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**The Effects of Emotion Regulation and Perceived Stress on Mental
Health: A Study on a Turkish Sample**

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Abstract

This study aimed to examine the effects of perceived stress and emotion regulation strategies on mental health among Turkish adults. Additionally, it explored the moderating role of psychological flexibility in the relationship between perceived stress and mental health. Data were collected via an online survey from 305 Turkish adults (mean age = 36.3 years; 197 men, 105 women, 3 other/prefer not to say). Participants completed a demographic questionnaire, the Kessler Psychological Distress Scale (K-10), the Emotion Regulation Questionnaire (ERQ), the Perceived Stress Scale (PSS-10), and the Acceptance and Action Questionnaire-II (AAQ-II).

Correlation and multiple linear regression analyses were conducted. Results showed a strong positive correlation between stress and psychological distress. Importantly, psychological flexibility significantly moderated this relationship, indicating that individuals with lower psychological flexibility experienced the negative effects of stress more strongly. Contrary to expectations, emotion regulation strategies were not significantly associated with either mental health outcomes or perceived stress. The findings of the current study were discussed in light of the related literature.

Keywords: mental health, well-being, perceived stress, emotion regulation, psychological flexibility

Introduction

Mental health refers to mental well-being that allows individuals to manage their stress, recognize their skills and strengths, continue learning and working, support and contribute meaningfully to the society in which they live (WHO, 2022). Mental health is an increasingly global health problem today. It is influenced by various psychological, biological, and social factors. Identifying these factors is essential for developing effective strategies to protect and promote mental health across different populations.

This thesis explores the effects of perceived stress and emotion regulation strategies on mental health, as well as psychological flexibility role in this relationship, focusing on Turkish adults. The processes of understanding and managing individuals' emotional responses, known as emotion regulation (Thompson, 1994), and perceived stress, which reflects subjective evaluations of stressful life events (Phillips, 2013), play a critical role in mental health. Additionally, psychological flexibility, defined as the ability to adapt one's thinking with one's current values (Hayes et al., 2006) is considered crucial for maintaining mental well-being.

This study aims to investigate the effects of emotion regulation and perceived stress on mental health in a society with unique cultural, social, and political dynamics, such as Türkiye. Moreover, it examines the moderating role of psychological flexibility in this relationship. Particularly, assessing the validity of Western-centered findings in the context of Türkiye, where collectivist cultural values and changing socioeconomic conditions are prevalent, is one of the significant contributions of this research.

Chapter I: Mental Health

1.1 Definition of Mental Health

Individual health is a holistic concept. For people to live their lives in a healthy way, mental health plays an important role in addition to physical health. Mental health is important not only for individuals but also for the functioning of society as a whole. Understanding the factors that affect mental health and its prevalence in society can help both to define the problem and to promote mental health by increasing awareness. Therefore, I will first explain the concept of mental health according to the literature. It is quite comprehensive and has many different definitions in the literature. These definitions will help us understand how mental health is related not only to illness but also to the individual's quality of life and well-being. Following that, I will explain the determinants of mental health and its prevalence in society.

According to the World Health Organization (WHO, 2022), mental health refers to mental well-being that allows individuals to manage their stress, recognize their skills and strengths, and continue learning and working, also allows individuals to support and contribute to the society in which they live. Mental health is supported when individuals are at peace with themselves, establish meaningful relationships with their environment, and create a state of balance where they can meet their basic and higher functional needs (Bhugra et al., 2013). Mental health is not merely the absence of disorder (WHO, 2022); rather, it exists on a continuum with varying levels of well-being, from languishing to flourishing, as described by Keyes (2002). The dual continuum model considers mental health and well-being as distinct but related; for example, an individual may be diagnosed with a mental illness and still have high well-being (Crimson, 2007/2017). This perspective is consistent with a broader approach to well-being which is a positive concept experienced by both individuals and communities. It is also connected to the quality of life (WHO, 2021).

Studies on well-being are based on two primary approaches: The hedonic approach, and the eudaimonic approach (Deci and Ryan, 2001). The hedonic perspective evaluates pleasure and pain, focusing on maximizing people's level of happiness. This concept is more closely associated with subjective well-being in modern hedonic psychology (Diener & Lucas 1999). Subjective well-being reflects individuals' emotional and cognitive evaluations of their own lives. These are key concepts of subjective well-being: life satisfaction, satisfaction with important areas such as work and relationships, high levels of positive emotions, and low levels of negative moods (Diener, 2000).

The eudaimonic approach focuses on well-being as more than just happiness (Waterman, 1993). This approach represents psychological well-being (Ryff, 1989). Ryff and Keyes (1995) described psychological well-being differently from subjective well-being. They focus on six key dimensions of human fulfillment and potential: autonomy, personal growth, self-acceptance, life purpose, environmental mastery, and positive relationships.

In addition to well-being, Keyes (1998), highlights the importance of social well-being as an important indicator of an individual's mental health. Social well-being encompasses five dimensions: social integration, social acceptance, social contribution, social actualization, and social coherence. People who are integrated into their community generally have longer life spans and show a higher ability to recover from illnesses. In contrast, being socially isolated is a risk factor for illnesses (McDowell, 2006).

1.2 Determinants of Mental Health

Many factors determine mental health. Understanding these factors is crucial for protecting and improving mental health. Mental health can be affected by many individual, social, and structural elements, which can have both positive and negative effects. For example, individual factors such as emotional skills, substance use, and genetics can make individuals more vulnerable to mental health problems. Although risks are particularly significant during

sensitive developmental periods such as early childhood, they can emerge at any stage of life (WHO, 2022). The biopsychosocial model is a comprehensive model for understanding health and well-being; Engel (1977) based this model not only on physiological foundations but also considered psychological and social factors.

Biological factors encompass physical health, healthy diet, sleep, age, and genetics (Mental Health Foundation, n.d.). The neurobiology of mental health is shaped by a complex system of neural networks, neurotransmitters, hormones, and various brain regions (Gautam et al., 2024). Many mental disorders have a genetic basis. However, genetic predispositions often increase the likelihood of developing mental illness in individuals when combined with social and psychological stress factors (Pariante & Nair, 2014). For example, if one person has a high biological predisposition, they may develop major depression. Another person may have a lower predisposition but develop depression if their environmental conditions are stressful (Halter, 2014).

Psychological factors encompass cognition, emotion, motivation, attitudes, and behavioral processes. Research in health psychology has focused on the impact of self-perception, identity, personality traits, coping mechanisms, stress perception, emotional states, and various health-related behaviors (Lehman et. al, 2017). In addition, psychological risk factors involve fatigue, depression, despair, and aggression (Thomas et al., 2020). Moreover, various mental disorders can emerge from adverse life experiences and events, such as childhood sexual, emotional, or physical abuse (Kinderman, 2005).

Lastly, social determinants encompass a variety of social and economic factors throughout life, including structural inequalities such as poverty and income disparities, and exposure to adverse life events, such as humanitarian crises and interpersonal violence. These exposures can lead to certain conditions of vulnerability and resilience (World Health Organization & Calouste Gulbenkian Foundation, 2014).

According to Lund et al. (2018), the social determinants of mental health are classified into five categories. The first is the demographic category, that encompasses gender, age, and ethnicity. The second one is the economic category, which includes food security, employment, income inequality, and financial stress. The other category, neighborhood, includes factors such as the built environment, the safety or risk levels of the neighborhood, water and sanitation systems, housing, and community infrastructure. The environmental category involves exposure to violence, natural disasters, warfare, and migration. Finally, the social and cultural category comprises social capital, social stability, culture, social support, and education level. As a result, groups with two or more social risk factors are considered highly vulnerable populations. For example, young people living in areas with high levels of violence and substance abuse, and who are unemployed, are represented as a vulnerable group (Patel et al., 2018).

However, there are also protective factors that protect mental health and increase the resilience of individuals. Additionally, positive social relationships, access to education, safe work environments, and secure neighborhoods are among the important protective factors that support mental health (WHO, 2022).

1.3 Psychological Flexibility as a Mental Health Protective Factor

Psychological flexibility refers to being a conscious individual who is fully engaged with the present moment and has the flexibility to change or maintain behavior in alignment with one's current values (Hayes et al., 2006). Psychological flexibility contributes positively to both well-being and overall functioning (Twohig et al., 2023).

Psychological flexibility is essential for fostering mental health and resilience (Pakenham et al., 2020). It has been significantly negatively associated with psychological distress such as depression, anxiety, and stress (Pakenham et al., 2020; Flowers et al., 2023). Moreover, it can buffer the relationship between exposure to stressful events and negative

physical and mental health outcomes (Gloster et al., 2017). It is also positively associated with resilience, life satisfaction, and well-being (Flowers et al., 2023).

Numerous studies have demonstrated the success of Acceptance and Commitment Therapy (ACT) in enhancing psychological flexibility and achieving favorable treatment results (Twohig et al., 2023). ACT (Hayes et al., 1999) is a contextual behavioral therapy that aims to enhance psychological flexibility through six core processes: acceptance, cognitive defusion, being present, self as context, defining valued directions, and committed action (Hayes et al., 2006). It encourages individuals to focus on living in the present moment rather than dwelling on the past or future and to become aware of their emotions, thoughts, and actions. In essence: accept your thoughts and emotions, remain in the moment, decide on a value direction, and follow through with action (Luoma et al., 2007).

In contrast, psychological inflexibility leads to maladaptive consequences (Luoma et al., 2007). The ACT model describes human suffering as resulting from psychological inflexibility, characterized by inflexible behaviors that are influenced by internal experiences like thoughts, emotions, and impulses, rather than being guided by personal values. Core mechanisms like cognitive fusion and experiential avoidance contribute to maladaptive outcomes such as inaction, impulsivity, or avoidant persistence (Hayes et al., 2006). Higher levels of inflexibility have been linked to increased depression, anxiety, and stress (Wang et al., 2023).

