion regulation on men and women were investigated separately for each personality disorder in their relations with reinforcement sensitivity systems. In addition, the statistical method used for moderated mediation analysis in this study can be shown as another strength of our study. In this way, the analysis of all variables was performed in a single model in which the standard errors in the analysis was minimized.

In conclusion, in our study, it has been shown that emotion regulation and gender have moderated mediation role on different paths in the relationships between reinforcement sensitivity systems and personality disorders. In other words, it was determined that lack of emotion regulation has different effects in the relationships between personality disorders and reinforcement sensitivity systems in men and in women. In this respect, for more

effective and appropriate treatment methods in psychopathology, considering the gender differences is offered.

### Declarations

#### Ethics Approval and Consent to Participate

Ethics committee approval dated 31.12.2021 and numbered 2021/12 was obtained from the Ethics Committee of İstanbul Sabahattin Zaim University for this study. All participants were given consent for their data to be used in the research, and they were informed that they could withdraw at any time.

#### Consent for Publication

Not applicable

#### Availability of Data and Materials

Not applicable.

#### Competing Interests

The author declares that no competing interests in this manuscript.

#### Funding

Not applicable.

#### Authors' Contributions

YB carried out the proposal of the main idea of the research, YB contributed to the collection of data, YB and GB performed the analysis and made contributions to interpretation of analysis results. YB and GB contributed to the writing and proofreading of the article. All authors have read and approved the final article.

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RESEARCH ARTICLE / ARAŞTIRMA YAZISI

# Investigation of Childhood Traumas, Emotion Regulation Processes and Dissociation as Predictives of Social Anxiety

## Sosyal Kaygının Yordayıcısı olarak Çocukluk Çağı Travmaları, Duygu Düzenleme Süreçleri ve Dissosiyasyonun İncelenmesi

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### Abstract:

The aim of this study is to examine the predictors of childhood traumas, emotion regulation processes and dissociation in terms of social anxiety. 451 participants between the ages of 18-55 were included in the study, in which the relational screening model and snowball sampling method were used. Data were collected using Demographic Information Form, Childhood Trauma Scale, Emotion Regulation Processes Scale, Dissociative Experiences Scale and Liebowitz Social Anxiety Scale. Simple linear regression, multiple regression and hierarchical regression analyzes were applied for the analyses. As a result of the analysis, the increase in the antecedent-focused emotion regulation processes, which is the sub-dimension of emotion regulation processes, caused a decrease in social anxiety symptoms ( $R^2=0.027$ ,  $F=6.208$ ,  $p=0.002$ ); it was determined that the increase in absorption, which is the sub-dimension of dissociative experiences, causes an increase in social anxiety symptoms ( $R^2=0.059$ ,  $F=9.409$ ,  $p=0.001$ ). In the hierarchical regression analysis, it was determined that childhood traumas ( $\beta = 0.271$ ) and dissociative experiences ( $\beta = 0.291$ ) had a positive effect on social anxiety, while emotion regulation processes ( $\beta = -0.144$ ) had a negative effect. In addition, the rate of explaining social anxiety by childhood traumas alone ( $R^2=0.020$ ); the ratio of childhood traumas and dissociative experiences to explain social anxiety ( $R^2=0.056$ ); the coexistence of childhood traumas, dissociative experiences and emotion regulation processes explained social anxiety as high ( $R^2=0.067$ ). When the findings are used both in the structuring of psychotherapies in clinical studies and in the structuring of health policies to protect community mental health, they can be helpful in the formation and/or treatment of social anxiety.

**Keywords:** Social Anxiety, Childhood Traumas, Emotion Regulation, Dissociation

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**Öz:**

Bu araştırmanın amacı çocukluk çağı travmaları, duygu düzenleme süreçleri ve dissosiyasyonun sosyal kaygı açısından yordayıcılığını incelemektir. İlişkisel tarama modeli ve kartopu örnekleme yönteminin kullanıldığı araştırmaya 18-55 yaş aralığında 451 katılımcı alınmıştır. Veriler Demografik Bilgi Formu, Çocukluk Çağı Travmaları Ölçeği, Duygu Düzenleme Süreçleri Ölçeği, Dissosiyatif Yaşantılar Ölçeği ve Liebowitz Sosyal Kaygı Ölçeği kullanılarak toplanmıştır. Analizler için basit doğrusal regresyon, çoklu regresyon ve hiyerarşik regresyon analizleri uygulanmıştır. Analizler sonucunda duygu düzenleme süreçlerinin alt boyutu olan öncül odaklı duygu düzenleme süreçlerindeki artışın sosyal kaygı belirtilerinde düşüşe sebep olduğu ( $R^2=0.027$ ,  $F=6.208$ ,  $p=0.002$ ); dissosiyatif yaşantıların alt boyutu olan absorptiondaki artışın sosyal kaygı belirtilerinde artışa sebep olduğu ( $R^2=0.059$ ,  $F=9.409$ ,  $p=0.001$ ) tespit edilmiştir. Hiyerarşik regresyon analizine sosyal kaygı üzerinde çocukluk çağı travmalarının ( $\beta =0.271$ ) ve dissosiyatif yaşantıların ( $\beta =0.291$ ) pozitif yönde, duygu düzenleme süreçlerinin ( $\beta =-0.144$ ) ise negatif yönde etkili olduğu belirlenmiştir. Ayrıca tek başına çocukluk çağı travmalarının sosyal kaygıyı açıklama oranı ( $R^2=0.020$ ); çocukluk çağı travmaları ile dissosiyatif yaşantıların birlikteliğinin sosyal kaygıyı açıklama oranı ( $R^2=0.056$ ); çocukluk çağı travmaları, dissosiyatif yaşantılar ve duygu düzenleme süreçlerinin birlikteliğinin sosyal kaygıyı açıklama oranı ise ( $R^2=0.067$ ) yüksek olarak belirlenmiştir. Bulgular gerek klinik çalışmalarda psikoterapilerin yapılandırılmasında ve gerekse toplum ruh sağlığını korumaya yönelik sağlık politikalarının yapılandırılmasında kullanıldığında sosyal anksiyetenin oluşması ve/veya tedavisinde yardımcı olabilir.

**Anahtar Kelimeler:** Sosyal Kaygı, Çocukluk Çağı Travmaları, Duygu Düzenleme, Dissosiyasyon

**Introduction**

Social anxiety disorder is characterized by persistent fear and avoidance of social situations due to fear of being evaluated by others (Schneier & Goldmark, 2015). In such situations, the anxiety is that the individual will say or do something that results in embarrassment or humiliation. These anxieties may be so prominent that they avoid most interpersonal encounters or endure such situations only with intense discomfort (Stein & Stein, 2008). It is known that social anxiety disorder is a common and long-lasting disorder (Magee, Eaton, Wittchen, McGonagle & Kessler, 1996; Ruscio et al., 2008; Stein et al., 2017). This disorder can be constantly painful, and as people with this disorder avoid social or performance situations, their school, work, and social life may be affected (Schneier & Goldmark, 2015). Therefore, they may avoid public speaking, expressing their opinions, and even making friends with their peers (Stein & Stein 2008).

It has been determined that the age of onset of social anxiety disorder is early (Stein & Stein 2008). Because of this finding, it is thought that experiences in the first period of life are important in terms of social anxiety. In the literature, it has been determined that childhood traumas are significantly more common in people with social anxiety (Bandelow et al., 2004; Kuo, Goldin, Werner, Heimberg & Gross, 2011). In some studies, it was found that childhood traumas or some types of childhood trauma predict social anxiety (Myers & Llera 2020; Nanda, Reichert, Jones & Flannery-Schroeder, 2015). For this reason, the relationship between social anxiety and childhood traumas is discussed in the present study.

The diagnostic criteria for social anxiety disorder suggest emotional and self-related processing difficulties; however, it has been suggested that DSM diagnostic criteria do not specifically address regulatory difficulties for social anxiety disorder. However, recently it has been determined that clinical studies focusing on emotion and

emotion regulation and adaptive emotion regulation efforts in social anxiety disorder are being conducted (Jazaieri, Morrison, Goldin & Gross, 2015). In the cognitive model, in which Hofmann (2007) presented the factors perpetuating social anxiety disorder based on the existing literature, low perceived emotional control was also considered as one of these factors. Hofmann (2007) argues that the literature believes that individuals with social anxiety have little control over their emotional responses in threatening social situations and that this lack of control can be easily noticed by other people.

In the study investigating the relationship between emotion regulation and social functioning, it was found that people who use reappraisal have closer relationships with their peers and are more liked by their peers, while people who use repression have very different social outcome patterns. People who use suppression are less likely to share their positive and negative feelings in their close relationships, avoid more, and feel uncomfortable with intimacy and sharing. It was determined that this emotional distance was clearly noticed by their peers and social support was less in all social areas (Gross & John, 2003). When we look at the literature, it is seen that emotion regulation is one of the factors that have a significant relationship with social anxiety.

In addition, the relationship between social anxiety disorder and dissociation has been discussed and investigated recently (Myers & Llera, 2020). It has been found that social anxiety disorder and dissociation are related and that dissociation predicts social anxiety (Belli et al., 2017; Myers & Llera 2020). At the same time, it has been determined in studies (Colic et al., 2020; Hoyer, Brauer, Crawcour, Klumbies & Kirschbaum, 2013; Schweden et al., 2006) that people with social anxiety disorder have more experience alienation from themselves and the environment, which is one of the sub-dimensions of dissociation. When we look at the literature, it is thought that the relationship between dissociation and social



anxiety is a relationship that has been researched more recently and new findings have been reached.

In summary, when the literature is examined, childhood traumas are high in people with social anxiety (Michail & Birchwood 2014), there is a strong relationship between social anxiety and emotion regulation strategies (Keil, Asbrand, Tuschen-Caffier & Schmitz, 2017), people with social anxiety disorder use avoidance and expressive suppression more, cognitive reappraisal, and expressive suppression, it was observed that their self-efficacy was lower (Werner, Goldin, Ball, Heimberg & Gross, 2011), while the impulse control domain of emotion regulation predicted social anxiety (Rusch, Westermann & Lincoln, 2012). At the same time, it is underlined that there are unique emotional regulation deficiencies in social anxiety disorder (Werner, Goldin, Ball, Heimberg & Gross, 2011). In addition, it has been reported that there is a relationship between social anxiety and dissociation, and that people with social anxiety disorder experience more shame during social interaction and accordingly experience more alienation from themselves and the environment (Colic et al. 2020). Myers and Llera (2020) in their study investigating the relationships of childhood traumas, emotion regulation and dissociation, found that as the social anxiety they experience increases, the dissociation they experience increases as the social anxiety they experience increases.

In the present study, the predictors of childhood traumas, emotion regulation processes and dissociation in terms of social anxiety are examined. In the studies conducted in the literature (Hoyer, Braeuer, Crawcour, Klumbies & Kirschbaum, 2013; Keil, Asbrand, Tuschen-Caffier & Schmitz, 2017), the relationships between these factors were investigated. However, studies examining these factors together could not be found. In this study, the predictors of social anxiety level will be evaluated as a result of examining these factors together, and it is thought that the obtained findings may contribute to studies in the clinical field. In addition, it is thought that the results and method of the research can contribute to the literature, and the limitations of the study and their suggestions to the researchers.

The main problem of this study is: Are childhood traumas, emotion regulation processes and dissociation predictors of social anxiety? The sub-problems created and tested in this context are as follows:

Do childhood traumas (emotional neglect, physical neglect, emotional abuse, physical abuse, sexual abuse) predict the level of social anxiety symptoms at a statistically significant level?

Do emotion regulation processes (antecedent-focused emotion regulation processes and response-focused emotion regulation processes) predict the level of social anxiety at a statistically significant level?

Do dissociative experiences (amnesia, depersonalization/derealization and absorption) predict social anxiety level statistically significantly?

## Methods

### Research Model

In this study, which was designed as a quantitative research, the relational survey model, one of the general survey models, was used since it was aimed to determine

the existence of co-variance between two or more variables. Relational screening model is a research model that aims to determine whether two or more variables change together and to determine the degree and direction of the change (Karasar, 2000).

### Sample

The research started with the approval of Marmara University Social Sciences Research Ethics Committee dated 07.09.2021 and protocol numbered 2021-4/23. The sample size of this study is calculated by using G\*Power (Faul, Erdfelder, Lang & Buchner, 2007). An istatistical power analysis is conducted with  $\alpha$  (alpha) 0.05 and beta 0.80. Effect size is assumed as medium for the power analysis. The total sample size is estimated for multiple regression as 77. As a result, it was determined that a sample group consisting of at least 77 people should be formed for the study. The sample of this study consists of 451 people. A total of 451 participants, 320 (71%) female and 131 (29%) male, were included in the study. 220 (48.8%) of the participants were undergraduate graduates, 120 (26.6%) graduates, 88 (19.5%) high school graduates, 5 (1.1%) secondary school graduates, 15 (3.3%) secondary school graduates and 3 (0.7%) of them were primary school graduates. When examined in terms of the financial situation variable, 16 (3.5%) of the participants had very low financial status, 39 (8.6%) were low, 254 (56.3%) were moderate, 132 (29.3%) were good, and 10 (2.2%) was found to be very good. When the marital status variable was examined, it was found that 279 (61.9%) of the participants were single, 155 (34.4%) were married, 13 (2.9%) were divorced, and 4 (0.9%) had lost their spouses. It was observed that 42 (9.3%) of the participants received psychological support, and 409 (90.7%) did not.

### Data Collection Tools

#### Sociodemographic Information Form

The Sociodemographic Information Form prepared within the scope of the research to obtain information about the demographic characteristics of the participants includes questions on age, gender, educational status, financial situation, marital status, and whether they currently receive psychiatric/psychological support.

#### Childhood Trauma Scale (CTS)

“Childhood Traumas Scale”, created by Bernstein et al., (1994), includes emotional neglect (items 5, 7, 13, 19, and 28), physical neglect (1, 4, 6, 2 .and 26.), emotional abuse (items 3, 8, 14, 18 and 25), physical abuse (items 9, 11, 12, 15 and 17), and sexual abuse (20., 21., 23., 24. and 27. items) consists of five sub-dimensions. The Turkish adaptation, validity and reliability study of the scale was conducted by Şar, Öztürk, and İkikardeş, and the Cronbach's alpha value was calculated as 0.93. While calculating the scale, the answers given to the positive items (2, 5, 7, 13, 19, 26, 28) are reversed (Şar, Öztürk & İkikardeş, 2012). In the current study, the Cronbach's alpha value of the scale was calculated as 0.85.

#### Dissociative Experiences Scale (DES)

Developed by Bernstein and Putnam (1987) to measure dissociation and consisting of 28 items, the scale is associated with identity, memory, awareness and cognition disorders, feelings of self-alienation and alienation from the environment, and the feeling of having lived before (Bernstein, Putnam 1987). The Turkish validity and reliability study of the scale was conducted by Hakim, Tutkun, and Şar (1995). The Cronbach's alpha value of the

scale was calculated as 0.91 (Yargic, Tutkun & Şar, 1995). In the reliability analysis performed in the current study, the Cronbach's alpha value of the scale was calculated as 0.96.

#### Emotion Regulation Processes Scale (ERPS)

The Emotion Regulation Process Scale, created by Schutte, Manes, and Malouff (2009), consists of 28 items and two sub-dimensions: antecedent-focused emotion regulation and reaction-focused emotion regulation (Schutte, Manes, and Malouff 2009). The Turkish adaptation of the scale was done by Aka (2011), and Cronbach's alpha was reported as 0.91 (Aka, 2011). In the current study, the Cronbach's alpha value of the scale was calculated as 0.91.

#### Liebowitz Social Anxiety Scale (LSAS)

The Liebowitz Social Anxiety Scale was used to measure social anxiety symptoms in the study. The 24-item scale, created by Liebowitz in 1987, includes items covering a wide range of difficulties experienced by people with social anxiety. 11 items of the scale examine social interaction and 13 items examine fear or anxiety and avoidance in social performance situations (Liebowitz 1987). The Turkish adaptation and validity and reliability study of the scale was carried out by Soykan, Özgüven, and Gençöz. The Cronbach's alpha values of the scale were reported as 0.96 for the fear or anxiety sub-dimension, 0.95 for the avoidance sub-dimension, and 0.98 for the whole scale (Soykan, Özgüven & Gençöz, 2003). In the current study, the Cronbach's alpha value was calculated as 0.96.

#### Process

Permission for the research was first obtained from Marmara University Social Sciences Institute Ethics Committee, dated 07.09.2021 and with protocol number 2021-4/23. Then, the Informed Voluntary Consent Form, Demographic Information Form, CTS, LSAS, ERPS and DES were delivered to the participants over the internet. Participants who approved the Informed Voluntary Consent Form completed the other scales in the order above. The study took an average of 20 minutes. During the data collection process, 480 participants over the age of 18 were reached. Following this process, the analysis of the collected data was made with the SPSS program.

IBM SPSS Statistics 22 (SPSS Inc., Chicago, IL) program was used for data analysis. It was determined that the data used in the research provided the assumption of normality distribution based on the skewness and kurtosis values. 29 participants, whose skewness and kurtosis values were outside the normality limits, were excluded from the study, and 29 participants with extreme values for the CTS were thus provided for the normality assumption for the CTS total score. Other analyzes were performed with 451 participant data. Since the skewness and kurtosis values were found to be between -1.5 and +1.5, it was determined that the scale scores showed a normal distribution (Tabachnick & Fidell, 2013). For this reason, parametric tests were used while making scale score comparisons. Cronbach alpha values were calculated by performing the reliability analysis of the scales used in the research. Cronbach alpha values of all scales were found to be quite reliable. The determination of whether the questions in the scales were perceived the same by the participants was tested with the Tukey Non-Additivity test and whether the questions were prepared in a way that would form an additive scale was tested with the Hotelling T<sup>2</sup> test. As a result, it was seen that the scales used provided summability (Hotelling T<sup>2</sup>=45943.705, p=0.001<0.05) and the answers given to the scale were different from each other (Tukey Non-Additivity p=0.001<0.05). In the analysis of data; descriptive categorical data were calculated as number (n) and percentage (%), and quantitative data were calculated as mean and standard deviation values, skewness, kurtosis, minimum and maximum values. Independent Sample t-Test was used for demographic comparisons with the scales used in the research. Whether there was a relationship between the quantitative data was examined using Pearson Correlation analysis. Simple linear regression, multiple regression and hierarchical regression analysis were performed to examine the effect of independent variables on dependent variables. In addition, non-normally distributed variables were standardized and included in the regression analysis by calculating the z-score.

#### Results

**Table 1.** Comparison of The Scores Obtained From The Scales with The Independent Sample T-Test in Terms of Gender Variable

Variable	Scale	Categories	N	Mean±SD	t	p
	Social Anxiety	Woman	320	43.30±27.51	4.382	0.001
		Man	131	31.09±25.16		
	Dissociation	Woman	320	23.79±17.82	-0.974	0.331
		Man	131	25.83±21.06		
	Emotion Regulation Processes	Woman	320	150.82±21.89	0.411	0.681
		Man	131	149.83±25.82		
	Childhood Traumas	Woman	320	35.79±9.74	-0.414	0.679
		Man	131	36.20±8.98		

Table 1 shows the results of the Independent Sample t-Test performed to determine whether gender creates a significant difference in the scales used in the research.

According to the results of the analysis, the gender variable created a significant difference in terms of social anxiety (p=0.001<0.05). Accordingly, it was determined that the

social anxiety level of women (average=43.30) was higher than that of men (average=31.09). However, it was determined that there was no significant difference in dissociation, emotion regulation and childhood trauma

scores of men and women ( $p>0.05$ ). This result brought with it the result that the gender variable was not included in the hierarchical regression analysis.

**Table 2.** Examination of Relationships Between Childhood Traumas, Social Anxiety, Dissociation, Emotion Regulation Processes with Pearson Correlation Analysis

Variables		Childhood Traumas	Social Anxiety	Dissociation	Emotion Regulation Processes
Childhood Traumas	r	1	0.150*	0.100*	-0.294
Social Anxiety	r	0.150*	1	0.208*	-0.146*
Dissociation	r	0.100*	0.208*	1	0.013
Emotion Regulation Processes	r	-0.294	-0.146*	0.013	1

\* $p<0.05$

Table 2 shows the results of the Pearson Correlation analysis applied to determine whether there is a significant relationship between the scales used in the research, and if there is a relationship, its direction and severity. Accordingly, there was a significant, positive and very weak relationship between childhood traumas and social anxiety ( $p=0.001<0.05$ ,  $r=0.150$ ), a positive, significant and rather weak relationship between childhood traumas and dissociation ( $p=0.034$ ,  $r=0.100$ ), a negative, weak and

significant relationship was found between childhood traumas and emotion regulation processes ( $p=0.001$ ,  $r=-0.294$ ). In addition, a positive, weak and significant relationship was found between social anxiety and dissociation ( $p=0.001<0.05$ ,  $r=0.208$ ), and a negative, significant and very weak relationship was found between social anxiety and emotion regulation processes ( $p=0.002$ ,  $r=-0.146$ ). No significant relationship was found between dissociation and emotion regulation ( $p=0.777>0.05$ ).

**Table 3.** Investigation of the Effects of Antecedent-Focused Emotion Regulation Skills and Response-Focused Emotion Regulation Skills Sub-Dimensions on Social Anxiety by Multiple Regression Analysis

The dependent variable	Independent variables	$\beta$	T	P
Liebowitz Social Anxiety Scale	Constant Term	66.626	7.896	0.001
	Antecedent-Focused Emotion Regulation Skills	-0.361	-2.795	0.005
	Response-Focused Emotion Regulation Skills	0.071	0.436	0.663

$R^2=0.027$ ,  $F=6.208$ ,  $p=0.002$

LSAS=  $66.626-0.361*(\text{Antecedent-Focused Emotion Regulation Skills})$

The regression equation, which was determined as LSAS for the dependent variable and as antecedent-focused emotion regulation skills and reaction-oriented emotion regulation skills for the independent variables, is shown in Table 3. In Table 1, besides the significance of the regression equation, which of the independent variables is statistically significant and the coefficients of these

variables are given. The coefficient of determination ( $R^2$ ) was calculated as 0.027 and F was found to be significant ( $p=0.002<0.05$ ). Accordingly, it was determined that antecedent-focused emotion regulation skills were effective on social anxiety at a significance level of 0.05. In the model; It is seen that a one-unit increase in antecedent-focused emotion regulation skills causes a 0.361-unit decrease in social anxiety.

**Table 4.** Examining the Effects of Childhood Traumas Scale Sub-Dimensions Emotional Neglect, Physical Neglect, Emotional Abuse, Physical Abuse, Sexual Abuse on Social Anxiety by Multiple Regression Analysis

The dependent variable	Independent variables	$\beta$	t	P
Liebowitz Social Anxiety Scale	Constant Term	39.761	31.056	0.001
	Emotional abuse Z score	2.252	1.281	0.201
	Physical abuse Z score	-0.453	-0.296	0.767
	Physical neglect Z score	1.458	1.031	0.303
	Emotional neglect Z score	0.930	0.546	0.585
	Sexual abuse Z score	2.360	1.821	0.069

$R^2=0.026$ ,  $F=2.377$ ,  $p=0.038$



The regression equation of the dependent variable as LSAS and the independent variables as emotional abuse, physical abuse, physical neglect, emotional neglect, and sexual abuse, which are the sub-dimensions of CTS are shown in Table 4. The coefficient of determination (R<sup>2</sup>)

was calculated as 0.026 and F was found to be significant (p=0.038<0.05). Accordingly, it is seen that none of the independent variables have an effect on social anxiety at the 0.05 significance level.

**Table 5.** Examining the Effects of Dissociative Experiences Scale Sub-Dimensions Amnesia, Depersonalization/Derealization, Absorption on Social Anxiety by Multiple Regression Analysis

The dependent variable	Independent variables	$\beta$	t	p
	Constant Term	29.747	2.370	0.001
Liebowitz Social Anxiety Scale	Amnesia	-0.118	0.106	0.267
	Depersonalization/Derealization	0.099	0.103	0.337
	Absorption	0.304	0.089	0.001

R<sup>2</sup>=0.059, F=9.409, p=0.001 LSAS =29.747+0.304\*Absorption

The regression equation, which was determined as LSAS for the dependent variable and the DES for the independent variable, is shown in Table 5. The coefficient of determination (R<sup>2</sup>) was calculated as 0.059 and F was found to be significant (p=0.001<0.05). Accordingly, it

can be said that dissociative experience is effective on social anxiety at a significance level of 0.05. In the model; it is seen that one unit increase in dissociative experience causes an increase of 0.304 units on social anxiety.

**Table 6.** Examination of The Hierarchical Regression Model in Which The Childhood Traumas, Dissociative Experiences and Emotion Regulation Processes Were Added as Independent Variables, Respectively, to The Model in Which The Liebowitz Social Anxiety Variable Was Taken as The Dependent Variable.

Model	Variables	$\beta$	Adjusted R <sup>2</sup>	t	P	F	Tolerance	VIF
1	Constant Term	24.273	0.020	4.866	0.001	10.315		
	Childhood Traumas	0.431		3.212	0.001		1.000	1.000
2	Constant Term	19.366		3.848	0.001			
	Childhood Traumas	0.375	0.056	2.833	0.005	14.312	0.990	1.010
	Dissociation	0.284		4.233	0.001		0.990	1.010
3	Constant Term	44.559		4.011	0.001			
	Childhood Traumas	0.271	0.067	1.967	0.050	11.808	0.903	1.108
	Dissociation	0.291		4.369	0.001		0.988	1.012
	Emotion Regulation Processes	-0.144		-2.540	0.011		0.912	1.097

Table 6 shows the results of the Mann-Whitney U test for comparing the Parental Burnout Scale scores according to the marital statuses of the parents. When Table 6 is examined, it was seen that there were no statistically significant differences between the scores of the parents in the sub-dimensions of Emotional Exhaustion, Feelings of Being Fed Up, Contrast with Previous Parental Self, and

Emotional Distancing in the Parental Burnout Scale based on their marital statuses (p>0.05) In Table 6, the steps of the hierarchical regression model, the coefficients for the independent variables, the significance values, and the tolerance and VIF values for the control of multicollinearity are given. CTS, DES, and ERPS variables were taken as the independent variables, and the

LSAS score was taken as the dependent variable. The assumptions of the regression analysis were checked, the tolerance values were found to be 0.20 and above, the VIF values were found to be less than 10, so there was no multicollinearity problem, the independent variables were suitable for multivariate normality, the Durbin Watson value was in the range of  $1.5 < 1.926 < 2.5$ , that is, there was no autocorrelation. In model 1, which is the first step of hierarchical regression, the constant term contributed to the model, and the effect of the CTS variable on social anxiety was found to be positive and significant. In other words, one unit increase in CTS will cause an increase of 0.431 units on social anxiety. ( $\beta=0.431$ ,  $R^2=0.020$ ). In Model 2, the contribution of the constant term to the model was found to be significant, and when the CTS and DES scores were added to the model together, their contribution to the model was found to be significant.  $\beta = 0.284$ , and the independent variables' explanation rate of the dependent variable was  $R^2=0.056$ , so the independent variables in model 2 had a higher explanatory power of social anxiety than model 1. When Model 3 was examined, it was observed that the contribution of the constant term to the model was significant, when the independent variable of DES was added in addition to the CTS and DES scores, the contribution of all variables to the model was significant. positive ( $\beta = 0.291$ ) and negative ( $\beta = -0.144$ ) effect of ERPS on social anxiety. According to this, while other variables are constant, a one-unit increase in CTS causes an increase of 0.271 units on social anxiety, a one-unit increase in DES causes an increase of 0.291 units on social anxiety, while a one-unit increase in ERPS causes an increase in social anxiety. It causes a decrease of -0.144 units. In addition, it is seen that the independent variables explain the dependent variable  $R^2=0.067$ , so the independent variables in model 3 have a higher explanation power of the dependent variable than other models.

## Discussion

The first result of the study is that gender creates a significant difference in terms of social anxiety symptoms. Accordingly, it was determined that the social anxiety levels of female participants were higher than male participants. Looking at the literature, many studies have shown that women are more likely to have social anxiety disorder than men (Asher, Aderka 2018; Pickering, Hadvin & Kovshoff, 2020; Zentner, et al., 2022). The present study is consistent with the literature in this sense.

The second result of the research comes from the correlation analysis. Accordingly, it was observed that there was a positive and significant relationship between childhood traumas and social anxiety symptoms. In other words, as childhood trauma experiences increase, social anxiety symptoms also increase. There are studies supporting this result in the literature (Fitzgerald & Gallus 2020; Fitzgerald, 2022). In the correlation analysis applied in the current study, it was determined that there was a positive and significant relationship between social anxiety symptoms and dissociation. This shows that as people's social anxiety symptoms increase, their dissociative experiences also increase. There are studies in the literature that support this finding. In their study, Myers and Llera (2020) reported that the frequency and duration of experiencing dissociation of people with high social anxiety is higher than those with low level of social anxiety. Another finding obtained in the correlation

analysis applied in the current study is that there is a negative and significant relationship between social anxiety symptoms and emotion regulation. In other words, as social anxiety symptoms increase, the use of emotion regulation processes decreases. The conclusion is supported by the literature. (Dryman & Heimberg, 2018), stated that social anxiety disorder is characterized by difficulties in recognizing, accepting, understanding and tolerating emotions. Farmer and Kashdan (2012) revealed in their study that social anxiety affects the frequency, type and results of emotion regulation strategy reported by individuals. People with high social anxiety use positive suppression more frequently, and using this strategy leads to less intense positive emotions and less positive social events as diversity (Farmer & Kashdan, 2012).

The third result of the study was obtained by linear and multiple regression analysis to see the effects of childhood traumas, emotion regulation processes and dissociation on social anxiety symptoms. Accordingly, antecedent-focused emotion regulation processes cause a decrease in social anxiety symptoms, and an increase in absorption causes an increase in social anxiety symptoms. Research findings are supported by the literature.

In the study, it was concluded that an increase in antecedent-oriented emotion regulation skills, which is one of the emotion regulation processes, provides a decrease in social anxiety symptoms. The finding is consistent with the literature. Dryman and Heimberg (2018) in their literature review study suggested that the emotion regulation strategies that people with social anxiety disorder choose to use, their self-confidence when using these emotion regulation strategies, and their effects are significantly related to the development and continuation of this disorder. Rusch, Westermann, and Lincoln (2012) revealed in their study that refusal to accept negative emotions, difficulties in impulse control, and the absence of functional emotion regulation strategies are associated with anxiety in interactive social situations. In the study of Farmer and Kashdan (2012), individuals with low social anxiety levels reported fewer negative social events in the days after using cognitive reappraisal, one of the antecedent-focused emotion regulation processes, to reduce their distress. Blablock, Kashdan, and Farmer (2016) reported that participants with social anxiety disorder reported more continuous suppression and less cognitive reappraisal and used the same emotion regulation model in their daily lives compared to the healthy control group. When they used cognitive reappraisal, which is one of the antecedent emotion regulation strategies, they provided more benefits (especially increased positive emotions) compared to the control group. Dryman and Heimberg (2018) commented in their study that it is important for people with social anxiety disorder to use cognitive reassessment, which is one of the antecedent emotion regulation strategies, or to believe that they will use it effectively.

In the present study, it was found that dissociative experiences were effective on social anxiety. The increase in dissociative experiences causes an increase in social anxiety symptoms. The finding is supported by the literature. Evren et al. (2009), in their study with people with alcohol dependence, it was found that the group with a high level of dissociation also had a high level of social anxiety. Hoyer et al. (2013) showed that 92% of the participants with social anxiety experienced alienation

from themselves and the environment. In another study (Michal et al. 2005), a moderate to large effect size was found between self-alienation and social fears exceeding the severity of general psychological symptoms for people receiving psychotherapy with different psychiatric diagnoses and for the other group. On the other hand, Myers and Llera (2020) found that people with high social anxiety symptoms experienced more frequent and longer duration of dissociation than people with low social anxiety symptoms. It has also been found that social anxiety predicts dissociation.

Another result of the study is that childhood traumas did not make a statistically significant difference in multiple regression analyzes on social anxiety, but when the hierarchical regression model was included in the analysis, it was determined that childhood traumas predicted social anxiety. There are conflicting results on this issue in the literature. As a result of multiple regression analysis, there are studies showing that childhood traumas do not predict social anxiety (Bruce, Heimberg, Blanco, Schneier & Liebowitz, 2012; Brühl, Kley, Grocholewski, Neuner & Heinrichs, 2019; Chen & Qin, 2019). On the other hand, there are also studies reporting that childhood traumas have an effect on the level of social anxiety, as is the result of hierarchical analysis (Ji & Lü, 2021; Shahar, Doron, & Szepeswol, 2014). In addition, it has been found that childhood traumas, especially emotional neglect and abuse, are associated with a high rate of symptom severity and a low rate of functionality, flexibility and quality of life in people with social anxiety disorder (Simon et al., 2009).

In the hierarchical regression analysis, childhood traumas, dissociation and emotion regulation skills were included in the model, respectively. In this case, it was determined that the rate of explaining the social anxiety levels of childhood traumas and emotion regulation skills was 0.056, and the rate of explaining the social anxiety levels of childhood traumas and dissociation was 0.030. This situation was interpreted as the explanation rate of childhood traumas and dissociation as a model for social anxiety is higher than childhood traumas and emotion regulation skills as a model. In addition, it is interpreted that social anxiety may start to occur in early periods with childhood trauma and dissociation as a coping method. When the literature is examined, the knowledge that childhood traumas predict dissociation (Vonderlin et al., 2018) supports the result of the study.

In addition, when the hierarchical regression analyzes applied in the current study were examined, it was determined that the significance value of childhood traumas decreased when emotion regulation processes and dissociation were added to the model. This can be interpreted as the effect of childhood traumas on social anxiety levels decreases when emotion regulation processes and dissociation are included. In the literature, dissociation is considered as an emotion regulation strategy in some studies and as an experience resulting from emotion regulation difficulties in some studies (Bennett, Modrowski, Kerig & Chaplo, 2015; Frewen & Lanius 2006; Lanius et al., 2010). Considering this information, it is thought that the processes of emotion regulation may reduce the effects of childhood traumas in social anxiety levels.

## Conclusion and Recommendations

In the study, it was determined that childhood traumas, emotion regulation processes and dissociation predict social anxiety. While childhood traumas and dissociation increase social anxiety, an increase in antecedent-focused emotion regulation processes reduces social anxiety symptoms. The results show that working with childhood traumas, emotion regulation processes and dissociation can contribute clinically when working with people with social anxiety symptoms in the clinical population. In addition, psychoeducational studies and health policies including prevention of childhood traumas and increasing emotion regulation skills in the non-clinical population may contribute to protective community mental health.

## Limitations

The study has various limitations in different areas. First of all, from the point of view of the sample, the data of the study were collected by snowball method and it is not a clinical sample. For this reason, it is not possible to generalize in terms of social anxiety.

In the study, the majority of the sample consists of female participants (71%). In addition, the majority of the sample consists of individuals who are single (61.9%), graduate (48.8%), who evaluate their financial situation as moderate (56.3%) and currently do not receive psychological / psychiatric support (90.7%). It is seen that the demographic characteristics of the participants are concentrated in some categories. This is one of the factors that make it difficult to generalize.

There are also some limitations regarding the measurement tools used in the study. All measurement tools used in the study are self-report scales. It was assumed that the participants answered honestly in the study. In addition, the CTS collects retrospective information. The scale directs items about the experiences of individuals in the first 18 years of their lives. While answering the questions on this scale, people may have a recall bias. Since the DES used in the study is aimed at obtaining information about the dissociative experiences of the individuals, situations such as difficulty in remembering these experiences or not being able to remember may occur.

In addition to these, the study is a study conducted using the cross-sectional research method. In the study, a cause-effect relationship could not be established, developmental evaluations could not be made, and retrospective information was collected through scales.

Data collection was carried out online due to the pandemic. For this reason, the participants did not have a situation to ask questions about the study at that time. In addition, the participants did not have the opportunity to control situations such as how long it took to complete the scales and whether they were alone at that time

## Declarations

### Ethics Approval and Consent to Participate

This study was approved by Marmara University Ethics Committees with 2021-4/23 protocol numbered and dated 07.09.2021. Before administering the online questionnaire, participants provided informed consent online.

### Consent for Publication

Not applicable

**Availability of Data and Materials**

Not applicable.

**Competing Interests**

The author declares that no competing interests in this manuscript.

**Funding**

Not applicable.

**Authors' Contributions**

EY Corresponding Author. Contributed to the creation of the research design, reviewing the literature, analysis of the data, article writing and revision of the article content. İA contributed to collecting of the data, analysis of the data, reviewing the literature, and revision of the article content. All authors have read and approved the final the article.

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RESEARCH ARTICLE / ARAŞTIRMA YAZISI

# Coping Behaviors and Psychological Difficulties: A case study of Middle School Students in Vietnam

## Baş Çıkma Davranışları ve Psikolojik Zorluklar: Vietnam'daki Ortaokul Öğrencileri Üzerine Bir Vaka Çalışması

Nguyen Thi Thuy<sup>1</sup>, Nguyen Trong Lang<sup>2</sup>

### Abstract:

This research explored coping behaviors and psychological difficulties in Vietnamese middle school students and determined relationship between these variables. A sample population of 582 early adolescents from four secondary schools in Vietnam who aged from 11 to 14 voluntarily participated in the study. Measurements included a brief cope behaviors and a self-report questionnaire employing a Likert scale including psychological difficulties. The research results revealed that students in Vietnam suffered from considerable levels of psychological difficulties. The specific coping behaviors accounted for 27.8 percent of variance in psychological difficulties, in which use of instrumental support, self-distraction, denial, behavioral disengagement, self-blame, and acceptance were significantly predicted having increased students' psychological difficulties. Meanwhile, active coping and use of instrumental support contributed to predicting the decrease in students' psychological difficulties. These results are interpreted within the context of what educators in Vietnam could have psychological interventions for students with psychological difficulties in focusing on eliminating maladaptive coping behaviors and enhancing active coping behaviors.

