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PREDICTIVE ROLES OF EMPATHY AND ENMESHMENT ON DEFENSE
STYLES

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To my family...

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ÖZET

KARADUMAN, Onur, Empati ve İç İçe Geçmenin Savunma Biçimleri Üzerindeki Yordayıcı Rolü, Başkent Üniversitesi, Sosyal Bilimler Enstitüsü, Klinik Psikoloji Tezli Yüksek Lisans Programı, 2024.

Bu çalışmada bilişsel empati, duygusal empati, iç içe geçme ve immatür, nevrotik ve olgun düzeyde olmak üzere savunma biçimlerinin arasındaki ilişkinin araştırılması amaçlanmaktadır. Araştırmaya katılım gönüllülük esasına dayalı olup katılımcılar 18-39 yaş arasındaki genç yetişkinlerden oluşmaktadır. Araştırmaya 316 katılımcı katılmıştır. Bu çalışmada Bilişsel ve Duyuşsal Empati Ölçeği (BDEÖ), Young Şema Ölçeği-Kısa Formunun (YŞÖ-KF-3) İç İçe Geçme/Bağımlılık alt ölçeği, Savunma Biçimleri Testi (SBT-40) ve Hofstede'nin Kültür Boyutları Ölçeği (KBÖ) kullanılmıştır. Çalışmada sırasıyla korelasyon, hiyerarşik regresyon ve moderasyon analizi yürütülmüştür. Empatinin alt boyutları birbiriyle pozitif yönde ilişkili iken iç içe geçme ile negatif yönde ilişkili bulunmuşlardır. Çalışmada iç içe geçmenin kültüre özgü etkilerini değerlendirmek amacıyla ölçülen kültür boyutlarının 'Güç Mesafesi' alt boyutu empatinin alt boyutları ile negatif yönde, iç içe geçme ile pozitif yönde ilişkili bulunmuştur. Diğer beş kültür boyutu arasından sadece maskülinite alt boyutu ile duygusal empati arasında negatif bir ilişki saptanmıştır. Yapılan regresyon analizleri sonucunda iç içe geçmenin olgun savunmaları negatif yönde, nevrotik savunmaları pozitif yönde anlamlı olarak yordadığı saptanmıştır. Bilişsel empati olgun savunmaları pozitif yönde yordamakla birlikte küçük bir varyansı açıklamaktadır. Ek olarak, iç içe geçmenin immatür savunmaları pozitif yönde, duygusal empatinin ise immatür savunmaları negatif yönde anlamlı biçimde yordadığı bulunmuştur. Bir sonraki aşamada yürütülen moderasyon analizinin bulguları anlamlı olup iç içe geçmenin duygusal empati ile immatür savunmalar arasındaki negatif ilişkiyi zayıflattığı saptanmıştır. Araştırmanın güçlü yönleri, sınırlılıkları ve olası klinik katkıları literatür doğrultusunda tartışılmıştır.

Anahtar Kelimeler: bilişsel empati, duygusal empati, iç içe geçme, savunma biçimleri

ABSTRACT

KARADUMAN, Onur, Predictive Roles of Empathy and Enmeshment on Defense Styles, Başkent University, Institute of Social Sciences, Clinical Psychology Master's Program with Thesis, 2024.

This study examines the associations between cognitive empathy, affective empathy, enmeshment and psychological defense styles including mature, neurotic and immature factors. To assess cultural differences, culture values were also assessed. The sample consisted of 316 people aged between 18 to 39. Affective and Cognitive Measure of Empathy (ACME), Young Schema Questionnaire (YSQ-SF3), Defense Styles Questionnaire (DSQ-40) and Individual Culture Values Scale were used in this study. Correlation analyses, hierarchical regression analysis and moderation analysis investigating potential interactions were conducted. The results showed that enmeshment negatively predicted mature defenses while positively predicting neurotic and immature defenses. Cognitive empathy significantly explains a small amount of variance on mature defenses. Affective empathy predicted immature defenses significantly in negative direction. Exploratory analysis implied that enmeshment moderates the relationship between affective empathy and immature defenses as enmeshment increases the negative association gets weakened while a decrease in enmeshment strengthens the negative association. In a non-clinical young adult sample, it was found that enmeshment might be an important indicator of impaired psychological health. Further, it was found that although capacity of affective empathy is not necessarily a cue for mature defenses, it might be regarded as a signal for a baseline capacity above immature level of defenses.

Keywords: cognitive empathy, affective empathy, enmeshment, defense styles

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1. INTRODUCTION

Derived from the German word ‘Einfühlung’ which was found by German philosophers working on aesthetics (Ganczarek, Hünefeldt & Olivetti Belardinelli, 2018), the term empathy is a multi-layered concept (Cuff et al., 2016; Hall & Schwartz, 2022; Main et al., 2017; Zaki, 2014). In the APA dictionary (APA, 2023) the definition was given as below:

“Understanding a person from their frame of reference rather than one’s own, or vicariously experiencing that person’s feelings, perceptions, and thoughts. Empathy does not, of itself, entail motivation to be of assistance, although it may turn into sympathy or personal distress, which may result in action. In psychotherapy, therapist empathy for the client can be a path to comprehension of the client’s cognitions, affects, motivations, or behaviors”.

In this study, to develop a deeper understanding of empathy and the experience of empathizer, it is aimed to regard empathy under two subcategories of affective and cognitive (Davis, 1983) together with enmeshment/problematic self-differentiation, cultural dimensions and psychological defense styles. The first two factors were chosen to consider familial roles, as enmeshed family systems (Bowen, 1978; Minuchin, 1974) that may change the role of an individual like demanding self-sacrifice, parentification or caregiving (Dariosis et al., 2023), also it may cause psychological problems (Hann-Morrison, 2012 ; Kivisto et al., 2015) and cultural values because the effects of enmeshment might differ among different cultures (Goldner, Sachar & Abir, 2019; Jin & Roopnarine, 2022). Later, psychological defense styles were chosen to infer an opinion on personality organizations of individuals depending on these factors. While findings of cognitive empathy are generally consistent, affective empathy was found as inconsistent among different studies (Gregorzewski et al., 2019; Lishner et al., 2015; Salgado et al., 2020; van der Graaff, 2020). Consequently, studying empathy under subcategories, with familial/cultural and under the scope of clinical measures might broaden our understanding of the notion.

1.1. Empathy

1.1.1. Definition

There are some warnings related to the vagueness of the notion of empathy as researchers may define it differently, use it in variable contexts and the term itself might be

associated with several constructs (Hall & Schwartz, 2022); therefore, it would be accurate to describe empathy precisely. Greenson (1960) puts empathy close to the process of identification, but for empathy, its temporariness creates a boundary between the concepts. Kohut (1966) links empathy to primary experience of merging in the first period of life, which is closer to the perspective of this paper. Buie (1981) finds these conceptualizations problematic; first, he puts empathy somewhere else from identification, and he also separates primary experience of an infant from the ‘adult empathy’ by self-other differentiation by emphasizing developmental capacities for empathy as perception. From more recent views, Blystad and Hansen (2022) proposed a behavior analytical conceptualization of empathy, which includes a developmental model starts with innate reflex of distress, followed by classical and operant conditioning (both by negative and positive reinforcements) processes, at the same time, authors implied the importance of observable components of empathy such as gaze between mother and infant, reaction to social cues that measured by fMRI or behaviors that relieve empathic distress -e.g. sharing. From a philosophical point of view, Stout (2019) argued a distinction between sympathy and empathy; defined the former as being limited to the capacity to share or agree with others’ emotions whereas considered the latter as being vulnerable to another perspective. This includes being open and sensitive to others’ perspectives which may require more than sharing the experience; for instance, instead of being sad with a sad person an empathic position may propose an understanding of how that person feels and what will be needed by that one, like being attuned to that person (Stout, 2019). Agosta (2015) shares a similar point of view; takes empathy as being open to receive from others and being open to be related to them -to their experiences, emotions or in the way they be, or in short, ‘as if’ they are in the same situation (both cognitive and affective) with them. The role of being curious to others to empathize with them is also emphasized (Main et al., 2017). It should be noted that empathy is defined to have both state and trait characteristics; the first one implies an empathic attitude or behavior against a specific scenario (i.e. helping an old person) and the second concept refers a relatively stable feature of personality (Knezek et al., 2007; Zaki, 2014).

After discussing several issues on empathy from the literature, a meticulous review of Cuff and his colleagues (2016) of the notion may be summarized as following: Empathy could be both voluntary and automatic, it doesn’t occur only as a reaction to current matter but could also be simulated. It requires some differentiation from the self and others but merger interaction with them at the same time to have a connection, behavioral consequences

due to empathy is possible but not necessary. Relatedly, some researchers put emphasis on the view that the experience of ‘complete empathy’ could rely on the awareness of self-other distinction (Decety & Lamm, 2006; Decety & Meyer, 2008).

In his comprehensive work, Zaki (2014) also suggested that together with automatic mechanisms, empathy is also based on motivational aspects, such as group dynamics (ingroup or outgroup), emotional valence (feeling positive or not), consequences of empathizing like suffering or pleasure (which could also depend on social contexts). Hence, he claims that people choose to empathize based on these or try to adapt to the conditions by avoiding or approaching their targets. Research on empathy is sometimes criticized due to its focus on individual features as relying on the premise that empathy depends on that person’s capacity to empathize. Main and colleagues (2017) claimed that interpersonal aspects of empathy are sometimes unnoticed; therefore, feedback from the target person, cultural context of interaction might change the accuracy of empathy. Moreover, empathy is defined as dynamic by the authors, which means it doesn’t occur at one point of time; instead, it is changeable. Likely, on determining whether a reaction is empathic or not, not only the content but the importance of timing of that reaction was also emphasized (Kupetz, 2014).

Importance of familiarity in empathy were reported by studies both focused on non-human species and humans (Buck, 2018; Motomura et al., 2015; Perez-Manrique & Gomila, 2018). Also, empathy does not necessarily cause positive feelings and behaviors toward others; for instance, enjoying others’ suffering is also thought to be one of the consequences of empathy (Buck, 2018). From an intercultural view, due to biases caused by lack of empathy, more conflict between people -and larger social groups as nations- from different cultural backgrounds is expectable (Draguns, 2007). This situation is similar to the failures seen in psychotherapy reflected as inadequate responses of therapists to the patients from different social groups (Draguns, 2007).

1.1.2. Development of Empathy

From an evolutionary approach, basic interactions of communications in very primitive organisms (i.e. mechanisms of bacteria recognizing targets’ availability) were referred as a ground for empathy and accordingly, gradual development of organization is observable among other species (Buck, 2018). A few steps backwards in our evolution (2-3 million years ago), rituals of burial were documented and evaluated as a sign of increased other-directed practices in groups; similarly, prosociality and caregiving for offsprings

(together with appropriate hormone mechanisms, such as oxytocin) are closely related to empathy (Buck, 2018). On the other hand, prosocial behaviors such as protecting the herd or saving an injured member of group are common in many species, but caution is needed to call every other-oriented behavior as empathic; sharing the emotion of others is claimed to be necessary to assume that there is a motivation stem from empathy (Perez-Manrique & Gomila, 2018). Relatedly, dolphins, primates and elephants seem to have empathic capacity and the connection between empathy and altruism is clearer among their interactions (de Waal & Preston, 2017; Perez-Manrique & Gomila, 2018).

To understand the mechanism of empathy in humans, pointing out the neuroscientific findings and related theories of empathy are needed. Mirror neurons (di Pellegrino et al., 1992) are thought to play a fundamental role in empathy, imitation of others' behaviors and assumption about their intentions are possible in that way. Mirror neuron activity might play a base role for empathy for humans and primates from the beginning of their lifespan (Ferrari & Coude, 2018). Together with mirror neurons, skin conductivity -as if it is coherent between the patient and the therapist (Marci et al., 2007) and changes in pupil sizes while observing others' feelings (Harrison, Wilson & Critchley, 2007) are some other examples of biological markers. Besides, on empathic understanding or taking the perspective of others, the role of amygdala (AM) anterior insula (AI), anterior midcingulate cortex (aMCC) and dorsal and perigenual areas of anterior cingulate cortex (dACC and pACC) were reported (Bernhardt & Singer, 2012; Rizzolatti & Caruana, 2017); at the same time, these regions are also connected to the senses and emotions of the subject herself (Bernhardt & Singer, 2012). On the other hand, nucleus accumbens (NAcc) was found to play an inhibiting role on empathy and empathic behavior (Bernhardt & Singer, 2012). It is important to note that, whereas capacity for empathy is thought to be affected from frontal lobe damages (trauma or lesions), the brain mechanism of empathy is multifaceted, instead of a single area of function (Altinbas et al., 2010; Bernhardt & Singer, 2012). On neuronal mechanisms of empathy, two main models would be mentioned here. Summarized above, the hypothesis based on the mirror neuron system (MNS) underlines the impact of imitation on empathy and the central role of MNS (Iacoboni, 2009, Rizzolatti & Craighero, 2004). Therefore, the role of anterior insula, amygdala and perigenual anterior cingulate cortex (pACC) on experiencing the emotional states of others was emphasized (Rizzolatti & Caruana, 2017). On the other hand, perception-action-model (PAM) was claimed as giving a broader frame for empathy; this model both emphasizes the importance of MNS on empathy together with including tendencies and

subjective conditions like memories, existing concepts related to emotions of the empathizer (de Waal & Preston, 2017). Thus, a person with impaired capacity of pain sensation has reduced empathy (i.e. at least for pain) not because of a problem of mimicking the others but lacking the concept of pain (de Waal & Preston, 2017). Similar criticisms could be found on studies related to autism spectrum disorder (Baird, Scheffer & Wilson, 2011; Hamilton, Brindley & Frith, 2007) implying that MNS may not be the only factor that determines the differences. Additionally, subjective differences and cognitive and affective elements of empathy are also claimed to be affected from multiple factors instead of MNS and related brain structures (Baird et al., 2011; de Waal & Preston, 2017; Preston & de Waal, 2017). There are some criticisms on the views prioritizing neurobiological structures. Bandura (2002), for instance, stated that impaired empathy should not be considered only in terms of impaired brain structures and biological factors, but social conditions should be taken into account such as the existing ideological atmosphere determining the framework of the ‘appropriate’ targets of empathy. Similarly, Bard (2002) claimed that neurobiological explanations of empathy have the risk of oversimplifying the concept and therefore underestimating the effect of environment and experiential aspects on development of empathy.