As previously discussed, due to the influence of various determinants, some individuals are more likely to develop mental disorders. Therefore, understanding mental disorders, their global prevalence, and how they vary by gender is crucial. In the ranking, mental disorders are among the top 10 reasons for health loss (IHME, n.d.). One in every eight individuals worldwide experiences a mental disorder. These disorders are characterized by disruptions in thought processes, emotion regulation, or behavior. These disorders vary widely. Anxiety and

depression are the most common ones (WHO, 2022).

According to the literature, prevalence varies by gender, generally, the female population experiences internalizing problems; and higher rates of depression and anxiety, while the male population tends to have externalizing problems and more substance use disorders (Seedat et. al, 2009). However, this is a general framework from global literature. Mental health experiences vary by social, cultural, and political. Therefore, the next section examines mental health in the Turkish context.

1.4 Mental Health in the Turkish Context

Mental health is an increasingly global health problem today. The situation is similar in Türkiye. According to Ipsos (2024), 3 out of 10 people in Türkiye identify mental health as the most important health issue; however, they see physical health as more important than mental health. This section explores the individual and social factors affecting the well-being of the Turkish population. Türkiye is a developing country and is in a vulnerable position regarding mental health due to its geographical and socioeconomic context. Mental health is influenced by individual factors such as gender, marital status, education level, and religious beliefs, while at the social level, it is shaped by many factors including the political atmosphere and increasing economic difficulties. These factors will be discussed in detail below.

According to studies of Türkiye's population, gender is an important indicator that shapes mental health outcomes. Research indicates that women tend to have lower mental health than men and are more likely to seek help from health services (Kose, 2020; Turgil & Aygun, 2021; Keskin et. al, 2013). This gender difference in mental health has been explained in some studies as follows: In women, neuroendocrine factors and physiological changes such as menopause can increase their vulnerability to mental health issues such as depression (Han et al., 2023). In addition, women are generally more exposed to traumatic events such as domestic violence and sexual assault, which can negatively affect their psychological health

(Ghafoori et al., 2014). Due to these factors, women face social stressors more often and also struggle with issues such as low education and income level (Onen et. al, 1995; Pazvantoğlu et. al, 2004). Additionally, being young, living alone, being single, having a low socio-economic status, being unemployed, having low educational attainment, and experiencing poor health are all risk factors for mental health (Chou & Cheung, 2013; Henderson et al., 2005).

In contrast, educational attainment and financial resources are found to be protective factors. Tirgil and Aygün (2021) conducted a study to determine the factors influencing well-being among adults living in Türkiye, using nationally representative data. Türkiye was examined in the category of developing countries, and it was found that individuals' well-being was positively affected by having a high level of education, being married, and having a better economic status. In addition, it has been stated that education and employment have a greater positive impact on men's mental health compared to women's, which is associated with the effects of traditional gender roles that do not encourage women's participation in the workforce.

Another important factor in Türkiye is religion. Türkiye has cultural diversity that reflects the influences of both the West and the East. Türkiye has a secular and democratic governance. On the other hand, it has a predominantly Muslim population. Türkiye has a unique cultural structure, and the influence of political factors makes it challenging to establish a balance between secular and religious elements. Therefore, determining the effects of the religious factor on society can be somewhat complex (Yılmaz, 2023).

In the individual context, the literature generally suggests that religious beliefs can positively affect individuals' well-being (Atak & Ataman, 2022; Yılmaz, 2023; Aydoğdu et. al, 2021). For instance, Yılmaz (2023) found that religious beliefs and practices help individuals cope with stress and reinterpret those events. In addition, religious participation has been found

to be positively associated with mental health and well-being. The moderating effect of religion on health and happiness did not lead to strong results as expected, because there are stronger factors influencing subjective well-being, such as economic and sociodemographic variables. A limitation of this research is that the majority of the sample consists of religious individuals.

Another positive effect of religion was found in a study conducted by Küçükcan and Köse (2000). They observed that people exposed to an earthquake in Türkiye used religious beliefs and practices to cope with the trauma and depression they experienced during and after the disaster. On the other hand, this positive relationship between religion and well-being is not consistently supported in the literature. Baynal (2015) and Çınar (2021) found that religious beliefs do not have a significant effect on the level of well-being. In contrast, when we look at the relationship between religiosity and psychotherapy, according to the findings of the research conducted by Sirin et al. (2017), a significant relationship has been found between religious individuals and negative attitudes toward psychotherapy. This relationship also varies according to the participants' hierarchical family values and self-concepts. This means cultural values are also an important factor.

As previously discussed, negative attitudes toward psychological support services vary depending on factors such as religious beliefs, family norms, and gender. Another important obstacle to the behavior of asking for help and support is stigmatization (Karaaslan et al, 2024). There are problems with access to mental health services, social stigma, deficiencies, and problems in health policies in Türkiye. Similar challenges are also observed in different cultures. In addition, in our country, a negative view of psychiatric patients is widespread; these people are often unfairly labeled as aggressive and dangerous (Çapar and Kavak 2019). As a result, stigma is an obstacle that negatively affects an individual's help-seeking behavior and the treatment process (Çam & Çuhadar, 2011).

Beyond individual attitudes and stigma, broader political structures also influence help-seeking and well-being. The number of people diagnosed with anxiety and depression in Türkiye has increased significantly in recent years. The COVID-19 pandemic, natural disasters, economic crisis, and ongoing migration have had a major impact on Türkiye (WHO, 2020). These crises create a state of uncertainty and instability in society. Uncertainty increases feelings of anxiety in individuals and is a significant factor that causes stress. For people to maintain their well-being, they need to be assured that social factors are supportive (Keskin & Kaya, 2023).

These social problems have turned into a widespread mental health issue for individuals. In addition to these social and economic challenges, the authoritarian regime in Türkiye has deepened these effects. In recent years, distrust in the justice system and policies that restrict freedom of expression have affected the public's well-being. As a coping mechanism, collective actions such as protests and boycotts are currently ongoing in Türkiye.

Well-being is related to the individual's social environment and their trust in the institutions and governance of the country. Türkiye's recent political regime is described as competitive authoritarian, and Erdoğan has increased his control over state institutions (Castaldo, 2018). Among those who support the winning party, trust in the government is high regardless of their political beliefs (Lindstrom & Mohseni, 2009). Additionally, it has been observed that regions supporting the winning party tend to have higher levels of welfare and are treated more favorably by the Turkish government (Karahasan et al., 2023). On the other hand, those with opposing views tend to have lower trust in politics, which negatively affects their well-being (Acar & Uluğ, 2022; Lindstrom & Mohseni, 2009; Ekici & Koydemir, 2014). When people do not trust the system and institutions, they may seek social support in other contexts (Acar & Uluğ, 2022). One of the most significant forms of this is collective actions;

participation in these actions creates positive feelings for individuals, such as feeling hopeful (Uluğ & Acar, 2018). However, in an authoritarian regime, participating in protests or providing online support can be risky (Uluğ et al., 2020).

For example, following the arrest of Istanbul Mayor Ekrem İmamoğlu in early 2025, street protests started across Türkiye; over a hundred protesters, including journalists, were detained, and more than 700 social media accounts were restricted by court order due to their involvement in the protests (AP News, 2025). Thus, collective action in an authoritarian context has greater risks and may lead to consequences such as social exclusion, and stigmatization (Acar&Uluğ, 2022). It has been observed that political trust in Türkiye is quite low (Ekici & Koydemir, 2014), which negatively affects subjective well-being. The unjust governance practices that have emerged in public discourse regarding the government's practices have currently increased social unrest. Street protests, online protests, and boycotts continue in our country. All these findings indicate the importance of a fair legal system in achieving a Türkiye with higher levels of well-being and hope.

In Türkiye, mental health is influenced not only by individual factors but also by structural and political factors. Individual demographic factors can be protective or negative. The low demand for psychological support, societal stigma, and political pressure often lead individuals to feel emotions such as stress and hopelessness. For this reason, mental health should be addressed from many perspectives, determinants should be well understood, and holistic approaches that promote health should be implemented at both individual and societal levels. Finally, this chapter concludes by highlighting some coping mechanisms in Türkiye, which is a collectivist culture. Collectivist coping strategies such as family support, religious and spiritual practices, emotional sharing, acceptance, and restructuring thoughts are positively associated with overcoming ongoing mental health challenges (Çimen, 2020).

Chapter II: Emotion Regulation

2.1 Emotion Regulation

Emotions play a crucial role in human life, serving various functions. Emotional experiences differ among individuals in terms of intensity, duration, and expression. Moreover, emotions influence behavior, interpersonal relationships, and overall quality of life. Emotion regulation is not merely a momentary reaction; rather, it is a dynamic process through which individuals manage their emotions. The strategies used in emotion regulation have an impact on well-being and mental health. This section explores the notion of emotion regulation, the strategies individuals use to manage their emotions, and its implications for mental health.

Understanding emotions is essential for both social and biological sciences. Emotions assist individuals in problem-solving and overall functioning. Additionally, they crucially affect subjective well-being and physical health (Smith & Lazarus, 1990). While emotions serve these functions by helping individuals respond to their environment, guiding decision-making, and facilitating social communication, they can be disruptive when their intensity, duration, or type is inappropriate for the context (Gross, 2014).

Researchers have conducted numerous studies to describe the mechanisms and functions of the notion of emotion regulation. Thompson (1994), defines emotion regulation as the internal and external processes responsible for understanding, evaluating, and modifying the intensity and timing of emotional responses. Emotion arousal can either increase or decrease effective functioning, and emotion regulation processes play a crucial role in using emotions to support adaptive and well-structured behavior. According to Gratz and Roemer (2004), it involves (1) the ability to notice and understand one's emotions, (2) acceptance of emotions, (3) the ability to manage impulsive behaviors while experiencing negative emotions and act in a goal-oriented manner, (4) the ability to flexibly use emotion regulation strategies to adapt to one's goals and situations. As a result, an individual's ability to accurately identify

and label their emotions plays an important role in the emotion regulation process.