**Keywords:** Coping behaviors, Psychological difficulties, Middle school students

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**Öz:**

Bu araştırma Vietnamlı ortaokul öğrencilerinde başa çıkma davranışlarını ve yaşadıkları psikolojik zorlukları araştırmış ve bu değişkenler arasındaki ilişkiyi belirlemiştir. Vietnam'daki dört ortaokuldan yaşları 11 ila 14 arasında değişen 582 erken ergen örneklem grubu çalışmaya gönüllü olarak katılmıştır. Ölçümler, kısa bir başa çıkma davranışları ve psikolojik zorlukları ölçeği Likert ölçeğinin kullanıldığı bir öz bildirim anketini içermektedir. Araştırma sonuçları, Vietnam'daki öğrencilerin önemli düzeyde psikolojik zorluklardan muzdarip olduğunu ortaya koymuştur. Belirli başa çıkma davranışları, psikolojik güçlüklerdeki varyansın yüzde 27,8'ini açıklarken, araçsal destek kullanımı, kendini oyalama, inkar, davranışsal ayrılma, kendini suçlama ve kabullenme, öğrencilerin psikolojik güçlüklerini artırdığını önemli ölçüde öngörmüştür. Öte yandan, aktif başa çıkma ve araçsal destek kullanımı öğrencilerin psikolojik zorluklarının azalmasını yordamaya katkıda bulunmuştur. Bu sonuçlar, Vietnam'daki eğitimcilerin psikolojik zorluk yaşayan öğrencilere yönelik olarak uyumsuz başa çıkma davranışlarını ortadan kaldırmaya ve aktif başa çıkma davranışlarını artırmaya odaklanan psikolojik müdahalelerde bulunabilecekleri bağlamında yorumlanmaktadır.

**Anahtar Kelimeler:** Başa çıkma davranışları, Psikolojik zorluklar, Ortaokul öğrencileri

**Introduction**

Middle school students (6–9 grades) in Vietnam is a stage of transformation from child to adult, which has shown physical, psychological and social rapid development compared to other ages. This leads to prevalent psychological crises and disorders (Yoon et al., 2023). Nguyen (2014) also proved that middle school students have more psychological difficulties than other stages. According to Who (2021), around 14.0% of those who aged 10-19 experience mental health conditions. In school environment, students' psychological difficulties are manifested in relationships with friends (e.g. isolation, violence); with teachers (e.g. feeling of being treated unfairly, not being respected), and in academic activity (e.g. difficulty understanding lessons, too many lessons, no motivation) (Nguyen & Nguyen, 2019; Le, 2019; Tran et al., 2020; Nguyen & Truong, 2022).

When having psychological problems or stress, middle school students often use different strategies to deal with (Vo & Nguyen, 2011; Cicognani, 2011; Pham & Pham, 2016). The most commonly used response was found to be confronting the problem and trying to solve it (Cicognani, 2011; Pham & Pham, 2016). The behavior concerning seeking social support from friends and family when facing difficulties was also seen in middle school students (Cicognani, 2011; Scardera et al., 2020). Cicognani (2011) showed that the adolescents reported high use of active coping strategies such as supports from parents and friends in dealing with school-related problems. Nguyen and Truong (2022) showed that 51,4% of early adolescent seeking support from friends and 37% of them had support from family. These positive strategies can reduce psychological difficulties for early adolescents (Scardera et al., 2020). However, there is still a group of students who demonstrate negative behaviors such as negative emotions of anger, shouting out, avoiding, or self-blaming (Wilson et al., 2005; Pham & Pham, 2016). In addition, withdrawal when having problems with parents, school, and self also used by students (Cicognani, 2011).

Relationship between specific coping behaviors and psychological difficulties was found in previous studies. Children with psychological problem often use avoidance coping strategies (Horwitz, Hill & King, 2011; Seiffge-Krenke, 2011). Horwitz, Hill and King (2011) found that

the specific coping behaviors such as denial, substance use, use of emotional support, behavioral disengagement, and self-blame were significantly and positively correlated with depression. Meanwhile, positive coping strategies such as problem solving or seeking support were negatively correlated with adolescents' mental health (Seiffge-Krenke, 2011). Problem-focused coping was associated with positive psychological adjustment, while problem-avoidant coping was associated with poor adaptation (Ebata & Moos, 1991; Frydenberg & Lewis, 2009). Children who use avoidant coping are more likely to have mental health problems and engage in risky behavior, while coping strategies related to problem solving have an adversarial relationship with these problems (Steiner et al., 2002).

In addition, differences in coping strategies when students have psychological difficulties between male and female were found. In particular, Pham and Pham (2016) showed that males tended to use more active coping strategies as taking action to deal with situations better than females. Also, males were reported high in using alcohol or other drug to help them get through their psychological difficulties while females are more likely to use behaviors that seek social support, avoid difficulties and self-blame (Kim et al., 2014; Pham & Pham, 2016). In another study, males were more likely to use physical activity, alcoholic beverages, and drug use, whereas females were more likely to engage in conversation to help them get over their psychological problem (Goodwin, 2006).

In summary, the literature has indicated psychological difficulties and coping behaviors and their relationship among adolescents. However, this relationship has not been focused specifically in the school context of secondary school students. In addition, previous studies have not systematically determined students' coping strategies related to or predicted their psychological difficulties (Pham & Pham, 2016; Nguyen & Truong, 2022). Therefore, the purpose of this study is to determine level of middle school students' psychological difficulties and their coping behaviors, and examine whether early adolescents' coping behaviors are related to their psychological difficulties. In this research, four hypotheses are proposed:

H1: There is a significant difference on level psychological difficulties between male and female students

H2: There is a significant difference in coping behaviors with psychological difficulties between male and female students

H3: Problem -focused coping has a negative correlation with psychological difficulties

H4: Avoidant coping is positively correlated with psychological difficulties

H5: Emotion -focused coping is positively correlated with psychological difficulties.

## Methods

### Participants

The population of this study includes all the students from sixth to ninth grade at all the secondary schools Tra Vinh city in the Mekong Delta region of Southern Vietnam. The sample was taken from the population of 5830 using the convenience sampling method. There were 587 students involved with 4% margin of error in sampling using Slovin's Formula voluntarily participated in the study. This study was carried out with a quantitative cross – sectional research approach. Of these students, 287 (49.3%) were male and 295 (50.7%) were female. The Participants ranged from 12 to 15 years old.

### Research Instruments

Coping Behaviors. The Brief COPE (Carver, 1997) were used to measure students' coping behaviors. This instrument is comprised of 28 items with each coping strategy consisting of a pair of descriptors that were ranged 0 (I haven't been doing this at all) to 3 (I have been doing this a lot). Thus, the total 14 two-item subscales were considered as specific coping behaviors e.g. self- blame including 2 items "I've been criticizing myself" and "I've been blaming myself for things that happened". According to Carver and Weintraub (1989), the 14 subscales were classified into three higher order subscales: (1) problem-focused coping (active coping, planning, restraint coping, seeking social support for instrumental reasons, and suppression of competing activities); (2) emotion-focused coping (positive reinterpretation and growth, religion, humor, acceptance, and seeking social support for emotional reasons); and (3) dysfunctional coping (focus on and venting of emotions, denial, behavioral disengagement, mental disengagement, and alcohol-drug use). Horwitz et al. (2011) also used the Brief COPE of Carver (1997) which are classified into three categories of coping mechanisms: emotion-focused coping, problem-focused coping, and avoidant coping; however, specific coping behaviors in broad categories of coping strategies were different with the previous ones (Carver & Weintraub, 1989). Although the specific coping behaviors were used in various studies inconsistently, overall three categories are used comprising problem-solving, emotion-focused coping, and avoidance coping strategies. On the adaptation of in the literature, in the current study, researchers divided coping behaviors into three groups, with each categorization of coping behaviors described in Table 1. The higher the mean score sub-scales was, the higher the levels of using coping strategies of students were. Reliability of Brief COPE was 0.74.

### Psychological difficulties

The instrument was developed based on the previous studies (Nguyen & Nguyen, 2019; Le, 2019). The constructs of psychological difficulties, which involved in the questionnaire consist of 14 items of three clusters with relatively microscopic levels: (1) psychological difficulties with friends (4 items) e.g. "I am isolated, without friends"; (2) psychological difficulties with teachers (4 items) e.g. "I feel find the teacher unfair to me"; (3) and psychological difficulties in academic activities with (5 items) e.g. "the curriculum is beyond my difficulty". Participants responded to a five-point Likert scale questionnaire ranging from 0 (never) to 3 (frequency). The score of the total scale is calculated based on the average score of each sub-scale. Conbach's  $\alpha$  of the whole scale was 0.81. Higher scores of sub-scales indicate higher levels of psychological difficulties of students.

### Procedure

The study was approved by the Science and Education Council of Tra Vinh university (No. 273/QD-DHTV dated 29.8.2022). On August 30, 2022, the Science and Education Council of Tra Vinh university considered the research's benefits, fairness, and all possible sources that might harm the participants and approved the authors' conducting the research.

After the permission and approval from the Science and Education Council of Tra Vinh university, the consent form was sent to students' parents for their consensus. Upon receiving the signed consent form, the survey was carried out. Participants were clearly explained the purposes of the research and contents. Participants were guaranteed that refusing to participate in the study would not resulted in any harm to them and the participant could refuse any answers or withdraw from the research at any time. All personal information and answered questionnaires of participants were kept confidential in a secure place and used only for the purposes of the study. The data was collected from November to September 2022, during regular class time in classrooms.

### Data analysis

All the data were processed by SPSS version 22.0. In this study, the mean and standard deviation were used to determine the psychological difficulties and coping behaviors of students. The correlation was used to determine the significance of the relationship between specific coping behaviors and psychological difficulties. In order to determine significant differences between male and female adolescent students in coping behaviors and psychological difficulties, T-test was used. Finally, multiple regression analyses to examine the exact contribution of each specific coping behavior to the criterion of overall psychological difficulties.

## Result

### Demographic Differences in Coping Behaviors

The means, standiviation and difference in Coping Behaviors presented in Table 1..

**Table 1.** Descriptive statistics for Brief COPE and their gender differences

	Overall		Male		Female		t	Sig. (2-tailed)
	M	SD	M	SD	M	SD		
Problem – focused coping	2.72	0.62	2.72	0.63	2.71	0.62	1.64	0.87
Active coping	2.90	0.73	2.91	0.75	2.89	0.71	0.24	.810
Use of instrumental support	2.54	0.88	2.51	0.89	2.57	0.88	-0.78	.433
Positive reframing	2.76	0.83	2.78	0.83	2.75	0.82	0.47	.642
Planning	2.67	0.79	2.69	0.80	2.64	0.79	0.66	.509
Avoidant coping	1.96	0.44	1.91	0.46	2.02	0.41	-2.30	0.03
Self-distraction	2.67	0.77	2.59	0.79	2.75	0.74	-2.46	.014
Denial	2.14	0.81	2.03	0.80	2.25	0.80	-3.15	.002
Behavioral Disengagement	1.68	0.71	1.69	0.73	1.68	0.70	0.22	.828
Substance use	1.13	0.43	1.19	0.55	1.07	0.27	3.35	.001
Self-Blame	2.19	0.93	2.04	0.90	2.33	0.94	-3.80	.000
Emotion – focused coping	2.15	0.45	2.10	0.44	2.20	0.47	-2.58	0.01
Use of Emotional Support	2.43	0.90	2.41	0.93	2.45	0.87	-0.53	.600
Venting	2.23	0.78	2.14	0.76	2.31	0.79	-2.61	.009
Humor	1.71	0.80	1.73	0.78	1.70	0.82	0.37	.710
Acceptance	2.70	0.77	2.61	0.78	2.77	0.75	-2.49	.013
Religion	1.69	0.77	1.61	0.72	1.75	0.82	-2.25	.025

As can be seen from Table 1, specific coping behaviors in problem – focused coping subscale exhibited the higher mean compared with other subscales (M = 2.72, SD = 0.62) in which active coping strategy exhibited the highest mean (M = 2.90). These figures were followed by using of emotion – focused coping subscale (M =2.15, SD = 0.45) in which acceptance showed the highest mean (M = 2.70). Avoidant coping strategy had the lowest mean (M = 1.96, SD = 0.44) in which mean of substance use is the lowest (M = 1.13). In this subscale the specific coping behaviors such as: self-distraction, (M =2.67, SD = 0.77); self -

Blame (M = 2.19, SD = 0.93) and denial (DTB = 2.14, SD = 0.81) had high mean score.

Regarding students’ gender, there was no significant difference in problem – focused coping between the mean scores of males and females. However, the significant statistical difference between them in avoidant coping and emotion-focused coping was found in which females had higher scores than those in males did,  $p < 0.05$ , except for substance use that males had higher mean scores than female,  $p < 0.05$ . The results regarding students’ psychological difficulties are presented in Table 2.

**Table 2.** Descriptive statistics for psychological difficulties and their gender differences

	Total		Male		Female		t	p
	M	SD	M	SD	M	SD		
Difficulties with friends	0.65	0.60	0.58	0.59	0.71	0.60	-2.65	.008
Difficulties with teachers	0.45	0.57	0.39	0.50	0.52	0.63	-2.80	.005
Difficulties in academic activities	1.40	0.65	1.33	0.65	1.47	0.65	-2.66	.008

Among students’ psychological difficulties, mean score of students’ difficulties in academic activity was the highest (M=1.40, SD = 0.65). Psychological difficulties with their friends and teachers was lower, M = 0.65, M= 0.45, respectively.

A significant difference in psychological difficulties was found in which female got more psychological difficulties than male with  $p < 0.01$

In terms of the relationship between coping behaviors and psychological difficulties, the findings are presented in Table 3.

**Table 3.** Correlation between coping behaviors and psychological difficulties

	Psychological difficulties			
	with friends	with teachers	in academic activities	total
Problem – focused coping	-.01	-.12**	.38**	-.15**
Active coping	-.04	-.08*	-.16**	-.12**
Use of instrumental support	-.03	-.07	-.18**	-.13**
Positive reframing	.02	-.10*	-.12**	-.09*
Planning	.01	-.11**	-.16**	-.11**
Avoidant coping	.31**	.31**	.38**	.43**
Self-distraction	.10*	.15**	.19**	.19**
Denial	.25**	.17**	.23**	.28**
Behavioral disengagement	.13**	.22**	.21**	.24**
Substance use	.01	.08	-.02	.02
Self-Blame	.34**	.27**	.38**	.43**
Emotion – focused coping	.21**	.17**	.16**	.23**
Use of Emotional Support	.03	-.01	-.07	-.03
Venting	.13**	.17**	.15**	.19**
Humor	.19**	.19**	.21**	.25**
Acceptance	.12**	.05	.09*	.12**
Religion	.14**	.10*	.08	.13**

\* $p < 0.05$ , \*\* $p < 0.01$

As seen in Table 3, avoidant coping behaviors were the highest significantly and positively correlated with psychological difficulties ( $r = 0.43$ ,  $p < 0.01$ ). All of the specific coping behaviors in this category had positive relationship with psychological difficulties, except substance use behavior. Emotion – focused coping was also found to have positive correlation with students' psychological difficulties ( $r = 0.23$ ,  $p < 0.01$ ), except use of emotional support. Meanwhile, a negative correlation was found between problem – focused coping strategy and psychological difficulties ( $r = -0.15$ ,  $p < 0.01$ ). A difference between this problem – focused coping and the two mentioned coping strategies is that this negative correlation is only statistically significant with students' psychological difficulties in academic activities and relationship with their teachers,  $p < 0.05$ . No significant correlation was found between problem-solving strategy and psychological difficulties with friends,  $p > 0.05$ .

Concerning the specific coping behaviors, the highest positive correlation that exhibited in the relationship

between coping strategy and psychological difficulties was self – blame ( $r = 0.43$ ), followed by denial, humor and behavioral disengagement ( $r = 0.28$ ,  $r = 0.25$ ,  $r = 0.24$ , respectively).

In order to determine the exact contribution of each specific coping behavior to the criterion of overall psychological difficulties, multiple regression analysis was used. Because substance use and emotional support were not significantly related to psychological difficulties, these coping behaviors would not be included in model regression model. First, in order to check the assumptions of normal error distributions and constant error variances, the multi-collinearity was checked. The tolerance values in the regression model ranged from 0.53 to 0.88,  $VIF < 2.0$ , and the Durbin – Watson statistics is 1.78. Therefore, there was no multi-collinearity and autocorrelation among coping behaviors. Table 4 shows the results of multivariate linear regression on specific coping behaviors that affect students' psychological difficulties.



**Table 4.** Multivariate linear regression to predict scores of psychological difficulties among students

Model	B	SE	$\beta$	t	p
(Constant)	.225	.108		2.092	.037
Active coping	-.062	.031	-.095	-1.998	.046
Use of instrumental support	-.083	.023	-.155	-3.619	.000
Positive reframing	.011	.029	.020	.401	.689
Planning	-.043	.030	-.072	-1.443	.150
Self-distraction	.056	.025	.090	2.233	.026
Denial	.058	.024	.098	2.408	.016
Behavioral disengagement	.066	.026	.100	2.587	.010
Self-blame	.144	.021	.284	6.762	.000
Venting	.049	.025	.080	1.930	.054
Humor	.039	.023	.067	1.681	.093
Acceptance	.053	.026	.085	2.043	.042
Religion	.036	.024	.059	1.531	.126

F = 17.72; R<sup>2</sup> = 0.278; adjusted R<sup>2</sup> = 0.26; Durbin Watson = 1.78

The result of the regression analysis showed that the models have statistical significance ( $F = 17.72$ ;  $p < 0.05$ ). Approximately 27.8% of the variance psychological difficulties could be explained by these specific coping behaviors ( $R^2 = 0.278$ ;  $p < 0.01$ ). Among these predictors, self-distraction, denial, behavioral disengagement, self-blame, and acceptance significantly predicted to increase students' psychological difficulties ( $\beta < 0$ ;  $p < 0.05$ ); meanwhile, active coping, using of instrumental support contributed to a decrease in students' psychological difficulties ( $\beta > 0$ ;  $p < 0.05$ ). Positive reframing, planning, venting, humor and religion did not have statistical significance on psychological difficulties with  $p > 0.05$ .

### Discussion

This study showed that middle school students in Vietnam suffered from considerable levels of psychological difficulties. According to Yoon et al. (2023), psychological problems occur during the time of significant physical, emotional, and social changes in a teenager's life and may be heightened during the transition to high school (Yoon et al., 2023). Among psychological difficulties, Vietnamese students had more psychological difficulties in academic activity, which is in line with previous studies of Pham & Pham (2019) and Tran et al. (2020). This problem is explained based on the overload in school curriculum at secondary level (Le, 2019; Nguyen & Nguyen, 2019). Besides, the impact of puberty, pressures from grades, high expectations of parents, or high demands from teachers also puts students under pressures and mental fatigue in learning (Nguyen, 2023), which then affect students' psychological lives, making students feel uncomfortable, unsafe or confused, worried... even some stressed and stuck (Le, 2019). When having psychological difficulties, students in current study used a variety of coping behaviors in which problem-focused coping strategy was mostly used. This finding is consistent with previous studies (Nguyen, 2014; Pham & Pham, 2019). Problem-focused coping strategies were also most commonly observed among these adolescent athletes (Reeves et al., 2009). This strategy is defined as an

individual's active planning and efforts to change the environment of psychological stress (Kim et al., 2014).

### Gender differences in psychological difficulties and coping styles

Results confirmed hypothesis H1 that female students had more psychological difficulties than male which is in line with previous studies (Wilson et al., 2005; Kort-Butler, 2008; Vu et al., 2018; Yoon et al., 2023). Indeed, negative psychological symptoms including anger, tension, depression, confusion, and negative moods among females had significantly higher scores than their counterpart did (Wilson et al., 2005). In addition, male students had more hyperactivity and prosocial behavior while female students had more emotional symptoms (Vu et al., 2018).

In the current study, female adolescents had more psychological difficulties in academic, relationship with their teachers and their friends as opposed to male students. This finding is consistent with study of Yoon et al. (2023) who reported that females were higher than males across a range of mental health problems. An explanation for this finding that female adolescents can be vulnerable to emotional problems due to earlier pubertal time (Ge et al., 2001).

This present study has shown similarities and differences in both broad categories of coping strategies and specific coping behaviors among male and female students. Thus, Hypothesis H2 received much support. Among three primary coping strategies, female students were more likely to use emotion-focused and avoidant coping strategies than those in male students, which is similar to previous studies (Wilson et al., 2005; Nguyen, 2014). Among behaviors of avoidant coping, females were more likely than to use self-distraction, denial and self-blame. In contrast, males were more likely to use substance use. Among the behaviors of Emotion – focused coping category, females were significantly more likely to use venting, acceptance, religion than those found in males. Tamres et al. (2002) reported that women were more likely to use emotion-focused strategies such as seeking emotional support, positive self-talk and ruminating about

the problem. However, it is interesting that no difference in problem - focused coping strategy was found in both male and female students. This finding is contrary to previous research (Tamres et al., 2002; Nguyen, 2014; Pham & Pham, 2016) which showed that males were significantly more likely than females to use problem-solving strategies. This inconsistent finding may be a need for further research to clarify.

### **Relationship between specific coping Behaviors and Psychological difficulties**

#### **Avoidant coping**

In the present study, avoidant coping was used less than the other strategies, however, it had the highest correlation with psychological difficulties. According to Dijkstra and Homan (2016), avoidance coping is considered to be maladaptive because it often exacerbates stress without helping a person deal with the things. Thus, avoidant coping can cause students to increase their psychological difficulties. Also, this strategy increased in symptoms of anxiety and depressive symptoms predicting later increases in maladaptive behaviors (Richardson et al., 2021). In avoidant coping strategy, this study revealed that self-blame had the highest relationship with students' psychological difficulties and it was also the strongest independent predictor of increasing students' psychological difficulties as in the regression model. This finding is consistent with previous research that has indicated a positive relationship between self-blame and psychological problem (Fear et al., 2009; Tilghman-Osborne et al., 2008). Schacter and Juvonen (2017) claimed that characterological self-blaming attributions as a social cognitive mechanism which accounts for a link of depressive symptoms and victimization with middle school students. Similarly, in the present study, self-distraction, denial, and behavioral disengagement were found to be positively related and increase students' psychological difficulties which hypothesis H4 is confirmed (except for substance use).

Substance use was not correlated with students' psychological difficulties, which is not in line with previous studies. Cerbone and Larison (2000) revealed that substance use was positively related to stress. Adolescents used alcohol or drugs can regulate their negative mood (Turner et al., 2005). In our sample, the percentage of students using this strategy was quite low because the Vietnamese law is not allowed children under 16-year-old using substance such as alcohol, beer and drugs (QH, 2019). Thus, this substance use strategy is not large enough to produce a statistically significant correlation.

#### **Emotion – focused coping**

We hypothesized that emotion-focused coping strategy significantly positively correlated with students' psychological difficulties. The findings showed that in this coping strategy, acceptance, venting, humor, religion had positive correlation with students' psychological problem; thus, hypothesis H5 is much confirmed. This means that the more these specific coping behavior students used, the more psychological difficulties they got. Baqutayan (2015), with a historical overview on stress and coping mechanisms, also showed that emotion-focused coping styles were related to higher levels of psychological distress. In the regression model of the current study, acceptance also increased students' psychological difficulties. This finding is not consistent with the finding of previous research studies (Hayes et al., 2006; Cook &

Hayes, 2010). According to Cook and Hayes (2010), acceptance-based coping is predicted associated with better outcomes across a broad array of human problems. This inconsistent finding can be explained that when middle school students accepted the reality that it happened, they would not take action to improve the situation or cope with their psychological problems, thereby contributing to increasing their psychological difficulties.

#### **Problem-focused coping**

Problem-solving strategies often enhance feelings of control and reduce stress and its adverse consequences, assuming that the situation can be changed (Baqutayan, 2015). Individuals with problem-focused style tend to actually make changes in their situation or their perception of a situation in order to make it less or no longer stressful. Our result showed that a negative correlation between problem-focused coping (active coping, use of instrumental support, positive reframing, planning) and psychological difficulties, which confirmed hypothesis H3. However, concerning the regression model to predict students' psychological difficulties, only active coping and using of instrumental support were predicted having reduced students' psychological difficulties. This means that if students know how to solve problems in a positive way and using support from others such as friends and relatives, these will help protect themselves from encountering psychological difficulties. Social support plays an important role in the prevention and treatment of mental health problems (Scardera et al., 2020). Indeed, it is claimed that less social support is one of the most prominent predictors responsible for more mental health problems including anxiety and depression (Siedlecki et al., 2013).

#### **Conclusion**

This current study has revealed that middle school students in Vietnam have suffered more psychological difficulties in academic activity, in which female students had more psychological difficulties than those in male students. Problem-focused behavior had negative correlation with psychological difficulties, in which active coping and use of instrumental support contributed to reducing students' psychological difficulties; meanwhile, avoidant behavior and emotion- focused coping had positive relationship with psychological difficulties in which self-distraction, denial, behavioral disengagement, self-blame, use of instrumental support and acceptance were significantly predicted to increase students' psychological difficulties. This present study suggests that educators should reduce academic pressure that middle school students face as well as establish psychological interventions for students with psychological difficulties in focusing on eliminating maladaptive coping behaviors and enhancing active coping behaviors.

#### **Limitation and future studies**

Despite the above valuable findings on psychological difficulties and coping behaviors of middle school students in the Vietnamese context, the current study has some certain limitations. Firstly, as the sample of early adolescents was selected in four selected school in a region, the results cannot be generalised to other early student adolescents from other regions. The results should thus be interpreted with caution due to its relatively small sample size. Second, a convenience sampling procedure could lead to biases in research results. Furthermore, data

were collected through self-report questionnaires with an expansion to a larger population from other provinces in Vietnam. In addition, studies should pay attention to random sampling and use multiple methods for evaluation (both students and teachers) may avoid self – report biases.

### Declarations

#### Ethics Approval and Consent to Participate

Before conducting the research, permission was obtained from the The study was approved by the Science and Education Council of Tra Vinh University (No. 273/QD-DHTV dated 29.8.2022). The Science and Education Council of Tra Vinh University considered the research's benefits, fairness, and all possible sources that might harm the participants and approved on ethical issues via a Certificate of Approval prior to conducting the research. Consent forms were obtained from the guardians.

#### Consent for Publication

Not applicable

#### Availability of Data and Materials

Not applicable.

#### Competing Interests

The author declares that no competing interests in this manuscript.

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#### Authors' Contributions

NTT contributed to analysis, interpretation, article writing. N.T.L contributed to technical and material support. Both authors carried out the proposal of the main idea of the research, the collection of data read, revision of manuscript and have read and approved the final article.

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RESEARCH ARTICLE / ARAŞTIRMA YAZISI

# Investigation of Burnout and Perfectionism Levels of Parents with Children Aged 0-18 during the Pandemic

## 0-18 Yaş Çocuğu olan Ebeveynlerin Pandemi Döneminde Tükenmişlik ve Mükemmeliyetçilik Düzeylerinin İncelenmesi

Yağmur Çerkez<sup>1</sup>, Yasemin Sorakin<sup>2</sup>

### Abstract:

This study explores the psychological impact of traumatic events on families, focusing on how family dynamics, roles, and individual characteristics are affected. The COVID-19 pandemic has further exacerbated these effects, leading to changes in family relations, functions, communication, and roles, potentially resulting in mental health challenges for family members. Parental burnout, characterized by feelings of failure, exhaustion, and reduced ability to care for children, has become a notable consequence of the pandemic. When parents experience burnout, they may manifest various reactions, including perfectionism. This research aims to assess the levels of burnout and perfectionism among parents with children aged 0-18 during the COVID-19 pandemic, considering various demographic variables. The study employs a quantitative research approach, involving a sample of 117 parents living in the northern part of Cyprus, selected through random cluster sampling. Data collection tools encompassed the Multidimensional Perfectionism Scale, Parental Burnout Assessment, and a demographic information form. Quantitative data were analyzed using SPSS. Results suggest a potential correlation between age and parental burnout, indicating that older parents may experience different levels of burnout. Furthermore, the study identifies a significant association between parents' education levels and the emotional distancing sub-dimension of the Parental Burnout Scale. Interestingly, marital status does not seem to significantly impact parenting levels. These findings shed light on the pandemic's impact on family dynamics and parents' mental health. The study's implications are discussed in the context of existing literature, providing valuable insights into the challenges faced by families during the COVID-19 pandemic.

**Keywords:** Burnout, Perfectionism, Parents, Children, Pandemic

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**Öz:**

Aileleri psikolojik ve sosyal olarak etkileyen travmatik olaylar, aile ilişkilerini ve rollerini olduğu kadar aileyi oluşturan bireylerin özelliklerini de etkiler. Pandemi süreciyle birlikte aile ilişkileri, aile işlevleri, aile içi iletişim ve roller değişti. Bu nedenle aile içinde bireyler çeşitli ruhsal sorunlarla karşı karşıya kalabilirler. Ebeveyn tükenmişliği, ebeveynin kendini başarısız hissetmesi, kendini tükenmiş hissetmesi ve çocuklara bakma gücünün azalmasıdır. Ebeveynler tükenmişlik duygusu yaşadıklarında farklı tepkiler verebilir ve psikolojik sıkıntı yaşayabilirler. Bu tepkilerden biri de mükemmeliyetçiliktir. Bu çalışmanın temel amacı, covid-19 pandemisinde -18 yaş çocuğu olan ebeveynlerin tükenmişlik ve mükemmeliyetçilik düzeylerini demografik değişkenlere göre incelemektir. Bu araştırma nicel araştırma yöntemi kullanılarak gerçekleştirilmiştir. Bu araştırmanın evrenini Kıbrıs'ın kuzeyinde yaşayan 0-18 yaş arası çocukları olan ebeveynler oluşturmaktadır. Katılımcılar tesadüfi küme örnekleme yöntemi ile seçilmiştir. Katılımcılar toplam 117 ebeveyn den oluşmaktadır. Bu çalışmada üç farklı veri toplama aracı kullanılmıştır. Bunlardan ilki Çok Boyutlu Mükemmeliyetçilik Ölçeği, ikincisi ise Ebeveyn Tükenmişliği Değerlendirmesidir. Katılımcılar hakkında demografik bilgileri toplamak için kişisel bilgi formu da kullanılmıştır. Ölçekler ve formlar aracılığıyla toplanan tüm nicel veriler analiz edilmek üzere SPSS programına aktarılmıştır. Sonuçlar incelendiğinde, yaş analizi açısından yaş ile ebeveyn tükenmişliği arasında bir ilişki olabileceğini düşündürmektedir. Ayrıca bu çalışmada anne baba eğitim düzeyi ile Ebeveyn Tükenmişliği Ölçeği'nin duygusal uzaklaşma alt boyutu arasında anlamlı bir ilişki bulunmuştur. Başka bir bulgu, farklı medeni duruma sahip ebeveynler arasında ebeveynlik düzeyinde geniş bir fark olmadığını göstermektedir. Sonuçlar literatür temelinde tartışılmıştır.

**Anahtar Kelimeler:** Tükenmişlik, Mükemmeliyetçilik, Ebeveynler, Çocuklar, Pandemi

**Introduction**

The Covid-19 pandemic has seriously affected the health and well-being of millions of people around the world and caused many losses (Barboza, Schiamburg & Pachel, 2021). School closures in May 2020 deprived 1.2 billion students worldwide of face-to-face classes and many industries have started to work from home (CEPAL-UNESCO, 2020). The family has many functions, including biological, social and psychological. These are functions such as ensuring the continuity of future generations, creating psychological balance, having fun, socializing, peer-to-peer communication and resting (Canatan & Yıldırım, 2011; Yapıcı, 2010). Traumatic events that affect families psychologically and socially affect family relations and roles as well as the characteristics of the individuals that make up the family. Healthy relationships with parents, especially at an early age, are very important for the healthy personality development of children (Sorakin & Cerkez, 2022). Along with the pandemic process, family relations, family functions, family communication and roles have changed. For this reason, individuals in the family may face various mental problems (Koçak & Harmancı, 2020; Yıldız, Çıkrıkçılı & Yüksel, 2020; Gulkaya & Sorakin 2021).

It is revealed that those who can spare time for themselves while working from home are childless, and those who experience work-family conflict the most are mothers with young children (Crosbie & Moore, 2004). According to a study aimed at measuring the effects of the COVID-19 crisis, it has been seen that the number of people working from home has increased and the closure of schools and workplaces often puts the responsibilities of housework and child care on the shoulders of parents, especially mothers (Farré, Fawaz, Gonzales, & Graves, 2020). According to a study conducted during the COVID-19 process, it has been observed that mothers spend 3 times more time on childcare compared to fathers, even when

both mother and father work in the family (Arntz, Ben Yahmed, & Berlingieri, 2020). In a qualitative study investigating the work-family balance in working from home outside of childcare, more than half of the participants reported that people who work from home work longer hours than those who work from the office, which creates problems with their partners (Crosbie & Moore, 2004). Based on the knowledge that experiencing work-family conflict is a determining factor in women's mental health problems (Susi, Kumar, & Jothikumar, 2019), it is an important phenomenon to investigate how working from home affects work-family conflict and mental health in pandemic conditions. On the other hand, it is predicted that the increase in the time spent at home during the COVID-19 pandemic may cause various problems in the marital relationship (Pietromonaco and Overall, 2020). When we look at the studies examining the behavior of children during the pandemic process, it is seen that the emotions such as fear, guilt, anger, feelings of worthlessness, sadness and anxiety are intense in children (Yalçın et al., 2020; Demirbaş and Koçak, 2020) and that these emotional changes are expressed by crying, shouting, sulking, hitting, and getting angry. It has been determined that they show by behaving aggressively (Courtney et al., 2020; Başaran and Aksoy, 2020). In various studies, it has been revealed that the stress of parents towards their children increases during the COVID-19 pandemic (Cluver et al., 2020). Studies have shown that parents who take care of children may experience burnout due to excessive stress (Güler and Çapri, 2020; Sorkkila and Aunola, 2020).

Parental burnout has been defined as a syndrome that is caused by constant exposure to various stress factors brought by parenthood, and is associated with factors such as boredom, distance, and the perception of inadequacy that the parenting role can create. (Mikolajczak et al., 2018; Gündüz (2005). There are four dimensions of parental burnout (Roskam, Raes, & Mikolajczak, 2017).

First of all, it is the sense of burnout that individuals feel about the role of parenting; at this point, individuals believe that parenthood is a task that requires a lot of responsibility. They may say that they are tired even when they wake up because they will spend time with their children. On the other hand, parents who experience burnout may have distance between their children and may not want to be more involved by doing the minimum necessary for their children. Apart from this, the feeling of burnout can make people feel that they are not enough to be a parent. (Arikan, Üstündağ-Budak, Akgün, Mikolajczak, & Roskam, 2020). Unsolicited requests As a result, it is a state of exhaustion in its internal resources (Aydoğan and Kızıldağ, 2017). When people experience burnout, they may react negatively and experience psychological distress (Maslach & Jackson, 1981). People react to different situations according to their individual characteristics. One of these reactions is perfectionism (Tuncer & Voltan-Acar, 2006). Perfectionism is one of the concepts that has been extensively researched in the field of psychology and its role is increasingly emphasized, especially in cognitive behavioral models of pathology (Shafran, Cooper, & Fairburn, 2002). When the literature is reviewed, it has been found that perfectionism is associated with burnout in various fields such as family, education, work and sports (Childs & Stoeber, 2010; Hill, & Curran, 2016). Parental perfectionism refers to the person's expectations of himself as a parent and the high parenting standards he sets for himself. In addition, it refers to the person's perceptions of what kind of parent others expect him to be, and the perceptions that others evaluate his/her parenting negatively as he/she is not good enough (Griffith, 2020). In a study conducted by Kawamoto et al. (2018), which deals with the relationship between parents' perfectionism and burnout; It has been revealed that parental perfectionism is one of the risk factors for parental burnout. It has been shown that perfectionist concerns, including concerns about negative evaluation by others, are associated with parental burnout. Although perfectionist efforts, which are considered as high personal standards, have a significant relationship with burnout, it has been seen that perfectionist concerns, which are considered as excessive attention to mistakes, are more closely related to burnout (Kawamoto et al., 2018). In the light of all this information, the problem statement of this research is the question of what the burnout and perfectionism levels of parents who have children aged 0-18 years are during the pandemic.

The main purpose of this study is to examine the burnout and perfectionism levels of parents with children aged 0-

18 in the covid-19 pandemic according to demographic variables. For the purpose of the research, answers to the following questions were sought:

1. Do the burnout levels of parents differ significantly in terms of age, gender, marital status, education level, number of children, and age of children?
2. Is there a significant relationship between parents' burnout levels and perfectionism levels?

## Methods

In this section, the information about research design, participants, data collection tools, statistical analysis of the data and ethical procedures followed in conducting this study will be presented.

### Research Model and Design

Relational survey research includes gathering information from a sample through their answers to questions (Ponto, 2015). The relational research method is used to determine the relationships between variables and to predict possible outcomes. In this model, it is tried to determine whether the variables change together and if they do, how they change (Karasar, 2011). Therefore, the current study was designed as a relational survey study aiming to investigate the relationship between parents' burnout and perfectionism levels.