On development of empathy from birth through childhood, there are differences between approaches. Although a combination of different perspectives may improve our understanding, mentioning the main aspects of empathy research in infants would clarify the focus. As Diego and Jones (2007) summarizes: the first view is rather on neurobiological features (neurotransmitter mechanism, basic reflexes etc.) and temperament of the baby that forms a ground for potential interactions. Then, models that gave importance to the relationship between the infant and the caregiver -their communication and quality of the interaction was mentioned. Psychoanalytic thought regarding empathy as a central notion emphasizes the effect of infants’ first interactions with their caregivers on development of empathic capacity could be an example to this approach (Radenovic, 2011). These include mirroring of affects, coming together after separation (i.e. several times including daily basis), being soothed when distressed (Radenovic, 2011). Later, models regarding eventual development of empathy -from primitive to complex (de Waal, 2007; Shamay-Tsoory et al., 2009) could be counted and lastly, models based on learning processes as social learning theory (Bandura, 2002) or the model Hoffman (1979) offered that emphasizes the effect of teaching and modeling the empathy and related behavior to the children. A synthesis

covering both genetic and environmental factors was suggested by researchers (Diego & Jones, 2007).

Empathy holds place throughout the lifespan. Newborns start to resonate with others from the first days of their life (Decety & Meyer, 2008). This includes mimicry of their caregivers' attuned reactions to the cry of other babies. Then, like Hoffman's (1979) description of gradual process of empathy; infant first experiences the emotion without knowing the source, after a while notice that her affective state is separate from others but still may assume that they are feeling the same. Accordingly, through development, by socialization and increase in cognitive capacities, empathy is expected to reach a more settled level and pave the way for prosociality (Hoffman, 1979; Hoffman, 2008). De Waal (2008) also suggests a gradual model for transformation of empathy as differentiation increases empathy transforms into solid perspective taking from experiences of mimicry and emotional contagion (i.e. process of adopting the feelings of others without awareness).

Caregivers' attitude towards their children's emotions seems to be crucial on their empathic capacities; being responsive and open to the feelings of children of 2-4 ages were found to be associated with increased empathy (Ornaghi, Conte & Grazzani, 2020). In a similar vein, early experiences of neglect and abuse are associated with deficits in empathy (Diego & Jones, 2007). Children with higher empathic ability were found to be affected less by sad stimuli and continued to share whereas children with lower empathic ability and decreased sharing behavior were observed (Guo & Wu, 2021). Development of empathy does not follow a clear linear path, mixed results and decrease in adolescence -especially for boys- were reported (van der Graaff et al., 2020). This phenomenon may not be a direct consequence of decline in empathic capacity but rather derived from changes in motivational basis for empathy (van der Graaff et al., 2020). Mentioning the motivational ground of empathy, Zaki (2020) states that the motive for both regulating the affective state of the self and others in interpersonal context (i.e. to have an effect on both, positive or negative) stands at the core. Adaptation to social relationships is accumulated by empathy among youth, having both affective and cognitive empathic capacities is associated with improved regulation of aggression (van der Graaff et al., 2020). Empathy is negatively related to loneliness (Beadle et al., 2012). Similarly, empathy was found to be associated with better handling of crises in a variety of relationships (Schumann & Dragotta, 2021). Friendship quality of high empathic adolescents was reported higher (van der Graaff et al., 2020).

1.1.3. Cognitive and affective subdimensions of empathy

There are different categorizations on subcategories of empathy as positive/dimensions (Stosic et al., 2022), behavioral aspects (Radenovic, 2011). Nonetheless, cognitive-affective dimension is so common in research (Hall & Schwartz, 2019) and chosen in this study as a basis accordingly. For a better understanding of the features of these dimensions, it might be beneficial to mention the Interpersonal Reactivity Index developed by Davis (1983), an influential scale in empathy research. IRI covers cognitive and affective main dimensions of empathy under four factors; perspective taking, and fantasy related to the former and empathic concern together with personal distress for the latter (Davis, 1983). Further detail is given in Table 1.1.

Table 1.1.

Elements of Interpersonal Reactivity Index (IRI)

Dimensions of IRI	Description
Perspective Taking	Process of understanding the viewpoint and specific conditions of others
Fantasy	Capacity to imagine the feelings and experiences of others
Empathic Concern	Feeling concern for others in trouble, desire to improve their situation
Personal Distress	Feeling uneasiness from the distress of others

**Adapted from Davis (1983)*

On mechanisms of empathy, some differences are remarkable. Cognitive aspects of empathy (i.e. perspective taking in IRI or cognitive empathy in general) is a top-down process -use of previous concepts and information to understand others' emotional states; affective features (i.e. concern or affective empathy) are defined as bottom-up process -reaching an understanding of others' feelings by means of sensory information and affections (de Waal & Preston, 2017; Hall & Schwartz, 2019). Therefore, cognitive empathy is dealing with recognition and interpretation of an emotional state, while affective empathy is rather connected to sharing and experiencing the feelings of others.

Emotion recognition is one of the expected consequences of empathy, considering elements of affective empathy; while higher empathic concern was found to improve the ability to detect others' emotions, personal distress caused by experience of sharing others' emotions impairs the emotion recognition performance (Israelashvili, Sauter & Fischer, 2020). This is in parallel with the perspective of Zaki (2014) emphasizing the role of

motivation on empathy. On the other hand, it was found that with too low levels of personal distress, the link between empathic concern and emotion recognition gets lost (Israelashvili et al., 2020). Therefore, a baseline distress could be regarded as needed for empathy.

There is a need for taking these two aspects (cognitive and affective) of empathy as different but interactive at the same time (Cuff et al., 2016). Further, different brain region activities were observed during tasks requiring these capacities; as inferior frontal gyrus and Brodmann area 44 for affective empathy and ventromedial prefrontal cortex together with Brodmann area 10 and 11 for cognitive empathy (Shamay-Tsoory, Aharon-Peretz & Perry, 2009; Zaki & Ochsner, 2012). De Waal (2007) suggested that from an evolutionary perspective, affective empathy -which takes its roots from emotional contagion and sensory stimuli perceived by infants- is formed earlier than cognitive empathy. Likewise, Shamay-Tsoory and colleagues (2009) propose a similar model; whereas affective empathy emerges in infancy, cognitive empathy develops later in childhood and adolescence. In general aspects of cognitive and affective empathy; Khanjani and colleagues (2015) propose that cognitive empathy might be decreased as people get older whereas affective empathy stands relatively stable. On the other hand, Chen and colleagues (2014) found that affective empathy was found to be decreased by aging from early adulthood to the later period of lifespan. Another claim is that older people have increased affective empathy (Jarvis et al., 2024); thus, the results are mixed. Women are found to have higher empathy scores than men (Baron-Cohen & Wheelwright, 2004; Gutierrez-Cobo et al., 2023). Average empathy scores of university students may differ depending on their faculty (Wilson, Prescott & Becket, 2012). Higher education level was found to be associated with higher ability of cognitive empathy, further, it was also found as related to reduced decrease of cognitive empathy in older ages (Gutierrez-Cobo et al., 2023). Consequently, dividing empathy into subcategories helps for a more detailed understanding of development of empathy and different mechanisms underlying psychopathology related to empathy.

1.1.4. Empathy in psychotherapy

In psychotherapy, emphasis on empathy was brought up by different theoreticians (Ersoy & Kosger, 2016). Highlighting its supportive and accepting sides, Rogers (1975) considered empathy as a fundamental element in any kind of psychotherapy that opens the way for personal growth. Among psychoanalytical approaches, empathy did not hold a central place in classical psychoanalysis at the beginning, but later schools such as

interpersonal psychoanalysis (Sullivan, 1953), object relations (Fairbairn, 1943; Winnicott, 1965), self-psychology (Kohut, 1959) and intersubjective approach (Bohart et al., 2002) considered empathy as a fundamental concept both in developmental process of the subject and psychotherapy (Radenovic, 2011). Also, Ferenczi discussed the role of empathy and reciprocity in psychotherapy (Rachman, 1988), Kohut (1959) took it like a scientific tool for understanding subjective experience of others and similar to Ferenczi and emphasized the role of early deficits (i.e. developmental arrests) caused by need to be empathized by others (Ersoy & Kosger, 2016; Lee & Martin, 1991). Accordingly, he proposed a technique including empathy in the center, especially for narcissistic personalities (Kohut, 1977). He emphasized the role of empathy especially on the therapeutic process by claiming that it is an indirect tool to reach to the inner experience of others; even if it does not bring a natural benign attitude, it is a ground of understanding and being related to them (Kohut, 1981). Empathy in psychotherapy not only includes sharing and interpreting the understood feelings of others but realizing it in proper time, in other words, empathy is lacking without consideration of patients' readiness to related experience (Bohart et al., 2002; Lee & Martin, 1991). Hence, by continuing mirroring experiences and empathic approach of the therapist on frustrations, patients are expected to develop integration and mature capacities as creativity (Kohut, 1977; Lee & Martin, 1991). Treatment adherence and internalization of the healthy patterns worked in psychotherapy such as seeking support when needed, is accumulated by empathy (Bohart et al., 2002). Also, empathy of the therapist helps patients to develop a point of view -i.e. being empathic towards themselves- that is relatively independent from the perspective of others. By doing so, capacity of empathy towards others also increases (Irarrazaval & Kalawski, 2022).

1.1.5. Psychopathology and empathy

On assessment of empathy and psychopathology, various results exist based on the focused dimensions and psychopathology. In the frame of this study, psychopathology research regarding cognitive-affective dimensions would be covered.

Patients in the autism spectrum (e.g. Asperger's syndrome) are reported to have lower empathy scores than controls (Baron-Cohen & Wheelwright, 2004). However, cognitive empathy scores are lower among people with autism spectrum disorder, but affective empathy scores are not consistent (Blair, 2005; van der Graaff, 2020). People who have antisocial personality traits have the exact opposite pattern; they have similar cognitive

empathy levels with healthy controls but lower affective empathy (Blair, 2005; van der Graaff, 2020). Among firefighters, emotional/affective empathy was found as associated with PTSD symptoms, aggression, and neurotic personality traits while cognitive empathy was not (Wagner, Pasca & Regehr, 2019). Whereas cognitive empathy was not related to depression, positive associations between affective empathy and depression were reported (Yan et al., 2021). As an interesting phenomenon, it is generally considered that patients with borderline personality disorder have less empathic capacity than others, and research show that they have decreased scores of social cognition and cognitive empathy; however, some studies suggest that they may have enhanced emotional empathy under conditions of interpersonal conflict, which is named as borderline empathy paradox (Faraji & İpek, 2022; Gregorzewski et al., 2019; Salgado et al., 2020). Lines of the self and other is not certain among BPD patients; their problems of perceiving their bodies, thoughts and actions as their own are well reported, they also have dysregulation both on their brain activities (in terms of hyperactivity and hypoactivity) and interpersonal interactions, which they rigidly focus on themselves or the other, instead of perceiving both and switching the perspective when needed (De Meulemeester, Lowcyk & Luyten, 2021), therefore, it's not surprise for them to be adversely affected from others (e.g emotional contagion) or being failed to understand them due to assuming their feelings based on their own (i.e. cognitive process of perspective taking). For instance, in social attribution tasks that participants evaluate the causes of behaviors of others; it was found that in healthy control group, higher empathy is associated with lesser attribution to personality traits, on the other hand, this link is weaker in BPD patients, which might show that their inference is depending less on cognitive aspects of empathy (Homan et al., 2017). Lishner and colleagues (2015) conducted a study with people with narcissistic, borderline, and psychopathic personalities to test whether affective empathy-impairment hypothesis is accurate or not, and they found that most of the personality traits of these people and low affective empathy are not related significantly. Among participants with high narcissistic rivalry which means prioritizing the self at the expense of others (Back et al. 2013), and lack of trust, lesser empathy scores were found; which suggests to consider about these factors as predictors for (or barriers against) empathy (Burgmer, Weiss & Ohmann, 2019), but at the same time, sometimes it is possible that people with narcissistic tendencies might be more 'fair' in terms of morality due to lack of bias derived from empathy (i.e focused on some group of people but not others).

Putting together, as it was mentioned in the previous sections, mechanisms of cognitive and affective empathy show differences from each other (de Waal, 2007; Shamay-Tsoory et al., 2009). This situation is similar in research of psychopathology and empathy (Blair, 2005; Salgado et al., 2020; van der Graaff, 2020; Wagner et al., 2019; Yan et al., 2021). As a common ground, empathy is thought to be based on successful self-other differentiation (Decety & Lamm, 2006; Decety & Meyer, 2008) but there is also a debate on its nature that it should -at least partially- be based on a merged relationship between subjects (Cuff et al., 2016). de Waal (2007) also emphasized the importance of differentiation to develop the capacity of perspective taking/more advanced capacity of empathy. However, he put empathy in a spectrum and mentioned emotional contagion (i.e. involuntary experience of others' feelings) as a primitive version of empathy (de Waal, 2007). This view seems to be more flexible when it is compared to emphasis of 'complete empathy' (Decety & Lamm, 2006; Decety & Meyer, 2008). Hence, speculatively, it could be inferred that instead of existence of 'complete empathy', empathy may take place in different degrees. According to Corcoran (1982), unlike a linear development of empathy and differentiation, there is a curvilinear relationship between empathy and emotional differentiation of self and other, which means after some point increased empathy is related to loss of the sense of self. In the next section, one of the crucial aspects of empathy (Cuff et al., 2016; Decety & Meyer, 2008; Hall & Schwartz, 2019; Preston & de Waal, 2002); enmeshment and self-other differentiation would be covered.

1.2 Enmeshment

1.2.1 Definition of the concept and reflections on psychological health

Before touching upon the detailed conceptualization of enmeshment and differentiation, the role of autonomy on subjects' emotional life would be beneficial. Afterward, it might be easier to narrow the scope to the enmeshment. Taking account of psychoanalytic theory, Kernberg (1985) focused on the role of autonomy and differentiation through development in personality organizations and drew the attention to the importance of this factor especially in borderline personality organization. Further, this is a commonly accepted view among psychoanalytic schools (McWilliams, 2011). To make the conceptualization clearer, it should be noted that Kernberg (1970) defined borderline personality organization as a broad notion; even common points exist, the conceptualization is different from categorization of The Diagnostic and Statistical Manual of Mental

Disorders (5th ed.; DSM–5; American Psychiatric Association, 2013) -which regards borderline personality disorder as a diagnosis under Cluster B personality disorders. In the scheme of Kernberg, for instance, narcissistic, dependent, antisocial or histrionic personality organizations are considered in the borderline level of personality organization (Akhtar, 2020; Kernberg, 1970). This level includes intact perception of reality but at the same time, use of maladaptive defenses and identity diffusion characterized by problematic sense of self and lack of differentiation (Kernberg, 1986). This difference and emphasis of Kernberg is important to point out to the fact that themes of autonomy, differentiation and enmeshment are not only related to borderline personality disorder existing in DSM-5, but they are rather core concepts providing basis for various personality traits and disorders. This nuance is important so that the assessment of enmeshment is accurate as one of the common points for various psychopathologies.