Emotion regulation is a process that influences which emotions individuals experience, when they experience these emotions, and how they express them. This process can be automatic or controlled, conscious or unconscious (Gross, 1998). According to Gross's process model, emotion regulation can take place in five stages: selection of the situation, modification of the situation, deployment of attention, change of cognitions, and modulation of responses. These strategies are categorized into antecedent-focused regulation (before the emotion occurs) and response-focused regulation (after the emotion arises), providing a comprehensive framework for understanding how emotions can be managed across different phases.

For example, a person going to a job interview (situation) may notice the cold demeanor of the evaluator (attention) and interpret this coldness as dissatisfaction with themselves (appraisal). During this time, they may feel fear and experience shortness of breath (response) (McRae & Gross, 2020). The emotion regulation process can occur not just at a single stage but at multiple points and simultaneously (Gross, 1998). In the job interview, the person's focus on their behavior rather than paying attention to the demeanor, or their realization that the tension in their face is increasing while trying not to show their anxious expression, plays an important role in emotion regulation and awareness (McRae & Gross, 2020).

Gross's model emphasizes how individuals regulate emotions, while the diversity of strategies used may vary depending on individuals' skills to differentiate emotional experiences. People vary in how they experience emotions, particularly in their capacity to identify and distinguish between different emotional states (Feldman Barrett et al., 2001). According to Feldman Barrett et al. (2001), individuals who highly differentiate their emotions, particularly in labeling their negative emotional experiences, tend to use a wider range of emotion regulation strategies. However, no significant relationship has been found between differentiating positive emotions and the use of emotion regulation. The awareness, labeling,

and regulation of emotions are fundamental components of emotional intelligence, and a lack of any of these skills may suggest difficulties in emotion regulation.

2.2 Emotion Regulation and Its Effects on Mental Health

The following section focuses on emotion regulation strategies and their effects on mental health. These strategies vary depending on social factors, age, and cultural background. Maladaptive strategies have a negative impact on individuals' mental health. Therefore, the use of flexible regulation strategies plays a crucial role in supporting and maintaining psychological well-being.

Individuals can deliberately regulate both positive and negative emotions to enhance their mental well-being; this regulation process involves the selecting and using of specific strategies. In the literature, the most common and well-studied regulation strategies are cognitive reappraisal and expressive suppression, and they have different impacts on mental health (Hu et. al., 2014; Gresham & Gullone, 2012; Gross, 2014).

Reappraisal includes cognitively transforming an event and creating a change in its emotional effect (Gross, 1998). Behavioral studies demonstrate the effectiveness of these two strategies: (1) reinterpreting stimuli from different perspectives, and (2) reassessing the situation from a third-person perspective (Ochsner & Gross, 2008). Expressive suppression involves an individual repressing current emotion-expressive behavior, which can be both negative and positive (Gross, 2014).

Importantly, individuals do not only rely on one of these two strategies; instead, they can use both strategies at different times. For example, when an emotion is triggered, it may require time to reappraise the events and determine an appropriate response, during which individuals may initially use the expressive suppression strategy. These two strategies allow

people to control their emotions, but they differ in their impact on mental health. While cognitive reappraisal is beneficial for mental health, expressive suppression has a negative impact on mental well-being and may lead to mental disorders (Moore et al., 2008). Expressive suppression is often considered a maladaptive strategy (Joormann & Siemer, 2014). The suppressed thought becomes intrusive and unpleasant, demonstrating the paradoxical effects of suppression (Wegner et. al, 1987).

In a study conducted by Moore et al. (2008), the strategies of reappraisal and expressive suppression were examined in relation to stress-related psychopathological symptoms and responses among both undergraduates and women exposed to trauma. According to the findings, individuals with high levels of expressive suppression and low levels of reappraisal exhibited more common stress-related symptoms. In this research, particularly, expressive suppression was associated with anxiety and depression in the case of post-traumatic stress disorder (PTSD). Additionally, it was found that rumination mediated this relationship. Moore et al. (2008) stated that they included only female participants in their study because the literature indicates that non-clinical female populations tend to engage in suppression at higher rates than men (Gross & John, 2003).

Emotion regulation strategies can also exhibit differences between genders. Women are more prone to rumination compared to men, which significantly contributes to their higher levels of depression and anxiety, while men have a higher tendency to turn to alcohol for coping, and alcohol problems are more frequently encountered among men (Nolen-Hoeksema, 2012). In addition, the study by Nolen-Hoeksema and Aldao (2011) examined adaptive (reappraisal, active coping, social support, acceptance) and maladaptive (suppression and rumination) emotion regulation strategies across gender and age groups, along with their associations with depressive symptoms. It was found that rumination and suppression were

associated with higher depressive symptoms across all genders and age groups. In contrast, adaptive strategies were not associated with depressive symptoms in any group. Women reported using both adaptive and maladaptive strategies more frequently than men. Additionally, while the overall use of emotion regulation strategies decreased with age, the use of suppression increased with age in women.

In addition to gender-based differences, developmental stages also play a role in emotion regulation. In the study by Vitulić and Prosen (2016), emotion regulation and coping strategies in emerging, young, and middle adulthood were examined, with a focus on gender and educational characteristics. Adults across these age categories generally exhibited similar use of emotion regulation strategies, although young adults were more likely to reappraise the importance of situations than emerging adults. In addition, women tended to adopt certain emotion regulation strategies more frequently than men. The study also highlighted that the educational level of adults significantly influences their use of certain coping and emotion regulation strategies. In particular, adults with lower levels of education tended to use less effective strategies than those with higher educational backgrounds.

Furthermore, emotion regulation strategies have been found to moderate the relationship between perceived stress and mental distress, including anxiety and depression. For example, in a recent study examining COVID-19 related stress, cognitive reappraisal was shown to buffer the effects of stress on mental health, whereas suppression exacerbated symptoms of anxiety and depression. The effects were also found to vary by gender: cognitive reappraisal had a protective effect primarily in women, while suppression intensified distress, especially in men (Haver et al., 2023). In line with this, individuals who habitually use maladaptive strategies, exhibit a stronger emotional and blunted endocrine stress response, potentially making them more susceptible to mental health issues (Krkovic et al., 2018).

Hofman (2014) emphasized that social factors play a critical role in emotion regulation processes, highlighting that emotion regulation is not only an individual but also an interpersonal process. In particular, insecure attachment has been associated with anxiety disorders (Kerns & Brumariu, 2013). Research has also shown that parents' emotional states and their approach to their children's emotions are decisive in the development of anxiety and depression (Murray, Creswell, & Cooper, 2009). Moreover, parents who are better at regulating their emotions or face fewer difficulties tend to have more positive parenting attitudes. They also have children who are better at regulating emotions and show fewer internalizing behaviors (Zimmer-Gembeck, Rudolph, & Bohadana-Brown, 2022).

Zaki and Williams (2013) explained the interpersonal emotion regulation model in mood and anxiety disorders. This model includes intrinsic vs. extrinsic and response-dependent vs. response-independent interpersonal emotional regulation processes. Intrinsic regulation involves a person initiating social communication to regulate their emotions, while extrinsic regulation refers to situations where a person helps regulate another's emotions. Response-dependent processes are those that rely on another person's reaction, whereas response-independent processes do not (Zaki & Williams, 2013).

For example, a woman diagnosed with agoraphobia and panic disorder may fear going to the mall alone, and her husband's company may help reduce her anxiety. This situation is an example of intrinsic response-dependent emotion regulation. On the other hand, the husband's attempt to comfort his wife is an example of extrinsic emotion regulation. However, this interpersonal emotion regulation model can be maladaptive for some chronic disorders, such as when a person becomes dependent on someone else to regulate their own emotions (Hofman, 2014).

Another crucial component of emotion regulation is culture. Cultural differences may affect people's emotion regulation strategies. Cultural worldviews are systems of thought that

are shaped collectively within a society and define how reality is perceived. For example: American culture is seen as individualistic; East Asian cultures are viewed as collectivistic and group oriented. Therefore, cultural worldviews may vary across societies, and individuals' self-perceptions can also differ depending on their cultural background (Matsumoto, 2006). In the study by Hu et al. (2014), they examined how cognitive reappraisal and expressive suppression influence mental health within Eastern and Western cultural frameworks. In their research, the impact of the cognitive reappraisal strategy on mental health did not show significant differences between these cultural groups. In contrast, expressive suppression was a significant moderator: it showed a negative relationship with positive mental health in Western cultures, while no significant association was found in Eastern cultures. This study highlights that the effect of the expressive suppression strategy on mental health varies by culture.

Another study conducted by Matsumoto et al. (2008) examined reappraisal and suppression strategies in 23 different countries. According to the findings, countries that are long-term oriented and value hierarchy tend to use suppression and reappraisal strategies more frequently. In these cultures, the initial use of suppression followed by reappraisal helps individuals to choose the "appropriate" emotion to maintain social harmony. Suppression may also function as a cultural norm to sustain interpersonal relationships and social bonds. In contrast, cultures that value individual affective autonomy and egalitarianism show lower levels of suppression. This suggests that the function of suppression varies according to the fundamental social values of a culture.

These studies indicate that the emotion regulation process is not merely shaped by individuals' cognitive choices; social, cultural, and developmental factors also shape this process. Cognitive reappraisal is generally associated with positive effects on psychological well-being in both interpersonal (including demographic differences) and intercultural contexts. Conversely, while suppression is often viewed as a maladaptive coping strategy,

studies have demonstrated that it can lead to beneficial outcomes in specific cultural environments. Thus, it is essential to consider interpersonal differences and context-specific viewpoints to gain a deeper understanding of how emotional regulation strategies affect mental health.

2.3 Emotion Regulation in the Turkish Context

Existing literature on emotion regulation generally focuses on individualistic contexts, mostly within Western societies (Doren et al., 2021). However, cultural differences are an important factor influencing emotion regulation strategies. This section first examines how human relationships and social harmony are emphasized in Turkish collectivist culture. It then explores how gender roles influence emotion regulation in this context. Emotion regulation may follow different patterns in Turkish society.