### Participants

The population of this research consists of parents who have children aged 0-18 living in the northern part of Cyprus. Snowball sampling method was used in the study. In this method, a reference person is selected regarding the subject of the study and other people are reached through this person (Parker, Scott & Geddes, 2019). Using this method, 117 parents were reached. The distribution of parents according to their socio-demographic characteristics is given in Table 1. 33.33% of the parents are 35 years old and below, 43.59% are between 36-45 years old, 23.08% are 46 years old and over, 85.47% of the participants were female, 14.53% were male, 91.45% were married, 8.55% were divorced, 4.27% were high school graduates, 46% , 15 of them have a bachelor's degree, 49.57% have a graduate degree, 47.86% have one child, 48.72% have two children, 3.42% have three children, it was observed that 8.55% of them did not have sufficient contribution to childcare, 35.90% of them had moderate contribution to childcare, 55.56% of them had a very sufficient contribution to childcare from their spouses.

**Table 1.** Distribution of Parents by Socio-Demographical Characteristics

	Frequency (n)	Percentage (%)
<b>Age group</b>		
35 and below	39	33.33
36-45	51	43.59
46 and above	27	23.08
<b>Gender</b>		
Female	100	85.47
Male	17	14.53
<b>Marital status</b>		

Married	107	91.45
Divorced	10	8.55
<b>Educational level</b>		
High school	5	4.27
Undergraduate	54	46.15
Postgraduate	58	49.57
<b>Number of Children</b>		
One	56	47.86
Two	57	48.72
Three or more	4	3.42

### Data Collection Tools

Three different data collection tools were employed in this study. The first of these was the Multidimensional Perfectionism Scale and the second is Parental Burnout Assessment. Personal information form was also used to gather demographic information about the participants. Detailed information about these data collection tools will be presented in this section. Demographic Information Form, was used in order to collect personal data about participants. For this aim, ages of the parent, gender, marital status, level of education and number of children were asked.

The Multidimensional Perfectionism Scale (MCMS), was developed by Hewitt and Flett (1991). A 7-point Likert-type scale consisting of 45 items is graded between "I totally disagree" and "I totally agree". It consists of three sub-dimensions, "self-directed perfectionism", "other-oriented perfectionism" and "socially perceived perfectionism", and each dimension consists of 15 items.

Items 1, 6, 8, 12, 14, 15, 17, 20, 23, 28, 32, 34, 36, 40 and 42 represent "Self-directed perfectionism" sub-dimension; items 2, 3, 4, 7, 10, 16, 19, 22, 24, 26, 27, 29, 38, 43 and 45 represent "Other oriented perfectionism" sub-dimension; items 5, 9, 11, 13, 18, 21, 25, 30, 31, 33, 35, 37, 39, 41 and 44 represent the "socially prescribed perfectionism" sub-dimension. There are also reverse items in the scale. These items are 2, 3, 4, 8, 9, 10, 12, 19, 21, 24, 30, 34, 36, 37, 38, 43, 44 and 45 (Oral, 1999). Hewitt and Flett (1991), determined the internal consistency coefficients of the scale as .86 for "self-directed perfectionism" and .87 for "other oriented perfectionism" and .82 for "socially perceived perfectionism". The Turkish adaptation of the scale was carried out by Oral (1999). In this study, the Cronbach alpha reliability of the scale was found to be 0.82.

Parental Burnout Assessment (PBA), which measures the exhaustion syndrome resulting from exposure to overwhelming parenting stress was developed by Arıkan, Üstündağ-Budak, Akgün, Mikolojczak and Roskam (2020). 23-item scale consists of 4 sub-scales; Emotional Exhaustion (EX) (9 items; for example, I feel completely exhausted from my role as a parent), Contrast with Previous Parent Myself (CO) (6 items; for example, I am no longer proud of myself as a parent), Feelings of Being Fed Up (FU) (5 items; for example, I can no longer stand my fatherhood/motherhood role) and Emotional Distance (ED) (3 items). Items are evaluated over 7-point Likert scale ranging from never (0), a few times a year (1), once

a month or less (2), a few times a month (3), a week (4), a few times a week (5), every day (6). In the first validation study with French- and English-speaking parents, Cronbach's alphas were .93, .93, .90, and .81 for the four subscales and .96 for the overall score (Roskam et al., 2018). In this study, the cronbach alpha reliability of the scale was found to be 0.94.

### Data Analysis

All quantitative data collected through scales and forms were transferred to the SPSS program for analysis. Survey data of 125 parents were obtained through Google forms. Eight of the completed questionnaires were excluded from the study because they contained incomplete information, and the remaining 117 questionnaires were included in the study. The significance level for all analysis was determined as .05. Kolmogorov-Smirnov and Shapiro-Wilk tests were used to examine whether the data fit the normal distribution and it was determined that the data did not show normal distribution. Kruskal-Wallis H test was conducted to determine whether the burnout levels of the parents differed according to age group, education level and number of children. Burnout levels of parents in terms of gender and marital status were determined by Mann-Whitney U test. Finally, correlation analysis was carried out to determine the relationship between burnout levels and perfectionism levels.

### Ethics and Procedure

The research was carried out in accordance with the ethical principles of human participants according to the APA, as well as the ethics committee research guide determined by the Near East University. Before starting this research, ethics committee permission was obtained with decision number YDÜ/EB/2022/850 dated 07.06.2022. After the approval of the Near East University Ethics Committee for the research, the data were started to be collected. Participation in the research was completely voluntary and the identity information of the participants was not collected. Participants were informed that if they wanted to withdraw from the study, all the data collected from them would be deleted from the database and would not be used. All data were collected digitally through Google Forms, and the questionnaires were reached to parents via social media randomly.

### Results

In this section, the scores of the parents on the Multidimensional Perfectionism Scale and the Parental Burnout Scale were examined and the relationship between them was revealed. In addition, in this context, it

was examined whether the burnout levels of the parents differed according to their

age groups, gender, marital status, number of children and educational status.

**Table 2.** Parents' Multidimensional Perfectionism Scale and Parental Burnout Scale Scores

	n	$\bar{x}$	s	min	Max
Self-directed perfectionism	117	71.91	11.36	40	94
Other oriented perfectionism	117	63.68	8.38	42	93
Socially prescribed perfectionism	117	61.25	12.13	28	100
<b>Multidimensional Perfectionism Scale</b>	117	196.84	26.70	121	287
Emotional Exhaustion	117	16.78	19.24	0	109
Feelings of Being Fed Up	117	5.44	5.65	0	28
Contrast with Previous Parental Self	117	3.89	6.05	0	31
Emotional Distancing	117	3.50	5.99	0	38
<b>Parental Burnout Scale</b>	117	29.61	35.53	0	206

When Table 2 is examined, it is seen that the parents included in the study have an average of 71.91 ±11.36 points, a minimum of 40, a maximum of 94 points from the Self-directed perfectionism sub-dimension of the Multidimensional Perfectionism Scale, and an average of 63.68±8.68 points from the others-oriented perfectionism sub-dimension, a minimum of 42 points, a maximum of 93 points, an average of 61.25±12.13 points from the socially prescribed perfectionism sub-dimension, a minimum of 28 points, a maximum of 100 points, an average of 196.84±26.70 points, a minimum of 121 points from the overall Multidimensional Perfectionism Scale. It was determined that they got a maximum of 287 points.

It was determined that from emotional exhaustion subscale of the subscale of the Parental Burnout Scale, they got a mean of 16.78±19.24 points, a minimum of 0, a maximum of 109 points; a mean of 5.44±5.65 points from the Feelings of Being Fed Up sub-dimension, a minimum of 0, a maximum of 28 points; from the Contrast with the Previous Parental Self they got an average of 3.89±6.05 points, a minimum of 0, a maximum of 31 points; an average of 3.50±5.99 points, a minimum of 0, and a maximum of 38 points from the Emotional Distancing sub-dimension. From the overall Parental Burnout Scale, they got a mean of 29.61± 35.53 from with a minimum 0, maximum 206 points.

**Table 3.** Comparison of Parental Burnout Scale scores by age group of parents

	Age group	n	$\bar{x}$	s	M	SO	$\chi^2$	p	Difference
Emotional Exhaustion	35 years and under	39	20.51	16.94	18.00	70.71	7,016	0.030*	1-2
	36-45 years	51	16.41	23.43	8.00	53.68			1-3
	46 years and older	27	12.07	11.50	6.00	52.15			
Feelings of Being Fed Up	35 years and under	39	6.90	5.41	6.00	71.12	7,708	0.021*	1-2
	36-45 years	51	5.04	6.15	3.00	54.05			1-3
	46 years and older	27	4.11	4.64	2.00	50.85			
Contrast with Previous Parental Self	35 years and under	39	4.69	5.40	3.00	67.17	3,627	0.163	
	36-45 years	51	4.08	7.52	1.00	55.58			
	46 years and older	27	2.37	2.88	1.00	53.67			
Emotional Distancing	35 years and under	39	3.97	5.02	3.00	67.03	3,476	0.176	
	36-45 years	51	3.88	7.69	1.00	54.96			
	46 years and older	27	2.07	2.57	1.00	55.04			
Parental Burnout Scale	35 years and under	39	36.08	30.93	30.00	70.95	7,357	0.025*	1-2
	36-45 years	51	29.41	43.61	14.00	53.86			1-3
	46 years and older	27	20.63	20.71	12.00	51.44			

\*p<0.05

Table 3 shows the comparison of Parental Burnout Scale scores according to the age group of the parents. When Table 3 is examined, it has been determined that there is a statistically significant difference between the Parental

Burnout Scale general scores according to the age group of the parents and the mean scores of the scale's Emotional Exhaustion and Feelings of Being Fed Up sub-dimensions (p<0.05). Emotional Exhaustion scores, Feelings of Being Fed Up and Parental Burnout Scale general scores of

parents aged 35 and below, Emotional Exhaustion scores of parents aged 36-45 and parents aged 46 and over, were statistically higher from the scores of Feelings of Being Fed Up and Parental Burnout general scores. It was determined that there was no statistically significant difference between the mean scores of the participant

parents from the Contrast with Previous Parental Self and Emotional Distancing sub-dimensions according to the age group ( $p>0.05$ ). Regardless of the age groups of the parents, Contrast with Previous Parental Self scores and Emotional Distancing scores were found to be similar

**Table 4.** Comparison of Parental Burnout Scale scores according to parents' educational statuses

	level of education	n	$\bar{x}$	s	M	SO	$x^2$	p	Difference
Emotional Exhaustion	High school	5	8.40	9.61	4.00	40.80	4,321	0.115	
	Undergraduate	54	21.19	23.51	13.00	65.38			
	Postgraduate	58	13.40	14.03	9.50	54.63			
Feelings of Being Fed Up	High school	5	3.80	5.50	0.00	43.30	1,460	0.482	
	Undergraduate	54	6.20	6.59	4.00	61.59			
	Postgraduate	58	4.88	4.62	3.00	57.94			
Contrast with Previous Parental Self	High school	5	1.00	1.00	1.00	45.70	5,703	0.058	
	Undergraduate	54	5.39	7.23	2.50	66.73			
	Postgraduate	58	2.74	4.65	1.00	52.95			
Emotional Distancing	High school	5	0.60	0.55	1.00	41.50	7,541	0.023*	1-2
	Undergraduate	54	5.11	7.58	2.50	67.72			
	Postgraduate	58	2.24	3.84	1.00	52.39			
Parental Burnout Scale	High school	5	13.80	16.21	5.00	38.90	4,600	0.100	
	Undergraduate	54	37.89	43.63	23.50	65.42			
	Postgraduate	58	23.26	25.55	15.50	54.76			

\* $p<0.05$

Table 4 shows the comparison of Parental Burnout Scale scores according to the education level of the parents. When Table 4 is examined, it was determined that there was a statistically significant difference between the mean scores of the Parental Burnout Scale sub-dimension, Emotional Distancing, according to the educational status of the parents included in the study ( $p<0.05$ ). Emotional Distancing scores of parents with undergraduate degrees were found to be statistically significantly higher than those of parents who graduated from high school. There was no statistically significant difference between the

general scores of the Parental Burnout Scale and the mean scores of the sub-dimensions of Emotional Exhaustion, Feelings of Being Fed Up and Contradiction with the Previous Parental Self according to the educational status of the participating parents ( $p>0.05$ ). Parental Burnout Scale general scores of high school graduates, undergraduate and postgraduate and the scores of the sub-dimensions of Emotional Exhaustion, Feelings of Being Fed Up and Contrast with Previous Parental Self of the scale were found to be similar.

**Table 5.** Comparison of Parental Burnout Scale scores according to the gender of the parents

	Gender	n	$\bar{x}$	s	M	SO	Z	p
Emotional Exhaustion	Woman	100	17.51	20.05	11.00	60.13	-0.875	0.382
	Male	17	12.47	13.22	10.00	52.35		
Feelings of Being Fed Up	Woman	100	5.72	5.86	3.00	60.41	-1,093	0.274
	Male	17	3.82	3.96	2.00	50.74		
Contrast with Previous Parental Self	Woman	100	4.12	6.32	2.00	60.51	-1,194	0.232
	Male	17	2.53	3.95	1.00	50.15		
Emotional Distancing	Woman	100	3.59	6.26	1.00	59.30	-0.239	0.811
	Male	17	2.94	4.10	1.00	57.24		
Parental Burnout Scale	Woman	100	30.94	37.04	18.50	60.15	-0.886	0.376
	Male	17	21.76	24.20	13.00	52.26		



Table 5 shows the results of the Mann-Whitney U test for comparing the Parental Burnout Scale scores according to the gender of the parents. When Table 5 is examined, it was seen that there were no statistically significant differences between the scores of the parents scores in the

sub-dimensions of Emotional Exhaustion, Feelings of Being Fed Up, Contrast with Previous Parental Self, and Emotional Distancing in the Parental Burnout Scale ( $p>0.05$ ).

**Table 6.** Comparison of Parent Burnout Scale scores according to the marital status of the parents

	Marital Status	n	$\bar{x}$	s	M	SO	Z	p
Emotional Exhaustion	Married	107	17.17	19.54	11.00	59.85	-0.888	0.375
	Divorced	10	12.60	15.90	6.50	49.90		
Feelings of Being Fed Up	Married	107	5.61	5.73	3.00	60.03	-1,083	0.279
	Divorced	10	3.70	4.64	2.00	47.95		
Contrast with Previous Parental Self	Married	107	3.93	6.18	1.00	59.20	-0.210	0.834
	Divorced	10	3.40	4.65	1.00	56.90		
Emotional Distancing	Married	107	3,56	6.16	1.00	59.36	-0.392	0.695
	Divorced	10	2.80	3.91	0.50	55.10		
Parental Burnout Scale	Married	107	30.27	36.16	18.00	59.84	-0.873	0.383
	Divorced	10	22.50	28.34	10.50	50.05		

Table 6 shows the results of the Mann-Whitney U test for comparing the Parental Burnout Scale scores according to the marital statuses of the parents. When Table 6 is examined, it was seen that there were no statistically significant differences between the scores of the parents in

the sub-dimensions of Emotional Exhaustion, Feelings of Being Fed Up, Contrast with Previous Parental Self, and Emotional Distancing in the Parental Burnout Scale based on their marital statuses ( $p>0.05$ ).

**Table 7.** Comparison of Parent Burnout Scale scores according to the number of children of the parents

	Number of children	n	x	s	M	SO	X2	p
Emotional Exhaustion	One	56	15.89	17.36	11.00	58.76	0.006	0.997
	Two	57	17.89	21.50	10.00	59.25		
	Three or more	4	13.25	10.24	12.50	58.88		
Feelings of Being Fed Up	One	56	4.84	5.33	3.00	55.65	1,086	0.581
	Two	57	6.09	6.05	4.00	62.26		
	Three or more	4	4.75	4.03	5.00	59.38		
Contrast with Previous Parental Self	One	56	3,57	5.16	1.00	57.80	0.145	0.930
	Two	57	4.28	6.99	1.00	60.03		
	Three or more	4	2.75	3.10	2.00	61.13		
Emotional Distancing	One	56	3.21	4.90	1.00	57.93	0.232	0.890
	Two	57	3.86	7.07	1.00	60.37		
	Three or more	4	2.25	2.87	1.50	54.50		
Parental Burnout Scale	One	56	27.52	31.44	16.00	58.34	0.041	0.980
	Two	57	32.12	40.15	19.00	59.61		
	Three or more	4	23.00	18.13	22.50	59.63		

Table 8 shows the results of the Kruskal-Wallis H test for comparing the Parental Burnout Scale scores according to the number of children of the parents. When Table 7 is examined, it was seen that there were no statistically significant differences between the scores of the parents

scores in the sub-dimensions of Emotional Exhaustion, Feelings of Being Fed Up, Contrast with Previous Parental Self, and Emotional Distancing in the Parental Burnout Scale ( $p>0,05$ ).

**Table 8.** Parents' Multidimensional Perfectionism Scale and Parental Burnout Scale scores

		Self-Oriented Perfectionism	Other-oriented Perfectionism	Socially Prescribed Perfectionism	Multidimensional Perfectionism Scale
Emotional Exhaustion	r	0.135	0.022	0.295	0.223
	p	0.148	0.813	0.001*	0.015*
Feelings of Being Fed Up	r	0.142	0.011	0.272	0.205
	p	0.127	0.903	0.003*	0.027*
Contrast with Previous Parental Self	r	0.060	-0.032	0.241	0.139
	p	0.519	0.730	0.009*	0.135
Emotional Distancing	r	0.038	-0.016	0.179	0.105
	p	0.685	0.862	0.054	0.259
Parental Burnout Scale	r	0.125	0.007	0.284	0.206
	p	0.179	0.941	0.002*	0.026*

\* $p < 0.05$ 

Table 8 shows the correlations between parents' Multidimensional Perfectionism Scale and Parental Burnout Scale scores. When Table 8 is examined, it has been determined that there is a positive and statistically significant correlation between the Multidimensional Perfectionism Scale general scores of the parents participating in the study and the Parental Burnout Scale general scores, Emotional Exhaustion scores and Feeling of Being Fed Up scores ( $p < 0.05$ ). The Multidimensional Perfectionism Scale scores of the participants whose general scores on the Emotional Exhaustion and Satisfaction and Parent Burnout Scale increased statistically significantly increased. There was a positive and statistically significant correlation between the participants' Socially Prescribed Perfectionism scores and Parental Burnout Scale general scores, Emotional Exhaustion, Feelings of Being Fed Up and Contrast with Previous Parental Self ( $p < 0.05$ ). The scores of participants whose Emotional Exhaustion, Feelings of Being Fed Up, Contrast with Previous Parental Self scores and Parental Burnout Scale general increased, had an increase in Socially Prescribed Perfectionism scores. The mentioned increase in score is statistically significant ( $p < 0.05$ ).

### Discussion

The aim of this study was to examine the burnout and perfectionism levels of parents who have children aged - 18 in the covid-19 pandemic. The first research question was to investigate whether burnout levels of parents significantly differ in terms of parents' age, gender, marital status, education level, number of children and age of children.

The findings in terms of age analysis suggest that there may be a relationship between age and parental burnout,

as indicated by higher levels of emotional exhaustion and feelings of being fed up among parents in different age groups. This aligns with previous studies that have also found a relationship between age and burnout in parents, with older parents reporting higher levels of burnout (Baba et al., 2020; Han & Ryu, 2019). However, the lack of significant difference in contrast with previous parental self and emotional distancing sub-dimensions suggests that age may not play a role in these aspects of parental burnout. This finding adds to the growing body of literature on the contributing factors to parental burnout and highlights the need for further research to better understand the impact of age on different dimensions of burnout in parents.

The second focus was to investigate whether burnout levels of parents significantly differ in terms of parents' educational level. This study found a significant relationship between the educational level of parents and the emotional distancing sub-dimension of Parental Burnout Scale. Higher education levels were associated with higher emotional distancing scores. However, the study found no significant differences in the general scores of the Parental Burnout Scale and its sub-dimensions of emotional exhaustion, feeling of being fed up and contradiction with previous parental self-based on the parents' educational status. Research has shown that higher education levels are associated with greater awareness of mental health and stress, which may contribute to differences in emotional distancing among parents (Ha, Kim & Shin, 2020). Studies have also suggested that highly educated parents may have greater stressors and demands in their lives, leading to increased burnout (Kara & Çetin, 2018). These findings are consistent with previous research on the relationship between education

and burnout in the general population (Halbesleben & Buckley, 2004).

Thirdly, parents' ages were taken into account to determine whether there is a significant difference in terms of burnout levels. This results suggest that there is no significant difference in the levels of parental burnout among male and female parents as measured by the sub-dimensions of the Parental Burnout Scale. This is consistent with some previous research which has found no gender differences in parental burnout (e.g. Kornienko & Kim, 2017). On the other hand, some studies have reported gender differences in the experience of parental burnout, with mothers more likely to report higher levels of burnout compared to fathers (e.g. Zhang & Chiang, 2016). The lack of gender differences in the current study may be due to factors such as sample size or the specific population studied. It is important to consider the limitations of the study when interpreting the results and to examine the results in light of previous literature on the topic.

Another finding suggests that there is no significant difference in parental burnout levels among parents with different marital statuses. This finding is supported by previous studies that have also found no significant differences in parental burnout levels based on marital status (e.g. Jourdan et al., 2020). These studies have noted that marital status is not the only factor that can contribute to parental burnout, and other factors such as stressors in the home environment, parental role expectations, and individual differences may play a more significant role in parental burnout levels. However, it is important to note that further research is needed to better understand the relationship between marital status and parental burnout.

In addition, there was no significant difference in the Parental Burnout Scale scores across different number of children of the participating parents. This result is consistent with previous studies that have found little to no relationship between the number of children and parental burnout (Chang et al., 2019; Huang et al., 2020). However, it is important to note that this conclusion should be interpreted with caution, as other factors such as the ages and gender of the children, the parents' education and income levels, and the availability of social support may also play a role in determining parental burnout (Lai & Huang, 2018).

Lastly, the findings indicate that there is a strong positive correlation between Multidimensional Perfectionism and Parental Burnout. Literature has long suggested the link between perfectionism and various negative outcomes such as depression, anxiety, and burnout. For instance, a study by Hewitt & Flett (1991) found that perfectionism was positively related to depression, anxiety, and stress. Another study by Parker, Summerfeldt, Hogan, & Majumdar (2004) found that socially prescribed perfectionism was positively related to burnout in a sample of medical students. In terms of the correlation between Multidimensional Perfectionism and Parental Burnout, studies by Kowalski & Lori (2015) and Grzegorek, Slawinska, & Zawadzka (2017) have shown similar results. Kowalski & Lori found that parental perfectionism was positively associated with parental burnout. Grzegorek et al. found that socially prescribed perfectionism was a significant predictor of parental burnout.

It is important to note that while perfectionism can contribute to parental burnout, it is not the only factor. Other stressors such as financial difficulties, relationship problems, and poor sleep can also contribute to parental burnout. Nevertheless, the finding highlights the need for addressing perfectionism as a potential risk factor for parental burnout.

#### Declarations

##### Ethics Approval and Consent to Participate

Before conducting the research, permission was obtained from the Near East University Ethics Committee, with a decision number of YDÜ/EB/2022/850 dated 07.06.2022. Informed consent was obtained from participants who agreed to take part in the research.

##### Consent for Publication

Not applicable

##### Availability of Data and Materials

Not applicable.

##### Competing Interests

The author declares that no competing interests in this manuscript.

##### Funding

Not applicable.

##### Authors' Contributions

YS provided the conceptual framework. YÇ created the method part of the research. YÇ and YS analyzed and interpreted the data. All authors have read and approved the final version of the article.

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RESEARCH ARTICLE / ARAŞTIRMA YAZISI

# The Relationship of Organizational Commitment and Motivation among the Cypriot and Turkish Academicians: The Mediating Role of Culture Attitudes

## Akademisyenlerde Örgütsel Bağlılık ve Motivasyon İlişkinin İncelenmesi: Kültür Tutumlarının Aracı Rolü

Hepşen Şen<sup>1</sup>, İhsan Erol Özçil<sup>2</sup>, Hüda Hüdaverdi<sup>3</sup>

### Abstract:

The main purpose of this study is to determine the relationship between cultural attitude, organizational commitment and motivation among academics from Turkish Republic of Northern Cyprus (TRNC) and Turkish Republic (TR) citizens. The other main aim of the study is to determine the mediating role of the cultural attitudes on the relationship of the organisational commitment and motivation. The TR and TRNC academicians of the American University of Cyprus in the Nicosia region are taken to the study. The questionnaire form, which uses a 5-point Likert scale, consists of demographic questions, organizational commitment scale, motivation scale and culture attitude scale. In this context, a total of 150 questionnaires sent to the relevant institution were distributed. Correlation analysis was conducted to examine the relationship between organizational commitment, motivation and culture attitude. PROCESS (model 4, Hayes, 2018) was used for mediation analysis. As the result of the study, the relationship between organizational commitment and motivation are found to be positive correlation among TRNC nationals but this was seen as negative correlation among TR citizens ( $p<0.01$ ). For the organizational commitment positive correlations are found among the TRNC Citizens who has integration and assimilation attitudes and also TR citizens who has marginalization and separation attitudes  $p<0.01$ ). For the motivation positive correlations are found among the TRNC citizens who has integration and assimilation and with the same result motivation are found to be positively corelated the TR citizens who has integration and assimilation attitude  $p<0.01$ .

**Keywords:** Organizational Commitment, Culture Attitude, Motivation

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**Öz:**

Bu çalışmanın temel amacı Kuzey Kıbrıs Türk Cumhuriyeti (KKTC) akademisyenleri ile Türkiye Cumhuriyeti (TC) vatandaşları arasında kültürel tutum, örgütsel bağlılık ve motivasyon arasındaki ilişkiyi belirlemektir. Araştırmanın diğer temel amacı ise örgütsel bağlılık ve motivasyon ilişkisinde kültürel tutumların aracılık rolünü belirlemektir. Çalışmaya Lefkoşa bölgesindeki Kıbrıs Amerikan Üniversitesi'nin TC ve KKTC'li akademisyenleri alınmıştır. 5'li Likert ölçeğinin kullanıldığı anket formu demografik sorular, örgütsel bağlılık ölçeği, motivasyon ölçeği ve kültür tutumu ölçeğinden oluşmaktadır. Bu kapsamda ilgili kuruma gönderilen toplam 150 adet anket dağıtılmıştır. Örgütsel bağlılık, motivasyon ve kültür tutumu arasındaki ilişkiyi incelemek amacıyla korelasyon analizi yapılmıştır. Aracılık analizi için PROCESS (model 4, Hayes, 2018) kullanıldı. Araştırma sonucunda örgütsel bağlılık ile motivasyon arasındaki ilişkinin KKTC vatandaşları arasında pozitif korelasyon olduğu, TC vatandaşları arasında ise negatif korelasyon olduğu görülmüştür ( $p < 0.01$ ). Örgütsel bağlılık açısından entegrasyon ve asimilasyon tutumlarına sahip KKTC vatandaşları ile ötekileştirme ve ayrışma tutumlarına sahip KKTC vatandaşları arasında pozitif korelasyonlar bulunmuştur.  $p < 0.01$ ). Motivasyon açısından entegrasyon ve asimilasyon tutumuna sahip KKTC vatandaşları arasında pozitif korelasyonlar bulunurken, aynı sonuçla motivasyon açısından entegrasyon ve asimilasyon tutumuna sahip KKTC vatandaşları arasında pozitif korelasyon olduğu bulunmuştur ( $p < 0.01$ ). Araştırma sonucunda örgütsel bağlılık ile motivasyon arasında pozitif bir ilişki olduğu tespit edilmiştir.

**Anahtar Kelimeler:** Örgütsel bağlılık, Kültür Tutumu, Motivasyon

**Introduction**

With the effect of globalizing world and competition, organizations have to increase their competitiveness in order to compete in the national and international arena. Increasing competition depends on the fact that employees establish a bond with the organization and make sacrifices for the organization easily (Jigjiddorj et al., 2021). This creates a common power between the employee and the organization. This common power that exists in organizations from the smallest to the largest is culture (Sevinç et al., 2001).

The interaction between the cultural attitude, commitment and motivation of the institutions they work for is an undeniable fact, since employees are physiological and psychological entities (Sevinç, 2015). Therefore, it will be extremely important for educators raising new generations to feel like a part of the organization and their attitude. Organizational culture is like the personality of an organization and is the most important factor that determines the identity of the organization (Deal and Kennedy, 1983). All employees develop a sense of shared ownership and a spirit of cooperation to achieve success (Katzenbach, 1997). Most organizations today seek the support of their employees to achieve their goals. It should be taken into account that organizational culture will definitely increase the commitment and motivation of employees (Güçlü, 2003). The concept of organizational culture has been a widely researched subject in business practices and academic studies. The reason for this is that organizational culture is an element that affects all the factors of the organization. One of these factors is organizational commitment, which is one of the important concepts related to and affected by organizational culture (Hakan, 2009). Recent studies have revealed that people who are committed to their organization in terms of cultural attitude are happier at work, spend more time on their jobs, and show less departure behaviors from the organization they work for the employee's commitment to the organization (Aydın, 2003; Chang and Lin, 2015; Hoş

and Oksay, 2015). It has an effect that increases productivity, strengthens the probability of employee retention and makes his participation consistent with his work (Pratama et al., 2022). Organizational commitment studies have gained increasing importance today. Organizational commitment can be listed as an expression of organizational citizenship behaviors such as dedication and honesty (Uludağ, 2018). It is accepted that an individual cannot act without being motivated. In the rapidly increasing competition conditions, institutions have to make different applications from other institutions in order to maintain their existence. The continuity of the institutions depends on the continuity of the employees. Accordingly, it will be in the interest of institutions to act on an employee-based basis (Hensel and Kacprzak, 2020). Motivating employees in order to achieve individual goals will also direct them to the goals of the institution. Since motivation sources differ from individual to individual, it is very difficult to provide common motivation for each individual (Paais and Pattiruhu, 2020). Ensuring the motivation of individuals in organizations to work effectively and efficiently is of great importance.

In this context, determining and meeting the needs of the employees in order to provide motivation and establishing a relationship between individual needs and organizational needs are among the biggest responsibilities of managers (Jehanzeb and Mohanty, 2018). Today, the administrators of academic institutions, in order to motivate the employees and increase their performance, they apply to dozens of motivational tools such as wage improvement, social assistance, rewarding, delegation of authority, participation in decisions, improvement of working conditions, job rotation, empowerment, communication and training (Solmaz and Çolakoğlu, 2019).

However, motivation is another important factor of organizational culture and commitment. Organizations need high-performing employees to survive, which can only be achieved with well-motivated employees (Mangkunegara and Octorend, 2015). Considering all these factors, organizational culture and cultural attitude

are extremely important concepts on individuals. Employees are culturally active with other employees because they are aware of the differences between themselves and others and their own feelings, and they can adapt actively (Mangkunegara and Octorend, 2015). Experiencing culture shock is part of the successful adaptation process and can facilitate the integration and assimilation process. It is an undeniable fact that the effect of culture attitude as well as commitment and motivation in organizational culture (Damgacı, 2013).

In the developing and changing world, they have realized that the most important element of all the experiences and successes to reach the goals from the past to the present is human. The human perspective of every business is changing towards cultures and attitudes. The cultural structures of all organizations are different from each other. Therefore, businesses with the same culture can achieve different results from each other. It is an undeniable fact that cultural attitudes, organizational commitment and motivation are among the most important factors affecting individuals and organizations. The main purpose of this study is to determine the relationship between cultural attitude, organizational commitment and motivation among academics from TRNC and TR citizens. It is aimed to help new studies by examining all the variables between this academic study and the developed model.

## Methods

In this section, research hypotheses are presented. In this study, the relationship of organizational commitment, motivation and cultural attitudes has been examined. The other main aim of the study is to determine the mediator role of culture attitudes between the relationship on organizational commitment and motivation.

Hypotheses:

H1: There is a positive relationship between organizational commitment and motivation

H2: There is a positive relationship between employee motivation and culture attitude

H3: There is a positive relationship between organizational commitment and culture attitude

H4: There is a mediating role of cultural attitude on organizational commitment and motivation relationship

## Data Collection Tool

The socio-demographic information form to be used in the study was created by the researcher by examining the risk factors related to the studies conducted on the subject in the literature. There are 16 questions in the socio-demographic information form and it includes questions to understand the individual's gender, age, nationality, marital status, working hours, place of residence, average income level and previous or current psychological illness.

## Organizational Commitment Scale

The first part is based on the relevant literature and Mowday et al. It was created using the organizational commitment scale prepared by (1979), it consists of 20 closed-ended questions to measure attitudinal and behavioral commitment, it is a scale with 5-point Likert type questions. The survey published by Kılıç (2008) and adapted to Turkish was used. The results obtained show

that the dependency of the relationship leads to positive aspects of the corporate culture and at the same time increases employee motivation and performance. In the reliability analysis conducted for this study, the Cronbach Alpha coefficient of the scale was .84.

## Culture Attitude Scale

It is a scale developed by Chen and Starosta (2000) to measure Culture Attitude levels and consists of 20 items and has 5-point Likert type questions to determine effective and appropriate communicative behaviors of a person in a culturally different environment. The survey published by Güvendir (2016) and adapted to Turkish was used. The scale; organizational commitment includes job commitment (items 12, 16, 17, 18, 19), employee motivation (items 7, 9, 10, 15), employee performance (items 5, 6, 11, 20), employee psychology (items 1, 2, 3, 4, 8, 13, 14).

It has a total of 4 subscales. Positive adaptation characteristics are seen in the variable averages of the people whose average scores are observed due to the cultural behaviour patterns that act as intermediaries, the commitment of the connections and the high level of motivation. In the reliability analysis conducted for this study, the Cronbach Alpha coefficient of the scale was .84.

## Motivation Scale

The "Motivation Feedback" survey prepared by Karapınar (2008) was prepared within the framework of Maslow's hierarchy of needs theory to measure workplace motivation sources. The survey is a 5-point Likert type scale consisting of 22 items. As a result of the data obtained, information about motivation-enhancing supports for the performance of employees in institutions and meeting their expectations will be important factors that increase workplace commitment, performance and job satisfaction. However, it points out that academics' physical conditions should be constantly reviewed and optionally improving their needs will increase motivation. In the reliability analysis conducted for this study, the Cronbach Alpha coefficient of the scale was .78.

## Participants and Procedure

On December 6, 2023, (Ref no. 2023-24- Fall-0002) number, the Business Faculty Research Ethics Committee of Girne American University approved this study. Scholars read and approved informed consents prior to participation. Qualitative data analysis was applied in the research. A survey form consisting of 4 sections, namely Socio-demographic Information Form, Organizational Commitment Attitude Scale, Cultural Attitude Scale and Motivation Attitude Scale, was used as data collection tool in the research. In this institution, which has 100-150 employees in the academic field, the sample of the research consists of the employees reached by face-to-face survey method. In this context, a total of 150 questionnaires sent to the relevant institution were distributed. The number of valid forms obtained is 121 questionnaires, 29 indicating that the questionnaire is invalid. It is seen that the ratio of the sample to represent the universe is also sufficient. The frequency distributions and percentages of the demographic information of the participants in the study are given in Table 1.



**Table 1.** Demographic Information of Research Participants

Variable	Details	Frequency	Percent
Gender	Female	45	37,2
	Male	76	62,8
Age	25-30	36	29,8
	31-36	24	19,8
	37-42	13	10,7
	43-48	12	9,9
	49-54	15	12,4
	61 and above	21	17,4
Education	Master	36	29,8
	Doctorate	19	15,7
	Doctorate and above	66	54,5
Nationality	TRNC	56	46,3
	Turkey	38	31,4
	Others*	27	22,3
Work Time	1-5 years	62	51,2
	6-10 years	24	19,8
	11-15 years	35	28,9
Total		121	100.0

\* Other = Foreign nationality

According to Table-1, 37.2% of the people participating in the study are women and 62.8% are men. Again, in this table, 29.8% have a master's degree, 15.7% have a doctorate, 5 of 54.5% have a doctorate or higher. 29.8% in the 25-30 age group, 19.8% in the 31-36% age group, 10.7% in the 37-42 age group, 9.9% in the 43-48 age group, 12.4% in the 49-54 age group age group and 17.4% are in the 61 and over group. The working period of 51.2% is between 1-5 years, 19.8% is between 6-10 years and 28.9% is between 11-15 years. 46.3% were calculated as TRNC, 31.4% as TR and 22.3% as other nationalities.

#### Data Analysis

The study data were analysed using SPSS Statistics 24 PROCESS program. Correlation analysis was conducted to examine the relationship between organizational commitment, motivation and culture attitude. PROCESS (model 4, Hayes, 2018) was used for mediation analysis. The universe of the research was formed by the academic staff of the American University of Cyprus operating in the

Turkish Republic of Northern Cyprus, Nicosia. At least 150 questionnaires were applied according to the number of academic staff working. In the research, a total of 121 questionnaires were applied at 95% confidence level. Utmost care has been taken to ensure that the distribution of basic variables such as education, gender, nationality, business sector and age is proportional to the population constituting the universe.

#### Results

There were 121 participants in the study, considering the demographic results of the data obtained as a result of the surveys; the participants are mostly male 62.8%, they have a working time of 1-5 years 51.2%, the age range is 25-30 29.8%, in terms of education level 46.3% and the nationality of TRNC 46.3%, the number of participants was found to be high. The analysis was completed by transferring the study data to SPSS Statistics 24 and PROCESS programs.

