

ROLES OF BASIC PERSONALITY TRAITS,
SCHEMA COPING RESPONSES, AND TOXIC CHILDHOOD EXPERIENCES
ON ANTISOCIAL, BORDERLINE, AND PSYCHOPATHIC PERSONALITY
CHARACTERISTICS

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ABSTRACT

**ROLES OF BASIC PERSONALITY TRAITS, SCHEMA COPING RESPONSES,
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AND PSYCHOPATHIC PERSONALITY CHARACTERISTICS**

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The purpose of the present study was to investigate the roles of basic personality traits, schema coping responses, and toxic childhood experiences on antisocial, borderline, and psychopathic characteristics. Considering the gap in the literature regarding the community samples, the present study also included a non-criminal, besides the criminal sample, in order to observe the differences among the associated variables related to the characteristics of suggested personality disorders. In this way, it was aimed to obtain a general idea about the protective factors from offending. Consequently, the non-criminal sample consisted of 146 participants (78 females and 68 males) and the criminal sample included 131 participants (42 females and 89 males). Data was collected through a demographic form and a package of inventories. In general, the results yielded that a dysfunctional family environment, whether traumatic or non-traumatic seems to play a crucial role in the development of characteristics of personality disorders. Moreover, basic personality traits and coping responses are also observed to affect the behavioral presentation of these characteristics. The findings of the present study is generally in line with the literature suggesting that, dimensional approach to personality disorders, by

revealing the sub-clinical features and providing a deeper focus to the underlying dynamics in each personality disorder, have several implications in both clinical and forensic area. The results, as well as their implications and limitations, are discussed with reference to the recent literature. Finally, suggestions for further research are mentioned.

Keywords: Basic Personality Traits, Family Environment, Coping Responses, Personality Disorders

ÖZ

TEMEL KİŞİLİK ÖZELLİKLERİNİN, ŞEMA BAŞETME STİLLERİNİN VE OLUMSUZ ÇOCUKLUK YAŞANTILARININ ANTİSOSYAL, SINIRDA VE PSİKOPATİK KİŞİLİK ÖZELLİKLERİ ÜZERİNDEKİ ROLLERİ

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Bu çalışmanın amacı, temel kişilik özelliklerinin, şema başetme stillerinin ve olumsuz çocukluk yaşantılarının antisosyal, sınırda ve psikopatik kişilik özellikleri üzerindeki rolünü incelemektir. Toplumun genelini temsil eden örneklerle yapılan çalışmaların literatürdeki eksikliği dikkate alınarak, bu çalışmaya adli örneklemin yanı sıra adli olmayan bir örneklem de dahil edilmiştir. Böylelikle, belirtilen kişilik bozuklukları özellikleri bakımından iki örneklemin sergileyeceği farklılıkların araştırılması amaçlanmıştır. Bu yöntemle, bu çalışmanın, suç davranışını önlemekte etkili olabilecek faktörleri ortaya koyacağı düşünülmüştür. Adli olmayan örneklem 146 kişinin (78 kadın ve 68 erkek), adli örneklem ise 131 tutuklu ve hükümlünün (42 kadın ve 89 erkek) gönüllü katılımıyla oluşturulmuştur. Verilerin toplanması, demografik bilgi formu ve bir ölçek paketinin uygulanmasıyla gerçekleştirilmiştir. Genel olarak çalışmadan elde edilen bulgular, fonksiyonel olmayan aile yaşantısının, travmatik deneyimler içermese dahi, kişilik bozukluğu özelliklerinin gelişmesinde önemli olduğunu ortaya koymaktadır. Bunun yanı sıra, temel kişilik özellikleri ve başetme stillerinin de bu özelliklerin davranışsal olarak dışa vurumunda önemli olduğu gözlenmiştir. Çalışmada elde edilen bulgular, kişilik

bozukluklarına boyutsal yaklaşımın, alt-klinik özelliklerin ve altta yatan dinamiklerin irdelenmesi bakımından, klinik ve adli alanlarda etkili olabilecek avantajlarına dikkat çekmektedir. Bulgular, çalışmanın sınırlılıkları ve çalışmadan elde edilebilecek çıkarımlarla birlikte, güncel literatüre atıfta bulunularak tartışılmaktadır. Son olarak ise, gelecekte çalışmalara ilişkin önerilere yer verilmektedir.