To understand the emotion regulation strategies in Türkiye, it is essential to first examine the country's cultural structure. In intercultural studies, Western and Eastern cultures are categorized as individualistic and collectivistic (Triandis, 2001). Although autonomy and relatedness are both basic human needs, individualistic societies tend to prioritize the need for autonomy while potentially ignoring or suppressing the need for relatedness. Collectivist societies have tended to do the opposite. However, this two-sided perspective does not apply to all cultural contexts (Kağıtçıbaşı, 2005).

According to the literature, Turkish culture has traditionally been characterized by collectivist values, with an emphasis on maintaining strong bonds with family and kin (İmamoğlu & İmamoğlu, 1992). On the other hand, there have been certain social changes in Türkiye (İmamoğlu & İmamoğlu, 1992). Although a decline in traditional values has been observed due to increasing education levels and modernization, the importance individuals place on their relationships has not diminished. However, tendencies towards autonomy have

increased (Karakitapoğlu-Aygün & İmamoğlu, 2002). A study examined Turkish and American students, and the results indicate that Turkish students have higher collectivist scores, while their individualistic scores show similar values to those of American students (Caldwell-Harris and Ayçiçeği, 2006).

Additionally, it is important to emphasize the role of individual differences and gender roles within the Turkish context. In the study by Bayraktarlı and Kılıç (2022) conducted in Türkiye, the relationship between gender roles, emotion regulation, and psychological symptoms was examined, focusing on whether these relationships vary according to self-construals. According to the findings, individuals with a separated-individuation self type showed greater difficulties in emotion regulation, particularly in accepting negative emotions. These difficulties more strongly predicted anxiety levels. Individuation is associated with the individual acting on their abilities and desires, while separation is related to a low tendency for interpersonal integration.

The same study also showed that traditional views on gender roles, especially those about marriage, and difficulties in regulating emotions can lead to higher levels of somatization and anxiety (Bayraktarlı & Kılıç, 2022). In Türkiye, although women's education and employment opportunities have increased, the burden of household chores, the roles of being a mother and a wife, and barriers that restrict women in the workplace still exist. This indicates that traditional gender attitudes continue in Türkiye (Dökmen, 2019).

Studies conducted in the Turkish context indicate gender differences in the use of emotion regulation strategies. In a study involving individuals aged 18 to 50, women were found to use maladaptive strategies such as rumination, blaming others, and self-blame, as well as the adaptive strategy of acceptance, more frequently than men (Ötünçtemur & Kahraman,

2020). Similarly, in a study conducted with adolescents, women also tended to use rumination more frequently than men (Öngen, 2010).

This section emphasizes that cultural context is an important predictor of emotion regulation. In particular, it focused on Turkish society, which exhibits a collectivist structure, although individualistic values are becoming more noticeable. Turkish people increasingly value autonomy, while strong family ties remain important and may serve as a source of interpersonal emotion regulation. Furthermore, traditional gender roles still prevalent in Türkiye, adversely affect especially women's emotional well-being. All these studies demonstrate that emotion regulation is not only an individual skill but also influenced by interpersonal relationships, cultural context, gender norms, and the broader social environment. Overall, emotion regulation skills and flexibility are essential for maintaining mental health across cultural contexts.

Chapter III: Perceived Stress

3.1 Definition of Stress

Stress is a complex and frequently experienced phenomenon that affects individuals' well-being and mental health. Everyone encounters a certain degree of stress throughout their lives. Understanding individuals' responses to stress and how they perceive it is important for enhancing mental well-being. This section will first examine the notion of stress according to the literature. Following that, it explores stress exposure and stress perception.

The definition of stress varies across disciplines. Economists or sociologists define stressors in terms of poverty or social conditions, while research in psychology tends to focus on individual life events. Examples include combat experience, abuse, job loss, and daily hassles (Epel et al., 2018).

The first definition of stress was proposed by Selye (1976) in a biological context; it refers to the nonspecific bodily reaction to any demand. Lazarus and Folkman (1984) provided a traditional psychological definition of stress. Stress arises from the individual's appraisal of the interaction between themselves and their environment. It occurs when the environment exceeds the individual's resources, thereby threatening their well-being.

Individuals experience stress on social, psychological, and physiological levels. Epel et al. (2018) provided a broad perspective on stress, highlighting the multidimensional nature of stress and proposing a transdisciplinary model. According to this model, individuals encounter stressors within the context of their lives. This context comprises personality traits and demographic characteristics, the environment, previous and current stress exposure, and protective factors. These factors determine the body's stress regulation system (allostatic state) and how stress is perceived. In addition to all these factors, an individual's habits influence their psychological and physical responses to daily and acute stressors. When these responses become dysregulated, they can lead to allostatic load, aging, and diseases over time.

These definitions suggest that stress includes both negative and positive aspects. Stress impacts an individual's mind and body, and its intensity plays a significant role. While a small amount of stress can be beneficial and help people carry out their daily activities, excessive stress may lead to physical and mental health problems. Effective stress coping mechanisms contribute positively to individuals' well-being (WHO, 2023). Selye (1976) explained that there are two types of stress in life: eustress (good stress) and distress (bad stress). Depending on the circumstances, stress can lead to either positive or negative outcomes. Similarly, Henderson et al. (2012) emphasized that moderate and manageable stress levels can enhance performance, while chronic or overwhelming stress can impair it.

To expand the understanding of stress, Lazarus and Folkman (1984) argued that while harsh environmental conditions often lead to stress, stress does not emerge solely from external factors. A broader, relational perspective is necessary. Individual responses vary greatly, especially when stressors range from severe to mild or ambiguous. In such cases, the burden of stress depends on personal interpretation and coping capacity. Therefore, understanding stress requires an integrative approach that considers both environmental factors and individual characteristics.

3.2 Types of Stressors and Individual Responses to Stress

The previous section examined the general definition of stress, highlighting both its environmental and psychological dimensions. Building on this foundation, the current section will focus on stressors and how individuals respond to them. To understand the diverse effects of stress on individuals, the concepts of stress exposure and perceived stress will be discussed.

Stressful situations and responses to them are distinct concepts. Stressful events, also known as stressors, may alter or impair psychological functioning and can be objectively evaluated. Examples of such stressors include going through a divorce or losing a job. Stress

responses encompass cognitive, emotional, and biological changes triggered by these stressors (Crosswell & Lockwood, 2020).

Once stressors are differentiated from stress responses, it becomes crucial to recognize the existence of various psychological and social stressors that can impact individuals differently. Stressors differ in their characteristics, such as intensity, duration, and timescale. In the literature, stressors are generally categorized based on their time scale into chronic stressors, life events, daily hassles, and acute stress. They are also classified according to the life period during which they occur (e.g., prenatal, childhood, adulthood) (Epel et al., 2018).

However, stress experiences do not always fit neatly into one of these categories. Therefore, it is crucial to identify the most appropriate category for a given stressor. For instance, the death of a loved relative is considered a major life event; yet, if the relative had been suffering from a long-term illness, this situation could also be classified as a chronic stressor (Crosswell & Lockwood, 2020).

Daily stressors include challenges of everyday life, such as work, caregiving duties, and commuting between work and home. They also encompass minor but disruptive events, such as arguments with family members and work deadlines (Almeida, 2005).

Acute stressors are characterized by intense, short-lived experiences (Epel et al., 2018) that trigger a psychological and/or physiological stress reaction, such as when delivering a speech to large groups (Crosswell & Lockwood, 2020).

Chronic stressors are prolonged difficulties that interfere with daily life and typically persist for at least six months. Examples include unemployment, living in a dangerous area, ongoing financial strain, and being in a conflictual relationship (Epel et al., 2018).

Life events are episodic and occur within a specific timeframe, typically with a clear beginning. These events can lead to long-term outcomes depending on their nature, and in some cases, they may even trigger chronic stress. Examples include negative experiences like

accidents, job loss, or serious diagnoses, as well as positive but demanding changes such as getting married or job promotion (Epel et al., 2018).

Traumatic life events involve experiences that seriously endanger an individual's physical safety or psychological well-being or that of someone close to them. These may include experiencing violence, the loss of a loved one, abuse, or natural disasters (Epel et al., 2018). Recognizing the type and nature of stressors is essential for understanding how they influence mental and physical health outcomes over time.

3.3 Definition of Perceived Stress

Perceived stress refers to an individual's subjective evaluation of how stressful their life feels, including their feelings about uncertain events and their confidence in their ability to cope with difficulties. It reflects how a person interprets and manages stressful experiences (Phillips, 2013). It is often measured by the Perceived Stress Scale, which assesses the frequency of stressful feelings (Cohen, Kamarck, & Mermelstein, 1983).

Individual characteristics such as socioeconomic status, psychosocial traits, and health can contribute to either resilience or vulnerability. These factors influence how individuals are exposed to various stressors and how they perceive them. The characteristics of stressors, along with individuals' subjective evaluations, affect psychological well-being (Almeida, 2005). In Grzywacz et al. (2004) study, individuals' socioeconomic status affects their ability to cope with daily stressors. The study found that on any given day, individuals with higher education experienced less psychological distress compared to those with lower education levels. Additionally, individuals dealing with chronic stressors are more prone to experience distress when facing daily stressors, in contrast to those who do not face chronic stress (Serido et al., 2004).

People and groups differ in their sensitivity and vulnerability to environmental pressures. Faced with the same stressful situation, one person may react with anger, another

with anxiety or depression, while some may perceive it not as a threat but as a challenge (Lazarus & Folkman, 1984). The variation of individual responses to stress highlights the significance of understanding the cognitive processes that influence stress perception. Therefore, Lazarus and Folkman's cognitive appraisal theory provides a meaningful perspective.

Lazarus and Folkman (1984) examined the interaction between the person and the environment, identifying cognitive appraisal and coping as two key processes. Cognitive appraisal is the evaluative process by which individuals determine why and to what extent certain events are experienced as stressful within this interaction.