Mahler, Pine and Bergman (1975) formulated a developmental line for individuation, at the beginning of life; an infant is in a form of 'symbiosis' with her mother and under 'normal' conditions the baby gradually becomes a separated subject capable of perceiving the difference between self and others, discovering her environment and being open to new experiences. Then, the capacity to integrate good and bad objects together with being able to tolerate the differences and discrepancies emerge (Magnavita, 2004). This period was thought to fall within the first three years of life and failure during this stage (neglect or lack of opportunity for needed separation) is regarded to relate to serious psychological consequences as mood disorders, depression and personality disorders (Mahler et al., 1975; Mitchell & Black, 1995). McWilliams (2011) also underlined the relationship between the theme of autonomy mentioned to this period and borderline level organizations.

From Schema Therapy (ST) approach, covering basic needs of human beings (from early childhood experiences), maladaptive adaptation patterns formed in relationships and related coping mechanisms maintaining these 'schema-driven' patterns, there were 18 early maladaptive schemas (EMS) under 5 categories were identified; main schema factors are disconnection-rejection, impaired autonomy and performance, impaired limits, other-directedness and overvigilance-inhibition (Young, Klosko & Weishaar, 2003). As one of the main dimensions, impaired autonomy and performance (IAP) category includes failure, vulnerability and dependence schemas, together with enmeshment/undeveloped self-schema; one of the main topics of this study. In sum, this category -IAP- includes themes of insufficient individuation, lack of initiative, problematic boundaries of self and feelings of

inadequacy (Young et al., 2003). Relationship between intrusive parenting practices (i.e. overprotection) and vulnerable child mode (in ST, emotional state of helplessness, intense feelings reminding traumatic experiences) is mediated by IAP (Bach, Lockwood & Young, 2018). Also, it was found that lack of self-control and pursuing approval of others are associated with this domain (Bach et al., 2018). In treatment of borderline personality disorder by ST, the fundamental causes as impaired perception of self and identity, lack of personal boundaries and impaired awareness of one's emotional world were underlined; thus, importance of developing autonomy as a treatment goal was emphasized (Kellogg & Young, 2006). Binge eating disorder was found to be linked to impaired autonomy (Rain et al., 2020). Gambling disorder is associated with the IAP domain among adolescents and young adults (Aloi et al., 2020). Enmeshment schema (EM), in detail, is connected to excessive attunement to the needs and feelings of others, feeling guilty to set boundaries and confusion in self-identity (Young et al., 2003). Higher EM is associated with increased separation anxiety and approval seeking behaviors (Faraji & Ozen, 2022). EM is connected to relationship problems -especially avoiding interactions-, depression and anxiety (Cohen et al., 2015).

On the side of approaches dealing with family systems, autonomy holds a critical position. From Bowen's (1978) formulation; the notion of 'differentiation of self' in his family systems approach based on being able to perceive feelings and thoughts of the self/other and behave; accordingly, as being independent on decision making or being less reactive to others due to capacity to tolerate distance and difference with others. In Bowen's theory, subdimensions of self-other differentiation are I-position, emotional reactivity, emotional cut-off and fusion (Bowen, 1978). I-position implies an individual's adherence to feelings and thoughts of oneself (i.e. ability to claim the point s/he takes comfortably), emotional reactivity is based on individual's emotional state against others (e.g. responsiveness) and handling conflicts, emotional cut-off is tendency to take a distant position from others as a response or precaution to an emotionally intense interaction, and fusion includes losing boundaries and excessive involvement with others (Bowen, 1978; Skowron & Schmitt, 2003). Associations of higher differentiation of self with better psychological, physical outcomes and lesser familial/marital conflict are widely supported (Calatrava et al., 2022). Minuchin (1974) formulated the problematic structures of disengagement and enmeshment in family systems, which change the familial roles and require a kind of an adaptation (even pathological). In parallel, suppression of conflicts -and

possible solutions- to maintain the existing order in family is common (Perosa & Perosa, 1993). Through switching between the affective states of oneself and family members, an individual with high enmeshment is prone to impaired sense of self (Minuchin, 1974; Perosa & Perosa, 1993). Concepts of differentiation and enmeshment are not exactly the same, but they could be taken as complementary (Johnson & Waldo, 1998). Both undifferentiated individuals (Bowen's approach) and individuals in high enmeshed systems (Minuchin's model) are prone to lose personal boundaries and have fusion with others' emotional states (Johnson & Waldo, 1998). Concepts of enmeshment and differentiation are criticized due to their reliance on patriarchal standards and undermining the interactions of women; especially during the years (from the middle of 70s) that family systems approaches were developed; the emphasis were rather enmeshed and dependent patterns of women and relationship of mother-child (Bograd, 1988). Bograd (1988) stated that due to social norms and expectations such as childcare and passivity from women, they seek more connection and relatedness; on the other hand, men are expected to be close to the autonomous and active positions. Therefore, some behavioral patterns common among women are sometimes labeled as enmeshed or fused from men's perspective (Bograd, 1988). In addition, Lerner (1983) stated that women often prefer to follow dependent patterns to maintain the existing state of the family and relationships (as expected) even if they have no problem with self-other differentiation. Thus, being cautious is crucial in determining enmeshed relational patterns and their motivational bases. From a cultural perspective to the topic, taking autonomy and dependency as opposite poles that exclude each other is criticized. Need for relatedness might require a different degree of differentiation and synthesis of these opposing concepts (Kagitcibasi, 2005). Cultural differences would be given in detail in the next part of the enmeshment topic.

Together with these theories, literature of enmeshment is also wide in terms of examination of psychological consequences. Children were found to be more negatively affected from their mothers' unstable relationships in highly enmeshed families (Coe et al., 2018). A child chosen by his mother (to be enmeshed with) states Hann-Morrison (2012), undergoes priorities in some aspects like seeking attention in the family system but on the other hand, that one loses his/her autonomy for this position and lacks capacity to develop healthy relationship with other people as partner or peers. Couples with increased enmeshment patterns were found to have less satisfaction from their relationships; while one is overcontrolling other's gaze the other feels less autonomy, also these people lack

differentiation on recalling memories (Petrican et al., 2011). Berryhill, Hayes, and Lloyd (2018) conducted a study based on Olson's (2003) circumplex model and found that familial chaotic enmeshment is related to less psychological flexibility and self-compassion while these variables also mediate anxiety problems among college students. Higher enmeshment was found as associated with lower baselines of respiratory sinus arrhythmia (RSA) among adolescents, which is related to emotion regulation problems (Kivisto et al., 2015), on the other hand, manifestations of these problems differ between genders as males score higher on negative emotions. However, in general, possibly based on social norms, females are prone to enmeshed family patterns more (Maysseless et al., 2004). Less differentiated individuals report more relationship problems associated with factors such as increased emotional reactions (as being hypervigilant or aggressive) and higher anxiety (Skowron, Stanley & Shapiro, 2009). Accordingly, they might be 'too close and controlling' or 'too distant' in a relationship which makes it harder to keep it up (Skowron et al., 2009).

Up to this point, from different theoretical perspectives, effects of enmeshment on subjects' life was mentioned. Here, a brief review of enmeshment from the scope of culture and related differences would be useful to deepen our understanding.

1.2.2 Cultural dimensions of enmeshment

Culture focused research also gives fruitful insights on the topic: Series of interviews made with immigrant Armenian mothers showed that in enmeshed family structures there are poor interaction between family members, reduced social skills and autonomy of children; not surprisingly, this mechanism leaves little space to them, and it affects their decisions like career and marriage. Hence, expectations of the elders from a child shape that one's life critically; for instance, sometimes an elder sibling becomes responsible for the younger one, or marries someone she doesn't know before (Kirikan, Zolnikov & Afaq, 2023). Compared to others, members of collectivistic cultures may take the social expectations into account more (O'Hara & Meteyard, 2011). On the other hand, there are some critics on the negative effects of enmeshment. Jin and Roopnarine (2022) stated that enmeshment is not necessarily harmful; they found that children of Korean immigrants in the USA are not adversely affected from enmeshed family patterns, there were no differences found on the side of academic achievement and the socio-emotional capacities were affected positively. As another example for culture-specific finding; based on self-other differentiation theory of Bowen (1978), it was found that individual's right to hold I-position

(claiming one's feelings and thoughts) was valued both among Korean and American university students but for the American sample, it was found as more important (Chung & Gale, 2006). Also, emotional reactivity (being reactive to the others' feelings and expectations) was found as related to self-esteem in an American -individualistic- sample but not in participants from Korean -collectivistic- culture (Chung & Gale, 2006). Therefore, this factor might be accepted as a norm in a collectivistic culture and considered something separate that does not affect one's self-esteem. Then, based on some cultural differences, mother-adolescent enmeshment was found positively associated with close friendships that might be derived from developed emotional capacities as in the parentification, like understanding the needs of others (Goldner, Sachar & Abir, 2019).

1.2.3 Culture values

Although it is not taken as one of the main variables as empathy, enmeshment, and defense styles; association of culture is desired to be measured regarding different findings on enmeshment. The characteristics of relationships or what is expected from an individual varies among cultures and environmental conditions (Kagitcibasi, 1996; Sinha & Tripathi, 1994) therefore the classifications may not be simple or universal for all cultures. While rural conditions demand dependent relationships both economic and emotional, subjects living in urban-industrialized conditions are characterized by independence, which corresponds to Western conceptualization (Kagitcibasi, 1996). Instead of dichotomy between being fused or distant, Kagitcibasi (1996) proposes a model named 'autonomous-relational self' that covers having initiative without losing the connection with others, which could be considered as more sensitive to practices other cultures -Eastern, or collectivistic.

Dimensions of Hofstede were chosen to assess cultural values; that based on a large database (Hofstede, 2001; Hofstede, Hofstede & Minkov, 2010). Increased scores to each value are related to more compliance to the dimension; for example, increased long-term orientation score is associated with increased future orientation, or increased power distance is associated with obedience to order. In Table 1.2, details of Hofstede's cultural values are summarized.

Table 1.2.
Individual Culture Values

Power Distance	Attitude towards authority, hierarchical order
Masculinity	Traditional gender roles versus egalitarianism
Collectivism	Interdependence-independence, social norms against individual goals
Long Term Orientation	Being flexible and future oriented versus emphasis on immediacy and present oriented
Uncertainty Avoidance	Conformity to existing codes, traditions or rules

**Adapted from Hofstede, 2011 and Žemojtel-Piotrowska & Piotrowski, 2023. The Indulgence-Restraint dimension in the novel scale was not mentioned because it was not included in the Turkish version.*

After reflecting possible cultural elements to mention potential effects on enmeshment, it is possible to move on to the next topic of this study. Thinking of Bowen's (1978) concepts of fusion and emotional reactivity, notions of enmeshment mentioned by Minuchin (1974) and Young (2003) as regarding high involvement to others' life together with losing boundaries, the role of empathy together with enmeshment is critical to examine. In the next section, especially relying on psychoanalytic conceptualization of autonomy and its relationship with borderline personality organization (Kernberg, 1985; McWilliams, 2011), psychological defense styles would be covered.

1.3. Psychological Defense Styles

1.3.1. Definition and categorization of defenses

Freud (1894) first defined the term of defense for the mechanisms that protect the ego from anxiety derived from the affect of intolerable content (i.e. in classical theory, it could be a child's desire for, or aggression against a parent). In Freud's understanding, repression, as a general term he used for defenses, takes place as an agent of the subject's experience of complying to the society by modifying the primary wishes including sexuality and aggression (Freud, 1930; Tas, 2020); in this sense, repression organizes the emotional world of the subject. Later, Freud (1926) proposed more defenses such as reaction formation, projection and sublimation that will be mentioned below. By repression, the structure of the unconscious is formed, intolerable content is 'thrown out' of awareness and transformed into

a more tolerable form; a symptom of anxiety (Freud, 1926). However, again, this anxiety is not novel but a substitute for the primary experiences (Freud, 1926). Interestingly, repression (and defenses in general) hinders the impulses caused by drives but at the same time it gives a possibility of discharge (Akhtar, 2020). From that point, independent from their adaptive value, defenses could be regarded as mechanisms aiming to provide homeostasis (through a negotiation between instinctual drives and limitations imposed by outer world) of the individual's inner world. In other words, defenses weaken the load of affect on the subject by censoring, transforming or channeling it into another content (e.g. symbols in dreams) but at the same time they provide a base for symptoms (Hentschel et al., 2004; Mitchell & Black, 1995). According to Klein (1957), an influential theorist prioritizing the imaginary world of the subjects and focusing on internal representations, an infant is unable to regulate her impulses at the beginning of life, especially aggression. Hence, she uses splitting; by dividing the experience of the breastfeeding, responsive 'good' mother, and depriving 'bad' mother to regulate the primitive chaotic world of oneself (Klein, 1975). Similar mechanism takes place for self-perception; the infant splits the peaceful, soothed image of herself from her destructive, greedy state. Splitting plays the role of a barrier against the anxiety provoked by contradicting feelings, in other words, accepting the fact that 'bad' and 'good' parts of others/self are not isolated from each other (Segal, 1973). Likely, with projection, the subject expels (at least temporarily) intolerable parts (e.g. thinking of an outraged baby and her anger) of the self and experiences them as belonging to another (Segal, 1973). Thus, these defenses protect the weak ego and prepare the ground for the later integration (Klein, 1957). There is a consensus that repression is somehow more complex than the earlier defenses (Akhtar, 2020; Klein, 1946) and because splitting and projection take place earlier than repression, earlier experiences shape the later use of defenses so that severe occurrence of earlier defenses are thought to be associated with more rigid patterns of coping and severe psychopathology (Segal, 1973). While the focus was on internal conflicts in classical psychoanalysis (e.g. in S. Freud and M. Klein), Anna Freud and other ego psychologists such as Kris and Hartmann emphasized the role of defenses on adaptation to the environment (Hentschel et al., 2004; Mitchell & Black, 1995). Combining both, it could be argued that defenses serve to the needs of the ego in general; feeling safe from painful emotional experiences of guilt, shame, humiliation or outside threats caused by the environment such as traumatic events, injuries, accidents, disasters (Dorpat, 1987; Hentschel, 2004). Vaillant (1992) describes defenses as dynamic (i.e. open to change) unconscious mechanisms dealing with affects, standing in a spectrum from pathological to adaptive. In sum, defenses are

mechanisms of protection and regulation that shape the subject's experience, so the main defense style of a patient gives clues about that one's personality organization (Vaillant, 1994). Cramer (2008) states that unlike coping mechanisms, defenses are not generally conscious, they generally change within development (i.e. using mature defenses more than before), use of them might be increased in stressful conditions. It could be argued that defenses are context-related and relevant in general; actual events can trigger use of defenses (loss of a loved one, an accident or feeling embarrassed), so it is important to emphasize that rigidity and inappropriate use of defenses give clues about psychopathology (Cramer, 1987).