Anahtar Kelimeler: Temel Kişilik Özellikleri, Aile Ortamı, Başetme Süreçleri, Kişilik Bozuklukları

To my heroes...
my mother & father

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CHAPTER 1

1. INTRODUCTION

Throughout the history, crime has always been construed as a problem that is obligated to be fixed (Miric, Hallet-Mathieu, & Amar, 2005). Consequently, from theology to philosophy, sociology, economy, politics and law, all the disciplines dealing with humankind tried to develop foresights and explanations regarding criminal behavior (Miric, et al., 2005; Yücel, 2007). Investigating the concept of crime is not novel to psychology as well. Studies that have long been questioning the issue (i.e., the reasons of crime, the criminal characteristics, and intervention strategies), formulated the forensic psychology literature, which is in a dynamic interaction with other sub-fields of psychology, from social to industrial/organizational schools.

Modern clinical psychology theories assist in the forensic psychology area by pointing out certain psychopathologies, specifically Psychopathic and Antisocial Personality Disorders (ASPD) that symptomatically display criminal behavior (Blair, Mitchell, & Blair, 2005). However, although the relationship between Psychopathy, ASPD and criminality are well-known, the literature for borderline personality disorder (BPD), another Cluster B personality disorder that convey many etiological and epidemiological similarities with ASPD (Holdwick Jr, Hilsenroth, Castlebury, & Blais, 1998), is not clear in terms of antisocial behavior (Leichsenring, Kunst, & Hoyer, 2003; Rasmussen, 2005).

Recent literature on personality suggests that psychopathologies can be understood dimensionally through “trait” perspective (Jang, Wolf, & Larstone, 2006). Coherently, dimensional investigations, especially five-factor models of personality disorders received substantial support (Widiger, & Frances, 2005). However, although a dimensional perspective brings with itself the need for investigation in non-clinical and non-criminal samples, the literature is limited in

terms of such studies. Therefore, studying Psychopathy, ASPD, and BPD through a dimensional perspective, comparatively in criminal and non-criminal samples, might lead to a better understanding of the psychological factors leading to criminal behavior and differentiating role of personality traits, and thus might have several contributions to the literature.

Finally, cognitive theories of personality disorders claim that, people with these psychopathologies might have several problems in terms of developing and using effective coping strategies (Beck, Freeman, & Davis, 2004). Similarly, the schema therapy approach, by pointing out the etiological similarities among Cluster B personality disorders (i.e., ASPD, BPD), speculate that individual differences in basic coping strategy selection may later lead to variations in behavioral exhibitions (Young, Klosko, & Weishaar, 2003).

In accordance with the presented topics, Psychopathic, Antisocial and Borderline Personality disorders will be presented in the first part of the introduction. In the second part, the five-factor model of personality will be introduced, and dimensional approach to personality disorders will be discussed. In the third part, the role of toxic familial characteristics in explaining personality disorder models will be covered. Finally, the schema therapy approach and schema coping strategies will be overviewed in the last part.

1.1. Personality Disorders

The Axis II section of Diagnostic and Statistical Manual (DSM-IV; American Psychiatric Association [APA], 2000) describe personality disorders, which are defined to pervasively display severe cognitive, emotional, inter-personal, and impulse control problems generally within a rigid and ego-syntonic manner. Although there is a huge body of literature concerning the explanations and therapeutic challenges of personality disorders, a considerable gap remains for a variety of issues dealing with this group of patients (Arntz, 1999).

DSM-IV (APA, 2000) defines three sets of personality disorders; namely A) odd or eccentric disorder, B) dramatic or erratic disorders, and C) anxious or fearful

disorders. The present research aims to examine only two kinds of disorders from the Cluster B; Antisocial Personality Disorder (ASPD) and Borderline Personality Disorder (BPD). Thus, the following parts of this section deals with these two disorders. However, within the scope of the present research, Psychopathy, which is another type of personality disorder that has been expressed under the title of ASPD in DSM-IV (APA, 2000) but is intensely discussed as being a separate problem (Hare, Hart, & Harpur, 1991), is initially indicated.