Specifically, cognitive appraisal theory involves two components: primary and secondary appraisal. In primary appraisal, the individual evaluates the situation as irrelevant, benign-positive, or stressful. If the situation is appraised as stressful, it is further categorized into one of three types of stress: harm/loss, threat, or challenge. If a situation is seen as threatening or challenging, the individual proceeds to evaluate their coping resources—a process central to the secondary appraisal phase. In secondary appraisal, the individual's coping abilities and available resources play a key role. The person evaluates whether their capacity to meet environmental demands is sufficient or insufficient. For instance, if an individual feels helpless or incapable of dealing with a particular demand, the level of experienced stress is likely to be high (Lazarus & Folkman, 1984).

Coping involves the cognitive and behavioral strategies a person uses to handle external and internal pressures that surpass or challenge their capabilities (Lazarus & Folkman, 1984). Coping is related to two main functions. Problem-focused coping refers to adjusting or changing the person-environment interaction that causes stress. Emotion-focused coping involves managing stress-related emotions. Appraisal and coping have a continuous impact on each other (Lazarus & Folkman, 1980). Not all coping mechanisms are beneficial for

individuals. Active coping strategies, such as positive reinterpretation, are positively associated with the perceived ability to manage stress, self-esteem, and optimism. Conversely, maladaptive strategies such as denial and behavioral disengagement are linked to anxiety and lower perceived control (Carver, Scheier & Weintraub, 1989).

3.4 The Effect of Perceived Stress on Mental Health

As previously defined, perceived stress significantly mediates the relationship between stressors and mental health. This section discusses the impact of perceived stress on mental health.

In the literature, perceived stress is negatively associated with mental well-being (Teh et al., 2013). Research shows that higher levels of perceived stress negatively impact mental health (Catabay et al., 2019; Flores et al., 2008). Furthermore, it is closely linked to mental health outcomes, including anxiety, depression, harmful behaviors, and post-traumatic stress disorder (PTSD) (Liu & Alloy, 2010; Konstantopoulou et al., 2020; Salari et. al, 2020; Catabay et al., 2019). Exposure to more stressful situations and prolonged high perceived stress is associated with worse mental health and increased mortality in epidemiological studies (Epel et. al, 2018). In addition, perceived stress has been linked to risky behaviors such as substance abuse (Carpi et al., 2022).

Certain populations are more prone to perceive situations as stressful. These groups typically include individuals with lower socioeconomic status, such as those with low income or education, and larger households. Additionally, they encompass the unemployed and disabled, people in jobs with limited status and control, those who are divorced or never married, racial and ethnic minorities, women, and younger individuals (Cohen & Williamson, 1988).

One study conducted in Italy with medical students focused on the mental health and well-being of university students. The study examined levels of perceived stress, psychological

well-being, and quality of life. While female students generally reported higher stress and lower mental health, male students exhibited higher levels of alcohol consumption. Being female and having a history of substance use were identified as risk factors for psychological distress, while regular exercise was found to be a protective factor (Carpi et al., 2022).

The relationship between perceived discrimination and stress-related outcomes was examined in a study involving Mexican-origin adults. This research found that perceived discrimination, when considered alongside perceived stress, results in worse health outcomes and contributes to depression. Discrimination created a chronic stress burden that extended beyond general perceived stress. The effect of perceived stress on depression was greater in the female population, while the impact of perceived discrimination on general health was more significant in the male population (Flores et al., 2008).

Supporting this, another study has shown that intersecting identities such as race and gender increase perceived stress and mental health risks. A study focusing on Black women in Baltimore examined how perceived stress relates to depression and PTSD, in the context of sexual violence and HIV risk. The study found that perceived stress exacerbates symptoms of depression and PTSD. Furthermore, among women exposed to sexual violence, this relationship was partially mediated by social support and resilience. It also highlighted that Black women may face higher stress due to their racial and gender-based minority status. (Catabay et al., 2019).

According to Lazarus and Folkman's Stress and Coping Theory (1984), social support influences individuals' experiences and responses to stress. A strong support system can buffer the effects of stress and reduce the intensity of perceived stress. In Acoba's (2024) study, receiving social support from family, friends, and significant others was found to be positively associated with positive emotions and negatively associated with depression and anxiety

symptoms.

Overall, these studies emphasize that perceived stress is shaped by broader sociodemographic and cultural factors. Factors such as gender, socioeconomic status, and minority identity have a significant role in how individuals experience and respond to stress. Certain protective factors such as social support and exercise are important in mitigating stress.

3.5 Perceived Stress and Coping in Turkish Context

There are numerous ways to cope with stress. The main coping strategies include problem-focused coping, emotion-focused coping, seeking social support, religious coping, and cognitive reframing (Lazarus & Folkman, 1984). Culture can influence stress and coping, including the types of stressors encountered, the appraisal of events, the selection of coping strategies, and access to institutional support (Aldwin, 2004). Perceived stress and coping are not merely individual experiences but are also shaped by cultural values and broader social dynamics. This section examines perceived stress within the Turkish population. As discussed earlier, the Turkish context is shaped by social and political stressors, sociodemographic characteristics, and traditional gender roles, all of which shape people's perceptions of and responses to stress.

Research indicates that women generally tend to report higher levels of perceived stress than men. Studies conducted in Türkiye support this finding. Research by Ocak and Güler (2013) and Özdemir et al. (2021) confirms that Turkish women perceive more stress than men.

A study on university students in Türkiye found that their stress levels ranged from moderate to high. Particularly, the expectations of family and the environment, along with concerns about post-graduation employment, have become stress factors for young people (Savcı & Aysan, 2014). As higher education becomes more accessible in Türkiye, the mismatch between educational attainment and job opportunities has grown (Habibi, 2017).

Sociodemographic factors such as being female, having a low level of education or

income, and a history of illness were found to increase stress levels. Conversely, being married enhanced individual resilience and served as a protective factor in coping with stress. No significant relationship was found between age and perceived stress (Alptekin & Koçyiğit, 2023).

Moreover, as mentioned earlier, Turkish culture is characterized by collectivist values, with a strong emphasis on family ties (İmamoğlu & İmamoğlu, 1992). In Turkish society, collectivist coping mechanisms are commonly used. Strategies such as family support, religious or spiritual practices, emotional sharing, acceptance, and cognitive restructuring are prominent in this cultural context (Çimen, 2020). Social support, particularly from family members, was found to play a significant role in diminishing stress. This highlights the importance of strong family bonds and mutual support, which serve as key buffers against stress in Türkiye's collectivist culture (Özer et. al., 2021).

Additionally, religious coping strategies are widely used in Türkiye. Religious practices, especially prayer, are commonly used for managing stress (Kula 2002, Özdemir et al., 2021). These strategies are more prevalent among men and those with a lower education level, a tendency closely related to the cultural context (Özdemir et al., 2021).

In summary, perceived stress in the Turkish context is influenced by sociocultural factors such as gender roles, economic instability, political challenges, and strong family ties. Coping strategies among Turkish individuals are shaped by collectivist and religious values, with a strong emphasis on emotional and social support. Although familial and environmental support often serves as a buffer against stress, in some cases—such as the pressure experienced by university students—it can also become a source of stress. Furthermore, these collectivist coping strategies can be conceptualized as emotion-focused coping mechanisms within Lazarus and Folkman's cognitive appraisal framework. Rather than changing the external stressor, these

strategies aim to regulate emotional responses, which is particularly consistent with the cultural emphasis on relational harmony in Turkish society.

Chapter IV: Method

4.1 Current Study

The overall purpose of the study was to examine the effects of emotion regulation and perceived stress on mental health in Turkish adults. By also considering the role of psychological flexibility, the study aims to understand how these variables interact within the unique cultural and socio-political context of Türkiye. This may also help evaluate whether findings from Western contexts are applicable to non-Western, collectivist societies such as Türkiye.

Specifically, the study aimed to answer the following three main research questions:

1. Is emotion regulation associated with mental health?

Based on previous literature, we expect that individuals who use more cognitive reappraisal will report better mental health outcomes, whereas those who rely on suppression will exhibit poorer mental health. This expectation is supported by several studies showing that emotion regulation plays a key role in mental health across different populations (Hu et al., 2014; Nolen-Hoeksema & Aldao, 2011).

2. Is perceived stress associated with mental health?

Based on prior research, we expect that higher levels of perceived stress will be associated with poorer mental health outcomes. Previous studies have consistently shown that stress is linked to mental health outcomes, including depression, anxiety, post-traumatic stress symptoms, and harmful behaviors (Catabay et al., 2019; Liu & Alloy, 2010; Konstantopoulou et al., 2020; Salari et al., 2020).

3. Does emotion regulation moderate the effect of stress on mental health?

Based on prior research, we expect that emotion regulation strategies will moderate the relationship between perceived stress and mental health. Specifically, we expect that cognitive reappraisal will mitigate the negative effects of stress, while suppression may increase symptoms of mental health problems. This is consistent with previous findings (Haver et al., 2023; Krkovic et al., 2018), which also reported gender-related differences: cognitive reappraisal had a protective effect primarily in women, whereas suppression intensified distress, especially in men (Haver et al., 2023).

4. Does psychological flexibility contribute to better mental health and reduced stress?

Based on previous literature, we expect that higher levels of psychological flexibility will be associated with better mental health and lower levels of perceived stress. This expectation is supported by findings that show psychological flexibility plays a crucial role in promoting mental health and resilience (Pakenham et al., 2020), and has been found to be positively related to overall functioning and life satisfaction (Twohig et al., 2023; Flowers et al., 2023). Conversely, psychological inflexibility has been associated with higher levels of depression, anxiety, and stress (Wang et al., 2023).

4.2 Participants

Descriptive analyses were conducted for the Turkish subsample to provide an overview of demographic characteristics. The final sample included 305 participants. The mean age was 36.3 years ($SD = 13.16$), with ages ranging from 18 to 67 years. The gender distribution consisted of 197 men, 105 women, and 3 participants who identified as another gender or did not specify. Data were collected through an online survey platform. Informed consent was obtained at the beginning of the survey.

4.3 Procedure

Data were collected between December 1, 2024, and January 24, 2025. An online survey was conducted, and prior to participation, informed consent was obtained. Participants were informed about the purpose of the study, the estimated completion time, and their right to withdraw at any time. Participation was voluntary. The survey was distributed through platforms such as WhatsApp and Instagram.