**Table 2.** The relations between Organizational Commitment, Motivation and Cultural Attitudes among TRNC Nationality Participants with Pearson Correlation Analyses

	1	2	3	4	5	6
1 Organizational Commitment	1					
2 Motivation	,297*	1				
3 Margination	-0,244	-,748**	1			
4 Integration	,408**	,789**	-,975**	1		
5 Separation	-,354**	-,866**	,967**	-,986**	1	
6 Assimilation	,354**	,866**	-,967**	,986**	-1,000**	1

\*\*p<0.01, \*p<0.05

In Table 2, Pearson correlation analysis was conducted to determine the relationship between motivation, organizational commitment and cultural attitudes of TRNC nationals. The Pearson correlation analyses of organizational commitment, motivation and the sub-dimensions of the culture attitude scale, which are marginalization, integration, separation and assimilation, are presented. It is determined that there is a positive correlation ( $r=0.297$ ;  $p<0.05$ ) between organizational commitment and motivation among TRNC nationals.

There were no correlation was found between organizational commitment and marginalization ( $r=-0.244$ ;  $p<0.01$ ). On the other hand, there was a positive correlation between organizational commitment and integration ( $r=0.408$ ;  $p<0.01$ ) and also with assimilation ( $r=-0.354$ ;  $p<0.01$ ). It was found that there is a negative correlation between motivation and marginalization ( $r=-0.748$ ;  $p<0.01$ ) and also with separation ( $r=-0.866$ ;  $p<0.01$ ), while there is a positive correlation between motivation and integration ( $r=0.789$ ;  $p<0.01$ ) and also with assimilation ( $r=0.866$ ;  $p<0.01$ ).

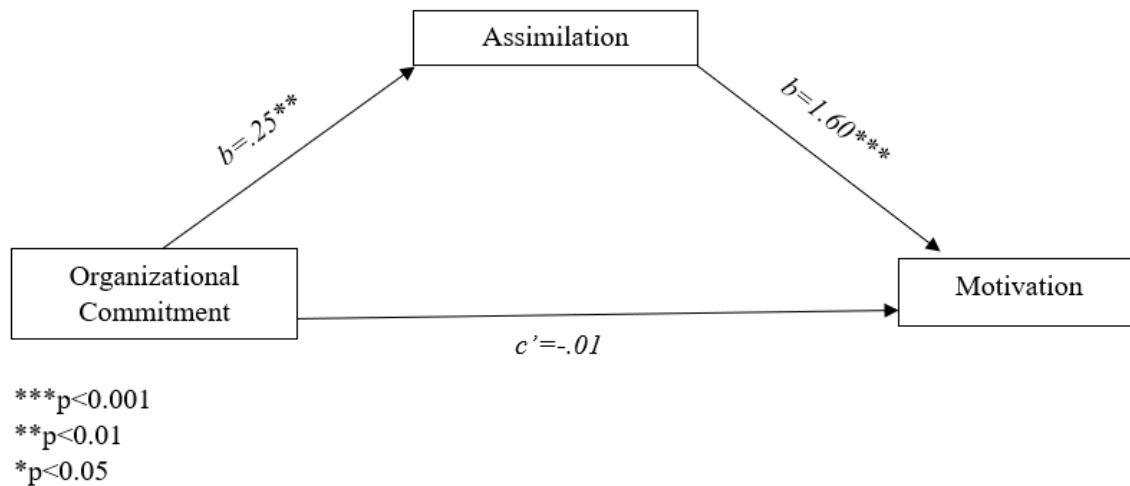
**Table 3.** The relations between Organizational Commitment, Motivation and Cultural Attitudes among TR Nationality Participants with Pearson Correlation Analyses

	1	2	3	4	5	6
1 Organizational Commitment	1					
2 Motivation	-,813**	1				
3 Margination	,645**	-,897**	1			
4 Integration	-,759**	,577**	-,707**	1		
5 Seperation	,976**	-,726**	,628**	-,866**	1	
6 Assimilation	-,976**	,726**	-,628**	,866**	-,1000**	1

\*\* $p<0.01$   
\* $p<0.05$

Pearson Correlation analysis was conducted in Table 3 to determine the relationship between motivation, organizational commitment and culture attitude of TR citizens. In Table 3, there is a negative correlation between organizational commitment and motivation ( $r=-0.813$ ;  $p<0.01$ ). There is a positive correlation between organizational commitment and marginalization ( $r=0.645$ ;  $p<0.01$ ) and separation ( $r=0.976$ ;  $p<0.01$ ), while there is a

negative correlation between organizational commitment and integration ( $r=-0.759$ ;  $p<0.01$ ) and also assimilation ( $r=-0.976$ ;  $p<0.01$ ). Analyses revealed that there is a negative correlation between motivation and marginalization ( $r=-0.897$ ;  $p<0.01$ ) and separation ( $r=-0.726$ ;  $p<0.01$ ), while there is a positive correlation between motivation and integration ( $r=0.577$ ;  $p<0.01$ ) and also assimilation ( $r=0.726$ ;  $p<0.01$ ).



**Figure 2.** Mediation analysis between OC and Motivation

In order to test the hypothesis of the mediating role of the assimilation relationship between organizational commitment and motivation, the PROCESS (Model 4, Hayes, 2018) was used. Organizational commitment was found to have a significant indirect effect on motivation through assimilation,  $b = .41$ , 95% CI [.2379, 1.0272].

The analysis suggests full mediation as the direct effect between organizational commitment and motivation was not significant ( $b=-0.13$ ,  $t=-.1357$ ,  $p=.89$ , CI [-.2065, .1803] (see Figure 1). In the model, 75.1% of the variance in motivation is explained.

**Discussion**

As a result of the research, It has been determined that there is a relationship between organizational commitment and motivation. Ensuring the motivation of the employees and establishing the appropriate organizational commitment by the managers will positively affect the employees' perceptions of their attitudes towards the management (Bade et al., 2019). Mostly the studies shows that more successful employees will increase their level of decision-making and responsibility, the sense of belonging to the organization and high psychological motivation

(Han et al., 2014). Motivational effects differed between employees with a high level of satisfaction with organizational commitment and employees with low organizational commitment. It was found that there are significant relationships between organizational commitment, performance, and motivation (Baltacı et al., 2016). Considering that one of the most important factors of people's quality of life is to provide satisfaction in the field of work, it can be said that organizational commitment is a factor that positively supports the quality of life in a sense. In this context, studies have shown that there is a significant relationship between personal-demographic factors on organizational commitment and motivation (Küçüközkan, 2015). The study findings show that organizational commitment, work motivation, and job performance of employees vary depending on control variables (demographic characteristics), while commitment, motivation, and performance variables vary depending on control variables (Ertan and Ağca, 2008).

In this study, it was seen that there is a relationship between cultural attitudes, motivation and organizational commitment. One of the results that emerge here is that different cultural attitudes have different effects on organizational commitment and cultural attitudes. Studies indicate that cultural attitudes can have an impact on human behaviour. Studies even show that it may affect the prevalence of mental disorders (Orhan and Mamatoğlu, 2019; Çakıcı et al., 2021). While some cultural attitudes soothe psychological problems, others can exacerbate them. This study reveals that TRNC citizens' integration and assimilation culture attitudes have a positive relationship with organizational commitment. It has been observed that loyalty increases after individuals who are TRNC citizens become closer to or integrate with another culture, which is a local culture. This situation seems to have developed due to the increase in the culture of separation and marginalization among TR citizens. Therefore, it is seen that the organizational commitment of individuals showing immigrant cultural behaviour may be at a higher level. It has been observed that motivation can increase in both TR and TRNC citizens if there is an attitude of integration and assimilation. Therefore, it has been observed that cultural attitudes, especially

assimilation culture attitudes, have a more intense effect on motivation (Salvemini et al., 1993; Finegan, 2000).

The research is limited to academics at the American University of Cyprus in the Turkish Republic of Northern Cyprus. In conclusion, the impact of organizational culture on organizational commitment and motivation is significant and complex. A positive organizational culture can lead to increased levels of commitment and motivation, while a negative organizational culture can have the opposite effect. Culture attitude can play an important role in mediating the relationship between organizational culture and commitment and motivation. In our study, it was revealed that organizational commitment has a positive relationship with motivation, independent of societies. The research is limited to academics at the American University of Cyprus in the Turkish Republic of Northern Cyprus. The research is limited only to the quantitative data obtained from the data collection tools. The data in the research is limited to be used for scientific purposes only.

### Declarations

#### Ethics Approval and Consent to Participate

Ethics Approval for this research was received from Girne American University Graduate Education and Research Institute Ethics Committee on 06/12/2023 (Ref no: 2023-24- Fall-0002). Scholars read and approved informed consents prior to participation.

#### Consent for Publication

Not applicable

#### Availability of Data and Materials

Not applicable.

#### Competing Interests

The author declares that no competing interests in this manuscript.

#### Funding

Not applicable.

#### Authors' Contributions

HŞ contributed to finding the subject, writing the article, planning, literature review, and data collection. İEÖ contributed to statistical analysis, article editing, and interpretation. HH supervised the writing and control of the article. All authors have read and approved the final version of the article.

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RESEARCH ARTICLE / ARAŞTIRMA YAZISI

# The Relationship Between Emotional Eating Behavior Awareness and Body Image of Women in Turkey During the Covid-19 Pandemic Period

## Covid-19 Pandemi Döneminde Türkiye'de Kadınların Duygusal Yeme Davranışı Farkındalığı ile Beden İmgesi arasındaki İlişki

Nurten Elkin<sup>1</sup>, Selin Kalabaş<sup>2</sup>

### Abstract:

Individuals eat food in response to their emotions. It is aimed to examine the relationship between emotional eating behaviors and body perception of women. This correlation study was conducted with 210 women in 2022-2023. The Information Form, Dutch Eating Behavior Questionnaire and The Body Image Scale were administered online through a structured questionnaire created in Google Forms. IBM SPSS v26® software was used in the analysis of the data. 124 of the participants (59%) are between 18-25; 23 of them (11%) are between 26-33; 28 of them (13.3%) are between 34-41; 18 of them (8.6%) are between 42-50; and finally 17 of them (8.1%) are above 51 years old. The variables body image and emotional eating were found to be strongly correlated. It was concluded that there is a significant relationship between body image and emotional eating. It was concluded that there was no positive correlation between body image and emotional eating, negative correlation between restrictive eating and body image, and no significant correlation between external eating and body image.

**Keywords:** Emotional eating, Body image, Women, Pandemic period, Covid-19

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**Öz:**

Bireyler duygularına tepki olarak yemek yerler. Kadınların duygusal yeme davranışları ile beden algısı arasındaki ilişkinin incelenmesi amaçlanmaktadır. Bu korelasyon çalışması 2022-2023 yıllarında 210 kadınla gerçekleştirildi. Bilgi Formu, Hollanda Yeme Davranışı Anketi ve Beden İmajı Ölçeği, Google Forms'da oluşturulan yapılandırılmış bir anket aracılığıyla çevrimiçi olarak uygulandı. Verilerin analizinde IBM SPSS 26.00 yazılımı kullanılmıştır. Katılımcıların 124'ü (%59) 18-25 yaş arasındadır; 23'ü (%11) 26-33 yaş arasındadır; 28'i (%13,3) 34-41 yaş arasındadır; 18'i (%8,6) 42-50 yaş arasındadır; 17'si (%8,1) 51 yaş üzerindedir. Beden imajı ve duygusal yeme değişkenlerinin güçlü bir şekilde ilişkili olduğu bulundu. Beden imajı ile duygusal yeme arasında anlamlı bir ilişki olduğu sonucuna varılmıştır. Beden imajı ile duygusal yeme arasında pozitif, kısıtlayıcı yeme ile beden imajı arasında negatif, dışsal yeme ile beden imajı arasında ise anlamlı bir ilişki olmadığı sonucuna varılmıştır.

**Anahtar Kelimeler:** Duygusal yeme, Beden imajı, Kadın, Pandemi dönemi, Covid-19,

**Introduction**

Following China, Italy emerged as the first country where the COVID-19 pandemic rapidly proliferated, resulting in adverse consequences. The interplay of stress, anxiety, and depression arising from this situation has also impacted eating behaviours (Cecchetto, C., Aiello, M., Gentili, C., Ionta, S., and Osimo, S. A., 2021; Cevizci and Akyunus, 2022). In times of heightened negative affectivity, it becomes crucial to comprehend the impact of the COVID-19 pandemic and the associated isolation measures on eating behaviours. Moreover, there is a need to further explore the relationship between emotional eating, emotional dysregulation, and the impaired ability to identify emotions.

Emotional eating serves as a response to negative emotions, representing a behavioural tendency. Its significance in eating behaviours is on the rise, particularly in the context of weight loss attempts (Chesler, 2012). Body image is subjective, defined as an individual's evaluation of their own appearance (Chesler, 2012). As body dissatisfaction encompasses negative feelings about one's body and/or appearance (Thompson et al., 2004; Braet and Van Strien, 1997), it can trigger non-hunger-related eating as a response to negative emotions.

The objective of this study is to scrutinise the correlation between women's emotional eating behaviours and their body images. Additionally, the study aims to investigate and assess whether the primary variables exhibit significant differences based on sociodemographic factors. Summary, there are very few studies on women in the literature and it is thought that it will make a significant contribution to the literature in this sense. The aim of our research; to examine the relationship between women's emotional eating behaviors and body images. In addition, in our study, it is to examine and evaluate whether the main variables differ significantly according to sociodemographic variables.

**Methods**

Ethical approval for this study was granted by the Ethics Committee of Istanbul Gelişim University on August 18, 2022, with the reference number 2022-13.

The present study adopts a cross-sectional study design. The chosen research method involves the implementation of an online survey to collect data from participants. This decision was made to provide participants with a comfortable environment for responding, ensuring the confidentiality and anonymity of their input. The online

platform facilitates participants in sharing their insights and experiences at their convenience, ultimately improving the overall quality of the data collected.

The survey instrument was meticulously designed to extract specific information relevant to the research questions. Participants were presented with a series of structured questions tailored to address the objectives of the study. This method allowed the research team to gather a diverse range of responses from a sizable and geographically dispersed participant pool.

The online survey method offers efficiency in data collection, unencumbered by geographical constraints or time zones. Participants had the flexibility to engage with the survey at their own pace and convenience. This methodological approach greatly contributed to accumulating a substantial volume of data, enhancing the robustness of the results.

Conclusively, the selection of the online survey method was driven by the priorities of participant comfort, confidentiality, and convenience. It not only ensured the comprehensive collection of data necessary for effectively addressing the research questions but also bolstered the credibility and validity of the study results.

**Participants**

The data collection process was concluded with 210 participants, and all responses were deemed eligible for inclusion in the study. The entire participant cohort identified themselves as female. Among them, 124 participants (59%) fell within the 18-25 age range, 23 participants (11%) were aged between 26-33, 28 participants (13.3%) were in the 34-41 age group, 18 participants (8.6%) were aged 42-50, and, 17 participants (8.1%) were above 51 years old. Data were gathered through Google Forms, with participation being entirely voluntary on the part of the respondents.

**Materials****Personal Information Form**

Through the use of the demographic form, respondents were queried about their age, education level, income level, relationship status, psychiatric diagnoses, any medical diagnoses, as well as weight and height.

**Dutch Eating Behaviour Questionnaire**

The Dutch Eating Behaviour Questionnaire (DEBQ) was designed to assess eating behaviours of individuals and, in this study, was employed to evaluate the eating patterns of

the participants. Developed by Van Strein et al. in 1986, it was adapted for Turkish usage by Bozan in 2009. The scale utilises a 5-step Likert scale for scoring. In the present study, the reliability score, calculated based on 33 items, yielded a high reliability coefficient ( $\alpha = .96$ ). An illustrative item from the scale is, "If you gain weight, do you eat less than usual?"

**Body Image Scale**

The Body Image Scale (BIS) was created to measure an individual's satisfaction with various parts and functions of their body. Developed by Secord and Jourard in 1953, it was later adapted for Turkish use by Hovardaoglu in 1992. Utilizing a 5-step Likert scale for scoring, participants are asked to rate their satisfaction with different body parts, such as eyes or hair, on a scale from 1="I like it a lot" to

5="I don't like it at all". In this study, the reliability score, calculated across 40 items, demonstrated high reliability with a coefficient of  $\alpha = .95$ .

**Procedure**

After securing permission from the Ethics Committee of Istanbul Gelisim University (Date: July 28, 2022, No: 2022-12), data was collected through Google Forms via online announcements. The scales, on average, required 15 minutes to complete. Subsequently, the collected data underwent analysis using Pearson's correlation test on SPSS software.

**Results**

**Table 1.** Correlations between variables

	1	2	3
1.Body Image			
2.Emotional Eating	.180**		
3.Restrictive Eating	-.148**	.427**	
4.External Eating	.045	.616**	.282**

\*\*  $p < .01$

The analysis revealed strong correlations between certain variables. Specifically, body image and emotional eating showed a significant correlation ( $r(180) = .009, p < .01$ ). Similarly, body image and restrictive eating exhibited a strong correlation ( $r(-148) = .033, p < .01$ ). Additionally, emotional eating and restrictive eating were strongly correlated ( $r(427) = .000, p$

$< .01$ ), as were emotional eating and external eating ( $r(616) = .000, p < .01$ ). Further, restrictive eating and external eating displayed a strong correlation ( $r(282) = .000, p < .01$ ). In contrast, no correlation was found between body image and external eating ( $r(45) = .521, p > .05$ ).

**Table 2.** Correlation between body image and body mass index (BMI).

	Body Mass Index
Body Image	.145*

\*  $p < .05$

Moreover, the variables body image and BMI were found to be correlated ( $r(145) = .037, p < .05$ ).

**Table 3.** Correlations between variables

	1	2	3
1.BMI			
2.Emotional Eating	.401**		
3.Restrictive Eating	.240**	.427**	
4.External Eating	.014	.616**	.282**

\*\*  $p < .01$

The regression equation, which was determined as LSAS for the dependent variable and as antecedent-focused emotion regulation skills and reaction-oriented emotion regulation skills for the independent variables, is shown in Table 3. In Table 1, besides the significance of the regression equation, which of the independent variables is statistically significant and the coefficients of these

variables are given. The coefficient of determination ( $R^2$ ) was calculated as 0.027 and F was found to be significant ( $p=0.002 < 0.05$ ). Accordingly, it was determined that antecedent-focused emotion regulation skills were effective on social anxiety at a significance level of 0.05. In the model; It is seen that a one-unit increase in



antecedent-focused emotion regulation skills causes a 0.361-unit decrease in social anxiety.

The analysis revealed strong correlations between BMI and emotional eating ( $r(401) = .000, p < .01$ ) as well as between BMI and restrictive eating ( $r(240) = .000, p < .01$ ). A strong correlation was observed between emotional eating and restrictive eating ( $r(427) = .000, p < .01$ ), and similarly, between restrictive eating and external eating ( $r(282) = .000, p < .01$ ). Emotional eating and external eating also displayed a strong correlation ( $r(616) = .000, p < .01$ ). Conversely, BMI and external eating did not show a correlation ( $r(14) = .837, p > .05$ ).

## Discussion

Body perception plays a crucial role in shaping individuals' self-confidence, with negative body image potentially contributing to conditions such as depression, anxiety, and fear of negative evaluation. Consequently, these factors may hinder overall well-being and health (Wang et al., 2019). In the context of this study, a noteworthy result emerged—there exists a significant relationship between body image and emotional eating. Specifically, the analyses revealed no positive correlation between body image and emotional eating, a negative correlation between restrictive eating and body image, and no significant correlation between external eating and body image. A comprehensive review of relevant literature supports these results. Bogaz et al.'s (2019) study, for instance, found a positive relationship between emotional eating behaviour and restrictive eating and external eating behaviour. However, no relationship was identified between restrictive eating and external eating behaviour, aligning with broader literature trends.

Examining further literature, a study by Nernekli (2017) involving university students echoed the significance of the relationship between body image and emotional eating. Researchers commonly define body image as a subjective evaluation based on an individual's own perception (Thompson, 2004). Furthermore, the relevant studies highlight that fostering the development of robust emotion regulation skills, implementing early preventive measures against overweight/obesity, and nurturing body satisfaction during middle childhood can serve as positive cognitive, behavioural, and/or psychological factors. These factors may act as protective mechanisms, potentially deterring children from engaging in emotional eating as they progress into adolescence (Van Strien, 2018). Various study results revealed the Emotional Eating Scale (EES) to be a valid measure of emotional eating. Notably, the connection between emotional eating and binge eating has been observed to be moderated by body image flexibility (Duarte, C., and Pinto-Gouveia, 2015). In a study by Coskun in 2011, the eating attitudes of male adults interested in bodybuilding sports were compared to those of a control group not involved in such sports. Interestingly, individuals in the control group exhibited higher restrictive eating scores compared to those in the study group. Moreover, among individuals in the study group, extrinsic eating subgroup values—indicative of consuming more food influenced by externally perceived factors such as smell, appearance, and taste—were found to be higher than in the control group (Coskun, 2011). Aslan's 2001 study explored the impact of media on body image and eating behaviours, concluding that individuals experiencing anxiety tend to exhibit more irregular eating behaviours (Aslan, 2001). Collectively, these studies

underscore the significant influence of body image on eating attitudes, emphasizing that negative body image is associated with detrimental eating behaviours. Additionally, it is well-established that body dissatisfaction contributes to various psychological disorders, while unhealthy dietary practices increase the risk of developing eating disorders (Demir, 2006).

The analysis of the relationship between BMI and emotional eating revealed that individuals with higher body mass indexes had elevated levels of emotional eating. Additionally, upon examining the correlation between BMI and body image, it was observed that individuals with higher body mass indexes experienced challenges with their body images. When considering the literature, Nernekli's study established a connection between BMI and emotional eating, indicating that individuals with higher body mass indexes tend to have increased levels of emotional eating (Nernekli, 2017). Uskun and Sabapli's study in 2013 concluded that individuals, even if their weight is not within the normal range, can exhibit positive changes in their eating attitudes if they perceive their weight as normal (Uskun and Sabapli, 2013). Another study by conducted Aslan in 2001 highlighted the association between BMI, body image, and eating behaviours. Other studies have demonstrated a robust relationship between body dissatisfaction and BMI, indicating that as BMI increases, so does the level of body dissatisfaction (Eker, 2006). The examination of anxiety levels related to BMI and body image also revealed that individuals with higher body mass indexes experienced heightened anxiety about their body images (Nernekli, 2017). Furthermore, Nernekli's study identified a significant relationship between BMI and low body perception, underscoring the intricate interplay between body mass indexes and individuals' perceptions of their bodies (Nernekli, 2017).

## Conclusion

In conclusion, the present study showed a strong correlation between body image and emotional eating. According to this result, two significant recommendations emerge: firstly, the integration of mental health services into primary healthcare services is advised, and secondly, conducting similar studies across diverse time periods would contribute to a more comprehensive understanding of these relationships. Given the observed association between increasing body mass index and challenges with body image, it is suggested that prevention and control programs targeting obesity from childhood may play a crucial role in averting both body image issues and emotional problems in individuals. This proactive approach aligns with the notion that addressing obesity early on can positively impact mental well-being and body perception.

## Journalism Ethics

The researchers diligently adhered to journalism ethics considerations throughout the study, ensuring a high standard of ethical conduct. Key ethical issues, including but not limited to plagiarism, informed consent, abuse, duplicate publication and/or submission, and redundancy, were thoroughly addressed and observed.

## Declarations

Ethics Approval and Consent to Participate

Ethics approval for this study was obtained from Istanbul Gelişim University's Ethics Committee on August 18, 2022 (Decision No: 2022/13). Prior to their participation, participants were provided with and approved informed consent forms.

#### Consent for Publication

Not applicable

#### Availability of Data and Materials

Not applicable.

#### Competing Interests

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The author declares that no competing interests in this manuscript.

#### Funding

Not applicable.

#### Authors' Contributions

NE and SK made equal contributions to outreach, data collection, literature review, statistical analysis, and article writing

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RESEARCH ARTICLE / ARAŞTIRMA YAZISI

# Analyzing The Effect of “Edvar Music Therapy” to Stress, Mental Health, and Positive/Negative Affect

## “Edvar Müzik Terapi” Yöntemi’nin Stres, Mental İyi Oluş, Olumlu/Olumsuz Duygudurumuna Etkisinin İncelenmesi

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### Abstract:

The purpose of this research is investigating the effect of music therapy treatment on participants stress, mental well being, positive/negative mood level. There were totally 55 participants whose are 27 person control group and 28 person experiment group. In this research, the Perceived Stress Scale, Warwick-Edinburg Mental Well Being Scale, and Positive and Negative Affect Schedule were used to measure the dependent variables. To examine the exact difference between pre-test and post-test a control group were constituted in the study. Therefore because of the existence of both control and experiment groups the design of the study is named experimental design. SPSS 22 program is used to analyze the data and multivariate analysis of variance (MANOVA) was applied to examine the statistical differences between two groups and statistically important difference is observed in participants stress level and negative mood. In addition there is a statistically important increase were observed considering positive mood and mental well being. By this finding, the effect of music therapy was supported by statistically important difference and group differences about variable levels which is used to flourish participants psychological level.

**Keywords:** Music therapy, stress, positive emotions, negative emotions, mental well being

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## Öz:

Bu araştırmanın genel amacı literatürdeki bilgilerden yola çıkarak müzik terapi uygulamasının kişilerin stres, mental iyi oluş, olumlu ve olumsuz duygudurumlarına olan etkisini gözlemlemektir. Araştırmada 27 kontrol ve 28 deney olmak üzere toplamda 55 katılımcıya Edvar Müzik Terapi yöntemi uygulanmıştır. Algılanan Stres Ölçeği, Warwick-Edinburg mental İyi Oluş Ölçeği ve PANAS Olumlu/Olumsuz Duygudurum Ölçeği uygulama öncesi ve uygulama sonrası ön-test ve son-test şeklinde alınarak gerçek deneysel desen kullanılmıştır. Verilerin analiz aşamasında SPSS 22 paket programı kullanılarak çok değişkenli varyans analizi (MANOVA) gerçekleştirilmiştir. Analiz sonuçlarına göre deney grubundaki katılımcıların stres ve olumsuz duygu durum düzeyinde azalma; mental iyi oluş ve olumlu duygu durum düzeyinde ise artış görülmüştür. Katılımcıların stres ve olumsuz duygu durum düzeyindeki azalma ve mental iyi oluş, olumlu duygudurumlarındaki artışın istatistiksel olarak anlamlı olduğu bulgusu elde edilmiştir.

**Anahtar Kelimeler:** Müzik terapi, müzik ile tedavi, stres, olumlu duygular, olumsuz duygular, mental iyi oluş.

## Giriş

Stres; mental iyilik, olumlu ve olumsuz duygudurum kişilerin günlük hayatına yön veren, günlük hayattaki işlevselliğini önemli ölçüde etkileyen ve kişinin çevreyle olan iletişim dahil olmak üzere fiziksel, ruhsal, sosyal pek çok gelişimini etkileyen durumlardır. Stres genel anlamı itibarıyla huzursuz sayılabilecek ve özellikle kişinin bedensel ve fizyolojik iyiliğine etki eden herhangi bir duygusal deneyim olarak tanımlanmaktadır (Nargund, 2015). Okul hayatı, iş hayatı, aile içi durumlar, ekonomik nedenler, çevreden kaynaklı problemler gibi pek çok kaynağı olabilen stres, aynı zamanda depresyon, kaygı, madde ve alkol bağımlılığı gibi pek çok psikolojik rahatsızlıklara da neden olmaktadır (Stowell, Levis ve Brooks, 2019). Bunun yanı sıra algılanan stres ise kişinin yaşadığı deneyimleri ne kadar stresli olarak yorumladığı, kişilik özelliklerinin ve bakış açısının temel rol oynadığı durum olarak belirtilmektedir (Aslan, Ochnik ve Çınar, 2020).

Mental iyi olma hali, son yıllara kadar zihinsel bir problemin görülmemesi olarak yorumlansa da güncel çalışmalar bu tanımın eksik olduğunu; herhangi bir sorun görülmemesine ek olarak mental iyiliğin kişinin psikolojik ve sosyal hayat kalitesinin ve iyilik halinin işlevsel olduğu anlamına geldiğini belirtmişlerdir (Rose vd., 2017). Mental iyi olma hali öznel iyi olma hali başlığı altında değerlendirilerek algılanan strese benzer bir şekilde kişisel bakış açısına ve kişinin kendisine göre değişiklik gösterecek bir durumdur (Keyes vd., 2010). Dünya Sağlık Örgütü (2004), mental iyi olma halini kişinin potansiyelini geliştirme, verimli çalışabilme, yaratıcı olma, güçlü ve olumlu sosyal ilişkiler geliştirebilme yeteneklerini gerçekleştirmesi olarak belirtmiştir. Mental bozuklukları psikolojik bozukluklar, bozulmuş işlevsellik ve stresli durumlar şeklinde tanımlandığı göz önünde bulundurulduğunda mental iyi olma hali bu tanımın tam zıttında yer almaktadır (Cates vd., 2018).

Duygudurumlar, bazen endojen yani içsel durumlardan kaynaklanan bazen de dışsal nedenlere bağlı olan temel psikolojik durumlardır (McConville vd., 2005). Çoğu zaman deneyimlerimize bağlı olarak değişen duygudurumlar, dünyayı nasıl yorumladığımızdan davranışlarımıza kadar algılarımıza yön verecek etkililerdir. Olumlu ve olumsuz olarak ikiye ayrılan duygudurum bozukluklarında olumlu duygudurumun kişinin hayatın zorluklarına karşı baş etmesine yardımcı olacak; hareket ve özgürlüklerini, kişisel kaynaklarını

genişlettiği bilinirken olumsuz duygudurumun kişiyi strese, fiziksel rahatsızlıklara, iletişim bozuklukları gibi işlevselliği düşürecek durumlara yol açtığı bildirilmektedir (Han ve Wang, 2022).

## Müzik Terapi

İnsanların kelimelere dökemediği hisleri sesler, melodiler ve çalgılar aracılığı ile anlatması anlamına gelen müzik, keşfedildiği dönemden itibaren pek çok amaç için kullanılmıştır (Sezer, 2010). Müziğin kullanıldığı pek çok amaç içerisinde duygulara yönelik olanların fazlasıyla yer aldığı bilinmektedir. Ortony ve çalışma arkadaşlarının öğrencilerin müzik dinlediği ve müzik ürettiği zamanlarda belirten duygularını ifade etmelerini istedikleri araştırmasında müziğin duygu oluşumunda fazlasıyla etkili olduğu; özellikle de neşelenme, mutluluk gibi bazı pozitif duyguların müzik etkisiyle daha kolay uyarıldığı görülmüştür (Ortony ve Clore, 1988).

Müziğin kişilerin duygularına olan güçlü pozitif ya da negatif etkileri; müziğin kullanıldığı duyguları ifade etme, estetik oluşumlar, eğlence, iletişim kurma, sembolik ifadeler, kültürel normlara uyum, dini ritüeller, toplumsal birliğin sağlanması gibi amaçlar içerisinde duyguya yönelik olanların da fazla olmasına yol açmıştır (Hallam, Cross, Thaut, 2011). Müziğin duygusal etkilerine ek olarak; kişilik bozuklukları, travmalar, psikolojik sağlığı arttırmak, zihinsel bozukluğu olanların yaşam kalitesini arttırmak, kanser hastalarına psikolojik destek vermek, kişilerin ağrılarını azaltmak gibi alanlarda da kullanılmaktadır (Uçaner ve Jelen, 2015).

Müziğin psikolojik sağlığa olan olumlu etkisinin keşfiyle beraber ise özellikle psikoloji biliminde kişilerin duygusal problemlerine, psikolojik ve zihinsel iyi olma haline olumlu yönde katkıda bulunması amacıyla terapilerde kullanılması başlamıştır. Müzik psikolojisinin terapilerdeki terapötik ilişkiye dahil edilmesi, danışanların durumuna özel müzik tedavisi geliştirilmesiyle beraber ise 'müzik terapisi' kavramı oluşmaya başlamıştır (Vink, 2001).

Genel anlamıyla müziğin herhangi bir yol ile terapilerde kullanılmasına denilen 'müzik terapi', ilk olarak 1937 yılında New York'ta çalışılmaya başlanıp tanımlanması bu yıllarda olsada, aslında müziğin keşfiyle beraber kişilerin müzik ile tedavisinin sağlandığı da bilinenler arasındadır (Sezer, 2010; Öztürk, 2017). Müzik terapinin ayrıntılı tanımı ise Dünya Müzik Terapi Federasyonu tarafından "Müziğin ya da ses, ritim, melodi, uyum gibi müzik elementlerinin nitelikli bir müzik terapisti

tarafından bir katılımcıya ya da gruba fiziksel, duygusal, zihinsel, sosyal, bilişsel ihtiyaçların karşılanması amacıyla kullanılması” şeklinde yapılmaktadır (Horden, 2016).

Müzik terapinin genel amacı, kişideki potansiyeli arttırmakla beraber kişilerarası ilişkilerini ve iyi olma halini de geliştirmek, daha iyi bir hayat potansiyeli sunmak, psikolojik problemleri de önlemek adına imkanları yenilemek, restore etmek olarak belirtilebilir. Bu durumun müziğin üretme, kabul etme ve zihnimizde yeniden yapılandırılma süreci gibi farklı boyutlar içermesiyle gerçekleştiği belirtilmektedir (Pavlicevic, 2005; Horden, 2016).

Müziğin psikolojiye olan etkileri kadar, geçmişten günümüze kadar fiziksel hastalıkları tedavi etmek için kullanıldığı da bilinmektedir. Otizm, gelişimsel bozukluklar, ağrı tedavileri, hatta kanser hastalarının tedavilerinde dahi müzik iyileştirici etkisi nedeniyle kullanılmaktadır (Öztürk, 2017; Gökalp, 2015). Çoğu ülkelerde bu uygulamaların görülmesiyle beraber Türkiye’de de müziğin fiziksel durumlar için kullanılmasına dair çalışmalar son yıllarda yaygınlık göstermeye başlamıştır. Örneğin; Yıldırım ve çalışma arkadaşlarının kanser hastalarına uyguladıkları ve kontrol grubu da buldukları araştırmasında deney grubundaki hastaların kaygılarında anlamlı düzeyde azalma görmüşlerdir (Yıldırım ve Gürkan, 2007).

Zihinsel engelli kişilerle sosyal becerilerini geliştirmeye yönelik yapılan müzik tedavi çalışmasında, öğrencilerin davranışlarında olumlu gelişmeler olduğu ve çevreleriyle kurdukları iletişim becerilerinde ilerleme olduğunu gözlemlemişlerdir (Karaca, Sarı ve Ağca, 2017). Yine zihinsel engelli öğrencilerde haftada bir uyguladıkları müzik çalışmasıyla öğrencilerdeki sosyal gelişim düzeyinin artırılmasının hedeflendiği bir çalışmada Sakaryakaya ve arkadaşları deney grubundaki öğrencilerin olumsuz sosyal davranışlarında istatistiksel olarak anlamlı bir düşüş gözlemlemişlerdir (Sakaryakaya, Eğilmez ve Engür, 2018). Otizmliler çocuklar ile yaptığı müzik tedavisi uygulamasıyla beraber çocukların davranışlarını gözlemleyen Berrakçay, çocuklardaki davranışların olumlu yönde değiştiği sonucunu belirtmiştir (Berrakçay, 2008). Dolayısıyla müzik terapi ve diğer müzik uygulamalarının zihinsel engelli, otizmliler gibi özel çocukların tedavisi ve gelişmesinde de etkin olarak kullanıldığı söylenebilir.

Müzik tedavisinin dinleme, üretme, herhangi bir enstrümanla doğaçlama yapma ve önceden bestelenmiş bir eseri tekrar yorumlama olmak üzere dört çeşit yöntemi bulunmaktadır (Öztürk, 2020). Reseptif müzik terapi ise kişinin ‘alıcı’ olduğu ve üretmekten ziyade dinleyici konumunda olduğu; zevkine ve hislerini şekillendirmesine yönelik müzik çeşidi dinlemesinden oluşmaktadır (Grocke ve Wigram, 2007). Reseptif müzik terapide, danışan seçilen müziği dinledikten sonra sessizce ya da sözel, davranışsal ifade ile geribildirimini verir. Müziğin klasik, caz, geleneksel, rock, dini gibi çeşitlerinden herhangi birisinin kullanılabileceği reseptif müzik terapide müzik seçimi danışanın ihtiyacına göre terapist ya da danışanın kendisi tarafından da seçilebilir. Bununla beraber müzik tedavi sürecinde danışan müziğin estetik, fiziksel duygusal, zihinsel, spiritüel boyutlarına odaklanmaya çalışır (Bruscia, 2014).

Müziğin özellikle de önceden belirlenmiş hazır kayıtlar üzerinden pasif şekilde dinlendiği durumlarda süreç

doktor, fizik terapisti, hemşire gibi medikal personel tarafından uygulandığında ‘müzik tıbbi’; klinisyen ya da terapist gibi kişinin psikolojik gelişimi ve tedavisi için çalışılan alanlarda uygulandığında ise ‘müzik terapisi’ olarak isimlendirilmektedir (Dileo ve Brath, 2005). Müzik terapisinin gerçekleşmesi için terapi şartlarının sağlanması, danışan ve terapistin terapötik ilişki içerisinde bir amaç doğrultusunda bir araya gelmesi söz konusudur. Sağladığı şartlar ve tüm özellikleriyle ‘müzik terapi’ sınıflandırılmasına giren reseptif müzik terapinin ise klinik anlamda genel olarak amaçları: alma/kavrama gücünü oluşturmak, belirli bedensel semptomları hissettirmek, kişiyi rahatlatmak, afektif tecrübeler yer açmak, yeni düşünceler keşfetmek, hayal gücünü geliştirmek, hafızayı güçlendirmek şeklinde sıralanabilir (Grocke, 2015).