1.1.1. Psychopathy

In his classical work “The Mask of Sanity”, Cleckley (1976) conceptualized “Psychopathy” as an affective and interpersonal construct, which included dispositions such as low anxiety, superficial charm, lack of guilt, callousness, avoidance from intimacy and fidelity in engaging antisocial acts. Later the term “Psychopathy” was further evaluated by Hare (1993) and operationalized through the development of the assessment device “Psychopathy Checklist – Revised” (PCL-R, Hare, 1991 as cited in Hare, et al., 1991) which assessed affective and behavioral components of Psychopathy through two-factor solution and provided an overall evaluation of the disposition (Blair, et al., 2005; Harpur, Hakstian, & Hare, 1988; Harpur, Hare, & Hakstian, 1989). The two-factor solution to Psychopathy was also found to be valid by other devices assessing the construct such as the Levenson Self-Report Psychopathy Scale (i.e., Levenson, Kiehl, & Fitzpatrick, 1995) and by several studies dealing with the issue (Baird, 2002; Blackburn, & Coid, 1998; McHoskey, Worzel, & Szyarto, 1998; Widiger, & Lynam, 1998). Specifically the first factor, “Primary Psychopathy”, which included the affective and interpersonal aspects (Hare, et al., 1991; Harpur, Hart, & Hare, 2005), was generally found to be related to characteristics such as narcissism (Baird, 2002; Harpur, et al., 1989), manipulativeness and deceitfulness (Baird, 2002; Levenson, et al., 1995), and lack of remorse and empathy (Baird, 2002; Hare, et al., 1991). Furthermore, Primary Psychopathy was found to be negatively related to anxiety, fear and distress (Lykken, 1995; Patrick, 1994 as cited in Verona, Patrick, & Joiner, 2001), as well as certain

personality dispositions such as agreeableness and neuroticism (Widiger, & Lynam, 1998). Coherently, Baird (2002) further reported that Primary Psychopathy neither had any harmful impact, nor contributed to the formation of social network which included supportive, caring relationships. Finally, impulsivity as well as suicidal ideation was not found to be related to Primary Psychopathy (Verona, et al., 2001).

On the other hand, “Secondary Psychopathy” was consistently found to be related with impulsivity (Harpur, et al., 1989; Levenson et al., 1995; Verona, et al., 2001), a history of suicide (Verona, et al., 2001), lack of frustration toleration, responsibility, lack of behavioral control (Levenson, et al., 1995) and high levels of fear, distress (Patrick, 1994 as cited in Verona, et al., 2001) as well as aggressiveness (Verona, et al., 2001). Moreover, Secondary Psychopathy was generally found to be associated with difficulty in forming and maintaining supportive social networks (Baird, 2002), an unstable and self-defeating life-style (Harpur, et al., 1989; Levenson, et al., 1995), and performing criminal acts (Cornell, Warren, Hawk, Stafford, Oram, & Pine, 1996; Harpur, et al., 1989; Lykken, 1995) as well as an antisocial behavioral style (Hare, et al., 1991; Verona, et al., 2001). Finally, Secondary Psychopathy was reported to be negatively related to self-sufficiency (Baird, 2002) and personality characteristics such as conscientiousness and agreeableness (Widiger, & Lynam, 1998). Besides primary and secondary Psychopathy, an overall score of Psychopathy was generally found to be positively correlated with instrumental (goal directed) and reactive (impulsive) aggression (Cornell, et al., 1996), emotional impairment (Blair, et al., 2005), higher rates and ranges of criminal activity (Blackburn, & Coid, 1998), and an exhibitionist behavioral style (Baird, 2002). Furthermore, besides the personality dispositions characterizing the primary and secondary Psychopathy factors, Baird (2002) noted that negative valence, one of the personality dispositions that characterized one’s negative, evil and harmful self-images (Durrett & Trull, 2005), was also found to be related to Psychopathy.