Demographic information was collected, including participants' age, gender, perceived income, place of birth, current place of residence, duration of residence. Furthermore, the following psychological scales were administered: the Emotion Regulation Questionnaire (ERQ), the Perceived Stress Scale (PSS-10), the Kessler Psychological Distress Scale (K-10), and the Acceptance and Action Questionnaire-2 (AAQ-2). A total of 305 Turkish participants completed the survey.

4.4 Measures

a) Demographic form. A demographic information form was used to collect data regarding participants' background characteristics. The form included questions about age, gender, income, place of birth, current place of residence, and duration of residence.

b) Kessler Psychological Distress Scale (K-10). Kessler Psychological Distress Scale, developed by Kessler et al. (2002), was used to assess general psychological distress. It measures symptoms of anxiety and depression that individuals have experienced over the past four weeks.

The scale consists of a 10-items rated on a 5-point Likert scale, ranging from 1 (None of the time) to 5 (All of the time). Lower scores indicate low levels of psychological distress, while higher scores reflect greater levels of psychological distress. A widely accepted standardized instrument was employed to collect quantitative data. The Turkish adaptation of the K-10 was conducted by, Altun et

al. (2019).

c) Emotion Regulation Questionnaire (ERQ). The Emotion Regulation Questionnaire, developed by Gross and John (2003), was used to assess individuals' emotion regulation strategies. This self-report instrument evaluates the habitual use of two distinct strategies for managing emotions: cognitive reappraisal and expressive suppression.

The ERQ consists of a 10-item scale that assesses cognitive reappraisal and expressive suppression on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree), with no reverse-scored items. Six items measure cognitive reappraisal (items 1, 3, 5, 7, 8, 10), while four items assess expressive suppression (items 2, 4, 6, and 9).

This widely recognized and standardized tool was used to gather quantitative data. The Turkish adaptation of the ERQ was conducted by Yurtsever (2004), who reported satisfactory psychometric properties for the scale in a Turkish sample.

d) Perceived Stress Scale (PSS-10). The Perceived Stress Scale, developed by Cohen, Kamarck, and Mermelstein (1983), is a widely used self-report instrument for assessing perceived psychological stress. The scale was designed to measure the degree to which individuals appraise situations in their lives as stressful.

It consists of 10 items rated on a 5-point Likert scale ranging from 0 (Never) to 4 (Very often). Higher scores on the PSS indicate a greater degree of perceived stress. A commonly used and reliable tool was used to get quantitative data. The Turkish adaptation of the scale was conducted by Eskin et al., 2013.

e) Acceptance and Action Questionnaire-2 (AAQ-2). Acceptance and Action Questionnaire-2, developed by Bond et al. (2011), is the most commonly used measure of psychological inflexibility levels. The AAQ-II consists of 7 items rated on a 7-point Likert scale

ranging from 1 (Never true) to 7 (Always true). Higher scores indicate greater psychological inflexibility.

It is a valid, and reliable tool commonly used to obtain quantitative data on psychological flexibility-related processes. The Turkish adaptation and validation of the scale were conducted by Yavuz et al. (2016).

4.5 Data Analysis Plan

Data were first analysed by running a series of descriptive statistics for each study variable. Subsequently, the following specific analyses were performed to answer the four research questions:

a) To explore associations among key psychological variables – so, to measure whether there is a link between emotion regulation, perceived stress, and mental health outcomes- a correlational analysis was conducted using data from Turkish participants. Variables included age, gender, perceived stress (PSS), psychological distress (K10), cognitive reappraisal, expressive suppression, and psychological inflexibility.

b) To examine the multidimensional and interactive contributions of perceived stress and emotion regulation strategies to psychological distress (K10), a multiple linear regression analysis was conducted on data from Turkish participants. Age and gender were included as control variables, while perceived stress (PSS), cognitive reappraisal, expressive suppression, and their respective interactions with stress (PSS × reappraisal; PSS × suppression) were entered as predictors of K10 scores.

Furthermore, multiple linear regression was used to test whether psychological inflexibility moderates the relationship between perceived stress (PSS) and psychological

distress (K10). The model included the main effects of PSS and psychological inflexibility, as well as their interaction term (PSS \times Inflexibility).

Chapter V: Results

5.1 Correlation Among Psychological Variables

To explore associations among key psychological variables, a correlational analysis was conducted using data from participants residing in Türkiye. Variables included age, gender, perceived stress (PSS), psychological distress (K10), cognitive reappraisal, expressive suppression, and psychological inflexibility.

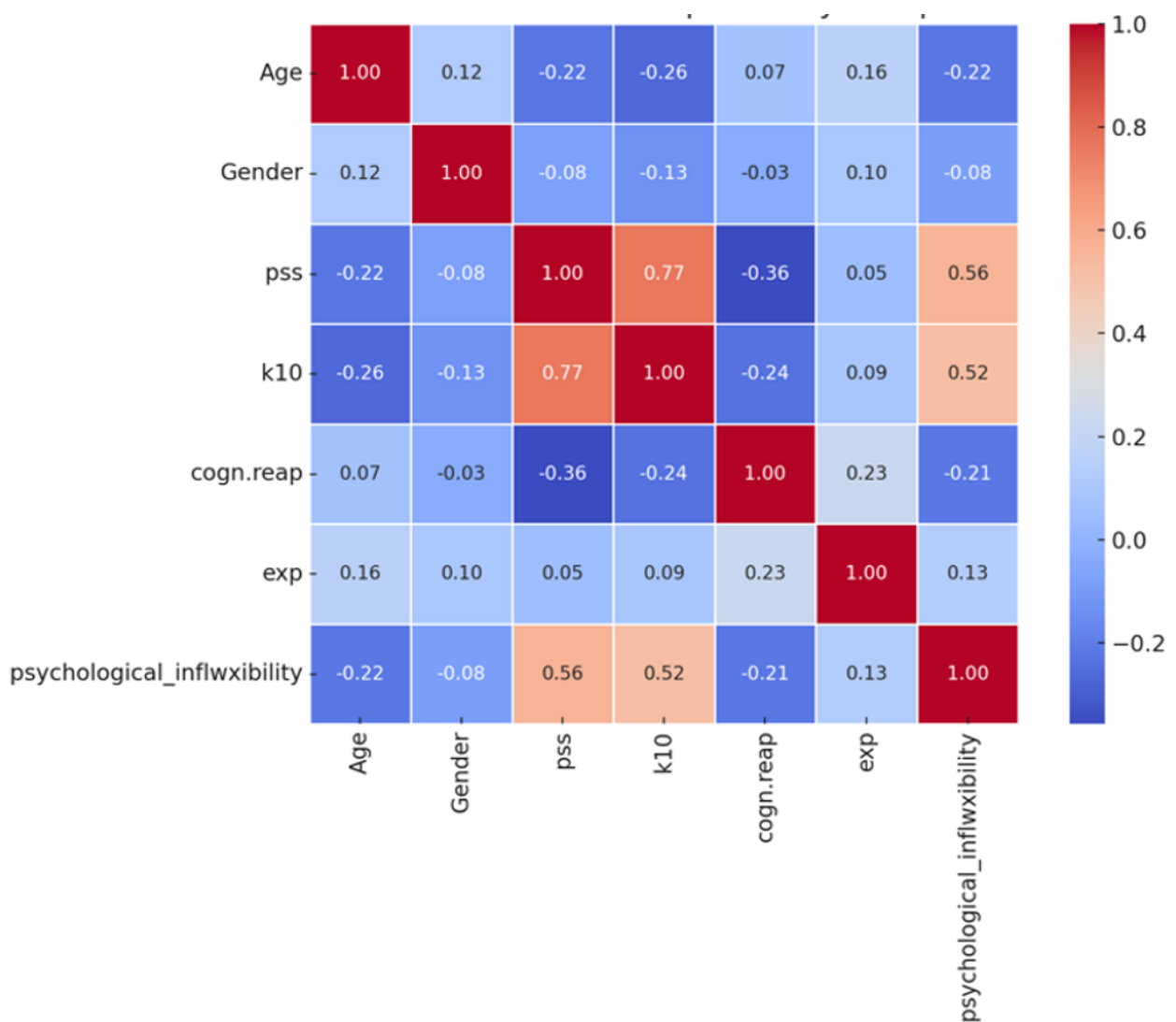


Figure 5.1: Pearson correlation heatmap between psychological variables.

The results revealed several notable patterns. As expected, perceived stress (PSS) showed a strong positive correlation with psychological distress (K10) ($r = .77, p < .001$), indicating that individuals experiencing more stress reported greater emotional difficulties. PSS was also moderately positively correlated with psychological inflexibility ($r = .56$), and negatively correlated with cognitive reappraisal ($r = -.36$), suggesting that less flexible and less adaptive regulation styles are linked to greater stress.

Additionally, psychological inflexibility was positively associated with distress ($r = .52$) and negatively associated with reappraisal ($r = -.21$). Age showed a small but significant negative association with distress ($r = -.26$), indicating that younger individuals reported higher psychological difficulties. Expressive suppression had only weak correlations with other variables, including distress ($r = .09$) and inflexibility ($r = .13$).

These results support the role of perceived stress and emotion regulation—particularly flexibility and reappraisal—in shaping psychological well-being.

5.2 Mental Health and Emotion Regulation

To examine the unique and interactive contributions of perceived stress and emotion regulation strategies to psychological distress, a multiple linear regression analysis was conducted on data from Turkish participants. Age and gender were included as control variables, while perceived stress (PSS), cognitive reappraisal, expressive suppression, and their respective interactions with stress (PSS \times reappraisal; PSS \times suppression) were entered as predictors of K10 scores.