Evoking Klein's (1946) point of view that emphasizing earlier roles of primitive defenses and later position of repression, or Kernberg's (1970) classification of personality organizations from lower to higher order; Vaillant's (1977) order of primitive to complex or maladaptive to adaptive is a common ground for the categorization. Therefore, there is a hierarchical line with immature defenses at the bottom, neurotic defenses at the middle and mature defenses at the top. For instance, while denial and projection are less complicated in terms of dealing with external reality, identification is more complex because it requires perception and evaluation of the self and the other (Cramer, 2008). Defenses such as undoing (i.e. reversal process of compensation as a response to feeling or action, as doing a favor to the someone after feeling desire to insult that person) and reaction formation (i.e. process of reversing the undesired feeling or action as showing admiration instead of jealousy) are more complex and healthier in terms of accepting external reality but still distorted compared to mature defenses (Kernberg, 1986). The difference between immature defenses and mature defenses is linked to how they operate; in case of immature defenses, the situation is rather sending away the anxiety provoked by an affect or outside threat by denying reality or behaving impulsively (i.e. acting out) but in mature defenses, this process is more complex so undesired impulses are not isolated from affect or projected to others; instead, it could be said that mature defenses require more mental effort (e.g. anticipating the feared scenario or searching relief through practices as art) to modify and transform the undesired content (Cramer, 2015).

Table 1.3.

Categorization of Psychological Defenses Based on Factor

Immature Defenses	Denial, Projection, Splitting, Devaluation, Isolation, Rationalization, Somatization, Acting Out, Displacement, Passive Aggression, Autistic Fantasy, Dissociation
Neurotic Defenses	Undoing, Reaction Formation, Pseudo-Altruism, Idealization
Mature Defenses	Anticipation, Humor, Suppression, Sublimation

**Adapted from Andrews et al., 1993*

1.3.2. Clinical Aspects of Defenses

In clinical settings, it is crucial to determine the characteristics of defenses of patients, misidentifying defenses may increase resistance of the patients and impair therapeutic relationship (Clark, 1991). Moreover, maladaptive defenses contribute to the continuation of unhealthy physical and psychological conditions (Cramer, 2015). Relatedly, determining defenses accurately is needed to choose the appropriate model of psychotherapy, in terms of being supportive or expressive (Bond, 2004). Besides, improvement in use of defenses (increased use of mature defenses instead of immature) is one of the core goals in the therapeutic process (Clark, 1991). If there is severe use of immature defenses, psychopathology is more likely to occur (Cramer, 2008). Whereas defenses like denial, primitive idealization and splitting that distort reality in a serious manner are considered as immature defenses and associated with personality disorders -and psychosis in extreme situations; repression, rationalization and reaction formation are considered as neurotic defenses, which means there is an intact perception of reality, but slighter distortions exist (Kernberg, 1986). Additionally, defenses regarded as mature such as altruism (i.e. helping without expecting reciprocity) and suppression (i.e. conscious effort to regulate impulses like stopping instead of fighting as a response to anger) that are related to a healthier psychological life (Vaillant, 1994).

McWilliams (1999) emphasized the crucial role of determining defenses in psychotherapy; main defenses used by a person and their severity (also in terms of how intense and often they are) gives an idea on the patient's personality structure and depending on that the therapist could choose the appropriate strategy in the therapeutic process. In his work with borderline patients, Bond (1990) underlined that severity of immature defenses

are more crucial on psychopathology rather than form of the defense. A similar view was claimed by Sinha and Watson (1999) for personality disorders in general. Findings regarding the relationship of defense styles with attachment styles, psychopathology and personality traits might give a clear understanding of the concept.

In the developmental process, use of immature defenses is expected and reported (Cramer, 2008; Porcerelli et al., 1998), as use of denial and projection gradually decreases when these are measured on elementary school students and adolescents. On the other hand, when there is no possibility for the subject to tolerate a feeling and inner conflict derived from it, in other words, when there is inadequate capacity to make sense of an experience, the subject finds immature defenses like dissociation as a 'solution' (van der Kolk, 2014). Similarly, Herman (2015) states, children who experienced abuse try to adapt to the reality by using psychological defenses to distort reality due to lack of chance to change or overcome the reality of traumatic experience. Hence, in that manner, defenses should be considered as responses of adaptation to the existing relational and environmental contexts rather than practices chosen by the subject.

Secure attachment is associated with mature and neurotic defenses whereas avoidant and anxious attachment styles are associated with immature defenses (Sezer, Sapanci & Bayram Kuzgun, 2023). Researchers found that experience of childhood sexual abuse is related to less use of mature defenses, and emotional abuse and immature defenses were found to be mediated by avoidant attachment while physical abuse and use of immature defenses were mediated by anxious attachment (Sezer, Sapanci & Bayram Kuzgun, 2023). Tondar and colleagues (2017) mention the link between anxious attachment and use of neurotic and immature defenses. Associations of anxious attachment patterns with projection, avoidant attachment with splitting were also reported (Prunas, di Pierro, Huemer & Tagini, 2019). Neediness and self-criticalness were found associated with neurotic defenses and immature defenses (Tondar et al., 2017). Self-esteem and anxiety were predicted by defense styles; immature and neurotic defenses are related to lower self-esteem and higher anxiety, while mature defenses are related to the opposite (Mrozowicz-Wrońska, 2023). Patients with eating disorders use some defenses as undoing, passive aggression, and surprisingly sublimation more (Poikolainen et al., 2001). Patients with depression and panic disorder were found to have higher neurotic and immature defense scores while the latter is higher than the former in the mature defense category (Calati et al., 2010). In terms of relationship with personality disorders, there were positive associations with immature and

negative associations with mature defenses (Sinha & Watson, 1999). Depression patients with suicidal tendencies were found to use immature defenses more (Corruble et al., 2004). Similarly, patients with terminal illnesses tend to have higher scores of immature defenses (Cramer, 2015). Along with empathy and enmeshment, psychological defense styles may give a chance to specify the subjects' experiences in terms of adaptations and responses to the interactions they have, together with their personality traits.

1.4. The Aim of the Study

To begin with, it should be noted that one of the inspirations of this study is borderline empathy paradox and mixed results of empathy -especially affective empathy (Faraji & İpek, 2022; Gregorzewski et al., 2019; Lishner et al., 2015; Salgado et al., 2020). In general, these studies focus on borderline personality disorder diagnosis in DSM (American Psychiatric Association, 2013). This study is not based on a clinical sample or a specific diagnosis but in reference to categorization of borderline level personality organization (Akhtar, 2020; Kernberg, 1970; Kernberg, 1986), enmeshment -as one of the key concepts regarding autonomy- was chosen. There might be limits in terms of specificity of the clinical profiles of participants but extending the frame of empathy research -both by sample and widening the criteria- is aimed in this thesis.

Importance of differentiation in empathic capacity is emphasized (Decety & Lamm, 2006; Decety & Meyer, 2008; de Waal, 2007). At the same time, in terms of dealing with others' problems and emotions excessively (Bowen, 1978; Minuchin, 1974; Perosa & Perosa, 1993; Young, 2003), empathy and enmeshment are interrelated notions. To increase the understanding how empathy takes place when it is taken together with enmeshment, psychological defense styles were chosen as an indicator of the personality organization and way of adaptation (Kernberg, 2008). Therefore, it is aimed to enhance the insight on patients and their empathic capacities in clinical settings. Examination of these variables together was not found in the search of related literature.

In assessment of empathy and related concepts, isolating diagnosis is criticized as one of the possible factors for misleading the results due to common points between psychopathologies (Thoma, Friedmann & Suchan, 2013). Similarly, because enmeshment is not a phenomenon only limited to a specific kind of psychopathology, evaluating its effects on the general population might be important. From these points, study of a non-clinical sample is meaningful in terms of generalizability. Then, the scale that will be used for

measuring empathy, Affective and Cognitive Measure of Empathy (ACME), is a relatively novel questionnaire and its use in Turkish literature is very rare. The purpose of this study is making contributions to understanding the experience of empathy, which might be used in therapeutic settings. Likewise, Corcoran (1982) proposed, empathy could be thought as related to enmeshment and problematic self/other differentiation in some cases. Under the light of cultural notions, when it is thought that enmeshment and differentiation are perceived different from different cultures (Chung & Gale, 2006; Goldner et al., 2019; Jin & Roopnarine, 2022), different norms and political views (Bograd, 1988; Lerner, 1983), effects of enmeshment should be examined in the Turkish sample. Consequently, in the Turkish sample, a relatively collectivistic context, it would be valuable to examine the relationship of empathy and enmeshment together with psychological defense styles measuring traits of different personality organizations.

1.5. Research Questions and Hypotheses of the Study

In the light of the relevant literature, research questions and hypotheses of this study could be formulated as below:

Q1: “In a non-clinical young adult sample, is it possible to predict psychological defense styles from subdimensions of empathy and enmeshment?”

H1: Affective empathy will be expected to predict all levels of defenses.

H2: Enmeshment will be expected to predict immature and neurotic defenses.

H3: Cognitive empathy will be expected to predict mature defenses.

H4: Affective empathy and enmeshment will be expected to predict immature defenses together.

H5: Cognitive empathy and affective empathy together with enmeshment will be expected to predict immature defenses.

H6: Cognitive empathy and affective empathy together with enmeshment will be expected to predict neurotic defenses.

H7: Cognitive empathy and affective empathy together with enmeshment will be expected to predict mature defenses.

Based on obtained results, possible moderation effects would be taken into the account. Research question regarding moderation effect and related hypotheses are stated as following:

Q2: “Is there any potential moderation effect of enmeshment on the relationship between subdimensions of empathy and defense styles?”

H8: Enmeshment moderates the relationship between cognitive empathy and mature defenses.

H9: Enmeshment moderates the relationship between cognitive empathy and neurotic defenses.

H10: Enmeshment moderates the relationship between cognitive empathy and immature defenses.

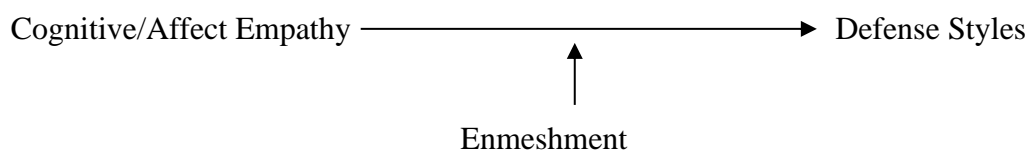
H11: Enmeshment moderates the relationship between affective empathy and mature defenses.

H12: Enmeshment moderates the relationship between affective empathy and neurotic defenses.

H13: Enmeshment moderates the relationship between affective empathy and immature defenses.

Figure 1.1.

Moderation by Enmeshment



2. METHOD

2.1. Participants

Individuals aged between 18-39 included in the sample of this study. Due to findings implying difficulties of cognitive empathy in older adult (>60) samples (Khanjani et al., 2015), that group was excluded. Also, to prevent differences derived from a wide range of age groups, a young adult group was taken as participants. The range of 18 to 39 for young adult sample is close to the stages offered by Sullivan (1953). This range is also similar to the study of Khanjani and colleagues (2015) who considered that group as aged between 20 to 39. Effects of psychiatric diagnoses were controlled. To control the improving impact of psychotherapy on empathy-which is stated to occur in the first 6 months of treatment (de Wied et al., 2020), participants undergoing psychotherapy were also controlled. Then, 457 participants filled the survey through Google Qualtrics, 130 of them did not finish the questionnaire, 2 of them filled repeatedly, and 9 of them were excluded due to being out of the age range of the study. Therefore, 316 participants were included for the research. Most of the participants were female; 232 of the whole sample (73.4%), 83 were male (26.3%) and 1 participant chose the other (0.3%). Age range was 18-39, with average score of 26.73 ($SD=5.46$). More than one fifth of the participants (21.8%) stated that they had a previous psychiatric diagnosis. Most of the participants assumed their socioeconomic status as middle (78.2%). Investigating the relationship of gender with variables of this study, one-way ANOVA was conducted. Only affective empathy was significant, as women were having higher scores than men ($t(313) = -4.284, p < .01$). Also, affective empathy showed significant differences based on education ($F(3,310) = 5.630, p < .01$), implying that both undergraduate ($t(218) = -3.238, p < .01$) and graduate ($t(155) = -3.291, p < .01$) participants have significantly higher scores of affective empathy than high school graduates. Age was positively associated with affective empathy ($r = .13, p < .05$) and negatively associated with immature defenses ($r = -.15, p < .001$) Other demographic information is given in Table 2.1.

Table 2.1.
Frequencies of Demographic Variables

Variables			<i>n</i>	%
Gender		Female	232	73.4
		Male	83	26.3
		Other	1	0.3
Education		High School	70	22.2
		Undergraduate	150	47.5
		Graduate	89	28.2
		Other	7	2.2
SES		Low	50	15.8
		Middle	247	78.2
		High	19	6
Past Diagnosis	Psychiatric	Yes	69	21.8
		No	247	78.2
Past Treatment	Psychiatric	Medication	81	25.6
		Short Term Counseling	36	11.4
		Psychotherapy	57	18
Actual Treatment	Psychiatric	Medication	35	11.1
		Short Term Counseling	5	1.6
		Psychotherapy	29	9.2

Note, n= Frequency; %=Percent

2.2. Procedure

Before collecting data, permission was obtained from the Social and Human Sciences Ethics Committee of Başkent University. The data were collected online via Google Qualtrics with convenience sampling and snowball sampling. Participants were given Informed Consent Form (Appendix 1), Demographic Information Form (Appendix 2), Affective and Cognitive Measure of Empathy (Appendix 3), Turkish Version of Young

Schema Questionnaire - Short Form-3 Enmeshment/Dependency Subscale (Appendix 4), Defense Style Questionnaire (Appendix 5) and Individual Culture Values Scale (Appendix 6) respectively.

2.3. Materials

2.3.1. Demographic Information Form

Personal information such as gender, age, SES, past psychiatric diagnoses and psychotherapy were collected from participants.