Reseptif müzik terapi uygulamaları genel olarak yetişkin danışanlara uygulanmaktadır ve danışanların zihinsel, psikolojik, fiziksel, nörolojik rahatsızlıklarının olması beklenmektedir (Grocke ve Wigram, 2007). Bu araştırmada uygulanan reseptif müzik terapi çeşitlerinden bir tanesi olan Edvar Müzik Terapi’de terapi ortamı ve aracı olarak yalnızca müzik kullanılmaktadır ve diğer terapi araçları kullanılmadığı için müzik merkezli olduğu belirtilmektedir (Öztürk, 2020). Öte yandan kullanılan müziğin kişilere olan etkisinin özellikle fiziksel anlamda rahatlatıcı, sakinleştirici, dengeleyici olması beklenmektedir. Örneğin müzik terapisinin uyku problemlerinde etkin olduğu; kalp atış hızını, nabızı dengelediği de edinilen bulgular arasındadır (Orlowski ve Öztürk, 2018; Öztürk, 2020).

Bu bağlamda bu araştırmada, uygulanan müzik terapi uygulamasının fizyolojik etkileri kendini çeşitli yollarla gösteren ve fazlasıyla belirgin olan stres ile beraber; mental iyi oluşa ve duyuğu durumu olan etkisinin incelenmesi amaçlanmıştır. Edvar müzik terapi yönteminin öncesinde uyku problemlerinde etkili olduğu araştırmaların bulunduğu göz önünde bulundurulduğunda ek olarak mental iyi oluş; stres ve olumlu/olumsuz duyguduruma olan etkilerini ölçmek bu araştırmanın önemini ortaya koymaktadır. Bununla beraber müzik terapisi, müzik ile tedavi ve müziğin kişilerin psikolojisine olan etkisi alanyazında yapılan araştırmalarca desteklenmiştir (Lu vd., 2021; Moore, 2013; Raglio vd., 2015; Bu araştırmada ise belirtilen değişkenlerin olumlu ölçüde değişimi hedeflenerek alanyazına katkıda bulunmak ve müzik tedavisinin strese, mental iyi oluşa ve duygulara olan etkisini destekleyecek nitelikte bulgu ortaya koymaktır.

Bu amaç doğrultusunda araştırmanın denenceleri aşağıdaki gibidir:

Katılımcıların Algılanan Stres Ölçeği’nden aldıkları ön test puanları, son test puanlarına kıyasla istatistiksel olarak anlamlı olarak daha fazladır.

Katılımcıların Mental İyi Oluş Ölçeği’nden aldıkları ön test puanları son test puanlarına kıyasla istatistiksel olarak anlamlı olarak daha azdır.

Katılımcıların Olumlu Duygudurum Ölçeği’nden aldıkları olumlu duygularının ön test puanları son test puanlarına kıyasla istatistiksel olarak anlamlı olarak daha azdır.

Katılımcıların Olumlu Duygudurum Ölçeği’nden aldıkları olumsuz duyguların ön test puanları son test puanlarına kıyasla istatistiksel olarak anlamlı olarak daha fazladır.

## Yöntem

### Araştırmanın Deseni

Bu araştırmanın deseninde gerçek deneysel desen kategorisi dahilinde olan ön test-son kontrol gruplu model çeşidi kullanılmıştır (Büyüköztürk vd, 2013). Araştırmada deney grubuna müzik terapi uygulamasından önce ön-test, ve müzik terapi uygulamasından sonra son-test uygulanmıştır. Kontrol grubuna ise herhangi bir müdahalede bulunulmamıştır. Kontrol grubuna müdahalede bulunulmamasının esas nedeni uygulanan yöntemin deney grubundaki etkisini sağlıklı ve nitelikli bir şekilde ölçmektir. Bu nedenle deneysel desenli çalışmaların en önemli parçalarından birisinin kontrol grubu olduğu söylenilebilmektedir (Aktuğ, 2016). Araştırmanın bağımlı değişkeni; algılanan stres, mental iyi oluş hali, olumlu duygudurum, olumsuz duygudurum iken bağımsız değişken ise katılımcılara uygulanan müzik terapisi. Son aşamada ise on gün yapılan müzik terapi uygulamasının ardından katılımcıların ön test ve son testlerinin karşılaştırması yapılmıştır.

### Çalışma Grubu

Araştırmanın katılımcılarını internet ve sosyal medya desteği ile yapılan 'Edvar Müzik Terapi Uygulaması' duyurusu ardından kayıt yaptıran ve müzik terapi uygulamasını gerçekleştiren yetişkinler oluşturmaktadır. İlk etapta kayıt yaptıran 30 kişiden uygulamayı gerçekleştirmeye 2 tanesi çıkarıldığından 28 kişi deney grubunu oluşturmuştur. Kontrol grubu ise kartopu örnekleme yöntemiyle tamamlanıp 27 kişiden oluşmaktadır. Sonuç olarak araştırmada 28 deney grubu, 27 kontrol grubu olmak üzere 55 katılımcı bulunmaktadır. Katılımcılar 11'i erkek (% 20) ve 44'ü (% 80) kadın olmak üzere toplam 55 kişiden oluşmaktadır. Bununla beraber katılımcıların %9.1'i ilkököl olmak üzere; %12.7'si lise, %61.8'i üniversite ve %16.4'ü lisansüstü eğitim seviyesine sahip olduğunu belirtmiştir. Ek olarak katılımcıların %3.6'sı düşük, %80'i orta ve %16.4'ü yüksek gelir seviyesine sahip olduklarını belirtmişlerdir.

### Araştırma Süreci ve Etik

Araştırmada ilk olarak İstanbul Sabahattin Zaim Üniversitesi Lisansüstü Eğitim Enstitüsü Etik Kurulu tarafından 30.12.2020 tarihinde E-20292139-050.01.04-454 sayı numarası ile etik onayı alınmıştır. Katılımcılara müzik tedavisi-terapisi ile ilgili bir saatlik psiko-eğitim verilmiştir. Eğitimin öncesinde ise Kişisel Bilgi Formu, Algılanan Stres Ölçeği, Mental İyi Oluş Ölçeği, PANAS Olumlu/Olumsuz Duygudurum Ölçeği uygulanmıştır. Sonrasında katılımcılara tek oturumda bir saat süren bir psiko-eğitim verilmiştir. Psiko-eğitimin son aşamasında canlı olarak müzik terapi uygulaması gerçekleştirilmiştir. Katılımcılara on gün boyunca uygulayacakları müzik terapinin detayları anlatılarak çevrimiçi şekilde takip yapılacağına bilgisi verilmiştir. Uygulamanın sonlanacağı güne kadar katılımcılarla çevrimiçi şekilde üç kere görüşme yapılmıştır. Müzik terapi uygulamaları hakkında geri bildirim alınıp uygulamalar ve bazı bilgiler hakkında gerekli hatırlatmalar yapılmıştır. Onuncu günün sonunda ise katılımcılardan son-testleri tekrar doldurmaları istenmiş, eğitim ve müzik terapi uygulaması hakkında görüşleri alınmıştır.

### Veri Toplama Araçları

Araştırmada kullanılan veri toplama araçlarında öncelikle katılımcılara müzik terapi uygulaması hakkında bilgi verilen ve rızalarının yazılı olarak alındığı Katılımcı Bilgilendirme ve Onam Formu ve katılımcıların gelir,

medeni durum, eğitim seviyesi, cinsiyet gibi bazı özelliklerinin belirlenmesi amacıyla Kişisel Bilgi Formu kullanılmıştır. 'Edvar Müzik Terapi Uygulaması'nın etkinliğinin test edilmesinde kullanılan ölçekler ise sırasıyla şu şekildedir:

### Algılanan Stres Ölçeği

Eskin ve arkadaşlarının geçerlilik ve güvenilirlik çalışmasını yaptığı 14 sorudan oluşan ve kişilerin stres düzeyinin ölçen; Algılanan Stres Ölçeği (2013), 14 ve 10 maddelik formlarıyla Türkçe'ye çevrilerek 14 maddelik formunda iç tutarlığı 0.84; test-tekrar-test güvenilirlik katsayıları da 0.87 olarak yeterli düzeyde bulunmuştur. Faktör yapısı yetersiz özyeterlik ve stres algısı olarak iki faktör olarak belirtilerek diğer dillerdeki formlarıyla da uyumlu olduğu görülmektedir.

### Mental İyi Oluş Ölçeği

Keldal'ın Türkçe'ye uyarladığı 14 sorudan oluşan ve kişilerin psikolojik, fiziksel iyi olma halini ölçen Warwick-Edinburg Mental İyi Oluş Ölçeği'nin (2015) ilk etapta dil geçerliliği analizleri yapılarak Türkçe'ye çevirisi yapılmıştır. Sonrasında yapılan açımlayıcı faktör analizi aşamasında KMO katsayısı .60'dan yüksek, Bartlett küresellik testi de istatistiksel olarak anlamlı bulunmuştur. Doğrulayıcı faktör analizi aşamasında ise tek boyutlu olduğu görülen ölçeğin uyum iyiliği değerleri sırasıyla NFI .94, CFI .96, RFI .93 ve RMR .054 bulunarak iyi uyum ölçüsünde oldukları belirtilmiştir. Güvenirlik değerine bakıldığında ise Cronbach Alpha katsayısının .92 olması ölçeğin yeterli düzeyde güvenilir olduğu bilgisini vermektedir.

### PANAS Pozitif ve Negatif Duygu Ölçeği

Gençöz tarafından Türkçe'ye kazandırılan 10 soru pozitif duyguları; 10 soru da negatif duyguları ölçmek üzere toplam 20 sorudan oluşan ve kişilerin olumlu/olumsuz duygularının düzeyini ölçen PANAS Pozitif ve Negatif Duygu Ölçeği (2000), iki faktörden oluşmaktadır. Güvenirlik değeri incelendiğinde Cronbach Alpha katsayısı iki faktör için sırasıyla .83 ve .86 olarak bulunmuştur. Ölçeğin iç tutarlılığının da negatif ve pozitif faktörler için sırasıyla .86 ve .83 olduğu ve iç geçerlilik, dış geçerlilik değerlerinin de yeterli düzeyde olduğu belirtilmiştir.

### Edvar Müzik Terapi'nin Uygulanması

Reseptif müzik terapi çeşitlerinden bir tanesi olan Edvar Müzik Terapi, temelinde geleneksel Türk müziği olan; Türk müziğinde makamların kullanılmasına ek olarak da seyir, usul, ritim gibi diğer unsurların da kullanımına önem veren bir yaklaşıma sahiptir (Öztürk, 2020). Müzik kullanımı ile terapiyi gerçekleştirmenin de ötesinde; kalp atışı, nabız, uyku, solunum hızı gibi fizyolojik süreçlere de etki etme hedeflenmektedir.

Edvar Müzik Terapi uygulamasına geçilmeden önce katılımcılara müzik terapisi hakkında bir saatlik bir psiko-eğitim verilmiştir. Bu psiko-eğitimde öncelikle müzik tedavisinin tarihçesi ve Türkiye'de müzik tedavi uygulamalarının genel olarak tarihinden başlanılarak; geleneksel Türk müzik tedavi uygulamaları, makamlar, şifaneler, makamların kişiler üzerine fiziksel ve psikolojik etkileri, müzik terapi çeşitleri, reseptif müzik terapi, Edvar müzik terapi gibi başlıklar hakkında genel bilgi verilmiştir.

Verilen psiko-eğitimin sonrasında katılımcılara Edvar Müzik Terapi uygulamasının albümleri olan Şifa-i Nevm ve Şifa-i Safa albümleri hakkında açıklama yapılarak

günlük dinleyecekleri vakitler ve süreleri paylaşılmıştır. Katılımcılar on gün boyunca her sabah güne başlamadan Suzidil, Şehnaz, Sultaniyegah, Hicazkar, Ferahfeza, Kürdilihicazkar gibi makamları ve hareketli temposu olan Şifa-i Safa albümünü 10-20 dakika kadar; her akşam uykudan önce Hicaz ve Buselik makamlarından oluşan ve sakinleştirici temposu olup aynı zamanda uykuyu da kolaylaştıran Şifa-i Nevm albümünü 10-20 dakika aralığında dinlemişlerdir (Öztürk, 2017). Katılımcılara müzikleri mümkün olduğu kadar sakin, sessiz, uyaranların az olduğu ortamlarda dinlenilmesi gerektiği bilgisi verilmiştir. Aynı zamanda katılımcılardan stresli ve huzursuz hissettikleri anlarda yine Şifa-i Nevm albümünü dinlemeleri istenilmiştir.

### Verilerin Analizi

Verilerin analizinde ilk etapta parametrik ya da parametrik olmayan testlerin uygulanmasına karar vermek amacıyla verilerin normal dağılımı ölçülmüştür. Sonuç olarak verilerin normal dağıldığı görüldüğünden analizde çok değişkenli varyans analizi uygulanmıştır. Verilerin analizinde SPSS 22.0 istatistik programı kullanılmıştır ve anlamlılık düzeyi  $p < .05$  olarak kabul edilmiştir. İlk aşamada deney ve kontrol grubunun ön-test puan

karşılaştırmaları için bağımsız gruplar t-testi analizi yapılmıştır. Sonraki aşamada ise edvar müzik terapi uygulamasının etkinliğinin test edilmesi amacıyla deney ve kontrol grubunun ön-test ve son-test karşılaştırmalarının yapıldığı çok değişkenli varyans analizi (MANOVA) uygulanmıştır. Sonuçlar bulgular kısmında not edilmiştir.

### Bulgular

Bu kısımda deney ve kontrol gruplarının ön test ve son testlerden aldıkları ortalamaların farkları ele alınarak anlamlılıkları analiz edilmiştir. Aşağıdaki tablolarda her dört ölçüm aracının ön test ve son farklarına dair analiz bilgilerine yer verilmiştir. İlk olarak grupların ön test karşılaştırması yapılarak Edvar Müzik Terapi uygulamasının öncesinde de grupların ön testlerden aldıkları puanların karşılaştırmaları yapılarak anlamlı bir farkın olup olmadığı incelenmiştir. Tablo 1’de deney ve kontrol grubunun stres, mental iyi oluş, olumlu/olumsuz duygu durum ölçeklerinden aldıkları ön testlerin puanları ve istatistiksel olarak anlamlılığı görülmektedir.

**Tablo 1.**

		N	Ort	Ss	t	Sig.	Sig. (2 tailed)
Algılanan Stres	Deney Grubu	28	41.46	9.06	-0.75		
	Kontrol Grubu	27	41.62	7.01	-0.76	.030	.94
Mental İyi Oluş	Deney Grubu	28	49.92	9.58	-1.81		
	Kontrol Grubu	27	53.96	6.60	-1.82	.14	.076
Olumlu Duygudurum	Deney Grubu	28	31.00	8.02	-1.53		
	Kontrol Grubu	27	34.22	7.50	-1.53	.92	.13
Olumsuz Duygudurum	Deney Grubu	28	22.17	7.86	0.31		
	Kontrol Grubu	27	21.59	5.96	0.31	.033	.75

Tablo 1’de algılanan stres, mental iyi oluş, olumlu ve olumsuz duygudurum ölçeklerinden müzik terapi uygulaması öncesinde alınan puanların her iki grupta da birbirine yakın olduğu görülmekle beraberen büyük fark mental iyi oluş ölçeğinde (deney grubu:49.92; kontrol grubu: 53.96) en düşük fark ise algılanan stres ölçeğinde

görülmüştür (deney grubu:41.46; kontrol grubu:41.62). Bununla beraber istatistiksel olarak anlamlılık değerlerine bakıldığında ise algılanan stres, mental iyi oluş; olumlu duygudurum ve olumsuz duygudurum ölçekleri için sırasıyla p değerlerinin .94; .076, .13, .75 olduğu ve dolayısıyla gruplar arası farklılığın istatistiksel olarak anlamlı olmadığı görülmektedir.



**Tablo 2.** Edvar Müzik Terapinin Algılanan Stres Üzerine Etkisi

	Ön Test			Son Test			t	p
	Ort	Ss	N	Ort	Ss	N		
Deney Grubu	41.46	9.06	28	34.17	7.05	28	-0.75	0.00**
Kontrol Grubu	41.62	7.01	27	42.11	6.97	28	-4.19	0.00**

\*p&lt;0.01; \*\*p&lt;.001

İlk olarak edvar müzik terapi uygulaması öncesinde deney grubunun stres ortalamasının (deney grubu:41.46; kontrol grubu:41.62) kontrol grubuyla aynı olduğu görülmektedir. Uygulama sonrasındaki ortalama farklarına bakıldığında ise kontrol grubunda 1 puanlık bir artıma, deney grubunda ise ciddi bir azalma

gözlenmektedir. Analiz sonuçlarına göre bu azalmanın ve aralarındaki ortalama farkının anlamlı olduğu bulgusu elde edildiğinden “Katılımcıların Algılanan Stres Ölçeği”nden aldıkları ön test puanları, son test puanlarına kıyasla daha azdır ve sonuçlar istatistiksel olarak anlamlıdır” hipotezi desteklenmiştir.

**Tablo 3.** Edvar Müzik Terapinin Kişilerin Mental İyi Oluşuna Etkisi

	Ön Test			Son Test			t	p
	Ort	Ss	N	Ort	Ss	N		
Deney Grubu	49.92	9.58	28	55.82	8.45	28	-1.81	0.00**
Kontrol Grubu	53.96	6.60	27	52.88	7.21	27	1.38	0.00**

Deney ve kontrol grupları arasındaki mental iyi oluş ortalamalarının farkına bakıldığında ilk olarak ön-test sonuçlarının yine birbirine yakın olduğu; kontrol grubunun mental iyi oluş düzeyinin deney grubuna göre daha fazla olduğu görülmektedir. Öte yandan edvar müzik terapi uygulaması sonrası elde edilen son-test ortalamaları deney grubunun mental iyi oluşunda 6 puanlık bir artış; kontrol

grubunun mental iyi oluşunda ise yaklaşık bir puanlık bir düşüş olduğunu göstermektedir. Beklenen farkın istatistiksel açıdan anlamlı olması da “Katılımcıların Mental İyi Oluş Ölçeği”nden aldıkları ön test puanları son test puanlarına kıyasla daha fazladır ve sonuçlar istatistiksel olarak anlamlıdır” hipotezinin desteklendiğini göstermektedir.

**Tablo 4.** Edvar Müzik Terapinin Kişilerin Olumlu Duygudurumuna Etkisi

	Ön Test			Son Test			t	p
	Ort	Ss	N	Ort	Ss	N		
Deney Grubu	31.00	8.02	28	33.75	6.90	28	-1.53	0.006**
Kontrol Grubu	34.22	7.50	27	32.44	7.77	27	0.65	0.006**

Tablo 3’e bakıldığı zaman deney grubunun olumlu duygudurum ortalamasının kontrol grubuna göre üç puan daha düşük olduğu; uygulama sonrası elde edilen son test sonuçlarına göre ise deney grubunun olumlu duygu durumu düzeyinde yaklaşık üç puanlık bir artış, kontrol grubunun olumlu duygu durumu ortalamasında ise iki puanlık bir

düşüş görülmektedir. Analiz sonuçlarına göre bu farkın istatistiksel olarak anlamlı bulunması “Katılımcıların Olumlu Duygudurum Ölçeği”nden aldıkları olumlu duygularının ön test puanları son test puanlarına kıyasla daha azdır ve sonuçlar istatistiksel olarak anlamlıdır” hipotezinin desteklendiğini göstermektedir.

**Tablo 5.** Edvar Müzik Terapinin Kişilerin Olumsuz Duygudurumuna Etkisi

	Ön Test			Son Test			t	p
	Ort	Ss	N	Ort	Ss	N		
Deney Grubu	22.17	7.86	28	16.82	6.60	28	0.31	0.00**
Kontrol Grubu	21.59	5.96	27	20.44	5.42	27	-2.21	0.00**

\*p&lt;0.01; \*\*p&lt;.001

Deney ve kontrol gruplarının olumsuz duygudurum ön test ve son test ortalamalarının farklarına bakıldığında ilk olarak ön-test sonuçlarının her iki grupta da birbirine yakın olduğu görülmektedir. Edvar müzik terapi uygulamasından sonra elde edilen son-test sonuçlarına göre ise deney grubunun olumsuz duygudurum ortalamasında yaklaşık altı puanlık bir düşüş; kontrol grubunun olumsuz duygudurum ortalamasında ise yaklaşık iki puanlık bir düşüş görülmektedir. Analiz sonuçlarına göre bu farkın anlamlı olması ise “Katılımcıların Olumlu Duygudurum Ölçeği”nden aldıkları olumsuz duyguların ön test puanları son test puanlarına kıyasla daha fazladır ve sonuçlar istatistiksel olarak anlamlıdır” hipotezinin desteklendiğini göstermektedir.

Sonuç olarak, deney ve kontrol grubu arasında algılanan stres düzeyindeki ön-test ve son-test farkı beklenildiği gibi deney grubunda stresin azalması; mental iyi oluş ortalaması farkı yine beklenildiği gibi deney grubunda artmış, olumlu duygu durum ortalaması artmış ve olumsuz duygudurum ortalaması ise azalmış olarak bulunmuştur. İstatistiksel analiz sonucunda gruplar arasındaki farkın anlamlı bulunması ve belirlenen hipotezlerin doğrulanması edvar müzik terapi uygulamasının katılımcılar üzerinde istenilen etkiyi oluşturduğunu göstermektedir.

### Tartışma ve Sonuç

Edvar Müzik Terapi uygulamasının kişilerin stres, mental iyi oluş, olumlu/olumsuz duygudurumlarına olan etkisinin incelendiği bu çalışmada sonuç olarak katılımcıların stres ve olumsuz duygudurum düzeylerindeki azalmanın istatistiksel olarak anlamlı olduğu bulunmuştur. Bu bulgu, literatürde müzik terapi uygulamalarının psikolojik iyi olma haline olan etkisine dair yapılan araştırmalarca da desteklenmektedir. Örneğin Kaya tarafından dini içerikli müzik terapinin öğrencilerin stres, kaygı ve olumlu/olumsuz duygudurumuna etkisini incelediği araştırmasında sonuç olarak stres ve negatif duygudurumdaki azalmayı anlamlı bulmuştur (Kaya, 2018). Bu sonuç çalışmamızdaki bulgularla da örtüşmektedir.

Sezer tarafından yine öğrenciler üzerine yapılan deneysel desen ile oluşturulmuş çalışmada Klasik Batı Müziği, Klasik Türk Müziği ve ney dinletisini kullandığı müzik terapi uygulamasının öğrencilerin öfke düzeyinde olumlu yönde etki ettiğine dair bulgu elde edilmiştir (Sezer, 2010). Çam ve Altınköprü'nün deneysel gruba canlı müzik performansı uygulattıkları ve beş gün süresince her gün farklı Türk müziği makamı dinleterek duygudurumlarını takip ettikleri müzik terapi araştırmasında sonuç olarak deney grubundaki katılımcıların depresyon ve kaygı puanlarının uygulama sonrası düştüğünü ve bu düşüşün anlamlı olduğunu bulmuşlardır (Çam ve Altınköprülü, 2013). Ayrıca yine aynı çalışmada katılımcıların stresle başa çıkma düzeylerinin anlamlı ölçüde yükseldiği ve olumlu duygudurumlarında da yine anlamlı ölçüde artış olduğu gözlenmiştir.

ERCP işlemi uygulanacak hastaları deney ve kontrol grubu olarak ayırıp deney grubuna müzik terapinin uygulandığı bir çalışmada deney grubundaki hastaların kaygı düzeyinde anlamlı ölçüde bir azalma görülmüştür (Çoban, 2014). Ayrıca sınava girecek öğrencilere uygulanan müzik terapi uygulamasında, müzik dinletisi gerçekleştirilen öğrencilerin kaygı düzeylerinde yine azalma görüldüğü sonucu bulunmuştur (Akbulut ve Taşçı, 2019). Bu bilgiler doğrultusunda yapılan araştırmaların

müzik terapinin kaygı düzeyine de olumlu yönde katkısını desteklediği yönde sonuç verdiği belirtilebilmektedir.

Aydın ve arkadaşları yüksek riskli gebelerde stresi azaltmaya yönelik müzik terapiyi ele aldıkları çalışmalarında uygulanan müziğin özellikle vücuttaki endorfin seviyesini arttırıp kasların gevşemesini sağlayarak gebelerde riskli durumları engelleyici bir uygulama olarak kullanılmaktadır (Aydın vd., 2019) Dolayısıyla müzik terapinin özellikle de stres üzerinde etkisinin daha belirgin ve destekleyici olmasının kalp atım hızını, solunum sayısı, hormonal salgılanma gibi fizyolojik belirtileri desteklemesi gibi nedenlerle direkt ilişkili olmasıyla açıklanabilmektedir (Öztürk, 2017). Stres ile ilgili bu bilgi, çalışmamızda elde ettiğimiz stresin istatistiksel olarak anlamlı ölçüde azalması şeklinde elde edilen bulguyla da örtüşmektedir.

Kuran-ı Kerim dinletisinin müzik terapi uygulaması şeklinde uygulandığı bir çalışmada sonuç olarak kişilerin stres düzeyinde azalma ve sakinlik düzeyinde ise artma olduğu bildirilmiştir (Mohamad vd., 2013). Bununla beraber kişilerin Kuran-ı Kerim okumayı bilmedikleri halde sadece dinledikleri takdirde sakinleşmelerini sağlayan kalp atışında düzelleme gibi fiziksel belirtilerin de dengeye girdiği görülmüştür. Dini müzik uygulaması ile ilgili yapılan bir diğer uygulama da sınav sonuçları sınıf sıralamasının sonlarında olan öğrenciler üzerine gerçekleştirilmiştir. Araştırmanın sonucunda ise müzik terapisi gerçekleştirilen öğrencilerin uygulama sonrası girdikleri sınavlarda duygudurumlarında olumlu gelişmeler olduğu, sınav ortalamalarında ise yükselme olduğu görülmüştür (Arslan, 2015).

Müzik terapi uygulamalarının genel amacının manevi bakım ile örtüştüğünü bildiren; müzik terapide hedeflenen fizyolojik dengenin sağlanması ve kaygı, depresyon, stres düzeyinin azalması gibi sonuçlarla psikolojik iyi olma halinin arttırılması gibi etkilerin manevi bakımdaki kişideki maneviyatın güçlenmesi, kendisiyle barışık olması, zihinsel çarpıtmaların ve korkuların giderilmesi gibi hedeflerle paralel olduğu fikrini savunan yaklaşımlar da bulunmaktadır (Karlı, 2019). Dini müzik uygulamalarının ve müzik terapide Geleneksel Türk Müziğindeki makam kullanımlarının kişilerin psikolojik iyi olma haline katkısını değerlendiren araştırmalar göz önünde bulundurulduğunda, müzik terapinin diğer çeşitlerinde olduğu gibi Türk müziği ve makamlar ile kullanımının da kişiler üzerine etkisinin azımsanmayacak düzeyde olduğu görülmektedir. Bu çalışmada yine geleneksel Türk müziğinden ve Suzidil; Şehnaz, Sultaniyegah, Hicazkar, Ferahfeza, Kürdilihicazkar, Hicaz gibi makamlardan faydalanarak katılımcıların stres ve olumsuz duygudurumlarında etkili gelişmeler bulunduğundan literatür ile paralel sonuç elde edildiği görülmüştür.

Sonuç olarak Geleneksel Türk Müziği'nin temel alındığı ve makamların da kullanıldığı Edvar Müzik Terapi uygulamasında 27 deney, 28 kontrol olmak üzere toplamda 55 kişi katılmıştır. Özellikle de içeriğindeki usul, seyir ve ritimlerin etkisiyle kişilerin bilhassa psikolojik semptomların neden olduğu fizyolojik belirtilerini dengelemesine olan etkisi öncesinde desteklenmiş olan Edvar Müzik Terapi'de çalışmamızda da literatüre uygun olarak stres ve olumsuz duygu durumda olan azalma; olumlu duygu durum ve mental iyi oluşta da artma istatistiksel olarak anlamlı bulunmuştur. Müzik terapinin strese, duygulara ve kişinin psikolojisine olan etkileri

araştırmamızda literatürde olduğu gibi anlamlı bulunmuştur.

### Öneriler

Müzik terapi uygulamasının kişilerin stres ve olumsuz duygu durumunun azalmasında etkili bulunduğu bu araştırma, müzik terapi gibi uygulanımı pratik ve ulaşılması kolay bir uygulamanın yaygınlaşması ve uygulanılan kişi sayısının artması adına destek sağlayabilir. Müzik terapi ve müziğin kişilerin psikolojik iyi olma hali için kullanımı sadece klinik alanda değil; pratik ortamlarda da uygulanırsa daha fazla kişi kolay yollardan fayda görebilir. Bu bağlamda, gerekli çalışmaların yapılması ve yaygınlaşması için psikologların, sosyal hizmet çalışanlarının, belediye çalışanları gibi halk sağlığı alanında çalışan kurumların bilinçli olması sürecin hızlanması adına etkili olacaktır.

Ayrıca ülkemizde Batı ülkelerindeki gibi müzik terapi eğitiminin yaygın olmaması, yetkili müzik terapistlerin yetişmesine engel olmaktadır. Bu nedenle, ülkemizde müzik terapi uygulamalarının nitelikli bir şekilde yaygınlaşması özellikle nitelikli eğitimin verilmesi ile görüleceğinden ilk etapta müzik terapinin uzmanlar tarafından verilmesine dair eğitim merkezlerinin oluşturulması gerekmektedir.

### Beyannameler

#### Etik Onay ve Katılma İzni

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#### Yayın İzni

Uygulanamaz.

#### Veri ve Materyallerin Mevcudiyeti

Uygulanamaz.

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RESEARCH ARTICLE / ARAŞTIRMA YAZISI

# Persuasive Solutions for Addressing the Impact of Internet Media on Childhood Vaccine Rejection

## Çocukluk Aşılarının Reddedilmesinde İnternet Medyasının Etkilerine Yönelik İkna Amaçlı Çözüm Önerileri

Dursun Yılmaz<sup>1</sup>, Murat Sezgin<sup>2</sup>

### Abstract:

While vaccine hesitancy continues to grow as a global threat to public health, healthcare professionals working to protect community health are engaged in various efforts to mitigate this threat. Among the reasons parents refuse childhood vaccines, many underlying factors are attributed to medical, religious, cultural, and environmental influences. One of the contributing factors to the rejection of childhood vaccines is the information disseminated through mass media, particularly on internet-based platforms, especially on social networks. Parents often turn to social media channels to access information about vaccines. The undeniable influence of social media platforms on parents' acceptance or rejection of vaccines cannot be underestimated. This study examines how parents who refuse childhood vaccines are influenced by mass media, particularly internet-based social media networks, and discusses the efforts and solutions proposed by healthcare professionals to convince parents. The research was initiated with the approval of the Uşak University Ethics Committee under decision number 2021-104 dated May 6, 2021. Field research was conducted through qualitative interviews using semi-structured questionnaires. In this study, employing a phenomenological design, a snowball sampling model was preferred, and the data were analyzed using thematic analysis. At the conclusion of the study, Family Health Center (FHC) employees stated that mass media, especially social media, and the misinformation circulating on the internet have contributed to the increase in vaccine hesitancy. FHC employees expressed the need for regulating internet media (social media, blogs, personal pages, websites) to combat information pollution and emphasized the importance of implementing legal procedures and penalties to prevent mass manipulation resulting from the dissemination of messages by influencers.

**Keywords:** Vaccine rejection, social media, persuasion, communication, healthcare workers

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**Öz:**

Aşı reddi dünyada giderek büyüyen küresel bir tehdit olmaya devam ederken toplum sağlığını korumak için çalışan sağlık çalışanları bu tehdidi bertaraf edebilmek için farklı çabalar içindedirler. Ebeveynlerin çocukları için aşı reddinde bulunmalarında; tıbbi, dini, kültürel ve çevresel faktörlere bağlı pek çok alt nedenden söz edilmektedir. Çocukluk aşılarının reddedilmesinin alt nedenlerinden birisi de kitle iletişim araçlarından, bilhassa internet tabanlı, özellikle sosyal ağlarda dolaşıma sokulan enformasyonlardır. Ebeveynler, aşilar hakkındaki bilgilere ulaşmak için sosyal medya kanallarına yönelmektedirler. Ebeveynlerin aşiyı kabul etmesinde veya reddetmesinde sosyal medya platformlarının yadsınamaz etkileri söz konusudur. Bu çalışmada, çocukluk aşılarını reddeden ebeveynlerin kitle iletişim araçlarından özellikle internet tabanlı sosyal medya ağlarından nasıl etkilendikleri ele alınarak bunlara yönelik sağlık çalışanlarının ebeveynleri ikna etmeye yönelik çalışmaları ve çözüm önerileri konu edilmiştir. Araştırma, Uşak Üniversitesi Etik Kurulu'nun 06.05.2021 tarihli ve 2021-104 sayılı kararıyla başlatılmıştır. Saha araştırması, yarı yapılandırılmış soru formlarının kullanıldığı nitel görüşmelerle yapılmıştır. Fenomenoloji deseninin kullanıldığı çalışmada, kartopu örneklem modeli tercih edilmiş, veriler tematik analiz yöntemiyle analiz edilmiştir. Çalışma sonunda; Aile Sağli Merkezi (ASM) çalışanları, kitle iletişim araçlarının, özellikle de sosyal medyanın aşilarla ilgili yaptığı olumsuz kampanyaların ve internet ortamında dolaşan dezenformasyonun aşı retlerini arttırdığını söylemişlerdir. ASM çalışanları, bilgi kirliliğinin önüne geçilmesi noktasında internet medyasının (sosyal medya, bloklar, kişisel sayfalar, web siteleri) denetlenmesi gerektiğini, fenomenlerin paylaştığı iletilerin kitlesel manipülasyonlara sebep olmaması için yasal prosedürlerinin, cezai yaptırımların yerine getirilmesini ifade etmişlerdir.

**Anahtar Kelimeler:** Aşı reddi, sosyal medya, ikna, iletişim, sağlık çalışanları,

**Giriş**

Toplum sağlığını koruyan faktörlerden bir tanesi de bilim insanlarının geliştirmiş oldukları aşilarıdır (Elisha ve ark., 2022, s. 534; Huel ve ark., 2022, s. 196-200; Rubio-Casillas ve ark., 2022, s. 62; Ceyhan, 2019, s. 44; Azap, 2018, s. 217; Bozkurt, 2018, s. 71-72). Özellikle COVID-19 küresel salgını nedeniyle aşı konusu birçok ülkenin gündemine girerek bununla ilgili çalışmalar sürdürülmektedir. Ancak geliştirilen aşiların kullanımı toplumun bazı bireylerinde aşilara yönelik tereddütlere ve bu tereddütlerinde bireylerde aşiların reddedilmesine sebep olmaktadır. Aşilara yönelik geliştirilen bu olumsuz tutumun temelinde; dini inançlar, kültürel değerler etkin rol oynarken konunun sağlık boyutunda da aşiların içerikleri sürekli bir tartışma alanı oluşturmaktadır. COVID-19 salgını ve akabinde baş gösteren aşı tartışmalarında yukarıdaki sebeplerin dışında insan bedenine çip yerleştirilmesi, insan genetiğine etki edilmesi gibi komplo teorileri de aşı karşıtlarının sıkça kullandığı argümanlar olmuştur.

Aşı ile ilgili tereddütler; aşının çıktığı 1700'lü yıllara, yani ilk kullanıldığı tarihe kadar gidiyor olsa da (Kutlu ve Altındış, 2018, s. 47-58) bu konunun dünyada kavramsallaşması 20 yıl, Türkiye'de aşı reddi, aşı kararsızlığı ve aşı karşıtlığı gibi kavramların tıp literatürüne girmesi ise son 10 yılda yoğunluk kazanmıştır (Gür, 2019, s. 1; Azap, 2018, s. 218; Bekis Bozkurt, 2018, s.70, 72). Aşı reddi üzerine yapılan çalışmalar incelendiğinde konunun bilim dünyasında kısmen yeni bir tartışma olduğu söylenebilir.

Kamuoyunda bu tartışmalar yaşanırken diğer taraftan toplum sağlığının korunmasını öncelikleyken sağlık hizmetleri camiası ve tıp doktorları ise aşı kullanması gereken tereddütlü bireyleri ikna etmeye çalışabilmektedir (Azap, 2018, s. 217; Kader, 2019, s. 378; Düzgün ve İşler Dalgıç, 2019, s. 426). Toplumun geleceği olan çocuklar, sağlıklı bir toplum oluşmasının da temelini teşkil ettiği

düşünüldüğünde çocukluk aşılarının ehemmiyeti ve bu konudaki tartışmalar hayli önem kazanmaktadır. Bu nedenle, çalışma kapsamında öncelikle ebeveynlerin aşilara yönelik tereddütlerinin ret noktasına ulaşmasının altında yatan sebepler literatürden araştırılarak bu bağlamda nitel görüşme soruları oluşturulmuştur. Bu sorular üzerinden ilgili sağlık çalışanları ile birebir görüşmeler yapılmıştır. Bu görüşmelerde ebeveynlerin aşiları reddetme nedenlerine karşılık ve sağlık çalışanlarının ebeveynleri ikna etme yaklaşımları araştırılmıştır.