The model revealed that perceived stress ($\beta = 1.05, p < .001$) was a strong and significant predictor of psychological distress. Age was also a significant predictor ($\beta = -0.07, p = .006$), with older participants reporting lower distress. Gender showed a marginal effect (β

= -1.18, $p = .062$), suggesting that men may experience slightly less distress than women. In contrast, neither cognitive reappraisal nor expressive suppression significantly predicted K10 scores, and there was no significant interaction between stress and either regulation strategy. These findings indicate that perceived stress is the primary psychological factor associated with distress in this sample, independent of the emotion regulation strategies examined.

5.3 Mental Health and Cognitive Flexibility

A multiple linear regression analysis was conducted to examine whether psychological inflexibility moderates the relationship between perceived stress (PSS) and psychological distress (K10) in the Turkish sample. Age and gender were included as control variables. The model included the main effects of PSS and psychological inflexibility, as well as their interaction term (PSS \times Inflexibility).

Table 5.1 Linear regression coefficients for the relationship between psychological distress (K10) and the predictors

Predictor	Coef.	Std. Err	t	P
Intercept (const)	8.76	3.22	2.72	0.007**
Age	-0.05	0.02	-2.22	0.027*
Gender	-1.13	0.61	-1.83	0.068†
Perceived Stress (PSS)	0.73	0.12	6.23	< .001***
Psychological Inflexibility	-0.2	0.14	-1.37	0.170
PSS_x_Inflexibility (Interaction)	0.01	0.01	2.23	0.026*

Results indicated that perceived stress was a strong and significant predictor of psychological distress ($\beta = 0.73, p < .001$). Importantly, the interaction between stress and psychological inflexibility was also significant ($\beta = 0.01, p = .026$), suggesting that individuals with higher psychological inflexibility experienced a stronger association between stress and distress. Age was a significant negative predictor ($\beta = -0.05, p = .027$), indicating that older participants reported lower distress, while gender showed a marginal effect ($\beta = -1.13, p = .068$), with men reporting slightly less distress than women. Psychological inflexibility alone was not a significant predictor. These findings support the moderating role of psychological flexibility in stress-related mental health outcomes.

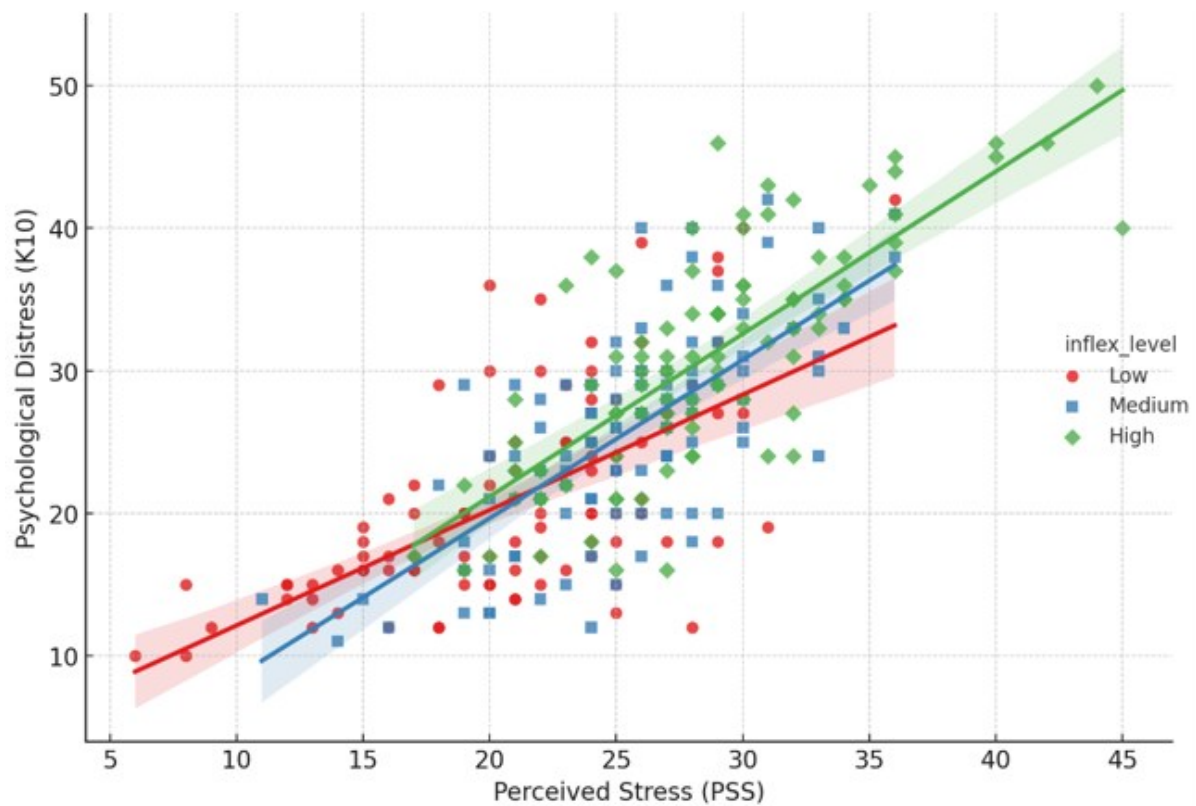


Figure 5.2: Linear regressions for psychological distress with interaction terms between psychological inflexibility and perceived stress.

The significant interaction between perceived stress (PSS) and psychological inflexibility ($\beta = 0.01, p = .026$) indicates that the relationship between stress and psychological distress (K10) depends on an individual's level of inflexibility. Specifically, individuals with higher psychological inflexibility experienced a stronger positive association between stress and distress. In contrast, those with lower inflexibility reported less severe increases in distress as stress levels rose.

This finding suggests that psychological inflexibility functions as a vulnerability factor: when people have difficulty adapting their thoughts and behaviors in the face of stress, they are more likely to experience elevated psychological distress. Conversely, greater flexibility may buffer against the negative impact of stress, highlighting its protective role in emotional functioning.

Chapter VI: Discussion

This study aimed to examine the effects of perceived stress and emotion regulation strategies on mental health among Turkish adults, as well as the moderating role of psychological flexibility in this relationship. The results showed that perceived stress had a strong positive correlation with psychological distress, highlighting the significant role of psychological flexibility in buffering this relationship. However, contrary to much of the existing literature, emotion regulation strategies did not demonstrate the expected effect on mental health. This unexpected finding provides a unique contribution by suggesting that cultural factors may shape the way emotion regulation functions in non-Western populations.

6.1 Emotion Regulation and Mental Health

The first research question assessed the relationship between individuals' use of emotion regulation strategies and their mental health. Contrary to expectations, neither cognitive reappraisal nor expressive suppression showed a significant relationship with K10 scores. This finding is not consistent with the general literature suggesting that cognitive reappraisal is beneficial for mental health, while expressive suppression has a negative effect on psychological well-being (Moore et al., 2008; Joormann & Siemer, 2014).

A possible explanation for this inconsistency between expressive suppression and mental health may lie in Türkiye's collectivist cultural values. Traditional collectivist values in Türkiye have declined over time, and the need for autonomy has become more emphasized (Karakitapoğlu-Aygün & İmamoğlu, 2002). On the other hand, strong familial and kinship ties hold central importance in Turkish society (İmamoğlu & İmamoğlu, 1992). In such cultural contexts, maintaining interpersonal harmony becomes a priority and expressive suppression

may function as a culturally appropriate strategy for sustaining interpersonal relationships and group harmony (Matsumoto et al., 2008).

Indeed, Hu et al. (2014) reported that expressive suppression moderates the relationship between emotional regulation and mental health in a cultural context: while it shows a negative relationship with mental health in Western cultures, this relationship was not significant in Eastern cultures. Therefore, the negative outcomes of suppression observed in Western populations may not be directly applicable to individuals in the Turkish context.

Findings indicate that perceived stress has a strong impact on mental health. The cognitive reappraisal strategy may not be effective under conditions of intense perceived stress or when people frequently rely on religious values and family support as a collectivist coping mechanism (Çimen, 2020), which may reduce the effectiveness of reappraisal.

6.2 Perceived Stress and Mental Health

The second research question examined the relationship between perceived stress and mental health. There was a strong positive correlation between perceived stress and psychological distress, showing that individuals experiencing more stress reported greater psychological difficulties. This finding is consistent with the literature indicating that perceived stress negatively affects mental health (Catabay et al., 2019; Liu & Alloy, 2010; Konstantopoulou et al., 2020; Salari et al., 2020).

It also suggests that stress is an important risk factor for mental health in Türkiye. In recent years, people have faced significant stressors such as the COVID-19 pandemic, natural disasters, economic crises, and ongoing migration (WHO, 2020). Additionally, Türkiye's political system -described as competitive authoritarian (Castaldo, 2018)- leads to significant political pressures today. Furthermore, the mental health stigma in society and the resulting

low demand for psychological services further exacerbate these stressors (Çam & Çuhadar, 2011). Together, these may help explain the perceived stress in Turkish people.

6.3 Emotion Regulation and Perceived Stress

The third research question examined whether emotion regulation strategies moderate the relationship between perceived stress and mental health. Cognitive reappraisal was expected to mitigate the negative effects of stress, serving as a protective factor. Contrary to previous literature (Haver et al., 2023; Krkovic et al., 2018), multiple linear regression analysis conducted, there was no significant interaction between perceived stress and these regulation strategies (reappraisal or suppression).

This inconsistency may again be explained by the unique dynamics of a collectivist culture in Türkiye or the severity of the stressors, as discussed in section 6.1.

6.4 Psychological Flexibility, Perceived Stress, and Mental Health

The final question assessed whether psychological flexibility contributes to better mental health and reduced perceived stress. Based on previous literature, psychological flexibility was expected to be associated with lower levels of perceived stress and better mental health (Pakenham et al., 2020; Twohig et al., 2023; Flowers et al., 2023).

Consistent with the literature, the interaction between perceived stress and psychological inflexibility was statistically significant. This interaction suggests that individuals with higher psychological inflexibility experienced a stronger positive association between perceived stress and psychological distress. In contrast, those with greater flexibility showed a weaker link between stress and distress.