2.3.2. Affective and Cognitive Measure of Empathy (ACME)

Affective and Cognitive Measure of Empathy is a 5-point likert scale (1: Strongly disagree, 5: Strongly agree) which includes 36 items in total and 22 of them are reverse items developed by Vachon and Lynam (2015). It measures empathy in three different dimensions, cognitive empathy, affective resonance and affective dissonance. Cognitive empathy ranges from 12 to 60 and affective empathy ranges from 24 to 120. In total scale, increased scores indicate higher empathy, and the range of score is 36 to 180. Internal consistency coefficients were .90 for cognitive empathy, .87 for both affective resonance and affective dissonance. Cronbach's alpha score of the whole scale was .88. The Turkish version of this scale was adapted by Yüksel et al. (2022), and Cronbach's alpha coefficients were .86 for cognitive empathy, .85 for affective resonance and .84 affective dissonance. The coefficient value of the whole scale was .91. In this study, coefficient values were .87 for cognitive empathy, .82 for affective resonance and .87 for affective dissonance. Cronbach's alpha was found to be .90 for the whole scale.

2.3.3. Young Schema Questionnaire (YSQ-SF3)

Young Schema Questionnaire was first developed by Young (1991) to assess cognitive, emotional and experiential patterns that formed in the early stages of life. Then, the scale was gradually changed, and the short version was developed (Young, 2003). This version, YSQ-SF3, is a 6-point likert scale (1: Completely untrue of me, 6: Describes me perfectly) with 90 items measuring 18 schemas (e.g emotional deprivation, self-sacrifice) under 5 domains (e.g rejection, other-directedness). The Turkish version of the scale was developed by Soygut, and colleagues (2009). In the adaptation study, 14 schemas remained significant (4 schemas were merged with others due to overlapping values). Specifically, it

is important to note that enmeshment and dependence schemas were combined under one dimension due to their factor loads. Cronbach's alpha values between subscales were .53 to .81. For the Enmeshment/Dependency subscale, which is the subscale that would be used in this study, internal consistency value was .80 and test-retest reliability coefficient value was .76. In this study, Cronbach's alpha for internal consistency was calculated as .86.

2.3.4. The Defense Style Questionnaire (DSQ-40)

Andrews, Singh and Bond (1993) developed The Defense Style Questionnaire to assess psychological defense mechanisms based on psychoanalytic theory which were found to be associated with psychopathology. It is a 9-point likert (1: Strongly disagree, 9: Strongly agree) scale and the first version of the scale included 88 items (Bond et al., 1983), after some revisions, this number decreased to 40. There are 20 defense mechanisms (two for each) covered under three categories: mature, neurotic and immature. For the first two categories, the minimum score is 8 and the maximum is 72. For immature defenses, the minimum score is 24 and the maximum score is 216. In the original scale, internal consistency values were found as .68 for mature defenses, .58 for neurotic defenses and .80 for immature defenses. Yilmaz, Gencoz and Ak (2007) adapted the scale to Turkish. Cronbach alpha coefficients were .70 for mature, .61 for neurotic and .83 for immature defenses. Test-retest reliability values were .75 for mature, .88 for neurotic and .86 for immature defenses. In this study, internal consistency coefficients were .58 for mature defenses, .61 for neurotic defenses and .81 for immature defenses.

2.3.5. Individual Culture Values Scale

Individual Culture Values Scale is a 5-point likert scale developed by Yoo, Donthu and Lenartowicz (2011) based on cultural dimensions of Hofstede (1980). These categories are collectivism-individualism, femininity-masculinity, uncertainty avoidance, power distance, short term/long term normative orientation and indulgence-restraint (Hofstede & Minkov, 2010). Last category -indulgence-restraint- was later developed by Hofstede and it does not exist in the questionnaire. In the original scale, Cronbach's alpha values were .62 for power distance, .71 for long term-orientation, for uncertainty avoidance, .76 for collectivism, .71 .68 for masculinity. Validation of the Turkish version of the scale was conducted by Saltık (2019), it includes 5 categories and 26 items. Cronbach alpha values were .76 for collectivism-individualism, .68 for masculinity-femininity, .71 for uncertainty avoidance, .62 for power distance and .71 for long term normative orientation. In this study,

coefficient values were calculated as .85 for collectivism-individualism, .80 for masculinity-femininity, .82 for uncertainty avoidance, .70 for power distance and .78 for long term orientation, respectively.

2.4. Design and Analysis

IBM SPSS Statistics Version 26 was used for analysis. First, missing data analysis was performed to examine whether the data meets the normality assumption. Then, correlation analysis was applied to describe the relationships of demographic variables. Subsequently, a series of hierarchical regressions were conducted. While dimensions of empathy (cognitive empathy, affective empathy) and enmeshment values were entered as predictors respectively to control the effects of independent variables, and dimensions of defense styles (immature, neurotic, mature) were entered as response variables. Regression analyses were conducted based on total scores of dimensions of defense styles questionnaire. Based on regression analyses, moderation analysis suggesting another model was conducted. For better examination of the relationship between these variables, enmeshment was chosen as a moderator variable based on theoretical assumptions and statistical findings; further details regarding the analysis are featured in the discussion section. Additionally, for further investigation of the relationship between empathy, enmeshment and defense styles, exploratory data analysis including associations between defenses under defense categories one by one was carried out.

3. RESULTS

In terms of normality, the data were normally distributed, kurtosis and skewness were checked for variables separately and all of them were found in the appropriate range of -1.5 to +1.5 (Tabachnick & Fidell, 2014). To detect outliers, Mahalanobis distance was checked, and two outliers were removed from the dataset. At the beginning of analyses, correlation analysis was carried out to assess the associations between variables. Later, three hierarchical regression analyses were conducted to predict defense styles from cognitive empathy, affective empathy and enmeshment. Assumptions of regression as multicollinearity, residual independence, normality, outliers and homoscedasticity were checked. VIF scores for multicollinearity are slightly higher than 1 and Durbin-Watson scores to assess residual independence were around 1.9; both are in acceptable ranges (Field, 2009). Lastly, for homoscedasticity, modified Breusch-Pagan test that measures heteroscedasticity was performed and none of the models were found significant. By this way, all assumptions of regression analyses were fulfilled.

Correlation analysis was carried out between the variables. There are significant positive correlations between cognitive empathy and affective empathy ($r = .35, p < .01$), and mature defenses ($r = .19, p < .01$). Negative correlations between cognitive empathy and enmeshment ($r = -.28, p < .01$) and immature defenses ($r = -.21, p < .01$) were also found significant. Affective empathy was found to have significantly negative correlations with enmeshment ($r = -.14, p < .05$) and immature defenses ($r = -.42, p < .01$). Then, enmeshment was significantly correlated with all three defense categories, negatively correlated with mature defenses ($r = -.30, p < .01$) positively correlated with neurotic ($r = .31, p < .01$) and immature defenses ($r = .37, p < .01$). Affective empathy was not found significant with mature defenses ($r = -.03, p > .05$). Further details are given in Table 3.1.

Table 3.1.
Correlations of Variables

Variables	1	2	3	4	5	6	7	8
1. Cognitive Empathy	-							
2. Affective Resonance	.371**	-						
3. Affective Dissonance	.271**	.617**	-					
4. Affective Empathy	.353**	.882**	.915**	-				
5. Enmeshment	-.282**	-0.36	-.206**	-.142*	-			
6. Mature Defenses	.196**	-.059	.001	-.030	-.306**	-		
7. Neurotic Defenses	-.097	.149**	.003	.079	.315**	.088	-	
8. Immature Defenses	-.215**	-.338**	-.411**	-.420**	.372**	.114*	.404**	-

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

Surprisingly, three variables showed no significant correlation with most of the culture values categories. Affective empathy was found significantly correlated with power distance ($r = -.13$, $p < .05$) and femininity-masculinity ($r = -.18$, $p < .01$) negatively. Cognitive empathy was only significantly correlated with power distance ($r = -.16$, $p < .01$) in negative direction. Lastly, enmeshment was significantly correlated with power distance ($r = .11$, $p < .05$) in positive direction. Further details are given in Table 3.2.

Table 3.2.
Correlation of Variables with Culture Values

Variables	1	2	3	4	5	6	7	8
1. Affective Empathy	-							
2. Enmeshment	-.142*	-						
3. Cognitive Empathy	.353**	-.282**	-					
4. Power Distance	-.136*	.115*	-.164**	-				
5. Uncertainty Avoidance	.020	.019	-.015	.058	-			
6. Collectivism Individualism	.020	.066	.027	.167**	.217**	-		
7. Long Term Orientation	.023	-.083	.001	.146**	.405**	.257**	-	
8. Femininity Masculinity	-.187**	.007	-.096	.438**	.066	.293**	.193**	-

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

3.1 Exploratory Correlations

To explore the relationship between cognitive empathy, affective empathy and enmeshment with the defenses under three defense style categories (mature, neurotic and immature) particularly, correlation analyses were conducted.

In mature defenses, cognitive empathy was significantly correlated with humor ($r = .16$, $p < .01$) and anticipation ($r = .24$, $p < .01$). Affective empathy was only correlated with suppression ($r = -.12$, $p < .05$) negatively. Not surprisingly, enmeshment was negatively correlated with three of the mature defenses. Further details are given in Table 3.3.

Investigating neurotic defenses, cognitive empathy was only correlated with undoing ($r = -.12$, $p < .05$) negatively, while affective empathy was significantly correlated with pseudo-altruism ($r = .20$, $p < .01$) and reaction formation ($r = .11$, $p < .05$). Enmeshment, on the

other hand, was significantly correlated with undoing ($r = .25, p < .01$), idealization ($r = .16, p < .01$) and reaction formation ($r = .36, p < .01$). Details are given in Table 3.4.

Immature defenses showed different patterns in correlation analysis. Whereas enmeshment was found significantly correlated in positive direction with most of the immature defenses such as passive aggression ($r = .31, p < .01$), devaluation ($r = .18, p < .01$), splitting ($r = .19, p < .05$) and somatization ($r = .16, p < .01$); cognitive empathy and affective empathy were found significantly correlated in opposite direction with most of the immature defenses. More details are given in Table 3.5 and Table 3.6.

Table 3.3.
Correlation of Variables with Mature Defense Styles

Variables	1	2	3	4	5	6	7
1. Cognitive Empathy	-						
2. Affective Empathy	.353**	-					
3. Enmeshment	-.282**	-.142*	-				
4. Sublimation	.041	.066	-.218**	-			
5. Humor	.160**	-.056	.094	.266**	-		
6. Anticipation	.248**	.046	-.234**	.357**	.153**	-	
7. Suppression	.070	-.126*	-.256**	.285**	.219**	.136**	-

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

Table 3.4.
Correlation of Variables with Neurotic Defense Styles

Variables	1	2	3	4	5	6	7
1. Cognitive Empathy	-						
2. Affective Empathy	.353**	-					
3. Enmeshment	-.282**	-.142**	-				
4. Undoing	-.124*	-.022	.252**	-			
5. Pseudo Altruism	.055	.203**	.058	.266**	-		
6. Idealization	-.087	-.039	.168**	.283**	.190**	-	
7. Reaction Formation	-.087	.113*	.368**	.352**	.261**	.303**	-

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

Table 3.5.
Correlation of Variables with Immature Defense Styles - I

Variables	1	2	3	4	5	6	7	8	9
1. Cognitive Empathy	-								
2. Affective Empathy	.353**	-							
3. Enmeshment	-.282**	-.142**	-						
4. Projection	-.197**	-.115**	.397**	-					
5. Passive Aggression	-.188**	-.326**	.317**	.413**	-				
6. Acting Out	-.176**	-.427**	.239**	.322**	.505**	-			
7. Isolation	-.218**	-.341**	.138*	.307**	.359**	.205**	-		
8. Devaluation	-.171**	-.500**	.183**	.294**	.357**	.422**	.373**	-	
9. Autistic Fantasy	-.076	-.195**	.344**	.306**	.423**	.322**	.164**	.272**	-

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

Table 3.6.
Correlation of Variables with Immature Defense Styles - II

Variables	1	2	3	4	5	6	7	8	9
1. Cognitive Empathy	-								
2. Affective Empathy	.353**	-							
3. Enmeshment	-.282**	-.142**	-						
4. Denial	-.170**	-.285**	.093	-					
5. Displacement	-.099	-.133*	.295**	.186**	-				
6. Dissociation	-.029	-.272**	-.073	.472**	.042	-			
7. Splitting	-.121*	-.208**	.198*	.338**	.232**	.201**	-		
8. Rationalization	-.042	-.116*	.207**	.028	.077	.002	.119**	-	
9. Somatization	.071	.074	.162**	.051	.253**	-.052	.239**	.123**	-

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

3.2 Regression Analyses

In first hierarchical regression analysis, based on significant results obtained by correlation analyses, enmeshment and cognitive empathy were entered into the model, respectively. Results showed that enmeshment explains most of the variance of mature defenses itself ($R^2 = .10$, $\Delta R^2 = .10$, $F(1, 312) = 35.400$, $p < .001$). After entering cognitive empathy, the overall model consisting of both variables explain 11% of the variance significantly ($R^2 = .11$, $\Delta R^2 = .01$, $F(1, 311) = 4.354$, $p < .05$). Cognitive empathy was found as a positive predictor ($\beta = .11$, $p < .05$), while enmeshment ($\beta = -.28$, $p < .001$) predicted mature defenses negatively.

Next analysis covering neurotic defense styles implies that the overall model enmeshment significantly explains 9% of the variance ($R^2 = .09$, $\Delta R^2 = .09$, $F(1, 312) = 33.277$, $p < .001$). Accordingly, enmeshment ($\beta = .32$, $p < .001$) was found as a positive predictor. Because

affective empathy ($r = .07, p > .05$) and cognitive empathy ($r = -.09, p > .05$) were not found as significantly associated with neurotic defenses, they were not included in the model.

Last analysis was carried out to predict immature defense styles. Because three of the variables were significantly associated with immature defenses, all of them were included in the hierarchical regression. First, enmeshment was entered into the model and explained 14% variance of immature defenses by itself ($R^2 = .14, \Delta R^2 = .14, F(1, 312) = 53.626, p < .001$). Then, affective empathy and cognitive empathy were entered, respectively. Affective empathy also explains 14% of the variance for immature defenses and therefore, overall model including enmeshment and affective empathy significantly explains 28% of the variance ($R^2 = .28, \Delta R^2 = .14, F(1, 311) = 61.671, p < .001$). While affective empathy negatively predicts immature defenses ($\beta = -.38, p < .001$), enmeshment was found to be a positive predictor ($\beta = .32, p < .001$). Cognitive empathy was not significant for predicting immature defense styles ($\beta = .00, p = .96$). Regression scores of each are given in Table 3.7, Table 3.8 and Table 3.9.