Bağışıklama hizmeti Türkiye'de bir devlet politikası olup, bu politikayı da Sağlık Bakanlığı ve onun bünyesindeki Aşı ile Önlenbilir Hastalıklar Dairesi Başkanlığı ve diğer sağlıkla alakadar olan kamu kurumları yürütülmektedir. Bu çalışmada aşı politikalarının sahadaki uygulayıcısı konumunda olan ve aşiyı reddeden ebeveynlerle doğrudan temas halinde olan Aile Sağli Merkezi (ASM) çalışanlarının tecrübe ve deneyimlerine başvurulmuştur. Çocukluk aşiları; kızamık, çiçek, difteri, boğmaca, tetanus, hepatit vb. bilinen pek çok enfeksiyon hastalığının önlenmesindeki koruyucu tedbirlerin başında gelmektedir (İkışık, 2018: 209). Buna rağmen iddia edilen bazı nedenlerden dolayı geçmişten bugüne gelen tarihi süreç içerisinde pek çok ülkede aşı karşıtlığı/aşı reddi kendini göstermiştir (Yavuz, 2018, s. 187-194). Yapılan son araştırmalardaki (Ceyhan, 2019, s. 18) rakamlar, çeşitli nedenlerden dolayı aşı reddinin Türkiye'de giderek arttığını göstermektedir (Ceyhan, 2019, s. 22; Gür, 2019: 2; Bekis Bozkurt, 2018, s. 71).

Aşiyı reddedenler sadece bireysel hastalık riskini arttırmıyor, aynı zamanda toplum için de bir risk oluşturmuş oluyorlar. Tıbbi aşının karşıtlığı ya da reddi konusunda son yıllarda özellikle sağlık bilimleri alanında bir hayli çalışma yapıldığı görülmektedir (Kutlu ve Altındış, 2018: 53). Toplum sağlığının korunması amacıyla üretilen ve bu amaçla tüketilen aşilara toplumun

bir kısmı (bu oran literatürde %10 civarında) sağlığını olumsuz yönde etkileyeceği endişesinden karşı çıkarken, bir kısmı inançlarına aykırı bulduğu için, başka bir kısmı ise doğal bağışıklık kazanılması için doğal beslenmeyi gerekçe göstermiştir. Bunların dışında aşılardan menşei, içeriği, komplo teorileri, sosyal medya başta olmak üzere iletişim kaynaklarından yayılan enformasyon ve bu kanallarda oluşan sosyal gruplar, kanaat önderlerinin etkileri gibi sebepler de aşılardan reddedilmesinde etkin faktörler olarak literatüre yansımıştır (Yalçın ve ark., 2022; Périères ve ark., 2022; Piltch-Loeb ve ark., 2022; Diehl ve Hunkler, 2022; Deml ve ark., 2022; Özlem, 2020; Ünsal, 2020; İltar, 2020).

Çocukluk aşılardan reddedilme gerekçelerini konu alan uluslararası dergilerde yayımlanmış çok sayıda makale mevcuttur. Diehl ve Hunkler (2022), aşı reddinin ve tereddüdünün arkasındaki sebepleri; güvensizlik (sağlık sektörüne ve çalışanlarına), gevşeklik, aşılardan otizmle ilişkilendirilmesi (The Lancet'te yayımlanan ve daha sonra geri çekilen makale), kısıtlılıklar (hekimin iletişim dili veya aşı merkezine uzaklık gibi) ve kolektif sorumluluk almamak şeklinde sıralamışlardır (20-21). Périères ve arkadaşlarının (2022), çocukluk aşılardan yaptırmayanlar ya da eksik yaptırılanların başlıca sebeplerini; aşı yaptırmaya zaman bulamamak, ihmal, aşılardan yan etkileri ve ebeveynlerin inanç ve kabulleri olarak sıralamışlardır (7). Başka bir çalışma ise Ellithorpe ve arkadaşlarının (2022), yapmış olduğu çalışmadır. Ellithorpe ve arkadaşları, ebeveynlerin sosyal ağlarındaki aile ve arkadaşlar gibi gayri resmi kişilerarası bilgi kaynaklarından elde ettikleri bilgi ve deneyimleri aşı yaptırmama sebepleri olarak açıklamışlardır (s. 280-287). Tüm bu gerekçeler ve bunlara karşı geliştirilen çözüm amaçla argümanların hepsi müstakil bir çalışma konusudur.

Bu çalışmada aşıya karşı tereddütlerin oluşmasında bir neden olarak gösterilen iletişim ve özellikle internet tabanlı medya araçlarında yer alan enformasyonların ebeveynleri nasıl etkilediği ve sağlık çalışanlarının bu kanallardan ebeveynlere ulaşan enformasyonla nasıl mücadele ettikleri ya da nasıl mücadele edilmesi gerektiği üzerinde durulmuştur. Bu konuyu ele alan çalışmalar ulusal literatürde çok fazla yer almasa da uluslararası literatürde çok sayıda çalışmaya rastlanılmaktadır. Bunlardan biri de Uzakdoğu Asya ülkesi olan Endonezya'da yapılmıştır. Pontoh ve arkadaşlarının (2020), çalışma konusu ve amacı bu çalışmanın amacıyla da örtüşen bir içeriğe sahiptir. Makalede aşı reddi kampanyalarıyla halk sağlığını tehdit eden olgular karşısında halkın tutum, davranış ve inançlarını müspet ikna yöntemleri kullanılarak tersine bir etkinin nasıl sağlanabileceği Endonezya hükümetinin uygulamaları üzerinden gösterilmiştir. Endonezya nüfusunun %87'nin Müslüman olduğunu aşı reddiyeçilerinin de bunu kendi lehlerine kullandığını vurgulayan yazarlar, reddiyeçilerin "aşı bileşenlerinde İslam'a aykırı domuz jelatini bulunduğu" bundan dolayı kullanılmaması gerektiğini anlatan mesajlarını bazı kaynakları ve dini figürleri referans göstererek internet ortamında büyük kitlelere nasıl yaydıkları anlatmışlardır. Endonezya hükümeti bu reddiyeçilere karşı onların aynı söylem ve referanslarından hareketle bumerang etkisi yaparak din adamları ve İslami kanaat önderleri aracılığıyla karşı mesajlar hazırlayarak toplumu aşıya ikna ve motive ederek aşı retçilerinin kendi silahlarıyla onları vurup, toplum sağlığını riske atan bu gruplarla mücadelenin "bumerang etkisiyle" nasıl

yürütüldüğünü anlatmışlardır (Pontoh ve ark., 2020, s. 36-45).

Konuyu iletişim temelinde ele alan başka bir çalışma ise Rumetta ve arkadaşları (2020), tarafından yayımlanmıştır. Malezya'daki aşı retlerinin nedenleri üzerinde derinlemesine nitel görüşme metodu ile araştırma yapan yazarlar, röportaj yaptıkları 14 ebeveynin aşığı reddetmelerinin nedenleri arasında en önemli sebebin dezenformasyon olduğunu saptamışlardır. Ebeveynlere bu konuda yapılacak danışmanlık hizmetinin ebeveynlerdeki karar süreçlerini kolaylaştıracağını iddia etmişlerdir (Rumetta ve ark., 2020, s. 199-203). Halkın çoğunluğu Müslüman olan bu ülkelerde yapılan çalışmaların Türkiye için de anlamlı veriler sunacağı düşünülebilir.

Bu çalışmanın amacı, çocukluk aşılardan reddedilmesinin giderek artan bir sorun haline geldiği bir dönemde, internet medyasının bu soruna olan etkilerini incelemek ve bu etkileri azaltmak veya önlemek için önerilen çözümleri sunmaktır. İnternet medyasının aşı reddi üzerindeki olumsuz etkileri, yanlış bilgi yayılması, korkutucu veya yanıltıcı içeriklerin paylaşılması ve aşı karşıtı grupların örgütlenmesi gibi faktörlerle ilişkilendirilmiştir. Bu makale, bu sorunları ele alarak sağlık profesyonellerine ve toplum sağlığı uzmanlarına yönelik potansiyel çözüm önerilerini sunmayı amaçlamaktadır. Bu çözüm önerileri, internet medyasının denetlenmesi, doğru bilgiye erişimin artırılması, bilinçli medya tüketimi teşviki, aşı hakkında eğitim programlarının geliştirilmesi ve aşı karşıtlığı ile mücadelede toplumsal işbirliği gibi çok çeşitli alanları kapsayabilir. Bu makale, çocukluk aşılardan kabulünü artırmak ve toplum sağlığını korumak için etkili stratejiler sunmayı hedeflemektedir.

## Yöntem

Bu çalışmada, nitel araştırma yöntemi benimsenerek yorumlamacı bir yaklaşım kullanılmıştır. Bunun nedeni: nitel yöntemler, insanların yaşam tarzlarını, öykülerini, davranışlarını, örgütsel yapıları ve toplumsal değişmeyi anlamaya dönük bilgi üretme süreçlerinden birisi olarak kabul edilmesinden (Özdemir, 2014, s. 325) ötürü yarı yapılandırılmış sorularla derinlemesine nitel görüşmeleri esas alan bu yöntem tercih edilmiştir. Yapılan görüşmeler, onamları alınan gönüllü bireylerle yüz yüze gerçekleştirilmiştir. Katılımcıların kimliklerini korumak amacıyla takma adlar kullanılmıştır. Görüşme sorularının hazırlanmasında Uşak Üniversitesi'nde öğretim üyesi olan Doç. Dr. Erhan Aydın'dan uzmanlık desteği alınmıştır. Katılımcılarla yapılan görüşmeler öncesinde Sağlık Bakanlığı tarafından gerekli yasal izinler alınmış, ayrıca Uşak Üniversitesi Etik Kurulu tarafından 06.05.2021 tarihli 2021-104 sayılı kararla araştırma yapılabileceği onaylanmıştır.

Çalışma, özü itibarıyla fenomenolojik bir çalışmadır. Fenomenoloji; bir olgunun ne olduğunu ortaya koymak için yapılan çalışmadır. Fenomenolojik yaklaşım, insanların bir olguyu nasıl deneyimlediklerini ayrıntılı bir biçimde anlamak ve kavramak (Saldana, 2011) amacıyla kullandıkları nitel bir araştırma desenidir.

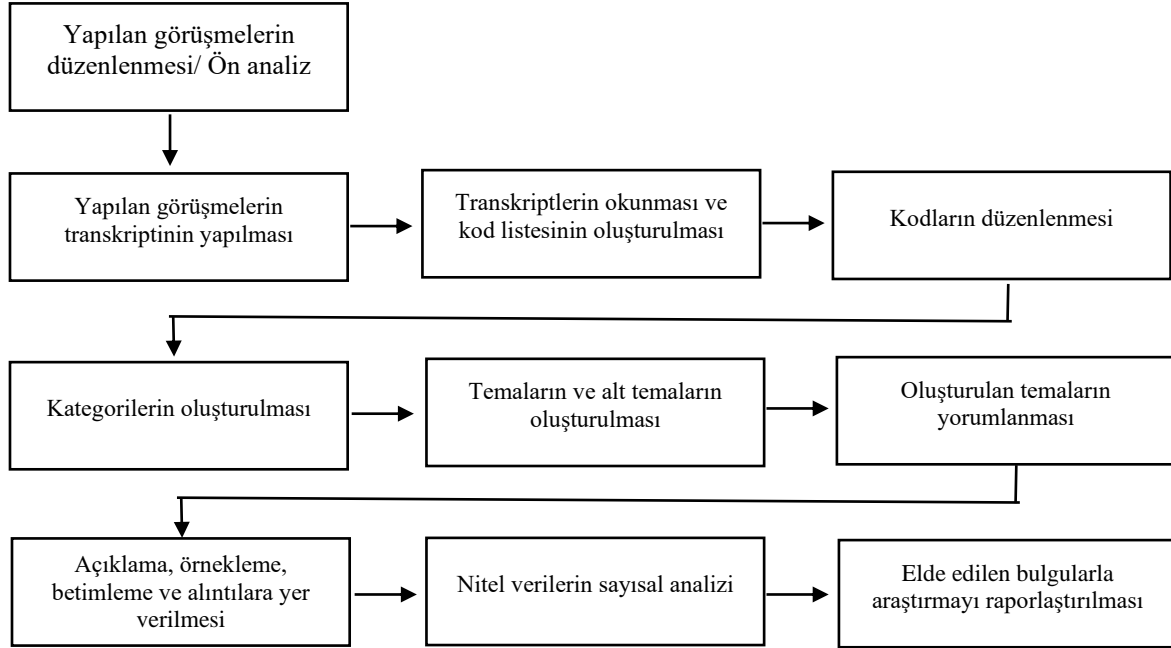
Çalışmanın amacına uygunluğu bakımından kartopu örnekleme (snowball sampling) tekniği kullanılmıştır. Kartopu örnekleme araştırılacak konu hakkında yeterli bilgiye sahip insanların tespitinde etkili olan bir yöntemdir. Bu bağlamda il sağlık bürokrasisinde görevli personele; "kentte çocukluk aşılardan konusunda en çok bilgi



sahibi kimler olabilir? Bu konuyla ilgili olarak kim veya kimlerle görüşmemizi önerirsiniz?” şeklinde sorulan sorulara verilen cevaplar doğrultusunda görüşmelere başlanmıştır (Patton, 1987, s. 56).

Yapılan görüşmelerden elde edilen veriler tematik analiz yöntemiyle kavramsallaştırılarak temalar oluşturulmuştur. Sonuçlar ise betimsel bir anlatımla, kavramlara kaynaklık eden verilerden sık sık alıntılar yapılarak da delillendirilmiştir (Yıldırım ve Şimşek, 2018).

**Şekil 1.** Veri Analiz Aşamaları (Kaynak: Yıldırım ve Şimşek 2018, s. 82)



Nitel veri analizini; verilerin kodlanması, kategorilerin oluşturulması, temaların saptanması, kod ve temaların

düzenlenmesi ve bulguların tanımlanması ve yorumlanması şeklinde ele alınmıştır (bakınız Şekil 1).

**Tablo 1.** Sağlık Çalışanları İçin Oluşturulan Kod Tablosu.

Kategoriler	Tema	Alt Temalar
ASM Çalışanlarına Göre Ebeveynlerin Aşısı Reddetme Gereççeleri	İnternet Tabanlı Kitle İletişim Araçlarının Aşısı Reddine Etkileri	<ul style="list-style-type: none"> <li>➤ İnternetin yaygınlık kazanması</li> <li>➤ İnternet ve kitle iletişim araçları vasıtasıyla aşısı karşıtı propagandalar</li> <li>➤ Sosyal medyada oluşan aşısı reddi grupları</li> <li>➤ Ebeveynlere bu “bu konuda yalnız değilim benim gibi düşünen milyonlar var” hissini ve inancının oluşması</li> <li>➤ İnternette dolaşan çok sayıda eksik ya da yanlış bilgi kirliliği, dezenformasyon...</li> <li>➤ İnternette dolaşan bilgilerin denetlenmesi, aşısı karşıtı bilgilere kısıtlama getirilmesi</li> <li>➤ Aşısı karşıtı grupların sanal ve sosyal medya yayınlarına “toplum sağlığını tehlikeye attıkları” gerekçesiyle yasal düzenlemelerin yapılması</li> </ul>
ASM Çalışanlarının Aşısı Retçisi Ebeveynleri İkna Yaklaşımları	İnternetin Denetlenmesiyle Dezenformasyonun Önlenmesi	<ul style="list-style-type: none"> <li>➤ Aşısı karşıtı olan kamu çalışanı sağlıkçıların ilişkileri kamudan kesilmeli (kamusal kimliği ile aşısı karşıtı bilgi paylaşımının önüne geçilmeli)</li> <li>➤ Aşısı karşıtı gruplara, kurumlara, derneklere, tarikat vesaire gibi yapılara yaptırımların getirilmesi (aşısı karşıtı bilgi paylaşımının önüne geçilmeli)</li> </ul>

## Bulgular

Araştırmada 48 gönüllü katılımcıyla görüşme yapıldı. Tüm katılımcılarla yüz yüze görüşme planlandı, ancak araştırmacının bazı kısıtlılıkları nedeniyle iki doktor ve iki hemşire olmak üzere toplam dört katılımcı ile telefon üzerinden görüşmeler gerçekleştirildi. Bu telefon görüşmeleri, telefon üzerinde bulunan bir uygulama aracılığıyla kaydedildi ve katılımcılara bu görüşmelerin kaydedildiği bilgisi verildi. Görüşmelerin analiz aşamasında, 11 katılımcıyla daha sonra telefonla iletişime geçilerek eksik bilgiler veya anlaşılmasın noktalar hakkında sorular soruldu ve bilgilerin doğruluğu teyit edildi. Yüz yüze görüşmeye katılan sağlık çalışanlarının 24'ü hekim 24'ü ise yardımcı (ebe-hemşire) sağlık çalışanından oluşmuştur.

Araştırmanın sonuçları iki ayrı evrede değerlendirildi. İlk evrede, "ASM Çalışanlarına Göre Ebeveynlerin Aşırı Reddetme Gereçleri" kategorisi altında sınıflandırılan ve "İnternet Tabanlı Kitle İletişim Araçlarının Aşırı Reddine Etkileri" ana teması ile ilişkilendirilen alt temalar incelendi. İkinci evrede ise, "ASM Çalışanlarının Aşırı Retçisi Ebeveynleri İnkna Yaklaşımları" kategorisi altında düzenlenen ve "İnternetin Denetlenmesiyle Dezenformasyonun Önlenmesi" ana temasıyla bağlantılı olan alt temalar ele alındı (bakınız Tablo 1).

### İnternet Tabanlı Kitle İletişim Araçlarının Aşırı Reddine Etkileri

İnternet tabanlı kitle iletişim araçlarının aşırı retleri üzerindeki etkilerini değerlendiren ASM çalışanları şu ifadeleri kullanmışlardır;

Sosyal medyada, şurada burada örgütlü şekilde bir aşırı reddi birlikteliği oluştu. Yani bunlar birbirinden güç alıyor. Dolayısıyla bu konuda bir bilgi kirliliği oluştu, ciddi bir bilgi kirliliği oluştu. Eskiden insanlar, bu kadar yoğun bir aşırı reddinde bulunan insanların olmadığını düşünüyordu belki ama şimdi bu kampanyalar, bu örgütlü faaliyetler dolayısıyla insanlara bir güç verdi, kendilerinden başka insanların da aşırı reddettiğini gördüler, bu onlara bir motivasyon sağladı. Bence bu durum, aşırı reddinde bulunanları arttıracaktır diye düşünüyorum. ... Bir araya geldiler, gruplar oluşturular sosyal medyada falan... Bu durum daha ciddi aşırı reddi oluşturacaktır. ...Bu mahallede çocukluk aşırı reddi yaptırmayanların sosyal medyadan etkilendiğini düşünmüyorum, ama Covid aşırı reddini yaptırmamada ciddi etkilediğini düşünüyorum, sosyal medyanın mutlak etkilediğini düşünüyorum. Yani çok fazla fakülte mezunu insan Covid aşırı reddi yaptırmadı. Bütün bunlar elbette sosyal medyadan etkilenecek oluyor ama benim şimdiye kadar sosyal medyadan etkilenip de pediatrik aşırı reddi yaptırmayan ebeveynlerim olmadı, bunun nedeninin bu mahalle insanının profilinden kaynaklandığını düşünüyorum. (Rıza, Dr. 18.yıl)

Şehir merkezine doğru geldiğimde gözlemlediğim bu akımlar, hani sosyal medya aracılığıyla oluşturulan aşırı reddi akımları oluyor. Instagramda, Twitterda aşırı reddi guruplar var sizde rastlamışsınızdır bunlara... (Meryem, Dr.7.yıl)

...bence iletişimin artması ve sosyal medya yani bunlar çok yönlendirici oldu (aşırı reddinin artmasında). 10 sene öncesini düşünüyorum yani böyle bir şey yoktu akıllı telefon falan yoktu şu an oturduğun yerde 7/24 her türlü bilgiye ulaşabiliyorsun. Ben ona bağlıyorum, yani iletişimin bu kadar gelişmesine. Sosyal iletişim artmasına

bağlıyorum. ...Yine onların nedeni de sosyal medya, aşırı reddilerinin söylemleri bunlardan etkileniyorlar. (Abidin, Dr. 21.yıl)

... İnternet. Mesela internette bazı siteler de paylaşımlar yapıyor. İşte aşırı reddi diyelim bazı yan etkileri var bunlar anlatılıyor. Yine 'benim çocuğuma şöyle oldu' diye paylaşımlar yapıyorlar, o ondan okuyor, o ondan okuyor, etkileniyorlar birbirlerinden. Buraya geldiklerinde 'ben gerekli araştırmalarımı yaptım' diyor. İnternetteki bu paylaşımları yapanlar içinde bazı profesörlerimiz, bazı hocalarımız var. İyi eğitim almış insanlar da var, tıp insanları var ebeveynler onların yazılarını okuyup bizim önümüze sunuyorlar ve bizim açıklamalarımıza bunları alternatif gösteriyorlar. (Sıla, Ebe, 16.yıl)

Bu konuda mesela internete çok takılan anneler var, sürekli oradan bir şeyler araştırıyorlar. Bu annelerden bir tanesi Bursalı, merkeze bağlı Taşlıçiftlik köyüne gelin geldi. Ben, kaç yıldır o köyde bakıyorum, kadının üç çocuğu var. İkisinin bütün aşırı reddi yaptırdı ama üçüncü çocuğa yaptırmıyor, onu ikna edemedik, eşi ikna oldu ama kadın olmuyor. ... Evet, o internette besleniyor. ...kısacası internet ve hocalarımızın (doktorlar) bu konudaki tutumlarının çok olumsuz etkileri olduğunu düşünüyorum. (Tansel, Ebe, 32.yıl)

...çalıştığım yer kırsal kesim olduğu için bebek sayımız azdı, kırsalda medya kullanımı, internet ortamı vesaire çok olmadığı için aşırı reddimiz yok denecek kadar azdı. Hatta ben şahsen hiç aşırı reddiyle karşılaşmadım... ..Özellikle bu aşırı retleriyle ilgili yayın yapan Facebook ve Instagram'da sayfalar var; 'aşırı reddi çocuklar' gibi isimler altındaki bu tür sayfaların da etkili olduğunu düşünüyorum. Bunlar fena halde organize oluyorlar. Birbirlerini fena halde körükliyorlar ve gerçekten ciddi bir direnç oluşturuyorlar aşırı reddi konusunda. Özellikle aşırı reddi hasta yaptırdığına inanan bir kesim var. İşte 'ben bu aşırı reddi yaptırdım çocuğumda bu hastalıklar oluştu' diye birbirlerini körükleyip, gaza getirip aşırı reddi yapılmasını engelleyen çok fazla yayın var. Dolayısıyla sosyal medya bu aşırı reddi konusunda çok öncülük ediyor belli gruplarda. ... Aileler kesinlikle yakın çevrelerinden, akrabalarından, komşularından, gerek sosyal medyadan gerekse televizyondan daha çok etkileniyor... (Sonya, Ebe, 10.yıl)

Bence (aşırı reddinde) en etkili etken sosyal medya, sosyal medyadan insanlar araştırıyor, soruyor, organize oluyorlar. Oralardan okuyorlar. (Pervin, Hemşire, 20.yıl)

Katılımcı sağlık çalışanlarının ifadeleri incelendiğinde elde edilen bulgular, çocukluk aşırı reddi reddedilmesinde internetin, bilhassa sosyal medyanın ebeveynlerin kararları üzerinde önemli etkileri olduğunu göstermektedir.

ASM çalışanları, internetin yalnızca yanıltıcı bilgilerin yayılmasından öte, aynı zamanda aşırı reddi karşılarının bir araya gelmesi ve bu hareketin daha da büyümesine katkı sağladığına inanmaktadırlar. Retçi ebeveynlerin birbirlerine destek olmalarıyla sağlık profesyonellerine karşı bir tür direnç oluşturduklarını da ifade etmişlerdir.

### İnternetin Denetlenmesiyle Dezenformasyonun Önlenmesi

Çalışma kapsamında bilgi ve deneyimine başvuru ASM çalışanları, bilhassa internet tabanlı medya (Twitter, Facebook Instagram ve diğerleri) ve diğer kitle iletişim araçları vasıtasıyla aşırı reddi konusunda çok fazla dezenformasyon oluşturduğunu, bu konuda kamu erkinin bir

önlem alması gerektiğini, önlem alınmasa bu bilgi kirliliğinin pek çok ebeveynde tereddütler ve devamında retler oluşturacağı ifade etmişlerdir.

Evet, öyle düşünüyorum çünkü birliktelik oluştu. Sosyal medyada şurada burada örgütlü şekilde bir aşı reddi birlikteliği oluştu. Yani bunlar birbirinden güç alıyor. Dolayısıyla bu konuda bir bilgi kirliliği oluştu ciddi bir bilgi kirliliği oluştu. Eskiden insanlar, hani bu kadar yoğun bir aşı reddinde bulunan insanların olmadığını düşünüyordu belki ama şimdi bu kampanyalar, bu örgütlü faaliyetler dolayısıyla insanlara bir güç verdi. (Rıza, Dr. 18.yıl)

Dedim ya önce internetteki bilgi kirliliğini temizlemek lazım diye 'ne demek bazı doktorlar' kim bunlar belli değil. Biz de internetten öyle hekimler olduğunu duyuyoruz ama ben sahada karşılaşmadım. Hani biraz önce ben de dedim ya reddiyeciler cemaat mensubu diye belki de hiç alakası yok o benim tahminimdi işte bu da bir bilgi kirliliği önce bu bilgi kirliliği temizlenmeli. ...en önemlisi internetteki bilgi kirliliğinin önüne geçecek. Herkes internetten istediğini buluyor. Google'ye 'aşının yan etkileri' diye yaz elli tane şey çıkar. Covitte bile doktorlar 'yaptırmayın' diyor... Biz aileleri ikna etmeye çalışıyoruz ama asıl iş devlete düşüyor, bunun bir yaptırımı olmalı... (Fethi, Dr.20.yıl)

Eğitim düzeyi daha düşük olanlar daha güveniyorlar artık ya da bilgi kirliliğine daha mı az ulaşıyorlar ondan dolayı mı bilmiyorum onlarda aşı reddi daha az. (Nurcan, Dr. 25.yıl)

Çok fazla bilgi kirliliği var Türkiye'de. Zaten bizde biraz sosyal yapı olarak çok okuyan, çok araştıran bir toplum değiliz. Sadece duyduklarımızla karar veriyoruz. Yani bu duyduklarımızın da bilimsel yanı nedir, kim söylemiş? Yani o söyleyen kişi bu konuda bilgi sahibi midir? Bu konuda uzman mıdır? Onu araştırmadan, ona inanılıyor. Yani bilimsel bir dayanağı da yok. Belki adam bir ürün satmak için bir şey çıkarıyor. Bir şey söylüyor. Aşırı kötülüyor. Bunu da sanki bilimsel bir şeymiş gibi kişi inanıyor. (Veysi, Dr. 29.yıl)

ASM çalışanlarının ifadelerine göre internet tabanlı kitle iletişim araçları yaydıkları dezenformasyon ile aşı retlerinin yaygınlaşmasında önemli etkilere sahiptirler. Dezenformasyon; kasıtlı veya değil bilginin yanlış olarak sunulması, deforme edilmesidir. İletişim araçlarıyla enfomasyonun değiştirilmesi, çevrilmesi, çarpıtılması, saptırılması, suiistimal edilmesine dezenformasyon denilmektedir (Yoloğlu, 2017, s. 9). Katılımcılar, aşı reddi sebeplerinden biri olarak gördükleri bilgi kirliliğinin önüne geçildiği zaman ebeveynlerin aşıları reddetme durumlarında da azalma yaşanacağı, hatta pozitif etki sağlayacağı yönünde görüşler beyan etmişlerdir.

Bu durumu doktorlar; Rıza, Fettah ve Veysi şöyle değerlendirmişlerdir: "iletişim mecralarında, bilhassa sosyal medya ortamlarında bilgiler çok çabuk yayılıyor, doğrular yanlışlarla karışıyor, vatandaşlar çok bilinçli değilse yanlış bilgiyi kullanmak kolayına geliyor böylece bir dezenformasyon oluşuyor. Bu yanlış bilgidir beslenenler birbirine destek oluyorlar, bir güç birlikteliği oluşturuyorlar, devlet bu mecralara müdahale ederek, o mecraları yönetenleri cezalandırarak dezenformasyonun önüne geçmelidir ki aşı reddiyle daha etkin mücadele edilebilsin."

## Tartışma

Çocukları için aşı yaptırmayı reddeden ebeveynler, genellikle internette ve medyada yayımlanan aşılarla ilgili olumsuz ve yanıltıcı bilgilerden etkilenirler (Weithorn ve Reiss, 2018, s. 1610; Çatak ve ark., 2022, s. 45-53; Aygün ve Tortop, 2020, s. 313). Bu araştırmada ASM çalışanlarına, aşı reddinin yaygınlık kazanmasında internetin ya da daha geniş tabirle kitle iletişim araçlarının (KİA) nasıl bir rolü olduğu sorulmuştur. Bazı sağlık çalışanları aşı reddindeki en önemli etkenlerden birinin internet, sosyal medya ağları olduğunu söylerken bazı sağlık çalışanları da aşı reddinde internet ya da diğer kitle iletişim araçlarının çok da önemli bir rolü olmadığını, internetin bazı ebeveynlerde sadece bir tereddüt oluşturduğunu, o tereddüdünde sağlık çalışanlarının bilgilendirmeleriyle giderildiğini ifade etmişlerdir. Al-Regaiey ve arkadaşlarının (2022), Suudi Arabistan'da yaptıkları bir çalışmada aşı reddinde bir etken olarak sosyal medyanın anlamlı bir etkisini saptayamamış olsalar da yaptıkları araştırmada dünya genelinde sosyal medyanın çocukluk aşılarının reddinde en yaygın ikinci neden olduğunu bulmuşlardır (s. 4-5).

Yazarlar, aşılar hakkında sosyal medyadan bilgi edinen kişilerde aşı tereddüdünün daha yaygın olduğunu ve sosyal medya platformu Twitter'in bu konuda en fazla bilgi edinme mecrası olduğunu belirtmişlerdir (s. 6). Utanır Altay (2022) ise konu ile ilgili yaptığı doktora tez çalışmasında sosyal medyanın başka bir mecrası olan Instagramın aşı reddi üzerindeki etkilerini beş farklı hesap üzerinden incelemiştir. Altay, buradaki içeriklerden hareketle ebeveynlerin sağlık otoritelerine güvenmediklerini, aşıların zararlı olduklarını, insan ırkını korumak adına bu hesapları yönetenlerin açık veya örtük şekilde aşı karşıtı yayınlar yaptıklarını ele almıştır. Durach ve arkadaşları (2022) ise çalışmalarında sosyal medya platformlarının halk sağlığının geliştirilmesinde önemli bir role sahip olduklarını fakat yanlış bilgilerin yayılmasında da çok önemli etkilerinin olduğunu, sosyal medya platformlarında herhangi bir kişi anonimlik örtüsü altında editoryal veya tıbbi gözetim olmaksızın sağlıkla ilgili içerikler oluşturabildiğini ve bunları da yayabildiğini belirtmişlerdir. Yazarlar, sosyal ağların kullanıcılarına kendi ideolojilerini paylaşan topluluklar oluşturmalarına da olanaklar sağladığından dolayı aşı ile ilgili yanlış bilgilerin hızlı bir şekilde yayılarak aşı tereddüdüne ve reddine katkı yaptığını da vurgulamışlardır (Durach ve ark, 2022, s. 87,88; Furini ve Flisi, 2022, s. 1-5).

Hadjipanayis ve arkadaşları (2020), çalışmalarında Avrupa'da aşı ile önlenebilir hastalıklardan ölen çocuklar olduğunu bunun önemli bir sebebinin olumsuz sosyal medya kampanyaları, aşıların güvenliği konusundaki dezenformasyon ve bunun yol açtığı korku tellallığı olduğunu iddia etmişlerdir. Yazarlar, Avrupa Pediatri Akademisinin Avrupalı çocuklarda aşı alımının azalmasına yol açan bu asılsız bilgi kirliliğinden dolayı üzüntü duyduğunu belirtmişlerdir (s. 683-687). Kata (2010), İnternetin aşı karşıtı bilgilerin yayılmasında büyük rol oynadığını bundan yıllar öce dile getirmiştir. Bugün gelinen noktada internet kullanımı hiç şüphesiz artarak devam etmektedir. Yazar, 2010 yılında yayımladığı araştırmada internet kullanım istatistiklerini, Amerikalıların yaklaşık %74'nün, Kanadalıların ise %72'sinin çevrimiçi olduğunu, bu kullanıcıların tahminen %75-80'ni çevrimiçi olarak sağlık bilgilerini aradığını ve bunların %70'nin çevrimiçi karşılaştıkları bilgilerin tedavi

kararlarında etkili olduğunu belirtmektedir. Aynı araştırmada kullanıcıların %16'nın aşılama hakkında çevrimiçi bilgi aradığını, çevrimiçi araştırmanın, tıp literatürünü okumaktan veya sağlık pratisyenlerini ziyaret etmekten daha kolay ve erişilebilir olduğunu fakat internet tabanlı bu bilgilere çok fazla güvenmenin ciddi sorunlar doğuracağını ifade etmiştir. Yazar, internet kullanıcılarının yarısından fazlasının (%52) web sitelerinde yer alan sağlıkla ilgili bilgilerin "neredeyse tümünün" veya "çoğunun" güvenilir olduğunu inandığını yazmıştır (s. 1709-1716).

Bu çalışma kapsamında bilgi ve deneyimine başvuru ASM çalışanları, aşı retlerinin artmasında önemli bir etkenin sosyal medya olduğunu ve oradan yayılan bilgilerin anında köylere kadar gittiğini, bu konuda kendilerinin bir şey yapamadıklarını, üretilen dezenformasyonla baş edemediklerini bilhassa sosyal medya ve diğer kitle iletişim araçları vesilesiyle aşılarda konusunda çok fazla dezenformasyon oluştuğunu, bu konuda kamu erkinin bir önlem alması gerektiğini, önlem alınmasa bu bilgi kirliliği pek çok ebeveynde aşılarda ilgili tereddütleri arttıracığını ve devamında aşı retlerinin yaygınlaşacağını ifade etmişlerdir.

### Sonuç ve Öneriler

Aşı reddi sorunu DSÖ tarafından çözüme kavuşturması gereken 10 küresel sağlık sorunundan birisi olarak kabul edilmektedir. Aşı karşıtlığının önlenmesi, aşı reddi yapan ailelerin ikna edilmesi konusunda literatüre katkı yapması amaçlanan bu çalışmada genel olarak aşı reddi sebeplerine değinilmiş özel olarak da internet tabanlı medya araçlarının aşı retlerindeki etkileri araştırılmıştır.

Araştırmanın bulgularından hareketle toplum sağlığının korunması noktasında yaygın bağışıklığın gelişmesi, aşı tereddüdü gösteren veya aşı reddinde bulunan bireylerin ikna edilmesi noktasında olası çözüm önerileri şunlardır: Aşı reddinin/tereddüdünün sebeplerini anlamaya yönelik hem bölgesel hem de ulusal detaylı araştırmalara ihtiyaç duyulmaktadır. Konuyla ilgili standardize edilmiş çalışmalara ihtiyaç vardır. Türkiye'de çocukluk aşılarda devletin sağlık politikaları içinde önemli yere sahiptir. Bu konuda Türk Tabipler Birliği (TTB) gibi STK'ların da payı büyüktür. Fakat kurumlar arasındaki çekişmeler bazen toplum sağlığını konu alan böyle bir konuda zafiyetlere sebep olmaktadır. TTB, tabip odaları gibi sivil inisiyatifin bağışıklığın yaygınlaştırılması noktasında yoğun çalışmaları olmakla birlikte bu kurumların; nobran, buyurgan, otoriter yaklaşımları, aşı kampanyalarında kullandıkları dayatmacı görseller, irrite edici sloganlar, üstenci söylemler yerine daha anlayışlı, empatiye dayanan,

bilgiyi kişiye indirgeyen bir yaklaşım sergilemeleri aşı tereddüdü gösteren ebeveynlerin ikna edilmelerini kolaylaştıracaktır.

ASM çalışanları, aşı retlerinin/tereddütlerinin artmasında özellikle sosyal medya mecralarının çok etkili olduğuna, örgütlü hareketlerin buralarda başlatıldığına, hızlı bir dezenformasyonun buralardan yayıldığına vurgu yaparak bunun için önlemler alınması gerektiğine vurgu yapmışlardır. Bu bağlamda bilgi kirliliğinin önüne geçilebilmesi için internet medyasının (sosyal medya, bloklar, kişisel sayfalar, web siteleri) sıkı denetlenmesi gerekmektedir. Fenomen birinin paylaştığı bir iletinin (mesaj) bazen kitlesel manipülasyonlara sebep olduğu düşünülerek bu dezenformasyonun önüne geçilmesi için yasal prosedürlerin, cezai yaptırımlar önü açılmalı ve uygulanması sağlanmalıdır.

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REVIEW ARTICLE / DERLEME YAZISI

# A Review on the Psychological Effects of Smartphone Addiction

## Akıllı Telefon Bağımlılığının Psikolojik Etkileri Üzerine Bir Derleme

Ece E. Müezzini<sup>1</sup>

### Abstract:

Smartphone addiction is a type of addiction that has started to gain importance among behavioral addictions in recent years and has not yet been diagnostically classified. In this review, it is aimed to bring together the results of studies on the psychological harms of smartphone addiction and to determine what kind of psychological harm smartphone addiction related. This research was conducted with the systematic review method. Systematic review is the synthesis and presentation of many studies conducted by experts in the field with similar methods in a qualified and organized manner. The keywords "smartphone addiction" "mobile phone addiction", "problematic mobile phone use", "excessive mobile phone use", "psychological effect" and "psychological symptoms" were reviewed in July 2023. The fact that the articles must have been published in 2019-2023. In the research, articles written in Turkish and English were examined. In the databases during this initial review, the main sources of information for this study were selected using certain criteria for including and excluding data. A total of twelve research articles were examined. As a result, it was found that there is a relationship between smartphone addiction/problematic smartphone use and psychopathological symptoms such as depression, anxiety, neuroticism, eating disorders, insomnia and psychological effects such as stress, feeling sad, aggression, appearance anxiety, and loneliness. The findings are discussed within the scope of the relevant literature.