Although Psychopathy is not defined as a separate disorder in the Axis II – Personality Disorders section of the DSM-IV, there is a huge body of literature

discussing Psychopathy as a distinct type of personality disorder in terms of etiology, epidemiology and psychopathological characteristics (Blair, et al., 2005; Hare, et al., 1991; Verona, et al., 2001). The Psychopathy literature generally reflects data from forensic samples where it is frequently noted to find the impulsivity and criminal-activity related disorders (i.e., Psychopathy, Antisocial Personality Disorder) reside in higher-rates compared to the non-criminal samples (Blackburn, & Coid, 1998). Consequently, there is limited evidence considering the epidemiology of Psychopathy in non-criminal community sample (Blair, et al., 2005). However, Hare (1996 as cited in Blair et al., 2005) reported 15-25 % prevalence rate for Psychopathy in a sample of the US inmates. Moreover, studies that comparatively examined ASPD and Psychopathy suggested that approximately one quarter of individuals diagnosed with ASPD met the criteria for Psychopathy (Blair, et al., 2005). Thus, it is far more than inference to note that Psychopathy may be apparent in the community for approximately 0.25-1 % rates of prevalence considering the 1-3 % rate of ASPD (Fazel & Danesh, 2002).

The third section of this chapter, which includes the familial variables associated with personality disorders, discuss the developmental trajectories of Psychopathy in more detail. In general, when the etiological factors related to Psychopathy are examined, familial variables such as inconsistent family environment and childhood history of abuse and neglect generally seem to play an important role. However, these findings are challenged on the grounds that, drawing causal inferences with these familial variables is not possible as they explain how antisocial behavioral style develops through socialization but do not provide answer to the emotional impairment process in Psychopathy (Blair, et al., 2005). Marshall and Cooke (1999) further implied that although Psychopathic individuals share disruptive familial environments, biological factors come to the fore as the level of Psychopathy increases. Blair, et al. (2005) accented that environmental stressors such as abuse and birth trauma played important role in the development of Psychopathy, especially by causing biological impairments. Finally, studies suggested that genetic

factors were also evident in the causal pathways leading to Psychopathy (Rhee, & Waldman, 2002).

The proponents of the argument that Psychopathy is a distinct category of personality disorders generally suggested that, rather than the antisocial characteristics, Psychopathy is generally characterized in terms of the emotional impairment (Blair, et al., 2005; Lykken, 1995; Patrick, Cuthbert, & Lang, 1994). Infact, Lykken (1995) further proposed that it is the emotional impairment that lead Psychopathic individuals engage in antisocial activities. As previously noted, Psychopathy was found to be associated with reduced levels of anxiety and fear (Lykken, 1995; Patrick, 1994 as cited in Verona, et al., 2001). Moreover, there are numerous studies indicating that the affective components of Psychopathy (i.e., lack of empathy and remorse, callous-unemotional traits) are crucial to be included for a comprehensive conceptualization of the disorder (Barry, Frick, DeShazo, McCoy, Ellis, & Loney, 2000; Blair, et al., 2005; Salekin, Ziegler, Larrea, Anthony, & Bennett, 2003).

There is a considerable body of evidence regarding the advantages of conceptualizing Psychopathy, as well as other personality disorders, dimensionally, rather than categorically, through basic personality dimensions (Baird, 2002; Lynam, 2005; Widiger, & Lynam, 1998). The second section of the chapter, discusses the dimensionality issue in more detail and the information regarding personality explanations of Psychopathy are provided therein.

To sum up, Psychopathy as a two-dimensional concept constitutes a complex problem associated with various emotional impairments and recurrent antisocial acts. Although it is discussed as a distinct case by the emotion and personality researchers, because of its apparent behavioral features overlapping with the ASPD, the controversies remain unresolved and the two terms are frequently being used interchangeably, in the literature. In the next section, those antisocial features will be discussed in detail under the conceptual framework of ASPD.

1.1.2. Antisocial Personality Disorder

DSM-IV (APA, 2000) describes ASPD in terms of failure to conform to social norms, deceitfulness, impulsivity, recklessness, consistent irresponsibility, lack of remorse, and conduct disorder as a prerequisite diagnosis. Different from the definitions of Psychopathy, ASPD is generally explained in terms of behavioral characteristics (Blair, et al., 2005) that frequently brought impulsive features in the foreground (Taylor, Reeves, James, & Bonadilla, 2006). However, the fact that ASPD patients generally do not have positive outcomes from treatment led the researchers to investigate the disorder in a broader view, through cognitive, affective, and interpersonal levels (Beck, et. al., 2004; Harper, 2004; Rasmussen, 2005). To begin with the cognitive level; Beck, et al. (2004) and Rasmussen (2005) indicated that the automatic thoughts and beliefs of the ASPD patients generally reflect a preoccupation with self-enhancement and self-serving biases, in an attempt to withhold the control of their lives and to justify their subsequent actions with immediate gratification. Accordingly, these self-protecting biases lead to feelings of revenge to the social norms, which formulate an external source of control; and also their preoccupation finalize with an inability of foreseeing the possible outcomes of their actions (Harper, 2004; Rasmussen, 2005). Infact, it is also noted in DSM-IV definition of ASPD that, ASPD patients generally go into a justification process, which in turn lead to an indifference to others (APA, 2000).