Table 3.7.
Hierarchical Regression Results for Mature Defense Styles

Variable	β	p	CI(95%)	
			Lower Bound	Upper Bound
1. Enmeshment	-.28**	.000	-.46	-.20
2. Cognitive Empathy	.11*	.038	.01	.35

Note, * $p < .05$, ** $p < .01$. β : Standardized Coefficients Beta, CI 95%: Confidence Intervals

Table 3.8.
Hierarchical Regression Results for Neurotic Defense Styles

Variable	β	p	CI(95%)	
			Lower Bound	Upper Bound
1. Enmeshment	.32**	.000	.26	.53

Note, * $p < .05$, ** $p < .01$. β : Standardized Coefficients Beta, CI 95%: Confidence Intervals

Table 3.9.
Hierarchical Regression Results for Immature Defense Styles

Variable	β	p	CI(95%)	
			Lower Bound	Upper Bound
1. Enmeshment	.32**	.000	.74	1.36
2. Affective Empathy	-.38**	.000	-1.02	-.61

Note, * $p < .05$, ** $p < .01$. β : Standardized Coefficients Beta, CI 95%: Confidence Intervals.

After controlling past psychiatric diagnosis, only enmeshment remained significant ($R^2 = .10$, $\Delta R^2 = .10$, $F(1, 244) = 29.397$, $p < .001$) on predicting mature defenses. On the contrary, results of hierarchical regression analyses on predicting neurotic and immature defenses remained the same.

Then, 29 of the participants stated that they are seeking psychotherapy, when it's controlled, models obtained by hierarchical regression analyses were not changed. Finally, when past psychiatric diagnosis and actual psychotherapy are controlled together, only the overall model on mature defenses changed and only enmeshment remained significant ($R^2 = .08$, $\Delta R^2 = .09$, $F(1, 231) = 22.782$, $p < .001$). Checking the effect of actual psychiatric medication treatment gave similar results ($R^2 = .07$, $\Delta R^2 = .07$, $F(1, 277) = 22.908$, $p < .001$).

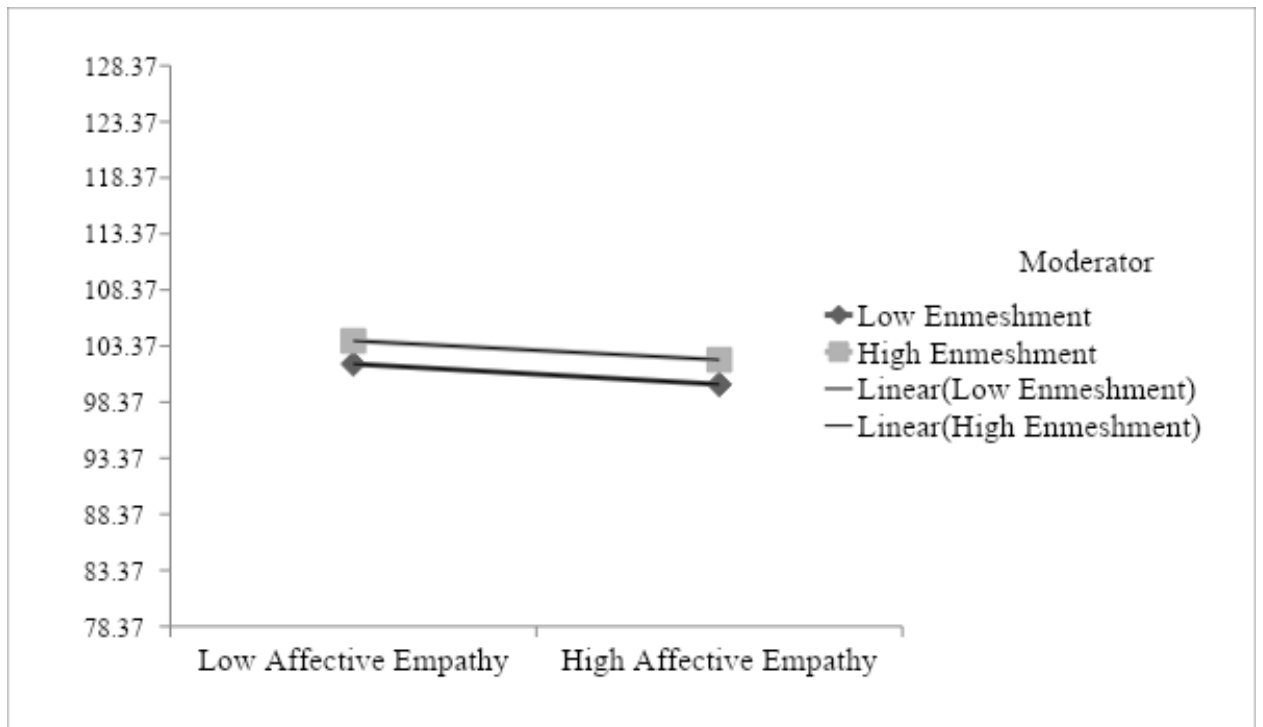
3.3 Moderation Analysis

For a detailed understanding and investigation for the relationship between empathy and enmeshment on defense styles; moderation analysis was carried out by SPSS's PROCESS MACRO version 4.2 (Hayes, 2022) in the second section of analyses. Because

there was no relationship between subdimensions of empathy with mature and neurotic defenses; only one moderation analysis was conducted to assess whether enmeshment plays a role for strengthening or weakening the associations between the affective empathy and immature defenses. Based on relevant literature and statistical findings of this study, moderation analysis was chosen; hierarchical regression analysis revealed a significant predictive relationship of enmeshment and affective empathy on immature defenses, but predictors have opposite relationship with the response variable (i.e. it is possible that they do not operate in the same way) so it was needed to conduct a novel analysis to understand the relationship from a different perspective. The model was found to be significant explaining almost small amount -almost 1.5%- of the variance ($R^2 = .30$, $\Delta R^2 = .014$, $F(3, 229) = 34.0835$, $p < .001$) that implies there is a prediction of immature defenses by affective empathy ($\beta = -.87$, $SE = .12$, $p < .000$) was found to be moderated by enmeshment ($\beta = 1.06$, $SE = .20$, $p < .000$) with significant interaction ($p < .05$). The results showed that in negative association between affective empathy and immature defenses are high when enmeshment is at its low, also high enmeshment weakens the negative prediction obtained by affective empathy. Moderation by enmeshment graph is given below in Figure 3.1.

Figure 3.1.

Moderation by Enmeshment Graph



4. DISCUSSION

In this study, it was aimed to assess the associations and predictive relationships between subdimensions of empathy -affective and cognitive, enmeshment and psychological defense styles. Hence, correlation and hierarchical regression analyses were conducted. Consequently, with reference to predictive relationship between empathy and enmeshment on defense styles, moderation analyses were executed to investigate whether there is a model implying a relationship between empathy and defense styles strengthened/weakened by enmeshment. Also, to examine the relationship in a deeper manner, additional correlation analyses of defenses were conducted.

As a beginning, the concept of empathy and its measurement should be considered. In this study, apart from other variables, perspective to empathy was rather critical. As mentioned before, the concept of empathy is generally used for different purposes and there is no single, commonly agreed definition of the term; because it is a notion that contains many aspects (Hall & Schwartz, 2019), this might be expectable. From a theoretical point of view, this diversity is not new but cognitive-affective dimension is usually taken into research (Cuff et al., 2016; Hall & Schwartz, 2019; Shamay-Tsoory et al., 2009).

On findings of this study, mentioning correlation analyses would be an appropriate starting point before the evaluation of hypotheses of the thesis. Negative associations of cognitive and affective empathy with enmeshment were found. Cognitive empathy was positively correlated with mature defenses and negatively correlated with neurotic immature defenses. On exploratory analyses conducted to discover in detail, some interesting findings were obtained. For instance, cognitive empathy was found positively correlated with anticipation and humor; both defenses are connected to capacity of mentalization (Choi-Kain & Gunderson., 2008; Uekermann et al., 2008). Also, there is significant relationship between affective empathy with reaction formation and pseudo altruism, Then, significant correlations between undoing and idealization with enmeshment were found. These defenses are under the neurotic defenses category. Pseudo-altruism might be thought of as a compensation mechanism of channeling an undesired feeling (or impulse) like aggression into a socially acceptable and other-oriented form (Edelson, 1981). Reaction formation could be defined as unconscious effort to reverse the feeling, in terms of idealization, a subject needs to omit the negative sides of the other to keep that person's image intact, and undoing probably results from unconscious guilt -as apologizing after feeling anger; all these

mechanisms could be regarded as ways of dealing with anxiety caused by undesired feelings and making them less threatening for the self or maintaining existing relational patterns (McWilliams, 2011). For enmeshment, use of such defenses might not be a surprise but for affective empathy, it might be interesting to do further research on repressed feelings such as anger and guilt. Enmeshment gave positive significant correlations with most of the immature defenses. The role of defenses such as splitting (of good and bad features of an object instead of integration), devaluation, projection and passive aggression in borderline personality organization that connected with enmeshment object relations (Kernberg, 1985; McWilliams, 2011) this result is also consistent. However, it should be remembered that these correlation analyses were conducted only for deeper information, main analyses of the study were conducted based on total scores of factors as suggested (Yılmaz, Gencoz & Ak, 2007).

On culture values, there were few significant correlations. Affective empathy was negatively correlated with power distance and masculinity; also, cognitive empathy was negatively associated with power distance. Lastly, enmeshment was positively correlated with power distance. Positive association of enmeshment could be expectable while thinking in terms of sustaining the existing relationship patterns and in wider aspect, social order (Żemojtel-Piotrowska & Piotrowski, 2023). These findings might be explained by the sample's characteristics, most of the sample are from highly educated. From the view of Kagitcibasi (1996), urban backgrounds probably tend to be more individualistic and modern, which possibly affected their attitude towards traditional values examined in this study and weak significant relationships were found. Thus, different cultural backgrounds and samples with different social norms should be taken into the account for other studies. Alternatively, different scales assessing cultural values might be chosen for further analysis.

On the hypotheses tested in this study, examinations of associations and predictions of affective empathy, cognitive empathy, and enmeshment with defense styles were investigated. According to the results at the first step, the first hypothesis was not supported because affective empathy was not found as associated with mature defenses. It can be inferred that the capacity of affective empathy is not necessarily related to mature defenses. As expected, enmeshment predicted all levels of defense styles (positive prediction on immature and neurotic defenses, negative prediction on mature defenses), when its relationship with psychopathology and impaired psychological health, this finding is consistent with the literature (Calatrava et al., 2022; Kernberg, 1975; McWilliams, 2011;

Mitchell & Black, 1995; Young et al., 2003). Third hypothesis was supported but cognitive empathy explained a small portion of variance. It was obtained from the results that both affective empathy and enmeshment predicts immature defenses. For enmeshment, considering its association with psychopathology, it is not surprising (Skowron et al., 2009; Kivisto et al., 2015). In this study, based on a non-clinical mixed sample, affective empathy negatively predicted immature defenses. Therefore, it could be suggested that even there is a root of emotional contagion in affective empathy (De Waal, 2007) and there are some mixed results regarding borderline patients (Faraji & İpek, 2022; Gregorzewski et al., 2019; Salgado et al., 2020); in this non-clinical sample, affective empathy is not related to this paradoxical relationship. This might be thought as a support to the view of relationship between empathy and maturity and successful differentiation of the self (Decety & Lamm, 2006) when the relationship between immature defenses and psychopathologies including conflict of autonomy (Akhtar, 2020; Kernberg, 1970; McWilliams, 2011). Fifth and sixth hypotheses were not supported due to non-significant results obtained from cognitive empathy. For instance, while there was a negative significant relationship between enmeshment and mature defenses, it was not the same for cognitive empathy and immature defenses. Hence, lower scores of cognitive empathy did not predict an increase in immature defenses. It is in parallel with the research on patients with psychopathic traits implying intact capacity of cognitive empathy (Robinson & Rogers, 2015). While antisocial personality is taken as a lower-level borderline personality trait by Kernberg (1970), deficits of affective empathy is one of the core characteristics of antisocial personalities (Robinson & Rogers, 2015). Therefore, the lack of a significant relationship between cognitive empathy and immature defenses is meaningful in that sense. Then, depending on negative prediction by enmeshment on mature defenses, it could be proposed that successful differentiation (non-enmeshed patterns) may be needed for developing mature defenses, like higher levels of empathy (Decety & Lamm, 2006; de Waal, 2007). Interestingly, affective empathy explained a significant amount of variance while cognitive empathy was found insignificant in case of immature defenses. From a developmental point of view (Clarkin et al., 2007; Vaillant, 1977), such as decreased use of immature defenses together with integration by growing up, capacity of affective empathy might have a primary role than cognitive empathy on developmental period. This is consistent with the schema of Shamay-Tsoory and colleagues (2009), assuming infancy is the period for development of affective empathy whereas cognitive empathy is formed in later childhood or adolescence. Last hypothesis was not found to be significant. Only cognitive empathy was found to be positively predicting

the mature defenses. In terms of the relationship between cognitive empathy and mature defenses (as in H3), maturity could be regarded as a common ground; cognitive complexity of mature defenses (Cramer, 2008) and increase in cognitive empathy by growth (Shamay-Tsoory et al., 2009). For enmeshment, similar to the H2, it could be expected to be a negative predictor for mature defenses based on findings implying better psychological health due to higher self-other differentiation (Calatrava et al., 2022). Thereby, it could be assumed that affective empathy has more transitive or changeable nature compared to cognitive empathy, as found in paradoxical results in research with borderline patients (Faraji & İpek, 2022; Gregorzewski et al., 2019; Salgado et al., 2020). It could be thought as in parallel with the mixed findings of affective empathy in research. Nevertheless, in the case of empathy predicting neurotic and mature defenses, it should not be neglected that variance explained by these variables are small, especially for while cognitive predicting mature defenses and enmeshment predicting neurotic defenses. Moreover, when ongoing psychotherapy and past psychiatric diagnosis were controlled (one by one, and after both), significant results of prediction for cognitive and affective empathy for mature defenses were lost. Hence, at the end of the analysis, only H2 and H4 remained significant. These might be derived from the characteristics of the participants and will be discussed in the limitations section.

Enmeshment might be considered as the most crucial one among the variables of this study for predicting defense styles by its predictive value on all defense categories. Accordingly, it was chosen as a moderator variable in the exploratory analysis as a possible organizing factor between affective empathy and immature defenses. For the borderline empathy paradox, which is a phenomenon that inspired this study, it could be speculated that enmeshment is one of the factors causing inconsistency among findings. Hence, its effects might be controlled in relevant research. While this topic is beyond the scope of this study, it is a relevant matter for the moderation model in this study. Taking borderline empathy paradox (Dinsdale & Crespi, 2013; Salgado et al., 2020) giving inconsistent results and the role of enmeshment in borderline personality organization (Kernberg, 1985; Mahler et al., 1975) enmeshment was taken as a moderating factor.