**Keywords:** Smartphone, Smartphone addiction, psychological impact

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**Öz:**

Akıllı telefon bağımlılığı son yıllarda davranış bağımlılıkları arasında önem arz etmeye başlayan henüz tanı sınıflandırılması yapılmamış bir bağımlılık türü olarak karşımıza çıkmaktadır. Bu derlemede akıllı telefon bağımlılığının psikolojik zararları üzerine yapılmış olan çalışma sonuçlarını bir araya getirerek akıllı telefon bağımlılığının ne gibi psikolojik zararı olduğunu belirlemek amaçlanmıştır. Bu araştırma sistematik derleme yöntemiyle yapılmıştır. Sistematik derleme, alanında uzman kişiler tarafından benzer yöntemlerle yürütülen birçok çalışmanın nitelikli ve düzenli bir şekilde sentezlenmesi ve sunulmasıdır. Temmuz 2023'de "Akıllı telefon bağımlılığı", "cep telefonu bağımlılığı", "sorunlu cep telefonu kullanımı", "aşırı cep telefonu kullanımı", "psikolojik etki" ve "psikolojik belirtiler" anahtar kelimelerini içeren makaleler taranmıştır. Makalelerin 2019-2023 yıllarında yayınlanmış olması gerekmektedir. Araştırmada Türkçe ve İngilizce dilinde yazılmış makaleler incelenmiştir. Veritabanlarındaki makalelerin ilk tanımlanmasının ardından, bu çalışma için ana bilgi kaynakları, verilerin dahil edilmesi ve hariç tutulmasına ilişkin belirli kriterler kullanılarak yapılmıştır. Toplam on iki araştırma makalesi incelenmiştir. Sonuç olarak akıllı telefon bağımlılığı/sorunlu akıllı telefon kullanımının depresyon, anksiyete, nevroz, yeme bozuklukları, uykusuzluk gibi psikopatolojik belirtilere ve stres, üzgün hissetme, saldırganlık, görünüş kaygısı, yalnızlık gibi psikolojik süreçlere neden olduğu bulunmuştur. Elde edilen bulgular ilgili literatür çerçevesinde tartışılmıştır.

**Anahtar Kelimeler:** Akıllı telefon, Akıllı telefon bağımlılığı, psikolojik etki

**Giriş**

A smartphone is a portable device that combines the functionality of a cell phone and a computer in a single unit. They are distinguished from feature phones by more powerful hardware capabilities, functions such as voice calls and text messaging, and comprehensive mobile operating systems that facilitate broader software, internet (including web browsing over mobile broadband) and multimedia functionality (including music, video, camera and gaming) in addition to the basic phone (Wikipedia, 2023). The first smartphone was invented in 1992 by IBM as the Simon Smartphone. This was a major breakthrough in the field of technology and for people's needs. Smartphones provide easy, fast and affordable access to information. They are electronic devices that can effectively perform the functions established by the combination of both hardware and software parts. They can perform many tasks that a computer does, such as talking, sending messages, taking photos, watching and sharing videos, working, and entertaining etc. Smartphones also have many physical features that distinguish them from regular phones. In particular, all kinds of activities are done by touching the screen (Rather & Khazer, 2019).

The use of the internet in the world is becoming more widespread day by day. As a result, the purposes of internet use are also diversifying. Internet use was previously limited to places where computers could be used, but today it is possible to access the Internet from anywhere via smartphones. The proportion of people who use smartphones the most are the young segment of society. Increasing usage time of smartphones has negative effects on daily life, social life and relationships. These negative effects can also cause a type of addiction (Yıldırım, Ergüzel, & Sayar, 2019). Although excessive smartphone use is not officially classified as a clinical disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or the International Classification of Diseases (ICD-10) it shares similarities with other addictive behaviors. Currently, the DSM-5 only considers gambling disorder as a behavioral addiction. Other

behaviors like "internet gaming", "sex addiction", "exercise addiction" or "shopping addiction" are classified as impulse disorders (Amerikan Psikiyatri Birliği (APA), 2013). According to Ting, & Chen (2020) problematic smartphone use means using your phone too much, which can cause different problems for body, mind, or social life.

According to the results of the "Household Use of Information Technologies Survey" conducted by TÜİK (Turkish Statistical Institute) between 2002 and 2020, the proportion of households with internet access at home increased from 7% in 2004 to 90,7% in 2020. The newest report on the "Household Use of Information Technologies Survey 2022" conducted by TÜİK, while cell phone usage was 92,7% in 2018, it was 95,8% in 2022. Looking at 2022, it is seen that the 25-34 age group has the highest rate of cell phone use with 98,3% (TÜİK, 2023). The study by IDC (International Data Corporation) suggests that the worldwide mobile phone market by device type will reach total shipments of 1,674 million units in 2021, up 4,2% from approximately 1,607 million units in 2020. From that point, total cell phone shipments will increase to approximately 1,739 million units worldwide by 2025, which is projected to grow at a compound annual growth rate of 1,6% for 2020-2025. Anthony Scarsella (2021), research manager at IDC's Worldwide Quarterly Mobile Phone Tracker, said "Consumers continue to favor higher-end smartphones this year, despite the ongoing problems caused by the pandemic and the Delta variant." Premium smartphones (priced at \$1,000+) are up 116% year-on-year. The average selling price across the entire market increased by 9% as buyer preferences shifted from entry-level devices to more costly 5G models. In statistical studies conducted in the US, it was found that Americans stay connected to their phones from the moment they wake up to the moment they fall asleep, resort to texting even to someone in the same room instead of talking and check their phones 262 times a day on average every 5.5 minutes (Wheelwright, 2021).

In their study, Choksi and Patel (2021) found that stress, anxiety, depression and sleep quality had a positive and significant relationship with smartphone addiction. Anxiety and stress are highly associated with smartphone addiction, followed by depression and sleep quality. Just as there is a significant positive relationship between smartphone addiction and anxiety, there is also a highly significant positive relationship between smartphone addiction and stress. Apart from this, a moderate relationship was found between smartphone use and sleep quality and between smartphone use and depression. Alavi et al., (2020) revealed that there is a strong relationship between smartphone addiction and some psychiatric disorders such as depression, anxiety, bipolar disorder, dependent personality disorder, compulsive personality disorder and somatization. According to Shi, X., Wang, A. and Zhu, Y. (2023) there is a bidirectional relationship between smartphone addiction and depressive symptoms, and loneliness mediates the relationship between smartphone addiction and depressive symptoms at the personal level. Yılmaz et al. (2023) appears to be a significant relationship between smartphone addiction and social appearance anxiety and aggression. This suggests that social appearance anxiety and aggression will affect smartphone addiction.

Smartphone addiction, which has many physical and cognitive indicators such as prolonged phone use throughout the day and the desire to pick up the phone as soon as you wake up in the morning, is a current issue that is being debated all over the world (Dula, & Güler, 2022).

#### **Aim of the Study**

While smartphones have become an integral part of our lives, it is undeniable that the use of these devices has physical, sociological and psychological harms. In this context, in this review, it is aimed to bring together the results of the studies on the psychological harms of smartphone addiction, to determine what kind of psychological harmful effects of smartphone addiction has and to contribute to the literature.

#### **Method**

This research was conducted with the systematic review method. Systematic review is the synthesis and presentation of many studies conducted by experts in the field with similar methods in a qualified and organized manner (Karaçam 2013). Because there are other words like mobile phone addiction, problematic mobile phone use, excessive mobile phone use, and smartphone addiction used in databases (Li, Li, Liu, & Wu, 2020; Zhang, Li, & Yu, 2020), the keywords "smartphone addiction" "mobile phone addiction", "problematic mobile phone use", "excessive mobile phone use", "psychological effect" and "psychological symptoms" were reviewed in July 2023. In the research, articles written in Turkish and English were examined. After the initial identification of the articles in the databases during this initial review, the main sources of information for this study were selected using certain criteria for including and excluding data. Accordingly, a total of twelve research articles were examined. The process of determining who is included and who is excluded in a study goes as follows;

The fact that the articles must have been published in 2019-2023.

The fact that the articles must have been published in the field of psychology and social sciences

The fact that the articles must include the term "smartphone addiction" in the title, keywords and abstract of the article.

Exclusion of articles in the form of letters to the editor.

Exclusion of studies conducted during the COVID-19 period.

Exclusion of scale development studies.

#### **Findings**

Herrero, Urueña, Torres, & Hidalgo (2019) in their study analyzed the association of 526 smartphone users in Spain with widespread use and addiction to smartphones as well as smartphone harm. Self-reported and screened data were obtained from users and their smartphones. The results shows that when low social support is coupled with heavy smartphone use, participants not only have a more positive attitude towards unsafe behaviors, but also experience higher levels of harm when using their smartphones. A total of 574 medical students participated in the study by Lei, Ismail, Mohammad, & Yusoff (2020), this study found that there is a relationship between using smartphones too much and having poor psychological health, such as feeling depressed, anxious, or stressed. However, a slight connection was discovered between being addicted to smartphones and having neurotic characteristics. When people become more addicted to their smartphones, they also experience higher levels of depression, anxiety, stress, and neuroticism. These findings show that smartphone addiction is related to mental health issues and feeling anxious or nervous. In another research study, they looked at how internet gaming addiction, smartphone addiction, feeling anxious about how one looks, and being aggressive were all related. They studied 383 undergraduate students from a university in Turkey who regularly play online video games. The study found that using smartphones too much is related to feeling anxious in social situations and being more aggressive. These results show that feeling anxious about how you look in front of others and being aggressive can cause people to become addicted to smartphones. Aggression played a role in connecting social appearance anxiety and smartphone addiction, but only to some extent. When people worry more about how they look to others, they might become more aggressive. This aggression could then increase the chance of becoming addicted to smartphones (Yılmaz et al., 2023).

The study looked at 3,827 university students (52,8% male, 47,2% female) in China to see how smartphone addiction and feeling sad or lonely are connected over time. The study was a four-wave longitudinal study over two years. The results showed that there is a bidirectional relationship between smartphone addiction and depressive symptoms and that loneliness mediates the relationship between smartphone addiction and depressive symptoms at the personal level (Shi, X., Wang, A., & Zhu, Y., 2023). In a research project conducted by Ge, Liu, Cao, & Zhou in the year 2023, 421 students from China's colleges participated. They were asked questions about anxiety, depression, addiction to smartphones, and problems with their thinking and decision-making abilities. The research aimed to find out how common depression, problems with thinking and decision-making, and addiction to smartphones are. The results showed that feeling anxious, depressed, and having difficulties with thinking were



strongly linked to being addicted to smartphones. Having difficulty controlling your actions and making decisions because of excessive smartphone use can make you more likely to feel anxious and depressed. More simply, difficulties in thinking, planning, and making decisions completely explain why anxiety and smartphone addiction are connected, and partially explain the connection between depression and smartphone addiction. Depression was found to strongly predict smartphone addiction, but anxiety was not found to have the same effect. The other research looked at how teenagers in China use their mobile phones and how it affects their feelings of anxiety and depression. It involved asking 1258 high school students questions about their phone use and their emotions. The study also looked at how mindfulness, which means being aware of your thoughts and feelings, can affect the relationship between mobile phone use and these negative emotions. The research found that when we took into account the factor of gender and grade, there was a connection between mobile phone addiction and anxiety and depression among teenagers. Furthermore, the connection between being addicted to cell phones and feeling anxious or depressed is stronger among teenagers who have less mindfulness. This study helped us understand if there is a connection between being addicted to cell phones and having mental health issues like anxiety and depression. It also looked at how certain personality traits like mindfulness might affect this connection (Yang, Zhou, Liu, & Fan, 2019). By Bhatt, & Gaur (2019), 320 dental students were evaluated in terms of internet and smartphone habits. The results showed that internet addiction and smartphone addiction were significantly associated with psychological parameters. A positive correlation was found between insomnia and smartphone addiction and internet addiction. Linear regression analysis also showed that internet addiction and smartphone were significant predictors of insomnia. There was a significant positive correlation between internet addiction and smartphone addiction with depression, anxiety and stress. Kim, Kwak, & Kim (2023) wanted to find out if "grit" affects how stress is related to smartphone addiction in teenagers. They studied 605 Korean students, aged 12 to 16 years (average age of 13,97 years). The study found that stress and determination in teenagers have a strong impact on their addiction to smartphones. Additionally, it was discovered that determination partially connects stress and obsessive smartphone use. This means that when people feel very stressed, they are less likely to have determination, and this makes them more likely to be addicted to their smartphones. This is especially true for teenagers.

Aslan (2023) did a study to see if high school students who are addicted to smartphones feel lonely and sad. The study included 3061 students who were in grades 9, 10, and 11 at different types of schools in the Besni district of Adiyaman province. These schools included Anatolian, Science, Imam Hatip, and Vocational Technical High Schools. Using smartphones, a lot is linked to feeling lonely and sad. Using the internet every day, spending a lot of time on smartphones, and engaging in social media were found to increase the likelihood of smartphone addiction by 36%. So, researchers found that high school students who use smartphones a lot also feel lonely. Jafari, H., Aghaei, A., & Khatony, A. (2019) included 439 medical sciences students in the study and aimed to investigate the relationship between smartphone addiction and loneliness. As a result, according to the degree of

smartphone addiction, 17,8% of the students were moderately addicted and 10,9% were in the extreme addiction range. In addition, it was determined that 71,3% of the students were addicted to smartphones. There is a significant positive correlation between smartphone addiction scores and loneliness.

A study conducted by Wang et al. (2023) aimed to determine the relationship between smartphone addiction and eating disorders and lifestyle changes in university students. It was a descriptive, cross-sectional study involving 1,112 university students from various universities in Chengdu, China. 22,6% of the students who took part in the study were addicted to smartphones, and 10,4% of them were in danger of developing eating disorders. Female students had a stronger addiction to their cell phones and had more concerning attitudes towards their eating habits compared to male students. The students who were addicted to smartphones had higher scores in their eating attitudes compared to the rest of the students. The study found that people who were addicted to their cell phones were more likely to have unhealthy eating habits, and to feel depressed, anxious, and have trouble sleeping at night. They also tended to eat fast food and drink sugary drinks more often. This study found that smartphone addiction was strongly related to eating disorders, how people eat, and their everyday routines. Tayhan Kartal, & Yabancı Ayhan (2021) aimed to determine the relationship between eating behavior disorder and smartphone and internet in university students. This research was conducted on a total of 437 university students, 116 male and 321 female. Female students were found to have higher eating disorder scores than male students. 13% of the students had potential internet addiction. The level of smartphone addiction was found to be positively correlated with eating attitudes. The latest findings show that how long students use the internet can impact how addicted they are to smartphones and the internet. Additionally, both of these addictions can have an impact on students' eating behaviors, potentially leading to disorders. Furthermore, being addicted to smartphones and the internet, as well as having an unhealthy relationship with food, is strongly linked to being overweight.

## Discussion

In this systematic review type study, when the literature was reviewed according to certain criteria and concepts, it was concluded that smartphones have been studied on neuroticism, depression, anxiety and insomnia in a common way and intensively. In all these studies, it was understood that smartphone addiction related with depression, anxiety, neuroticism and sleep disorders. In addition, it has been revealed that smartphone addiction, depression, anxiety, neuroticism, and sleep disturbance are interrelated. In a sample of 353 Korean university students, depression was found to be a significant predictor of smartphone addiction (Kim et al., 2015). In a convenience sample of 394 Chinese college students, mood regulation (defined as avoiding/reducing negative emotions such as loneliness, anxiety, depression, and stress) was found to have a significant positive effect on smartphone addiction (Zhang-Kem, Chongyang, & Matthew, 2014). In a survey of 414 Chinese university students, loneliness, which is highly positively associated with depression, emerged as the strongest independent predictor of smartphone addiction score (Bian, & Leung, 2015). Similarly, in a sample of 367 Turkish university students, loneliness score

showed a significant positive correlation with smartphone addiction score (Enez-Darçın et al., 2016). According to Demirci, Akgönül, & Akpınar (2015) depression and anxiety scores were found to be significantly higher among low smartphone users compared to high smartphone users, and a survey of 319 Turkish university students revealed that depression and anxiety were independent predictors of the severity of smartphone addiction. Kumar, Chandrasekaran, & Brahadeeswari (2019) found poor sleep quality in a study of 77 medical students using smartphones. In two other studies evaluating sleep quality, smartphone addiction was found to be statistically significantly associated with poor sleep quality (Ibrahim et al., 2018; Touitou, Touitou, & Reinberg, 2016). When the findings of the review and the literature are evaluated together, it is seen that there are similar results.

Another discovery made in the study shows that being addicted to smartphones is linked to feeling lonely. Research on 438 international students in China discovered that students are more likely to feel very lonely and have an excessive dependence on smartphones. In this research, they discovered that 5.3% of the people felt very lonely, and over half of the people showed signs of being addicted to their smartphones. In this research, they found that feeling lonely is the most important factor in predicting addiction to smartphones (Jiang, Li, & Shypenka, 2018). Other research has found that university students in China who feel lonely have a greater chance of being addicted to their smartphones. In a study on young people, Mahapatra (2019) found that feeling lonely is linked to being addicted to smartphones. Enez- Darçın et al. (2016) done study on college students found that feeling lonely is connected to being addicted to smartphones.

According to the last finding of the study, it was observed that smartphone addiction was positively associated with eating disorders in the studies compiled. According to a recent study by Tayhan Kartal and Yabancı Ayhan (2021), using smartphones obsessively and being addicted to them can make people lose track of how much they eat. This can impact their eating habits and preferences. It also makes you gain weight by making you move less and changing how your body is made up. A study by Alosaimi (2016) discovered that using a smartphone for a long time can make you live a more inactive life. To spend more time in front of the screen, people may start eating unhealthy and convenient foods or skipping regular meals and eating snacks instead. When the literature is examined and in this review study, it is understood that smart phone addiction may related with eating disorders.

## Conclusion

In this systematic review, it was concluded that smartphone addiction / problematic smartphone use related with psychopathological symptoms such as depression, anxiety, neuroticism, eating disorders, insomnia and psychological effects such as stress, feeling sad, aggression, appearance anxiety, and loneliness. Smartphones are important technological inventions that provide many benefits to their users when used consciously for their intended purpose. Smartphones have important advantages such as effective use of time, easy access to information and the ability to do things without going anywhere. On the other hand, excessive use of smartphones outside their intended purpose negatively affects the biological, physiological, social and psychological conditions of the user. For adult, young and even child users, excessive use of smartphones can lead to negative consequences such as smartphone addiction. The limitations of this research, it has been examined studies in Turkish and English language between 2019-2023 and includes the keywords of the study were "smartphone addiction", "mobile phone addiction", "problematic mobile phone use", "excessive mobile phone use", "psychological effect" and "psychological symptoms". As with all types of addiction, it is important to prevent problematic use of smartphones before addiction develops was suggested.

## Declarations

### Ethics Approval and Consent to Participate

Not applicable

### Consent for Publication

Not applicable

### Availability of Data and Materials

Not applicable.

### Competing Interests

The author declares that no competing interests in this manuscript.

### Funding

Not applicable.

### Authors' Contributions

E. E. M. created the design of the study, conducted the data collection phase, analyzed the data, drafted the article and undertook its critical revision. The author has read and approved the final version of the article.

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Other resources can be found in NLM's Research Reporting Guidelines and Initiatives.

#### **Research Data:**

As the Cyprus Turkish Journal of Psychiatry and Psychology, we believe that the clarity, transparency and reproducibility of the research should be facilitated. Regarding the subject, we encourage authors to share their research data in an appropriate public repository subject to ethical considerations and to include a data accessibility statement in their article files.

### **ARTICLE WRITING RULES AND FEATURES**

#### **General Information:**

The language of the Cyprus Turkish Journal of Psychiatry and Psychology is Turkish and English. Manuscripts should be written in a clear, fluent, simple language and long narratives should be avoided. Turkish equivalents of foreign words and abbreviations must be fully written in parenthesis where they crossed. Generic names of drugs should be used. Footnotes should not be used.

The names of the authors should be placed at the bottom right of one line of the article title and the title, institution, address, telephone, e-mail address should be given with the asterisk (\*). Authors / text-specific terminology and / or abbreviations should be explained in footnotes. The author (s) must be the person (s) who makes the work and writes directly.

If the research has received financial support from an organization or has been presented in a congress, it should be placed on the last word of the title of the manuscript (\*) and should be indicated as a bottom note.

Articles are on one side of A4 paper size, 2.5 cm on all sides. It should be written with "Times New Roman" font with 12 pt and one and a half line spacing. The Turkish title should not exceed 19 words. Subheadings must be preceded by line spacing, no space between paragraphs and no paragraph indented.

Footnotes should be used to provide additional information, not for source representation, should be numbered on the page, written in 10 pt and 1 line spacing and justified. The page numbers must also be placed at the bottom with 11 pt.

Accepted articles are published in order.

#### **Preparation of articles:**

##### **Title page:**

The Turkish and English title of the article should not exceed 19 words. Abbreviations should not be used in the title. In the article, only the names and surnames of the authors who directly contributed to the study, their titles, and the institutions they work for should be written clearly. Funds and organizations supporting the study should be specified on the title page.

Contact information of the author to be contacted should be written at the bottom of the title page (Author's name, surname, full address, postal code, telephone number, fax number and e-mail address should be written).

##### **Abstracts:**

Abstracts should be written in Turkish and English and should contain a maximum of 250 words. The abstract should be organized according to purpose-method-results-discussion sections. Turkish and English key words (3-8) for the article should be given right after the abstracts. English keywords should be given in accordance with "Medical Subject Headings (MESH)" (<http://www.nlm.nih.gov/mesh/MBrowser.html>). Turkish keywords should be in accordance with Turkey Science Terms (TBT) (<http://www.bilimterimleri.com>). Using abbreviations in abstracts should be avoided as much as possible. When abbreviations must be used, they should be used after they are defined in parentheses at the first mention.

Research articles: After the abstract, the subtitles of introduction-method and materials-results-discussion-resources should be included, the latest information on the subject should be included, the method should be written clearly, the validity and reliability studies of the measurement tools used and the tests used for evaluation, standard deviation, test values must be specified. In the discussion, the clinical and theoretical benefits of the results, application areas, and innovations should be emphasized. Articles should not exceed 3500 words. The article should contain a maximum of 6 tables or figures. Care should be taken that the number of references does not exceed 50 resources.

Review articles: The purpose, the method used, the sources used, the results obtained should be stated. Articles should not exceed 3500 words. The article should contain a maximum of 6 tables or figures. Care should be taken that the number of references does not exceed 50 resources.

Case reports: Case reports should include introduction, description of the cases, discussion and references sections. The article should not exceed 3000 words. It should be noted that the number of references for typical or rare cases that are found useful in terms of clinical or theoretical education should not exceed 30 references. The number of tables or figures should not exceed 2.

Perspectives: In these articles, experience-based opinions on controversial or controversial issues affecting the profession should be discussed with the introduction of the literature. The article should not exceed 2500 words. Number of Resources should not exceed 20. The number of tables or figures should not be more than 2.

Practical Psychotherapy: In these articles, the introduction and information about psychotherapy application should be discussed in the light of the literature. The article should not exceed 2500 words. Number of Resources should not exceed 20. The number of tables or figures should not be more than 2.

Comments: The features of the article discussed with the introduction should be discussed in the light of the literature. The article should not exceed 2500 words. Number of Resources should not exceed 20. The number of tables or figures should not be more than 2.

Letter: Opinions in which a discussion forum can be formed on various issues in the journal are included in the letter section. The article should not exceed 500 words.

Translation, book and thesis presentation: Translation, book and thesis introductions should be short, an original copy of the translation texts and thesis should be sent. The article should not exceed 500 words.

Thank letter: The letter of acknowledgment can be added to the individuals who contributed or to the funds and organizations supporting the study, if any.

Resources: In-article citations and bibliography in the journal should be shown according to the international APA format. For detailed information, see the Resources section on the website.

##### **Reference in Text:**

References should be written in parentheses in the text by including the surnames and publication date of the manuscripts. If more than one source is to be shown, the (;) sign must be used between the references. References should be sorted alphabetically.

Single author References;

(Akyolcu, 2007)

References with two authors;

(Saymer and Demirci, 2007, p. 72)

References with three, four and five authors;

For the first use in the text: (Ailen, Ciambune and Welch 2000, pp. 12 .13) In repeated use within the text: (Ailen et al., 2000).

References with six and more authors;

(Çavdar et al., 2003)

References in References Section

All references should be given in a separate section at the end of the text in alphabetical order.

Examples of literature writing are given below.

Book

a) Book Example

Onur, B. (1997). *Developmental Psychology*, Ankara: İmge Kitapevi.

b) Translation of Books

Schuckit MA. (1993). *Alcohol and Substance Abuse*. K Kamberoglu (trans.), Izmir: Kanyilmaz Matbaasi.

c) Multi Writer Turkish Book

Tonta, Y., Bitirim, Y. and Sever, H. (2002). *Performance evaluation in Turkish search engines*. Ankara: Total Informatics.

d) English Book

Kamien R., & amp; Kamien, A. (2014). *Music: An appreciation*. New York, NY: McGraw-Hill Education.

e) Section in English Book

Bassett, C. (2006). *Cultural studies*. In G. Hall & C. Birchall (Eds.), *New cultural studies: Adventures in theory* (pp. 220 Bir237). Edinburgh, UK: Edinburgh University Press.

f) Section in Turkish Book

Erkmen, T. (2012). *Organizational culture: Functions, elements, the importance of business management and leadership*. M. Zencirkiran (Ed.), *In the book of Organizational Sociology* (pp. 233an263). Bursa: Dora Edition Publication.

Article

a) Article

Mutlu, B. and Savaşer, S. (2007). *Causes of stress in parents in the intensive care unit after surgery and attempts to reduce*. *Istanbul University Florence Nightingale Nursing Journal*, 15 (60), 179ing182.

b) More Than Seven Writers in Article

Lal, H., Cunningham, A. L., Godeaux, O., Chlibek, R., Diez-Domingo, J., Hwang, S.-J. ... Heineman, T. C. (2015). *Efficacy of an adjuvanted herpes zoster subunit vaccine in older adults*. *New England Journal of Medicine*, 372, 2087 *Medicine*2096. <http://dx.doi.org/10.1056/nejmoa1501184>

Thesis, Presentation, Paper

a) Thesis

Yellow, E. (2008). *Cultural identity and policy: Interculturalism in Mardin*. (Unpublished PhD Thesis). Ankara University Institute of Social Sciences, Ankara.

b) Congress Presentation

Çepni, S., Bacanak, A. and Özsevgeç, T. (2001, June). *The relation of science teacher candidates attitudes towards science branches and their success in science branches*. Paper presented at the X. National Educational Sciences Congress, Abant İzzet Baysal University, Bolu

##### **Tables and Figures:**

Tables should be written on a separate page with single spacing. Each table should have a number and descriptive information on top. If abbreviations are included in the table, the expansions of these abbreviations should be placed under the table in the form of subtitles and in alphabetical order.

When using previously printed or electronically published tables, written permission must be obtained from both the author and the publisher, and this must be sent to the editor of the journal by fax or mail.

Transverse and longitudinal lines should not be used in the table, only straight lines should be drawn at the top and bottom.

The visuals and note examples in the articles should be numbered as Figure / Table 1.... with their short explanations centered. All images should be sent separately in JPG format with a minimum resolution of 300 dpi in order to avoid resolution problems in printing. Placements in the text can be changed according to the page layout when necessary.

Tables, graphics, figures and photographs should not be more than six, they should be placed on a separate page and their place in the text should be specified. Periods should not be used in arabic numbers and decimals.

#### **Article Submission:**

Article submissions are through the magazine park system and are given below;

Link: <https://dergipark.org.tr/tr/>

#### **THE BLIND REVIEW AND EVALUATION PROCESS**

Blind refereeing is a method applied for publishing scientific publications with the highest quality. This method forms the basis of the objective evaluation process of scientific studies and is preferred by many scientific journals. All studies submitted to the Cyprus Turkish Journal of Psychiatry and Psychology are evaluated by blinding according to the following stages.

#### **Blind Arbitration Type:**

The Cyprus Turkish Journal of Psychiatry and Psychology uses the double blind method in the evaluation process of all studies. In the double blind method, the identities of the authors and referees of the studies are hidden.

#### **Initial Evaluation Process:**

Studies submitted to the Cyprus Turkish Journal of Psychiatry and Psychology are first evaluated by the editors. At this stage, studies that do not comply with the purpose and scope of the journal, are weak in terms of language and expression rules in Turkish and English, contain scientific critical errors, have no original value and do not meet the publication policies are rejected. Authors of rejected studies are informed within one month at the latest from the date of submission. Studies that are deemed appropriate are sent to a field editor for the field of interest for pre-evaluation.

#### **Pre-Evaluation Process:**

In the pre-evaluation process, field editors examine the introduction and literature, method, findings, conclusion, evaluation and discussion sections of the studies in detail in terms of journal publishing policies and scope and originality. Studies deemed unsuitable as a result of this review are returned within four weeks at the latest with the field editor's evaluation report. Studies found appropriate are taken into the refereeing process.

#### **Refereeing Process:**

Studies are refereed according to their content and expertise of the referees. The editor of the field who examines the study suggests at least two referees from the referee pool of the Cyprus Turkish Journal of Psychiatry and Psychology, or may suggest new referees suitable for the field of study. The referee suggestions from the field editor are evaluated by the editors and the studies are forwarded to the referees by the editors. Referees must guarantee that they will not share any process and document about the work they evaluate.

#### **Referee Reports:**

Referee evaluations are generally; It is based on originality, method used, compliance with ethical rules, consistent presentation of findings and results, and review of the literature. This review is based on the following factors: Introduction and literature: the evaluation report includes the presentation and aims of the problem in the study, the importance of the subject, the scope of the literature on the subject, its currency and the originality of the study.

Method: The evaluation report includes information on the suitability of the method used, the selection and characteristics of the research group, validity and reliability, as well as an opinion on the data collection and analysis process

Findings: The evaluation report includes opinions on the presentation of the findings obtained within the framework of the method, the accuracy of the analysis methods, the consistency of

the findings reached with the aims of the research, the presentation of the tables, figures and visuals needed, and the conceptual evaluation of the tests used.

Evaluation and discussion: the evaluation report includes discussion of the topic based on the findings, compliance with the research question (s) and hypothesis (s), generalizability and applicability.

Conclusion and suggestions: the evaluation report includes a contribution to the literature, an opinion on suggestions for future studies and applications in the field.

Style and expression: the evaluation report includes the opinion about the content of the study title, the use of Turkish in accordance with the rules, the submission and references to the language of the full text in accordance with the examples under the journal publication principles.

General evaluation: the evaluation report includes an opinion about the originality of the study as a whole, and its contribution to the literature and practices in the field.

During the evaluation process, the referees are not expected to make adjustments according to the typographical features of the study.

#### **Referee Evaluation Process:**

The time given to the referees for the referee evaluation process is 3 weeks. Correction suggestions from referees or expert editorial board members must be completed by the authors within 3 weeks. Referees can examine the revisions of a work and decide whether it is appropriate or, if necessary, request corrections more than once.

#### **Evaluation Result:**

Comments from referees are reviewed by the field editor within two (2) weeks at the latest. As a result of this review, the editor of the field transmits its final decision regarding the study to the editors.

#### **Editorial Board Decision:**

Editors prepare editorial board opinions on the study based on the opinions of the field editor and referees. The opinions prepared are forwarded to the author (s) by the editor together with the field editor and referee recommendations within 1 week at the latest. In this process, the works that are given negative opinions are returned without requesting a plagiarism check. The final decision is made according to the results of the plagiarism audit reports for the studies with positive opinions.

#### **Publication Evaluation Process:**

It is envisaged that the publication evaluation process of the studies submitted to the Cyprus Turkish Journal of Psychiatry and Psychology will be completed within approximately 3 months. However, the period between the date when the referees or editors request a correction from the author (s) and the date when the author (s) complete the corrections are not included in this 3-month period.

#### **Citation and Reference Control:**

According to the publication ethics of the Cyprus Turkish Journal of Psychiatry and Psychology, it is mandatory to cite the articles accurately and completely. Authors must ensure that they have written entirely original works and that if authors have used the works and / or words of others, it is properly quoted or quoted. This audit is done first by the referees during the evaluation and then by the editors according to the result of the similarity-plagiarism (iThenticate) program. All works plagiarism report is also checked over intihal.net.

#### **Early View and Publishing of the Article:**

The articles that are edited in the Cyprus Turkish Journal of Psychiatry and Psychology are published in electronic media under the title of "Early View" by giving a Digital Object Identifier (DOI). Minor adjustments can be made, if necessary, while early view articles are published in the journal. Articles in early view are published in volumes and numbers determined by the Editorial Board, by removing the "EARLY VIEW" watermark on it. After the electronic journal is published, the printed version of the Cyprus Turkish Journal of Psychiatry and Psychology, which includes the same articles, is also published in the same month.

#### **Archiving:**

The data and full texts of the articles published in the Cyprus Turkish Journal of Psychiatry and Psychology are published as .pdf on the server of TÜBİTAK ULAKBİM DERGİPARK.



OCLC WorldCat and EBSCOhost digital archiving (<https://dergipark.org.tr/en/pub/ktppdergisi/archive>), (<https://www.worldcat.org/>) stored and archived in a closed way. (LOCKSS; <https://dergipark.org.tr/en/pub/ktppdergisi/lockss-manifest>).

**EASE Statement on Quality Standards**

The European Association of Science Editors encourages all editors to ensure that reports of research on COVID-19 meet required standards and comply with agreed guidelines, and that any limitations are clearly stated. Members of EASE have noted poor standards of reporting in many studies related to the COVID-19 pandemic. Medical and public health measures to treat infected patients and to limit the spread of the coronavirus have to be based on high quality evidence if they are to succeed. EASE urges all involved in collecting and publishing data related to the pandemic to adhere to ethical guidelines, and to follow standard reporting guidelines (see [www.equator-network.org](http://www.equator-network.org)), for example CONSORT for clinical trials and STROBE for epidemiological studies. Demographic data should include age and sex of all individuals and follow the SAGER guidelines to ensure that data on sex and gender are fully and correctly reported. We encourage full and open sharing of data where possible.

We recognise that in times of crisis it may not always be possible to obtain all required data, and that reporting may – of necessity – be curtailed. To avoid misinterpretation, but also to facilitate the rapid sharing of information, we encourage editors to ensure that authors include a statement of limitations on their research. This will inform readers and strengthen the usefulness of any published research.

In addition, whilst always advocating high language standards, we acknowledge that to facilitate rapid dissemination of important research it may be necessary to limit editorial involvement to ensuring that the published research is understandable, and not to enforce stringent language requirements on authors.

The relevant statement can be found at the website <https://ease.org.uk/publications/ease-statements-resources/ease-statement-on-quality-standards/>.

## YAZARLARA BİLGİLER

### GENEL BİLGİLER

#### Amaçlar ve Kapsam:

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'nin amacı, Kıbrıs Türkiye ve Dünya'da Psikiyatri ve Psikoloji başta olmak üzere kuramsal bilgileri ve klinik deneyimleri bilimsel düzeyde sunmak, yayımlaştırmak bir forum oluşturmaktır. Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'nde Psikiyatri ve Psikoloji ile ilgili alanlardaki araştırma, gözden geçirme/ derleme, olgu sunumu, eğitimde/ uygulamada ve psikiyatride yeni ufuklar açacak özgün yazılar/görüşler, çeviri yazılar, mektup/tartışma, kitap ve tez tanıtımı yayımlanır. Kısa Adı KTPP Dergisi olan Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi hem basılı (ISSN: 1302-7840) hem de online (E-ISSN: 2667-8225) olarak yayımlanmaktadır. Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi, yazarların International Committee of Medical Journal Editors (ICMJE) tarafından formüle edilen Tıbbi Dergilerde Bilimsel Çalışmanın Yürütülmesi, Raporlanması, Düzenlenmesi ve Yayınlanması için Önerilere uymalarını önermektedir. Link: <http://www.icmje.org/icmje-recommendations.pdf>

#### Yayın Sıklığı:

Dergi Mart, Haziran, Eylül ve Aralık olmak üzere üç ayda bir, dört sayı olarak yayımlanır. Dergiye gönderilen yazılar yayın kurulu ve en az iki danışmanın incelemesinden ve gerekli düzeltmeler yapıldıktan sonra yayımlanır.

#### Yayın Dili:

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'nin yayın dili Türkçe ve İngilizce'dir. Türkçe tam metin yayımlanan makalelerde İngilizce başlık, öz ve anahtar sözcükler de yer alır. Yine İngilizce Yayınlanan Makalelerde Türkçe başlık, öz ve anahtar sözcükler yer alır.. Makalelerin yazımı ve dil bilgisi kurallarına uygun olması, Editörleri Kurulunun önem verdiği bir politikadır. Makalelerin dil bilgisi, yazım kuralları ve alan yazına uygun, anlaşılır, açık ve yalın bir dil ile yazılması beklenir. Editörler Kurulu'nca yayına kabul edilen makaleler, dil (Türkçe, İngilizce) editörlerince okunur. Yazarlara, makalelerin değerlendirme sürecinde editörler kurulu, hakemler ya da dil editörlerince makalenin yazımına ilişkin düzeltmeler önerilebilir. Bu düzeltmelerin yapılması, yazarların sorumluluğundadır. Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi herhangi bir çeviri hizmeti vermemektedir. Derginin beklentilerine uyması için İngilizce düzenleme, çeviri veya şekil ve makale biçimlendirme konusunda yardım arayan yazarlar, Kıbrıs Ruh Sağlığı Enstitüsü Dil Hizmetlerini kullanmayı düşünebilirler. Kıbrıs Ruh Sağlığı Enstitüsü'ndeki dil hizmetleri için enstitünün web sitesi <http://ruhsagligienstitusu.com>'u ziyaret edebilirler.