From an affective level, antisocial personality is generally marked by traits such as callousness and hostility (Rasmussen, 2005), but is also defined in reference to the antisocial outcome, whether it is detachedly self-focused or aggressively up-front (Beck, et. al., 2004). However, the literature for affective components of ASPD is complicated as many of the studies use the terms ASPD and Psychopathy interchangeably (Habel, Kühn, Salloum, Devos, & Schneider, 2002; Hicks, Markon, Patrick, Krueger, & Newman, 2004; Salekin, 2002), hence the affective differences between the two disorders remain unclear (Hare, et al., 1991).

ASPD patients also have several difficulties regarding interpersonal relationships. Harper (2004) approached the task from micro and macro levels of

interpersonal interactions and indicated that, from a micro level; ASPD patients can not configure and maintain social relationships because of their lack of empathic skills and self-centered orientation. From a macro level, their deficits in social skills, together with the cognitive liabilities discussed above, lead the antisocial individuals feel uncommitted to the society (Beck, et al., 2004; Harper, 2004). However, Alarcón, Foulks, and Vakkur (1998) challenged the social skills deficit approach to ASPD, indicating that the “antisocial” definitions of a group (i.e., community in general) might serve as an adaptive, survival strategy in another group (i.e., suburban areas). Therefore, it is suggested that, before diagnosing as “ASPD”, the practitioner should take into consideration the environmental and cultural demands of the society (Reid, 1985 as cited in Alarcón, et al., 1998).

Although it is generally discussed that the psychopathological conditions in the foreground lead the practitioners underreport the personality disorders (Alarcón, et al, 1998), ASPD is reported to be a common phenomena, with a prevalence rate of approximately 1-3% in the community (Fazel & Danesh, 2002; Moran, 1999) and as high as 60% in forensic settings (Moran, 1999). However, the epidemiological studies of the ASPD are also discussed to be contaminated because of the gender bias in the diagnostic process. Gender bias is not only reflected in the preferential diagnosis of males as ASPD (Beck, et al., 2004; Ford, & Widiger, 1989) but also in exclusively studying with male samples (Cale, & Lilienfeld, 2002). Cale and Lilienfeld (2002) further noted that, ASPD is also a common case in females, and that there may be gender differences not only in the prevalence rate, but also in the manifestations of the disorder which might in turn affect the diagnostic process.

The etiological explanations regarding antisocial behavior show parallelism with that of Psychopathy (Beck, et al., 2004). In general, it is pointed out that, antisocial behavior is predicted through the interactions of genetic, biological, familial, socio-political, and other environmental factors (Eysenck, 2003; Miric, et al., 2005). Moran (1999) indicated that there’s considerable evidence regarding the heritability of criminality, coming from the twin and adoption studies. Moreover, Eysenck (2003) implied that, heritability is further important in tracking the

personality dimensions leading to criminal behavior. On the other hand, Eysenck (2003) challenged the genetic explanations suggesting that, genetic explanations solely are insufficient to handle the issue, but, DNA, together with the physiological factors (i.e., limbic system arousal) and the mediator role of personality dimensions, lead to certain social behavior patterns (i.e., criminality) through factors related to conditioning, perception, and memory. In parallel with Eysenck's (2003) suggestions, there is a growing body of evidence indicating that basic personality dimensions play an important role in explaining ASPD and differentiating the phenomena from other diagnostic groups (Krueger, Schmutte, Caspi, Moffitt, Campbell, & Silva, 1994). The personality, specifically five-factor model (FFM) focused explanations of ASPD are provided in detail, in the second section, which covers FFM approach to personality disorders.

Besides the role of genetics and biology, there is also a considerable amount of evidence indicating that the family factors, such as childhood history of abuse and neglect, lack of behavioral and emotional stimulation, lack of sufficient role models, and environmental problems affecting the family (i.e., poverty), play important roles in the etiology of antisocial behavior (Beck, et al., 2004; Horwitz, Widom, McLaughlin, & White, 2001; Moran, 1999; Türkçapar, 2002). The role of familial factors in explaining antisocial behavior will be further discussed in the third section of the chapter.