Negative prediction obtained by affective empathy on immature defenses is also crucial, which could be evaluated as a support to the view emphasizing that empathy (both affective and cognitive) is relatively a mature capacity (Preston & de Waal, 2002) and based on successful (even partial) self-other differentiation (Sommerville & Decety, 2006). It is important to note that, the capacity of perceiving the difference between the self and others

or being aware of the ‘source’ or ‘owner’ of the feeling, might not necessarily cause a barrier against enmeshment. It could be thought similar to the relationship between empathy and prosocial actions (Jordan et al., 2016) mentioned above, stating empathy does not necessarily cause prosocial behavior. At this point, if it is assumed that together with other-orientation, empathy is also related to self-orientation (Decety, 2010; van Dongen, 2020); it could be argued that affective empathy may not be directly linked to more adaptive defenses or healthier psychological life. This view is indirectly supported in the exploratory moderation analysis, which showed a negative significant pathway from affective empathy to immature defenses moderated by enmeshment. It is arguable that in case of enmeshment, the negative pathway between affective empathy and immature defenses gets weakened. As a conclusion, enmeshment could be taken as a risk factor for individuals with capacity of affective empathy. This effect might be increased in clinical samples or participants from lower educational backgrounds.

4.1 Clinical Implications

To conclude, it is possible that the lines of affective empathy are more blurred than cognitive empathy, or the former occupies a wider space on lifespan because of its early formation from affective sharing (de Waal, 2007). The latter is associated, or sometimes it is used interchangeably with theory of mind (ToM) and mentalization (Shamay-Tsoory et al., 2010) which are later-developed and complex capacities (Shamay-Tsoory et al., 2009). Though, their focus is rather on having capacity to understand others, or cognitive work such as imagination or switching the focus. However, empathy could also be out of awareness (Dimberg et al., 2000; de Waal, 2007; Preston & de Waal, 2002) and it might be assumed that affective empathy probably holds a bigger place in this territory. Even related hypotheses were not supported, and affective empathy did not predict mature defenses; it could be fruitful to think of this finding together with negative significant prediction of immature defenses as a clue that affective empathy may not be necessarily a high-order capacity in every occasion but rather, as a ground for empathic capacity. Lack of affective empathy in patients with psychopathy (Robinson & Rogers, 2015) could be a good example for this situation.

Together with existing research on empathy and psychopathology as psychopathy (Robinson & Rogers, 2015), borderline personality disorder and narcissistic personality disorder (Back et al., 2013; Homan et al., 2017; Lishner et al., 2015), and autism spectrum

disorder (Baron-Cohen & Wheelwright, 2004) this study focused on a non-clinical population from the relatively collectivistic context of Türkiye. For this sample, affective empathy did not predict mature defenses which are associated with increased quality of life and increased alliance in therapeutic context (Bond, 2004) but significantly predicted immature defenses in negative direction. Also, for non-significant results obtained from cognitive empathy, it is possible that there are other variables explaining the use of mature and neurotic defenses instead.

In conclusion, under these conditions (non-clinical, mixed, mostly female and highly educated Turkish sample) it could be inferred that a patient with capacity to share other's feelings (sometimes to the degree of emotional contagion) may not necessarily use mature defenses but at the same time, because there were no findings similar to borderline empathy paradox (Dinsdale & Crespi, 2013; Faraji & İpek, 2022; Salgado et al., 2020), this person is not likely to use immature defenses that sign of severe psychopathology (Cramer, 2008). From that point, it might be argued that affective empathy indicates a baseline capacity implying relatively better psychological health in non-clinical samples. Nevertheless, because there was no significant relationship between affective empathy with neurotic and mature defenses, this implication is limited. In other words, while enmeshment has a negative predictive relationship with mature defenses and therefore low enmeshment could be taken as a sign of higher psychological health; affective empathy should not be taken as a similar indicator. Instead, it seems to be an indicator of the 'above the surface' of the immature level of defenses and related psychopathology. Hence, in patients who use immature defenses in general, an increase in concern and share of emotions of others (including therapists) might be taken as a positive signal. Also, if we consider clinical settings and diagnosis; regarding the borderline empathy paradox discussed above, enmeshment might be taken as a risk factor among patients with borderline personality traits. In other words, because there is not only one type of borderline personality (Akhtar, 2020; Kernberg, 1970; Kernberg, 1985; McWilliams, 2011), enmeshment could be perceived as a negative factor for increased use of immature defenses and therefore more severe psychopathology for patients with high affective empathy (i.e. including concern for others, easily distracted by emotions of others etc.) from different levels of borderline level.

As a note, age was found as positively associated with affective empathy. Thereby, under non-clinical conditions (i.e. not severe psychopathology), it could be expected that patients such as university students may have an increase in their affective empathy over the

years. Enmeshment, which was found as a negative predictor for mature and positive predictor for neurotic and immature defenses, could be regarded as a sign of maladaptive coping mechanisms, which is a consistent finding with the literature (Berryhill et al., 2018; Hann-Morrison, 2012). Thereby, interventions aiming to improve self-other differentiation may cause an increase in overall wellbeing of patients. Together with clinical inferences discussed above, based on non-clinical sample of this study, when affective empathy and enmeshment are taken together, enmeshment weakens the negative relationship between affective empathy and immature defenses, so it is important to comprehend that patients having capacity of high affective empathy (e.g. empathic concern for/excessive share of emotion with others) together with enmeshed relational patterns might be prone to more impaired psychological health compared to non-enmeshed conditions. Hence, it might not be only personality disorder or an exact diagnosis, but because of the dynamic nature of defenses, especially emotional states of that type of patients (high affective empathy and enmeshment) should be observed cautiously. Further research on samples with more balance in terms of gender, education, cultural background may increase our understanding

4.2 Limitations and Further Research

This study is affected by some theoretical and operational factors. First, measurement of empathy is a limitation for this study. Due to the conditions, this research took place in a survey form, and it was possibly affected by social desirability. Experimental methods and implicit tools for measurement might be more objective. Hall and Schwartz (2019) pointed out that some studies also take nonverbal empathy to the focus, further studies might include this as a different component. Jordan, Amir and Bloom (2016) suggested novel subscales for measurement and found the difference between empathy and concern, while the latter is a basis for prosocial actions the former was not directly related. Also, the line between empathic capacity and empathic action is another topic of discussion (Cuff et al., 2016; Hall & Schwartz, 2019). Whether an action is caused by empathy is out of the scope of this paper, however, how empathy is related to prosocial behavior is another important area of research; referring the self-determination theory (Deci & Ryan, 1985) Pavey and colleagues (2012) conducted their research and found that the relationship between empathy and prosocial behavior were found to be mediated by autonomous motivation such as values or feelings of the person, rather than controlled motivation like negative feelings of shame and guilt, or rewards and punishments that focused on others. Also, empathy is needed to be thought depend on context; it was suggested that attitude of aggressors towards victims, in other

words whether they empathize or show less aggression, is changed based on expression of fear and familiarity provided by self-disclosure of victim (Ohbuchi, Ohno & Mukai, 1993). Form of empathy is also crucial to determine the relationship between empathy and prosocial/antisocial behavior; even if someone has capacity for cognitive or affective empathy, that one might not act in a prosocial way, accordingly, some researchers suggest another category for empathy named ‘sympathetic’ empathy (Brazil et al., 2022).

Assessment of defense styles is another area of debate. Especially internal consistency coefficients of mature and neurotic defenses were found as low, similar to other studies including the original paper and Turkish adaptation study of questionnaire (Andrews et al., 1993; Ülbe & Gencoz, 2024; Yılmaz, Gencoz & Ak, 2007). It was stated that assessment of defenses with 2-items for each might affect these internal consistency scores (Yılmaz, Gencoz & Ak, 2007). Based on these findings, analyzing defenses under categories instead of one by one was suggested. In this study, only exploratory analysis included single measurement of defenses, regression analyses were conducted based on total scores of defense style factors. Additionally, relatively low scores of internal consistencies on neurotic and mature defense categories possibly affected the results of this study. There are other studies referring to the problems of DSQ-40 related to factor structure and face validity; correspondingly, number of items and factors were also questioned (Hayashi et al., 2004; Saint-Martin et al., 2013). On categorization of defenses, there are different perspectives exist; as nuances regarding classification of defenses; for instance, whereas authors of Defense Styles Questionnaire - 40 (Andrews, Singh & Bond, 1993) considered rationalization as an immature defense, Nancy McWilliams takes rationalization as a secondary defense -i.e. more developed than immature/primitive ones as isolation or denial (McWilliams, 2011). Interestingly, some adaptation studies of DSQ-40 suggest that rationalization falls under the mature category according to factor analysis (Saint-Martin et al., 2013; Spinhoven et al., 1995). Moreover, even though the most primitive defense from a theoretical point of view (Cramer, 2015), denial was sometimes reported to be associated with immature and mature defense factors at the same time (Hibbard & Porcerelli, 1998; Saint-Martin et al., 2013); therefore, denial was evaluated by participants as adaptive from a contextual perspective.

From a general perspective on measurement of psychological defenses, whether use of defenses is a feature of a personality organization or contextual reaction is also a topic of discussion (Bond, 1990). This could be an important point in the design of the research on

defense styles. For instance, Vaillant (1994) mentioned his observations on the patients for a long period (similar to a longitudinal study) whereas projective tests or experimental tasks triggering stress to measure use of defenses are also used (Cramer, 1999; Cramer, 2015). Then, it was emphasized that self-report assessment of defenses is prone to pitfalls compared to research based on ratings of patients by experts because defenses generally operate away from awareness and patients may not be open to share their maladaptive patterns of experiences (Cramer, 2015; Shedler, Karliner & Katz, 2003).

In terms of mixed results and paradoxical results, covering more primitive aspects of affective empathy was intended in this study. Measurement of empathy was probably affected by social desirability, implicit tasks or scenarios triggering empathic perspective taking may give more detailed insight about the nature of this phenomenon. Also, the sample of this study is not balanced in terms of education and gender. Female to male ratio is almost 3:1 and almost 80% of the participants are undergraduate or they have higher levels of degree. Being female and high education are both associated with higher levels of empathy (Gutierrez-Cobo et al., 2023). Similar results were also found in this study, so it would be more effective to balance these conditions in further studies. Also, this sample was a non-clinical, heterogeneous sample; even though the past psychiatric diagnosis was asked there were no standardization depending on diagnostic criteria (i.e only basis was self-report of the participants, variables such as severity or duration of disease -e.g depression or ADHD- were not obtained), therefore, separate analysis for people within past psychiatric diagnosis could not be conducted. Instead, the effect was controlled. At this point, this study is more limited than studies assessing homogenous clinical samples such as patients with borderline personality disorder. Further studies may include other related concepts of empathy (as motivation), enmeshment (as parentification), novel defense questionnaires and lastly, samples with different characteristics.

4.3 Conclusion

Despite its limitations, this study is unique in terms of covering these variables together. Assessing an individual factor as defense styles, interactional ones as empathy and enmeshment, and a social factor as culture values is valuable for comprehensiveness. The role of enmeshment on defense styles might be valuable in determining the personality organization of the patients under therapeutic settings. Also, affective empathy was found as an important factor predicting immature defenses in the negative direction. Hence, it

could be assumed that affective empathy is a baseline emotional capacity that is strongly related to a level 'above the immature defenses' even if it was not found related to neurotic or mature defenses. Lastly, as obtained in the moderation analysis, the weakening role of enmeshment on the negative relationship of affective empathy and immature defenses is important. Thus, it could be inferred that patients with high affective empathy capacities are more vulnerable to use of immature defenses if they are also high in enmeshment.

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APPENDICES

Appendix 1

Informed Consent Form

Bu çalışma, Başkent Üniversitesi Psikoloji Bölümü Klinik Psikoloji Yüksek Lisans öğrencisi Psk. Onur Karaduman'ın Dr. Öğr. Üyesi Burçin Akın Sarı danışmanlığında yürütülen yüksek lisans tezi kapsamında yürütülmektedir. Bu araştırmada bireylerin genel duygu durumu ve kişilerarası ilişki deneyimlerinin ele alınması hedeflenmektedir. Cevaplarınız tamamıyla gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Çalışma sırasında doldurulması talep edilecek ölçekler, genel olarak kişisel rahatsızlık verecek herhangi bir ayrıntı içermemektedir ve araştırmaya katılım gönüllülüğe dayanmaktadır. Bu yüzden katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz çalışmayı yarıda bırakmakta serbestsiniz. Katılmaya karar verdikten sonra tüm maddeleri eksiksiz bir şekilde doldurmanız araştırmanın sonuçlarının benzer deneyimleri yaşayan kişilere yarar sağlaması açısından önemlidir. Anketleri doldurmak için ortalama 10 dakika süre yeterli olacaktır.

Çalışmaya yönelik sorularınızı Psk. Onur Karaduman'a iletebilirsiniz.

Katılım ve katkınız için teşekkür ederiz.

Araştırmacı:

Psk. Onur Karaduman

Katılımcının beyanı

Bu çalışmaya tamamen gönüllü olarak katılıyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

Appendix 2

Demographic Information Form

1. Yaşınız: _____

2. Cinsiyetiniz:

Kadın Erkek Belirtmek istemiyorum

3. Eğitim Durumunuz (Mezun olduğunuz):

Lise Lisans Lisansüstü Diğer: _____

4. Maddi durumunuzu nasıl tanımlarsınız:

1 2 3 4 5

Düşük Orta Yüksek

6. Daha önce psikiyatrik bir tanı aldınız mı?

Evet (lütfen belirtiniz): _____ Hayır

7. Geçmişte psikiyatrik bir tedavi aldınız mı?

Evet Hayır

Evet ise; hangi tür tedavi aldınız: (Birden fazla seçeneği işaretleyebilirsiniz)

İlaç tedavisi Psikoterapi

Kısa süreli danışmanlık Diğer: _____

8. Şu anda psikiyatrik bir tedavi alıyor musunuz?

Evet Hayır

Evet ise; hangi tür tedavi alıyorsunuz: (Birden fazla seçeneği işaretleyebilirsiniz)

İlaç tedavisi Psikoterapi

Kısa süreli danışmanlık Diğer: _____

Appendix 3

Affective and Cognitive Measure of Empathy (ACME)

(1) Kesinlikle katılmıyorum, (2) Katılmıyorum, (3) Kararsızım,

(4) Katılıyorum, (5) Tamamen katılıyorum.