#### Açık Erişim Politikası:

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi, açık erişimli, çift kör hakemli bir dergidir. Hakem değerlendirmesi sonrasında kabul edilen her makale, yayımlandıktan hemen sonra çevrimiçi olarak ücretsiz olarak bir Creative Commons lisansı altında yayımlanır ve sürekli olarak çevrimiçi olarak barındırılır. Dergiye makale göndermenin herhangi bir bedeli yoktur.

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi, yayıncılıkta saydamlık, açık erişim sağlama ve bilginin paylaşılması politikasıyla yayımlanmaktadır. Dergimiz, Budapeşte Açık Erişim Girişimi'ni desteklemektedir. Bu amaçla <http://www.budapestopenaccessinitiative.org/boai-10-translations/turkish-translation> web adresinde bulunan açık erişim politikaları, Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi Editörler Kurulu'nca benimsenmektedir. Ayrıca, açık erişim sağlama politikaları kapsamında Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'nde yayımlanan makaleler "Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License" ile lisanslanmıştır.

<https://dergipark.org.tr/en/pub/ktppdergisi/archive>

#### Dergi yazım içeriği:

Gönderim aşamasında, başvuru mektubu, başlık, yazarlar ve kurumları, iletişim adresi, Türkçe özet ve yazının İngilizce başlığı ve özeti ilgili aşamalarda yazılmalıdır. İngilizce yazılan çalışmalara da Türkçe özet eklenmesi gerekmektedir. Yazının ana metnindeyse şu sıra kullanılacaktır: Giriş, Gereç ve Yöntem, Bulgular, Tartışma, Teşekkür, Kaynaklar. Yazıların daha önce

yayımlanmamış ya da yayımlanmak üzere başka dergiye gönderilmemiş olması gerekir.

#### Yazı Cesitleri:

Dergi aşağıdaki yazı türlerini yayın için kabul eder:a)Özgün Makaleler: Bunlar sadece deneysel tasarımlar gibi yüksek kaliteli planlanmış araştırma çalışmalarından orijinal bulgular içeren sonuç çalışmaları, vaka-kontrol serileri, yüksek yanıt oranlarına sahip anketler, randomize kontrollü çalışmalar, müdahale çalışmaları, tarama ve teşhis testleri çalışmaları ile maliyet-etkinlik analizleri.

b)Derleme makaleleri: Bunlar, literatürün sistematik ve eleştirel değerlendirmeleridir.

c)Vaka Serileri: Bu bölümde belirli bir tanıya / klinik özelliğe / tedaviye ait birden fazla yeni, ilginç ve nadir vaka rapor edilebilir.

d)Bakış Açıları: Bu yazılar, mesleği etkileyen tartışmalı veya tartışmalı konulara ilişkin deneyime dayalı görüş ve görüşler olmalıdır. Yazar konu hakkında yeterli ve güvenilir deneyime sahip olmalıdır.

e)Pratik Psikoterapi: Tek vakada veya bir dizi vakada psikoterapinin kullanımını anlatan yazılar bu bölüme gönderilebilir. Esas olarak psikoterapi uygulamasındaki pratiklikleri, karşılaşılan engelleri, nasıl aşıldıklarını vb. Açıklayan makaleler arıyoruz.

f)Yorumlar: Bunlar önemli konuları ele almalıdır ve Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'nde yakın zamanda yayımlanan birden fazla veya belirli bir makaleye bağlanabilir.

g)Editöre Mektup: Bu bölümde yazarlar ruh sağlığı alanı ile ilgili kısa gözlemlerini bu bölümde yayımlarlar.

#### Yazarlık:

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi, Uluslararası Tıp Dergisi Editörleri Komitesi tarafından yazarlık için önerilen gereksinimlerini takip etmektedir. Makaleler, yalnızca katkıda bulunan tüm yazarlar tarafından onaylandıktan sonra değerlendirilmek üzere sunulmalıdır. Makale gönderim aşamasında Yazar Formu da birlikte gönderilmelidir. Makaleyi gönderenler, makaleye katkıda bulunan herkesin katkıda bulunan yazarlar olarak kabul edildiğini dikkatlice kontrol etmelidir.

Yazar listesi, yasal olarak yazarlık iddia edebilecek herkesi içermelidir. Buna göre, her yazar aşağıdaki kriterlerin tümünü karşılamalıdır:

Çalışmanın ana fikir veya tasarımına önemli katkılar veya çalışma için verilerin toplanması, analizi veya yorumlanması; VE Çalışmanın taslağını hazırlamak veya önemli entelektüel içerik için eleştirel olarak yeniden gözden geçirmek; VE Yayınlanacak versiyonun son onayı; VE

İşin herhangi bir kısmının doğruluğu veya bütünlüğü ile ilgili soruların uygun şekilde araştırılıp çözülmesini sağlamada çalışmanın tüm yönlerinden sorumlu olmayı kabul etmek

Yazarlık kriterlerini karşılamayan tüm katkıda bulunanların Teşekkür bölümünde belirtilmelidir. Yazarlık hakkında daha fazla bilgi için lütfen International Committee of Medical Journal Editors (ICMJE) yazarlık kılavuzuna bakın.

#### Telif Hakkı Devir Formu:

Yazarlar makalelerinin telif haklarını, makale başvurusu sırasında Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'ne devretmek zorundadır. Bunun için "Telif Hakları Devir Formu" doldurularak yazıların yayın hakları dergiye devredilir. Formu tüm yazarlar imzalar, tarayıcıda tarar ve elektronik olarak makaleyle birlikte TÜBİTAK ULAKBİM DERGİPARK sistemine (<https://dergipark.org.tr/en/pub/ktppdergisi>) yükler. Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi Editörler Kurulu, makalenin yayımlanmasında yetkilidir.

Ayrıca yazarların telif hakkı dışında kalan patent hakları, dersleri, sunumları ve kitap çalışmalarında makaleyi ücret ödemeksizin kullanabilme hakkı, satmamak koşuluyla kendi amaçları için makaleyi çoğaltma hakkı, postayla veya elektronik yolla dağıtma hakkı saklıdır. Ayrıca makalenin herhangi bir bölümünün başka bir yayında kullanılmasına Dergiye yollamada (atıfta) bulunulması koşuluyla yazarına izin verilir. Telif Hakları Devir Formu'nu makale başvurusu ile sisteme yüklemeyen yazarların makalelerine işlem yapılmaz. Telif hakkı devri yalnız Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'nde yayımlanan makaleler için geçerlidir.

### **Finansman:**

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi, tüm yazarların fonlarını tutarlı bir şekilde ayrı bir başlık altında belirtmelerini talep etmektedir. Finansman bulunmaması durumunda teşekkür metninde sonra ve kaynaklar bölümünden önce şu ifadelerin bulunması gerekir: "Bu araştırma, kamu, ticari veya kar amacı gütmeyen sektörlerdeki herhangi bir finansman kuruluşundan özel bir hibe almadı."

### **Çatışan Çıkarların Beyanı:**

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'nin politikası, tüm yazarlardan çatışan çıkar beyanını yazılarında belirtmeleridir. Çatışma yoksa lütfen 'Yazar (lar) çıkar çatışması olmadığını beyan eder' ifadesinin kullanılması gerekir. Çıkar çatışması bildirimleri hakkında rehberlik için lütfen ICMJE önerilerine bakın.

<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/author-responsibilities--conflicts-of-interest.html#two>

Tüm başvurulara ICMJE Çıkar Çatışması Formları eşlik etmelidir.

### **Etik Kurul:**

Araştırmalar için yerel etik kurul onayı alınmalıdır. Deneysel çalışmaların sonuçlarını bildiren yazılarda, çalışmanın yapıldığı gönüllü ya da hastalara uygulanacak prosedür(lerin) özelliği tümüyle anlatıldıktan sonra, onaylarının alındığını gösterir bir cümle bulunmalıdır. Yazarlar, bu tür bir çalışma söz konusu olduğunda, uluslararası alanda kabul edilen kılavuzlara ve T.C ve/veya K.K.T.C. Sağlık Bakanlığı tarafından getirilen yönetmelik ve yazılarda belirtilen hükümlere uyulduğunu belirtmeli ve kurumdan aldıkları Etik Komitesi onayını göndermelidir.

İnsan denekleri içeren tıbbi araştırmalar Dünya Tıp Birliği Helsinki Deklarasyonu'na göre yapılmalıdır.

<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

Gönderilen makaleler, Tıbbi Dergilerde Bilimsel Çalışmanın Yürütülmesi, Raporlanması, Düzenlenmesi ve Yayınlanması için ICMJE Tavsiyelerine uygun olmalıdır.

<http://www.icmje.org/icmje-recommendations.pdf>

Hayvan ve / veya insan çalışmalarını bildiren tüm makaleler ile ilgili Etik Kurul veya Kurumsal İnceleme Kurulunun verdiği onay yöntemler bölümünde belirtilmelidir.

Tüm başvurulara bir başlık sayfası eşlik etmelidir.

Makalenin başlığı olmalı.

Onay numarasına ek olarak inceleme komitesinin tam adı ve kurumu belirtilmeli.

Editöre, gönderilen makalenin basılmadığına, eşzamanlı olarak gönderilmediğine veya başka bir yerde yayınlanmak üzere kabul edilmediğine dair bir açıklama eklenmeli.

Yazının tüm yazarlar tarafından okunduğuna ve onaylandığına, bu belgede daha önce belirtildiği gibi yazarlık gereksinimlerinin karşılandığına ve her yazarın yazının dürüst çalışmayı temsil ettiğine inandığına dair bir açıklama eklenmeli.

Yazar, yazının bilgisi dahilinde, herhangi bir üçüncü şahsın telif hakkını veya mülkiyet hakkını ihlal etmediğini beyan etmeli

Bireysel vakaları veya vaka serilerini bildirmek için bilgilendirilmiş onam hakkındaki bilgiler makale metnine dahil edilmelidir. Yayınlanacak hasta bilgileri ve görüntüleri için yazılı bilgilendirilmiş onamın hasta (lar) tarafından mı yoksa yasal olarak yetkili bir temsilci tarafından mı sağlandığına dair bir açıklama gereklidir. Kendi başına hastanın gizliliğini ihlal ettiği için, lütfen makale ile hastanın gerçek yazılı bilgilendirilmiş onayı gönderilmemelidir. Dergi, yazılı bilgilendirilmiş onay aldığını yazılı olarak onaylamanızı talep etmektedir. Ancak yazılı izin kendisi, örneğin bir hastanın hastane kaydında yazarlar / araştırmacılar tarafından tutulması gerekmektedir. Onay mektubu ayrı bir dosya olarak yüklenebilir. Lütfen ayrıca Araştırma Katılımcılarının Korunması için ICMJE Önerilerine bakın.

<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/protection-of-research-participants.html>

Yayınlanmak üzere gönderilen hayvanları içeren tüm araştırmalar, çalışmaların yürütüldüğü tesisin gözetiminde bir etik komite tarafından onaylanmalıdır. Hayvanlar üzerinde yapılan çalışmalarda ağrı, acı ve rahatsızlık verilmesi için neler yapıldığı açık bir şekilde belirtilmelidir.

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi, International Association of Veterinary Editors tarafından yayınlanan Veterinerlik Dergileri için Hayvan Etiği ve Refahına İlişkin Mutabakat Yazım Kılavuzunu benimsemiştir.

<http://www.veteditors.org/consensus-author-guidelines-on-animal-ethics-and-welfare-for-editors/>

### **Klinik Araştırmalar:**

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi, ICMJE'nin , klinik araştırmaların DSÖ onaylı bir kamu araştırmaları kayıt defterine ilk hasta kaydı sırasında veya öncesinde, yayın için bir değerlendirme koşulu olarak kaydedilmesi şartına uyar. Özetin sonunda deneme kayıt adı ve URL'si ve kayıt numarası yer almalıdır.

### **Raporlama Yönergeleri:**

İlgili EQUATOR Ağı raporlama kılavuzları, çalışmanın türüne bağlı olarak takip edilmelidir. Örneğin, yayınlanmak üzere gönderilen tüm randomize kontrollü çalışmalar , şekil olarak tamamlanmış bir CONSORT akış şemasını içermelidir. Sistematik incelemeler ve meta-analizler, tamamlanmış PRISMA akış şemasına göre düzenlenmelidir. EQUATOR sihirbazı uygun kılavuz belirlemenize yardımcı olabilir.

Diğer kaynaklar, NLM'nin Araştırma Raporlama Yönergeleri ve Girişimlerinde bulunabilir.

### **Araştırma Verileri:**

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi olarak, araştırmaların açıklığının, şeffaflığının ve tekrarlanabilirliğinin kolaylaştırılması gerektiği düşüncesindeyiz. Konuyla ilgili olarak yazarları, araştırma verilerini etik değerlendirmelere tabi olarak uygun bir kamuya açık depoda paylaşmaya ve makale dosyalarına bir veri erişilebilirliği beyanı eklemeye teşvik ederiz.

## **MAKALE YAZIM KURALLARI VE ÖZELLİKLERİ**

### **Genel Bilgileri:**

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'nin dili Türkçe ve İngilizcedir. Yazılar anlaşılır, akıcı, yalın bir dille yazılmalı ve uzun anlatımlardan kaçınılmalıdır. Yabancı sözcüklerin ve kısaltmaların Türkçe karşılıkları ilk geçtikleri yerde parantez içinde tam olarak yazılmalıdır. İlaçların jenerik adları kullanılmalıdır. Yazılarda dipnot kullanılmamalıdır.

Yazarların adları makale başlığının bir satır sağ altında yer almalı ve yıldız (\*) dipnotla unvanı, kurumu, adresi, telefonu, e-posta adresi verilmelidir. Yazara/metne özgü terminoloji ve/veya kısaltmalar ilk kullanımlarında dipnotla açıklanmalıdır. Yazar(lar) doğrudan çalışmayı yapan ve yazan kişi(ler) olmalıdır. Araştırma herhangi bir kuruluş tarafından maddi bir destek görmüşse veya bir kongrede tebliğ edilmişse makalenin başlığının son kelimesi üzerine (\*) konularak dip not olarak belirtilmelidir. Makaleler A4 kağıt boyutunun bir yüzüne, tüm kenarlardan 2,5 cm. boşluk bırakılarak, Times New Roman yazı karakteriyle, 12 punto ve 1,5 satır aralığıyla iki yana yaslı olarak yazılmalıdır. Alt başlıklar ve başlık sonrası paragraflar arasında boşluk olmamalı ve hiçbir paragraf girintili yazılmamalıdır. Dipnotlar kaynak gösterimi için değil ek bilgi vermek için kullanılmalı, sayfa altında numaralandırılmalı, 10 punto ve 1 satır aralığı ile iki yana yaslı olarak yazılmalıdır. Sayfa numaraları da 11 puntoyla, sağ altta yer almalıdır. Kabul edilen yazılar sıraya alınarak yayımlanır.

### **Makalelerin hazırlanması:**

Başlık sayfası

Yazının Türkçe ve İngilizce başlığı 19 kelimeyi geçmemelidir. Başlıkta kısaltma kullanılmamalıdır. Yazıda sadece çalışmaya doğrudan katkısı bulunan yazarların ad ve soyadları, unvanları, çalıştıkları kurumlar açık olarak yazılmalıdır. Çalışmayı destekleyen fon ve kuruluşlar başlık sayfasında belirtilmelidir. Başlık sayfasının en altına iletişim kurulacak yazarın iletişim bilgileri yazılmalıdır (Yazarın adı, soyadı, açık adresi, posta kodu, telefon numarası, faks numarası ve e-posta adresi yazılmalıdır).

### **Özetler:**

Özetler Türkçe ve İngilizce olarak yazılmalı ve en fazla 250 kelime içermelidir. Özet, amaç-yöntem-sonuçlar-tartışma bölümlerine göre düzenlenmelidir. Makale için verilecek Türkçe ve İngilizce anahtar sözcükler (3-8 adet) özetlerden hemen sonra verilmelidir. İngilizce anahtar kelimeler "Medical Subject Headings (MESH)"e uygun olarak verilmelidir (<http://www.nlm.nih.gov/mesh/MBrowser.html>). Türkçe anahtar kelimeler Türkiye Bilim Terimleri (TBT)'ne uygun olarak verilmelidir (<http://www.bilimterimleri.com>). Özetlerde kısaltma kullanılmasından mümkün olduğunca kaçınılmalıdır. Kısaltma

kullanılması mutlaka gerektiğinde, ilk geçtiği yerde parantez içinde tanımlandıktan sonra kullanılmalıdır.

#### **Makale Metni Gövdesi:**

Araştırma yazıları: Özetten sonra giriş-yöntem ve gereç-sonuçlar tartışma-kaynaklar alt başlıklarını taşımaları, konuyla ilgili en son bilgiler yer almalı, yöntem açık olarak yazılmalı, kullanılan ölçüm araçlarının geçerlilik ve güvenilirlik çalışmaları ile değerlendirme için kullanılan testler, standart sapma, test değerleri belirtilmelidir. Tartışmada sonuçların klinik ve kuramsal yönlerden yararları, uygulanma alanları, getirdiği yenilikler vurgulanmalıdır. Yazılar 3500 kelimeyi geçmemelidir. Yazıda en çok 6 tablo veya figür olmalıdır. Kaynak sayısının 50 kaynağı aşmamasına dikkat edilmelidir.

Derleme yazıları: Amacı, kullanılan yöntem, yararlanılan kaynaklar, çıkarılan sonuçlar belirtilmelidir. Yazılar 3500 kelimeyi geçmemelidir. Yazıda en çok 6 tablo veya figür olmalıdır. Kaynak sayısının 50 kaynağı aşmamasına dikkat edilmelidir.

Olgu sunumu: Olgu sunumlarında giriş bölümü, olguların tanımı, tartışma ve kaynaklar bölümü yer almalıdır. Yazı 3000 kelimeyi geçmemelidir. Klinik veya kuramsal eğitim yönünden yararlı görülen tipik veya az görülen olguların kaynak sayısının 30 kaynağı aşmamasına dikkat edilmelidir. Tablo veya figür sayısı en fazla 2 olmalıdır.

Bakış Açıları: Bu yazılarda giriş bölümü ile mesleği etkileyen tartışmalı veya tartışılmalı konulara ilişkin deneyime dayalı görüşler literatür eşliğinde tartışılmalıdır. Yazı 2500 kelimeyi geçmemelidir. Kaynak Sayısı 20'yi geçmemelidir. Tablo veya figür sayısı 2'den fazla olmamalıdır.

Pratik Psikoterapi: Bu yazılarda giriş bölümü ile psikoterapi uygulaması ile ilgili bilgiler literatür eşliğinde tartışılmalıdır. Yazı 2500 kelimeyi geçmemelidir. Kaynak Sayısı 20'yi geçmemelidir. Tablo veya figür sayısı 2'den fazla olmamalıdır.

Yorumlar: Giriş bölümü ile tartışılan makalenin özellikleri literatür eşliğinde tartışılmalıdır. Yazı 2500 kelimeyi geçmemelidir. Kaynak Sayısı 20'yi geçmemelidir. Tablo veya figür sayısı 2'den fazla olmamalıdır.

Mektup: Dergide yer alan değişik konularda tartışma forumu oluşturulabilecek görüşler mektup bölümünde yer almaktadır. Yazı 500 kelimeyi geçmemelidir.

Çeviri, kitap ve tez tanıtımı: Çeviri, kitap ve tez tanıtımları kısa olmalı, çeviri yazılarının ve tezin bir özgün kopyası gönderilmelidir. Yazı 500 kelimeyi geçmemelidir.

Teşekkür: Teşekkür yazısı katkı koyan bireylere veya çalışmayı destekleyen fon ve kuruluşlara varsa eklenebilir.

Kaynaklar: Dergide makale içi atıflar ve kaynakça uluslararası APA formatına göre gösterilmelidir. Ayrıntılı bilgi için web sayfasında Kaynaklar bölümüne bakınız.

#### **Metin İçinde Kaynak Gösterme**

Kaynaklar metinde parantez içinde yazarların soyadı ve yayın tarihi yazılarak belirtilmelidir. Birden fazla kaynak gösterilecekse kaynaklar arasında (;) işareti kullanılmalıdır. Kaynaklar alfabetik olarak sıralanmalıdır.

Tek yazarlı kaynak;

(Akyolcu, 2007)

İki yazarlı kaynak;

(Sayiner ve Demirci, 2007, s. 72)

Üç, dört ve beş yazarlı kaynak;

Metin içinde ilk kullanımda: (Ailen, Ciambri ve Welch 2000, s. 12-13) Metin içinde tekrarlayan kullanımlarda: (Ailen ve ark., 2000)

Altı ve daha çok yazarlı kaynak;

(Çavdar ve ark., 2003)

#### **Kaynaklar Bölümünde Kaynak Gösterme**

Kullanılan tüm kaynaklar metnin sonunda ayrı bir bölüm halinde yazar soyadlarına göre alfabetik olarak numaralandırılmadan verilmelidir.

Kaynak yazımı ile ilgili örnekler aşağıda verilmiştir.

Kitap

a) Kitap Örneği

Karasar, N. (1995). Araştırmalarda rapor hazırlama (8.bs). Ankara: 3A Eğitim Danışmanlık Ltd.

b) Kitap Çevirisi

Mucchielli, A. (1991). Zihniyetler (A. Kotil, Çev.). İstanbul: İletişim Yayınları.

c) Çok Yazarlı Türkçe Kitap

Tonta, Y., Bitirim, Y. ve Sever, H. (2002). Türkçe arama motorlarında performans değerlendirme. Ankara: Total Bilişim.

d) İngilizce Kitap

Kamien R., & Kamien, A. (2014). Music: An appreciation. New York, NY: McGraw-Hill Education.

e) İngilizce Kitap İçerisinde Bölüm

Bassett, C. (2006). Cultural studies and new media. In G. Hall & C. Birchall (Eds.), New cultural studies: Adventures in theory (pp. 220-237). Edinburgh, UK: Edinburgh University Press.

f) Türkçe Kitap İçerisinde Bölüm

Erkmen, T. (2012). Örgüt kültürü: Fonksiyonları, öğeleri, işletme yönetimi ve liderlikteki önemi. M. Zencirkıran (Ed.), Örgüt sosyolojisi kitabı içinde (s. 233-263). Bursa: Dora Basım Yayın.

Makale

a) Makale

Granqvist, P. ve Kirkpatrick, L. A. (2004). Religious conversation and perceived childhood attachment: a meta-analysis, The International Journal for the Psychology of Religion, 14(4), 223-250.

b) Yediden Fazla Yazarlı Makale

Rodriguez, E.M., Dunn, M.J., Zuckerman, T., Hughart, L., Vannatta, K., Gerhardt, C.A., Saylor, M., Schuele, C.M. ve Compas, B.E. (2011). Mother-child communication and maternal depressive symptoms in families of children with cancer: integrating macro and micro levels of analysis. Journal of Pediatric Psychology, 38 (7), 732-743

Tez, Sunum, Bildiri

a) Tezler

Karaaziz, M. (2017). Kıbrıs ve Türkiye Doğumlu Kumar Bağımlılarının Kumar Oynama Nedenlerinin ve Kültürlenme Tutum Farklılıklarının Karşılaştırılması. (Yayınlanmamış Doktora Tezi). Yakın Doğu Üniversitesi, Sosyal Bilimler Enstitüsü, Lefkoşa-KKTC.

b) Kongre Bildirisi

Çepni, S., Bacanak A. ve Özsevgeç T. (2001, Haziran). Fen bilgisi öğretmen adaylarının fen branşlarına karşı tutumları ile fen branşlarındaki başarılarının ilişkisi. X. Ulusal Eğitim Bilimleri Kongresi'nde sunulan bildiri, Abant İzzet Baysal Üniversitesi, Bolu.

#### **Tablolar ve Şekiller:**

Tablolar tek satır aralıklı olarak ayrı bir sayfaya yazılmalıdır. Her tablonun üstünde numarası ve açıklayıcı bilgi olmalıdır. Tabloda kısaltmalara yer verilmişse bu kısaltmaların açılımı alt yazı şeklinde tablonun altında ve alfabetik sıraya göre yer almalıdır. Daha önce basılmış veya elektronik olarak yayınlanmış tablolardan yararlanıldığında hem yazarı hem de basım evinden yazılı izin alınmalıdır ve bu, dergi editörlüğüne faks veya posta ile gönderilmelidir.

Tablo içerisinde enlemesine ve boylamasına çizgiler kullanılmamalı, sadece üst ve altına düz çizgi çizilmelidir.

Makalelerde yer alan görseller ve nota örnekleri kısa açıklamalarıyla birlikte ortalananmış olarak Şekil/Tablo 1. ... şeklinde numaralandırılmalıdır. Tüm görseller, baskıda çözünürlük problemi olmaması için minimum 300 dpi çözünürlükte ve JPG formatında ayrıca gönderilmelidir. Metin içerisindeki yerleştirmeler, gerektiğinde sayfa düzenine göre değiştirilebilirler.

Tablo, grafik, şekil ve fotoğraflar altıdan çok olmamalı, ayrı bir sayfaya konmalı, yazıdaki yeri belirtilmelidir. Arabik rakamlar ve ondalıklarda nokta kullanılmamalıdır.

#### **Makale Gönderme:**

Makale gönderimleri dergi park sistemi üzerinden olup aşağıda verilmiştir;

Link: <https://dergipark.org.tr/tr/>

#### **KÖR HAKEMLİK VE DEĞERLENDİRME SÜRECİ**

Kör hakemlik, bilimsel yayınların en yüksek kalite ile yayınlanması için uygulanan bir yöntemdir. Bu yöntem, bilimsel çalışmaların nesnel (objektif) bir şekilde değerlendirilme sürecinin temelini oluşturmaktadır ve birçok bilimsel dergi tarafından tercih edilmektedir. Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi gönderilen tüm çalışmalar aşağıda belirtilen aşamalara göre körleme yoluyla değerlendirilmektedir.

#### **Körleme Hakemlik Türü:**

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi, tüm çalışmalarında değerlendirme sürecinde çifte körleme yöntemini kullanmaktadır.

Çift körleme yönteminde çalışmaların yazar ve hakem kimlikleri gizlenmektedir.

#### **İlk Değerlendirme Süreci:**

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi gönderilen çalışmalar ilk olarak editörler tarafından değerlendirilir. Bu aşamada, derginin amaç ve kapsamına uymayan, Türkçe ve İngilizce olarak dil ve anlatım kuralları açısından zayıf, bilimsel açıdan kritik hatalar içeren, özgün değeri olmayan ve yayın politikalarını karşılamayan çalışmalar reddedilir. Reddedilen çalışmaların yazarları, gönderim tarihinden itibaren en geç bir ay içinde bilgilendirilir. Uygun bulunan çalışmalar ise ön değerlendirme için çalışmanın ilgili olduğu alana yönelik bir alan editörüne gönderilir.

#### **Ön Değerlendirme Süreci:**

Ön değerlendirme sürecinde alan editörleri çalışmaların, giriş ve alan yazın, yöntem, bulgular, sonuç, değerlendirme ve tartışma bölümlerini dergi yayın politikaları ve kapsamı ile özgünlük açısından ayrıntılı bir şekilde inceler. Bu inceleme sonucunda uygun bulunmayan çalışmalar en geç dört hafta içerisinde alan editörü değerlendirme raporu ile iade edilir. Uygun bulunan çalışmalar ise hakemlendirme sürecine alınır.

#### **Hakemlendirme Süreci:**

Çalışmalar içeriğine ve hakemlerin uzmanlık alanlarına göre hakemlendirilir. Çalışmayı inceleyen alan editörü, Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi hakem havuzundan uzmanlık alanlarına göre en az iki hakem önerisinde bulunur veya çalışmanın alanına uygun yeni hakem önerir. Alan editöründen gelen hakem önerileri editörler tarafından değerlendirilir ve çalışmalar editörler tarafından hakemlere iletilir. Hakemler değerlendirdikleri çalışmalar hakkındaki hiçbir süreci ve belgeyi paylaşmayacakları hakkında garanti vermek zorundadır.

#### **Hakem Raporları:**

Hakem değerlendirmeleri genel olarak çalışmaların; özgünlük, kullanılan yöntem, etik kurallara uygunluk, bulguların ve sonuçların tutarlı bir şekilde sunumu ve literatür açısından incelenmesine dayanmaktadır. Bu inceleme aşağıdaki unsurlara göre yapılır:

Giriş ve literatür: değerlendirme raporu çalışmada ele alınan problemin sunumu ve amaçları, konunun önemi, konuyla ilgili literatür kapsamı, güncelliği ve çalışmanın özgünlüğü hakkında görüş içerir.

Yöntem: değerlendirme raporu, kullanılan yöntemin uygunluğu, araştırma grubunun seçimi ve özellikleri, geçerlik ve güvenilirlik ile ilgili bilgilerin yanı sıra veri toplama ve analiz süreci hakkında görüş içerir.

Bulgular: değerlendirme raporu, yöntem çerçevesinde elde edilen bulguların sunumu, analiz yöntemlerinin doğruluğu, araştırmanın amaçları ile erişilen bulguların tutarlılığı, ihtiyaç duyulan tablo, şekil ve görsellerin verilmesi, kullanılan testlerin kavramsal açıdan değerlendirilmesine yönelik görüşler içerir.

Değerlendirme ve tartışma: değerlendirme raporu, bulgulara dayalı olarak konunun tartışılması, araştırma sorusuna/larına ve hipoteze/lerere uygunluk, genellenebilirlik ve uygulanabilirlik ile ilgili görüş içerir.

Sonuç ve öneriler: değerlendirme raporu literatüre katkı, gelecekte yapılabilecek çalışmalara ve alandaki uygulamalara yönelik öneriler hakkında görüş içerir.

Stil ve anlatım: değerlendirme raporu, çalışma başlığının içeriği kapsamı, Türkçe'nin kurallara uygun kullanımı, gönderme ve referansların Dergi yayını ilkeleri başlığı altındaki örneklere doğrultusunda tam metnin diline uygun verilmesi ile ilgili görüş içerir.

Genel değerlendirme: değerlendirme raporu çalışmanın bir bütün olarak özgünlüğü, literatüre ve alandaki uygulamalara sağladığı katkı hakkında görüş içerir.

Değerlendirme sürecinde hakemlerin çalışmanın tipografik özelliklerine göre düzeltme yapmaları beklenmemektedir.

#### **Hakem Değerlendirme Süreci:**

Hakem değerlendirme süreci için hakemlere verilen süre 3 haftadır. Hakemlerden veya uzman yayın kurulu üyesinden gelen düzeltme önerilerinin yazarlar tarafından 3 hafta içerisinde tamamlanması zorunludur. Hakemler bir çalışmanın düzeltmelerini inceleyerek uygunluğuna karar verebilecekleri gibi gerekliyse birden çok defa düzeltme talep edebilir.

#### **Değerlendirme Sonucu:**

Hakemlerden gelen görüşler, alan editörü tarafından en geç iki (2) hafta içerisinde incelenir. Bu inceleme sonucunda alan editörü çalışmaya ilişkin nihai kararını editörlere iletir.

#### **Yayın Kurulu Kararı:**

Editörler, alan editörü ve hakem görüşlerine dayanarak çalışma ile ilgili yayın kurulu görüşlerini hazırlar. Hazırlanan görüşler editör tarafından alan editörü ve hakem önerileri ile birlikte en geç 1 hafta içerisinde yazar(lar)a iletilir. Bu süreçte olumsuz görüş verilen çalışmalar intihal denetimi talep edilmeksizin iade edilir. Olumlu görüş verilen çalışmalar için son karar, intihal denetim raporları sonuçlarına göre verilir.

#### **Yayın Değerlendirme Süreci:**

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'ne gönderilen çalışmaların yayın değerlendirme sürecinin yaklaşık 3 ay içerisinde sonuçlandırılması öngörülmektedir. Ancak, hakem ya da editörlerin yazar(lar)dan düzeltme istedikleri tarih ile yazar(lar)ın düzeltmeleri tamamladıkları tarih arasındaki süre, bu 3 aylık süreye dahil edilmemektedir.

#### **Değerlendirme Sonucuna İtiraz Etme:**

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'nde değerlendirme sonucuna, yazar (lar)ın itiraz etme hakkı saklıdır. Yazar(lar), çalışmalarını için yapılan değerlendirme sonucu görüş ve yorumlara ilişkin itiraz gerekçelerini bilimsel bir dille ve dayanaklarını referans göstererek "mehmet.cakici@neu.edu.tr" adresine e-postayla iletmelidir. Yapılan itirazlar editörler tarafından en geç bir ay içerisinde incelenerek (Çalışmanın hakemlerine yapılan itirazlar hakkında görüş talep edilebilir) yazar (lar)a olumlu veya olumsuz dönüş sağlanır. Yazar (lar)ın değerlendirme sonucuna itirazları olumlu bulunması durumunda, yayın kurulu çalışmanın konu alanına uygun yeni hakemlendirme yaparak değerlendirme sürecini yeniden başlatır.

#### **Atf ve Kaynakça Denetimi:**

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi yayını etiğine göre, makalelere atıfların doğru ve eksiksiz verilmesi zorunludur. Yazarlar tamamen orijinal eserler yazdıklarından ve yazarlar başkalarının eserlerini ve / veya sözlerini kullanmışlarsa, bunun uygun şekilde alıntılanmış olduğundan veya alıntı yapıldığından emin olmalıdırlar. Bu denetim, önce değerlendirme sırasında hakemlerce, sonra benzerlik-intihal (iThenticate) programı sonucuna göre editörlerce yapılır. Tüm çalışmalar intihal raporu intihal.net üzerinden de kontrol edilmektedir.

#### **Makalenin Erken Görünümü ve Yayınlanması:**

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'nde sayfa düzenlemesi yapılan makaleler elektronik ortamda "Erken Görünüm" başlığı altında Dijital Nesne Kimlik Numarası (Digital Object Identifier, DOI) verilerek yayınlanır. Erken görünümdeki makaleler dergide yayınlanırken gerekli olduğunda küçük düzenlemeler yapılabilir. Erken görünümdeki makaleler sırası geldiğinde Editörler Kurulu'nun belirlediği cilt ve sayıda, üzerindeki "ERKEN GÖRÜNÜM" filigranı kaldırılarak yayınlanır. Elektronik dergi yayımlandıktan sonra, aynı ay içerisinde aynı makalelerin yer aldığı Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'nin basılı hali de yayınlanır.

#### **Arşivleme:**

Kıbrıs Türk Psikiyatri ve Psikoloji Dergisi'nde yayımlanan makalelere ilişkin veriler ve tam metinler .pdf olarak TÜBİTAK ULAKBİM DERGİPARK, OCLC WorldCat ve EBSCOhost dijital arşivleme sunucusunda yayımlanmaktadır (<https://dergipark.org.tr/en/pub/ktppdergisi/archive>), (<https://www.worldcat.org/>) erişime kapalı bir şekilde saklanır ve arşivlenir (LOCKSS; <https://dergipark.org.tr/en/pub/ktppdergisi/lockss-manifest>).

#### **Kalite Standartları Hakkında EASE Açıklaması**

Avrupa Bilim Editörleri Birliği, tüm editörleri COVID-19 hakkındaki araştırma raporlarının gerekli standartları karşılamasını ve üzerinde anlaşılacak yönergeler uymasını, ve tüm sınırlılıkların açıkça belirtilmesini sağlamaya teşvik eder.

EASE üyeleri COVID-19 pandemisi ile ilgili birçok çalışmada kötü raporlama standartlarına dikkat çekmiştir. Enfekte hastaları tedavi etmek ve koronavirüsün yayılmasını sınırlamak için tıbbi ve halk sağlığı önlemlerinin başarılı olması, yüksek kaliteli kanıtlara bağlıdır. EASE, pandemi ile ilgili verilerin toplanmasına ve yayımlanmasına dahil olan herkesi etik yönergeler uymaya ve standart raporlama yönergelerine (bkz. [www.equator](http://www.equator)

network.org), örneğin klinik arařtırmalar için CONSORT'a ve epidemiyolojik çalışmalar için STROBE'ye baęlı kalmaya davet etmektedir.

Demografik veriler tüm bireylerin yař ve cinsiyetini içermeli, ve cinsiyet ve toplumsal cinsiyet hakkındaki verilerin tam ve doęru bir şekilde raporlanmasını saęlamak için SAGER yönergelerini takip etmelidir. Mümkmün olduęunda verilerin tam ve açık olarak paylařılmasını teřvik ediyoruz.

Kriz zamanlarında, gerekli tüm verilerin elde edilmesinin her zaman mümkmün olmayabileceęini ve zorunlu olarak raporlamanın kısıtlanabileceęini kabul ediyoruz. Yanlıř yorumlardan kaçınmak ve aynı zamanda bilgilerin hızlı bir şekilde paylařılmasını kolaylařtırmak için, editörleri yazarların arařtırmalarına bir sınırlama bildirimini eklemeye teřvik ediyoruz. Bu, okuyucuları bilgilendirecek ve yayınlanan herhangi arařtırmaların kullanılıřlılıęını güçlendirecektir.

Buna ek olarak, her zaman yüksek dil standartlarını savunurken, önemli arařtırmaların hızlı bir şekilde yayılmasını kolaylařtırmak amacıyla, yayımlanmıř arařtırmanın anlaşılabilir olmasını saęlamak ve yazarlar üzerinde katı dil gereklilikleri uygulamamak için, editöryal katılımı sınırlamanın gerekli olabileceęini kabul ediyoruz.

İlgili bildiriye <https://ease.org.uk/publications/ease-statements-resources/ease-statement-on-quality-standards/web> adresinden ulařılabilir.

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