In contrast to expectations, psychological flexibility did not show a significant main effect on psychological distress. However, its moderating role in the relationship between perceived stress and distress supports its importance as a protective factor. Specifically, greater psychological flexibility may buffer the impact of high levels of perceived stress and reduce psychological distress.

6.5 Demographic Factors and Mental Health

A multiple linear regression analysis was conducted, including age and gender as control variables. Although not the primary focus, both variables showed notable effects on psychological distress.

Age was a significant negative predictor, suggesting that older individuals reported less distress. Gender showed a marginal effect, with men reporting slightly less distress than women. This result is partially consistent with previous literature. The small gender difference observed in this study may be influenced by the sample characteristics (e.g., a higher number of male participants).

Prior literature highlights gender as an important determinant of mental health outcomes. Studies suggest that women tend to report poorer mental health than men and are more likely to seek help from health services (Kose, 2020; Tirgil & Aygun, 2021; Keskin et al., 2013). In contrast, men have a higher tendency to turn to alcohol for coping, and alcohol problems are more frequently encountered among men (Nolen-Hoeksema, 2012).

The K-10 scale measures symptoms of anxiety and depression. While women tend to internalize distress (e.g., anxiety, depression), men often express it through externalizing behaviors such as alcohol use, which may not be fully captured by the K10 self-report scale.

6.6 Limitations, Strengths of the Study, and Future Directions

This study shows that stress plays an important role in mental health within Turkish society. It emphasizes that psychological flexibility serves a protective factor against the negative effects of stress. The lack of a direct impact of emotion regulation strategies suggests that cultural and other contextual factors may have complex effects on mental health. According to these findings, there is a need to develop interventions aimed at reducing perceived stress and increasing psychological flexibility to improve mental health in Türkiye. Therapeutic approaches that emphasize psychological flexibility, such as Acceptance and Commitment Therapy, could be further researched for their effectiveness in the Turkish context.

One of the strengths of this research is its wide age range, encompassing individuals in emerging, young, and middle adulthood. Additionally, conducting the study with 305 participants in a culturally unique context like Türkiye and addressing these cultural aspects adds to its significance. Another strength is the comprehensive discussion of findings that are consistent with as well as contradictory to the existing literature.

However, this research has some limitations. First, as the data were collected at a single point in time (cross-sectional design), it is not possible to draw definitive conclusions about the causal relationships between variables. Future studies may consider longitudinal approaches to better capture causal relationships and change over time.

Second, the data were collected through online platforms such as WhatsApp and Instagram. This may have resulted in a sample that is digitally active and has an urban demographic. This could limit the generalizability of the findings.

Third, both the discussion section and the previous literature frequently refer to cultural

influences such as collectivism, religious values, and family support. This suggests that emotion regulation strategies may be less applicable or less effective in cultural contexts like Türkiye, where other forms of coping may be more culturally embedded. However, since the study design did not include scales measuring cultural values, these values are generally based on interpretation. Additionally, participants may be using other strategies (such as seeking social support, religion, family support), but these were not assessed in this study.

Future research should employ qualitative methods or culturally adapted scales to better capture the cultural mechanisms at play in Türkiye. In particular, the role of collectivist coping strategies (such as family support and religious practices) in managing stress and promoting mental health should be explored in greater depth.

Finally, the gender distribution in this study -197 males and 105 females- may have influenced the marginal findings regarding gender differences in psychological distress. Future research could aim more balanced samples and utilize scales that examine gender differences in greater detail.

To sum up, this study showed that perceived stress has a significant impact on mental health in the Turkish context. It also demonstrated that psychological flexibility is an important moderating variable in this relationship. This finding contributes to the existing literature by supporting the role of psychological flexibility in reducing the negative effects of stress. The unexpected lack of association between emotion regulation strategies and mental health outcomes suggests that additional contextual factors—such as alternative coping styles or unmeasured sociocultural dynamics—may influence these processes.

Future studies may benefit from using tools that directly assess cultural context. They should also consider collectivist coping strategies such as family support and religious

practices. These approaches could improve our understanding of how culture shapes coping mechanisms and emotion regulation processes. Considering the ongoing socioeconomic and political challenges in Türkiye, it is crucial to develop context-dependent intervention programs. These programs should aim to enhance psychological resilience and support mental well-being. In particular, strategies that reduce perceived stress and strengthen psychological flexibility may offer especially beneficial outcomes for mental health in the Turkish population.

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APPENDICES

Appendix A: Informed Consent Form

This consent form was presented to participants at the beginning of the online questionnaire. The version administered to participants was in Turkish. It includes details about the study and a section for informed consent.

Dear Participant,

We hereby ask you to provide your informed consent to participate in the “Emotion in the world” Research, coordinated by Eylül Ertuğrul under the supervision of Prof.ssa Sara Scrimin, Associates Professor from the Department of Developmental and Socialisation Psychology of the University of Padova, Italy.

This research will study your ability to identify, accept and manage your emotions. With this in mind, this project has the goals of:

- Studying emotion regulation.
- Understanding the relationship of this skills with prosocial behaviour, family and peer relationship, stress management.
- Achieve an intercultural approach by comparing the results from different countries, as a deeper way of understanding the role of the environment in the development of emotional abilities.

The project consists of a questionnaire. Which will be answered using a likert scale in which you will have to choose to what degree you agree or disagree with the statement. All aspects will take place online, and will take around 20 -30 minutes to answer. When the research is complete you will be provided with the results of the analysis if you request them, and you will be free to ask any questions.

If you agree to participate, please be aware that:

- 1) The study is in line with current laws D. Lgs 196/2003 and EU GDPR 679/2016 on data

protection and consent to the processing and communication of personal data, within the limits, for the purposes and for the duration specified by the current laws (D. Lgs. 196/2003 and EU GDPR 679/2016).

2) You are free to withdraw at any point throughout the duration of the experiment without any penalty.

3) The data will be collected confidentially and they will be processed anonymously and in aggregate form.

4) The data will be used exclusively for scientific and statistical purposes You can obtain the return of the raw data from the data together with the relevant normative reference data.

5) Since the present study is not for clinical purposes, you know that you will have to consult with a specialist for possible interpretation of the data, a copy of this form will be given to you by the researcher.

If you have any further questions concerning this study please feel free to contact:

Eylül Ertuğrul

eyluel.ertugrul@studenti.unipd.it

Appendix B: Demographic Form

The following demographic questions were administered to participants in Turkish.

1. What is your age?
2. Please indicate your gender?

Female ()

Male ()

Prefer not to say()

3. Place Of Birth (Country)?.....
4. Where do you live (Country)?.....
5. How long have you lived in your country of residence?.....
6. Your family's economic situation compared to other families?

Below average ()

Average ()

Above Average ()

Appendix C: Kessler Psychological Distress Scale (K10)

The following items comprise the Kessler Psychological Distress Scale (K-10; Kessler et al., 2002). The Turkish version of the scale, adapted by Altun et al. (2019), was administered to participants in this study.

The following questions ask about how you have been feeling during the past 30 days. Please indicate how often you felt each of the following statements applied to you.

No	Item	1 (None of the time)	2 (A little of the time)	3 (Some of the time)	4 (Most of the time)	5 (All of the time)
1	About how often did you feel tired out for no good reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	About how often did you feel nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	About how often did you feel so nervous that nothing could calm you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	About how often did you feel hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	About how often did you feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	About how often did you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	feel so restless you could not sit still?					
7	About how often did you feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	About how often did you feel that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	About how often did you feel so sad that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	About how often did you feel worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix D: Emotion Regulation Questionnaire (ERQ)

The following items comprise the Emotion Regulation Questionnaire (Gross & John, 2003). The Turkish version of this scale, adapted by Yurtsever (2004), was administered to participants in this study.

Instructions and Items

We would like to ask you some questions about your emotional life, in particular, how you control (that is, regulate and manage) your emotions. The questions below involve two distinct aspects of your emotional life. One is your emotional experience, or what you feel like inside. The other is your emotional expression, or how you show your emotions in the way you talk, gesture, or behave. Although some of the following questions may seem similar to one another, they differ in important ways. For each item, please answer using the following scale:

1-----2-----3-----4-----5-----6-----7

strongly disagree

neutral

strongly agree

1. ____ When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about.
2. ____ I keep my emotions to myself.
3. ____ When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.
4. ____ When I am feeling positive emotions, I am careful not to express them.
5. ____ When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.

6. ____ I control my emotions by not expressing them.

7. ____ When I want to feel more positive emotion, I change the way I'm thinking about the situation.

8. ____ I control my emotions by changing the way I think about the situation I'm in.

9. ____ When I am feeling negative emotions, I make sure not to express them.

10. ____ When I want to feel less negative emotion, I change the way I'm thinking about the situation.

Appendix E: Perceived Stress Scale (PSS-10)

The following items comprise the Perceived Stress Scale (Cohen et al., 1983). The Turkish version of this scale, adapted by Eskin et al. (2013), was administered to participants in this study.

No	Item	0 (Never)	1 (Almost never)	2 (Sometimes)	3 (Fairly often) 4 (Very often)
1	How often have you been upset because something that happened unexpectedly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	How often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	How often have you felt nervous and 'stressed'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	How often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	How often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	How often have you found that you could not cope with all the things that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	you had to do?				
7	How often have you been able to control irritations in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	How often have you felt that you were on top of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	How often have you been angered because of things that were outside of your control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	How often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix F: Acceptance and Action Questionnaire-2 (AAQ-2)

The following items comprise the Acceptance and Action Questionnaire-2 (Bond et al., 2011). The Turkish version of this scale, adapted by Yavuz et al. (2016), was administered to participants in this study.

No	Item	1 (Never true)	2 (Very seldom true)	3 (Seldom true)	4 (Sometimes true)	5 (Frequently true)	6 (Almost always true)	7 (Always true)
1	My painful experiences and memories make it difficult for me to live a life that I would value.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I'm afraid of my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I worry about not being able to control my worries and feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	My painful memories prevent me from having a fulfilling life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Emotions cause problems in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	It seems like most people are handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	their lives better than I am.							
7	Worries get in the way of my success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>