Maddeler	1	2	3	4	5
1. İnsanların duygularını anlamakta zorlanırım.					
2. İnsanların üzerine gitmenin eğlenceli olduğunu düşünürüm.					
3. Birisi korktuğu zaman anlayabilirim.					
4. İnsanlar mutlu gibi görünmeye çalıştıklarında bu bellidir.					
5. İnsanların sinirlenmesini izlemeyi severim.					
6. Yabancı insanların korktuğunu görmekten hoşlanırım.					
7. Muhtaç/yoksul birisine yardım etmek bana iyi hissettirir.					
8. Birisine hoşlanacağımı düşündüğüm bir hediye verdiğimde heyecanlanırım.					
9. İnsanların hislerinin altında yatan nedenleri genellikle anlarım.					
10. Arkadaşlarım güzel vakit geçirdiklerinde sıklıkla sinirlenirim.					
11. Neşeli insanlar beni tiksindirir.					
12. İnsanların duygularını incitmeyi dert edinmem.					
13. Diğer insanların mutlu olup olmamasını gerçekten önemsemiyorum.					
14. Birisinin neler hissettiğini anlamakta zorlanırım.					
15. İnsanların çileden çıkmak üzere olduğunu anlayabilirim.					
16. Genelde birinin nasıl hissedeceğini tahmin edebilirim.					
17. İnsanların üzgün olup olmadığını gerçekten de umursamam.					
18. Diğer insanları huzursuz etmeyi severim.					
19. Diğer insanları aptal gibi hissettirmekten zevk alırım.					
20. Arkadaşlarım sinirlendiğinde genellikle gülesim gelir.					

21. Bazen insanları ağlarken görmekten zevk alırım.					
22. Diğer insanların duyguları beni hiç rahatsız etmez.					
23. Birisinin duygularımı incittiğimde çok kötü hissederim.					
24. Diğer insanların yaşadığı talihsizlikler beni çok rahatsız etmez.					
25. Genellikle insanların nasıl hissettiklerini söyleyebilirim.					
26. Bazen insanların aşağılandığını görmek eğlencelidir.					
27. Eğer cezalandırılmayacağımı bilsem, canımı acıtmaktan zevk alacağım bazı insanlar var.					
28. Eğer birisini üzen/inciten bir şey yapıyor olduğumu görürsem, hemen onu yapmayı bırakırım.					
29. İnsanlar üzgün olduklarında sıklıkla kendilerini daha iyi hissetmeleri için çaba harcarım.					
30. Diğerlerini mutlu etmekten keyif alırım.					
31. Diğer insanların duygularını anlamada iyi değilimdir.					
32. İnsanlar duygusuz olduğumu söylemektedir.					
33. Birisini neyin kızdırıyor olduğunu genellikle tahmin edebilirim.					
34. İnsanlar üzgün olduğunda bunu bana söylemek zorunda değil, üzgün olduklarını yüzlerinde görebilirim.					
35. Bir insan üzgün olduğunda bunu anlamak benim için zor.					
36. Diğer insanları sinirlendirmekten hoşlandığımı kabul ediyorum.					

Appendix 4

Turkish Version of Young Schema Questionnaire - Short Form-3 (YSQ-SF-3)

Enmeshment/Dependency Subscale

Yönerge: Aşağıda, kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyun ve sizi ne kadar iyi tanımladığına karar verin. Emin olmadığınız sorularda neyin doğru olabileceğinden çok, sizin duygusal olarak ne hissettiğinize dayanarak cevap verin.

Bir kaç soru, anne babanızla ilişkiniz hakkındadır. Eğer biri veya her ikisi şu anda yaşamıyorlarsa, bu soruları o veya onlar hayatta iken ilişkinizi göz önüne alarak cevaplandırın.

1 den 6'ya kadar olan seçeneklerden sizi tanımlayan en yüksek şıkkı seçerek her sorudan önce yer alan boşluğa yazın.

Derecelendirme:

1- Benim için tamamıyla yanlış 2- Benim için büyük ölçüde yanlış 3- Bana uyan tarafı uymayan tarafından biraz fazla 4- Benim için orta derecede doğru 5- Benim için çoğunlukla doğru
6- Beni mükemmel şekilde tanımlıyor

1. _____ Günlük yaşamımı tek başıma idare edebilme becerisine sahip olduğumu hissetmiyorum.

2. _____ Anne babamdan ayrılmayı, bağımsız hareket edebilmeyi, yaşlılarım kadar, başaramadım.

3. _____ Eğer istediğimi yaparsam, başımı derde sokarım diye düşünürüm.

4. _____ Gündelik işlerde kendimi başkalarına bağımlı biri olarak görüyorum.

5. _____ Çoğunlukla annem ve babamın benimle iç içe yaşadığını hissediyorum-Benim kendime ait bir hayatım yok.

6. _____ Kendim için ne istediğimi bilmediğim için daima benim adıma diğer insanların karar vermesine izin veririm.

7. _____ Ortaya çıkan gündelik sorunları çözebilme konusunda kendime güvenmiyorum.
8. _____ Sık sık annemden babamdan ya da eşimden ayrı bir kimliğimin olmadığını hissediyorum.
9. _____ Haklarıma saygı duyulmasını ve duygularımın hesaba katılmasını istemekte çok zorlanıyorum.

Appendix 5

Defense Style Questionnaire (DSQ-40)

Lütfen her ifadeyi dikkatle okuyup, bunların size uygunluğunu yan tarafında 1 den 9 a kadar derecelendirilmiş ölçek üzerinde seçtiğiniz dereceyi çarpı şeklinde (×) işaretlemek suretiyle gösteriniz.

Örnek: Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

1. Başkalarına yardım etmek hoşuma gider, yardım etmem engellenirse üzülürüm.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

2. Bir sorunum olduğunda, onunla uğraşacak vaktim olana kadar o sorunu düşünmemeyi

becerebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

3. Endişemin üstesinden gelmek için yapıcı ve yaratıcı şeylerle uğraşırım (resim, el işi, ağaç oyma).

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

4. Arada bir bu gün yapmam gereken işleri yarına bırakırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

5. Kendime çok kolay gülerim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

6. İnsanlar bana kötü davranmaya eğilimlidir.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

7. Birisi beni soyup paramı çalsa, onun cezalandırılmasını değil ona yardım edilmesini isterim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

8. Hoş olmayan gerçekleri, hiç yokmuşlar gibi görmezlikten gelirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

9. Superman'mışım gibi tehlikelere aldırmam.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

10. İnsanlara, sandıkları kadar önemli olmadıklarını gösterebilme yeteneğimle gurur duyarım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

11. Bir şey canımı sıktığında, çoğu kez düşüncesizce ve tepkisel davranırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

12. Hayatım yolunda gitmediğinde bedensel rahatsızlıklara yakalanırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

13. Çok tutuk bir insanım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

14. Her zaman doğruyu söylemem.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

15. Sorunsuz bir yaşam sürdürmemi sağlayacak özel yeteneklerim var.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

16. Seçimlerde bazen haklarında çok az şey bildiğim kişilere oy veririm.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

17. Bir çok şeyi gerçek yaşamımdan çok hayalimde çözerim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

18. Hiçbir şeyden korkmam.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

19. Bazen bir melek olduğumu, bazen de bir şeytan olduğumu düşünürüm.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

20. Kırıldığımda açıkça saldırgan olurum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

21. Her zaman, tanıdığım birinin koruyucu melek gibi olduğunu hissederim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

22. Bana göre, insanlar ya iyi ya da kötüdürler.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

23. Patronum beni kızdırırsa, ondan hincımı çıkarmak için ya işimde hata yaparım ya da işi

yavaşlatırım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

24. Her şeyi yapabilecek güçte, aynı zamanda son derece adil ve dürüst olan bir tanıdığım var.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

25. Serbest bıraktığımda, yaptığım işi etkileyebilecek olan duygularımı kontrol edebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

26. Genellikle, aslında acı verici olan bir durumun gülünç yanını görebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

27. Hoşlanmadığım bir işi yaptığımda başım ağrır.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

28. Sık sık kendimi kesinlikle kızmam gereken insanlara iyi davranırken bulurum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

29. Hayatta, haksızlığa uğruyor olduğuma eminim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

30. Sınav veya iş görüşmesi gibi zor bir durumla karşılaşacağımı bildiğimde, bunun nasıl

olabileceğini hayal eder ve başa çıkmak için planlar yaparım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

31. Doktorlar benim derdimin ne olduğunu hiçbir zaman gerçekten anlamıyorlar.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

32. Haklarım için mücadele ettikten sonra, girişken davrandığımdan dolayı özür dilemeye

eğilimliyimdir.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

33. Üzüntülü veya endişeli olduğumda yemek yemek beni rahatlatır.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

34. Sık sık duygularımı göstermediğim söylenir.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

35. Eğer üzüleceğimi önceden tahmin edebilirsem, onunla daha iyi baş edebilirim.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

36. Ne kadar yakınırsam yakınayım, hiçbir zaman tatmin edici bir yanıt alamıyorum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

37. Yoğun duyguların yaşanması gereken durumlarda, genellikle hiçbir şey hissetmediğimi fark

ediyorum.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

38. Kendimi elimdeki işe vermek, beni üzüntülü veya endişeli olmaktan korur.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

39. Bir bunalım içinde olsaydım, aynı türden sorunu olan birini arardım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

40. Eğer saldırganca bir düşüncem olursa, bunu telafi etmek için bir şey yapma ihtiyacı duyarım.

Bana hiç uygun değil 1 2 3 4 5 6 7 8 9 Bana çok uygun

Appendix 6

Individual Culture Values Scale

Bireysel Kültürel Değerler Ölçeği						
Güç Mesafesi	1	Üst makamlarda çalışanlar, kararları astlara danışmadan almalıdır.				
	2	Üstlerin, alt makamlarda çalışanların fikirlerine çok sık başvurmalarına gerek yoktur.				
	3	Üst makamlarda çalışanlar, alt makamlarda çalışanlarla yüz göz olmaktan kaçınmalıdır				
	4	Alt makamlarda çalışanlar, üst makamların kararlarına karşı gelmemelidir.				
	5	Üst makamlarda çalışanların, alt makamlara yetki aktarımı yalnızca önemsiz konularla sınırlı olmalıdır.				
Belirsizlikten Kaçınma	6	Benden tam olarak ne istendiğini bilebilmem için açık biçimde belirtilen talimatlar gereklidir.				
	7	Talimatları ve prosedürleri sıkı sıkıya takip etmek önemlidir.				
	8	Kurallar ve düzenlemeler benden ne beklediğini anlamamı sağladığı için önemlidir.				
	9	İşimde kullanmam gereken prosedürlerin standartlaştırılmasını yararlı buluyorum.				
	10	Yapılacak uygulamaların talimatlarla açıklanması önemlidir.				
Kolektivizm	11	Bireyler kişisel çıkarlarını ait oldukları grup için feda etmelidirler.				
	12	Zorluklara rağmen bireyler içinde olduğu gruba bağlı kalmayı sürdürmelidirler.				
	13	Grubun iyiliği kişisel ödüllerden daha önemlidir.				

	14	Grubun başarısı bireysel başarıdan daha önemlidir.					
	15	Bireyler, ancak grubun iyiliği sağlandıktan sonra kişisel hedeflerinin peşinden gitmelidirler.					
	16	Bireysel hedeflerin gerçekleşmemesi pahasına, birey grubuna sadık kalmalıdır.					
Uzun Erimlilik	17	İnsan sahip olduğu parayı iyi yönetmeli ve dikkatli harcamalıdır.					
	18	Bütün engellere rağmen amaçlar doğrultusunda kararlılıkla yola devam edilmelidir.					
	19	Uzun vadeli planlama yapmak önemlidir.					
	20	Bireylerin kararlı ve istikrarlı olmaları önemlidir.					
	21	Gelecekte başarılı olmak için, gününü gün etmekten kaçınılmalıdır.					
	22	İleride başarılı olmanın anahtarı çok çalışmaktır.					
Erillik	23	Erkekler için profesyonel bir kariyere sahip olmak kadınlara kıyasla daha önemlidir.					
	24	Erkekler problemleri mantıkla, kadınlar ise sezgiyle çözerler.					
	25	Zor problemleri çözebilmek, erkeklerin yaptığı gibi aktif ve zorlayıcı olmayı gerektirir.					
	26	Erkeklerin kadınlara göre her zaman daha iyi yaptıkları bazı işler bulunmaktadır.					

Appendix 7

Ethics Committee Approval

Evrak Tarih ve Sayısı: 19.02.2024-316619



T.C.
BAŞKENT ÜNİVERSİTESİ REKTÖRLÜĞÜ
Akademik Değerlendirme Koordinatörlüğü



Sayı : E-62310886-605-316619
Konu : Onur Karaduman'ın Etik Onayı Hk.

19.02.2024

SOSYAL BİLİMLER ENSTİTÜSÜ MÜDÜRLÜĞÜNE

İlgi : 19.01.2024 tarih ve 305351 sayılı yazınız.

Enstitünüz Psikoloji Ana Bilim Dalı öğretim üyesi, Dr. Öğretim Üyesi Burçin Akın Sarı danışmanlığında, Klinik Psikoloji (Tezli) Yüksek Lisans programı öğrencisi Onur Karaduman tarafından yürütülecek olan "Association of Empathy and Enmeshment with Defense Styles" adlı tez çalışması değerlendirilmiş ve bilgilerinize ekte sunulmuştur.

Prof. Dr. Sadegül AKBABA ALTUN
Kurul Başkanı

Ek: Değerlendirme Formu

Sayı : 17162298.600-30
Konu : Tez Çalışması

5 Şubat 2024

İlgili Makama

Üniversitemiz Sosyal Bilimler Enstitüsü Psikoloji Ana Bilim Dalı öğretim üyesi, Dr. Öğretim Üyesi Burçin Akın Sarı danışmanlığında, Klinik Psikoloji (Tezli) Yüksek Lisans programı öğrencisi Onur Karaduman tarafından yürütülecek olan "Association of Empathy and Enmeshment with Defense Styles" adlı tez çalışması değerlendirilmiş ve yapılmasında bir sakınca olmadığı tespit edilmiştir. Bilgilerinize saygılarımızla sunarız.

Başkent Üniversitesi Sosyal ve Beşeri Bilimler ve Sanat Alan Araştırma Kurulu

Ad, Soyad	Değerlendirme	İmza
Prof. Dr. Gözen Güner Aktaş	Olumlu/ Olumsuz	
Prof. Dr. Sadegül Akbaba Altun	Olumlu/ Olumsuz	
Prof. Dr. Fatih Çetin	Olumlu/ Olumsuz	
Prof. Dr. Hasan Tahsin Fendoğlu	Olumlu/ Olumsuz	
Prof. Dr. Filiz Kalelioğlu	Olumlu/ Olumsuz	
Prof. Dr. Hidayet Hale Künüçen	Olumlu/ Olumsuz	
Prof. Dr. Özcan Yağcı	Olumlu/ Olumsuz	