Focusing on the issue of ASPD solely is not usually possible for the personality disorder researchers. Besides the cultural and environmental factors that interact with the problem, antisocial behaviors also show parallelism with alcohol and/or substance use problems (Krueger, Hicks, Patrick, Carlson, Iacono, & McGue, 2002; Tómasson, & Vaglum, 2000). Taken together with the criminal acts that characterize the disorder, these behavioral manifestations are underlined to indicate an impulsive life style (Luengo, Carrillo-de-la-Peña, Otero, & Romero, 1994). At this point of discussion, the obvious link between ASPD and another impulsivity related syndrome, Borderline Personality Disorder (BPD) is signified in the literature (Fossati, Barratt, Carretta, Leonardi, Grazioli, & Maffei, 2004; Paris, 1997). In the

following part of the section, after presenting the characteristic features of BPD, its associations with ASPD on the grounds of impulsivity, as well as many other common etiological elements will be discussed in detail.

1.1.3. Borderline Personality Disorder

Borderline Personality Disorder (BPD) is characterized by DSM-IV (APA, 2000) in terms of efforts to avoid abandonment, marked instability in terms of interpersonal relationships, self-image, and affect, recurrent suicidal and self-mutilating behavior, chronic feelings of emptiness, uncontrollable rage responses, and dissociation.

Both psychoanalytic (Kernberg, 1975, as cited in Linehan, 1993) and cognitive-behavioral approaches to BPD (Beck, et al., 2004, Linehan, 1993; Rasmussen, 2005; Young, et al., 2003) describe an underdeveloped, and devalued view of self, associated with core and conditional beliefs consisting of themes related to the malevolent world, hostile others, and survival of the fragile self. In conjunction with this cognitive modality, the affective characteristics of BPD patients reflect a labile and dichotomous style, which is defined as vacillating between extremes, from feelings of safety to despair and self-blame at the provision of signals of abandonment (Keltner, & Kring, 1998; Linehan, 1993; Rasmussen, 2005). The hypervigilance to rejection leads borderline individuals to engage in primitive defense mechanisms, generally in regression towards infantile reactions (Harper, 2004), due to defective ego-development (Kernberg, 1975, as cited in Linehan, 1993). Besides regression, Keltner and Kring (1998) further indicated that, the chronic deficits in emotional regulation are reflected by uncontrollable rage responses, suicidal threats, and impulsive, self-punitive and self-mutilating style in terms of behavioral organization. Although enmeshment is a term generally used to characterize the interpersonal style of borderlines, their relationships with others acquire a shape due to the positive and negative signals received from the others, and the concomitant actions engaged by the BPD patients (Beck, et al., 2004; Rasmussen, 2005).

Alarcón, et al. (1998) indicated that BPD is prevalent in the community with the range of approximately 0.2% and 1.8%, and 15% in clinical settings, with the caution suggesting that in general, personality disorders are underreported. Furthermore, they also proposed that BPD is as pervasive as 50% among personality disorder diagnosed patients, and 76% among female population. The gender issue was also noted by Paris (1997), indicating that BPD and ASPD had a mirror image in terms of gender distribution, that is, while 80% of ASPD patients were male, 80% of BPD patients were female. The gender issue concerning BPD and ASPD led researchers to investigate the general psychopathology of impulsivity reflected through different manifestations across genders (Alarcón, et al., 1998; Johnson, Shea, Yen, Battle, Zlotnick, Sanislow, et al., 2003; Paris, 1997). Accordingly, while the behavioral patterns of ASPD were discussed to be “exploitative”, reflecting the aggression outside, the patterns of BPD patients were suggested to be “victimized”, turning the aggression inside. Considering the high comorbidity rates among these two disorders, studies further proposed that gender difference was not a clear cut distinction differentiating the two disorders, but it was rather the frequent expression of common traits shared, which sometimes led antisocial patients display borderline features, and borderline patients engage in antisocial acts as well (Paris, 1997). By referring to the concept of modes, the temporary, here-and-now manifestation styles of Early Maladaptive Schemas (EMS), and also to the concept of schema-coping styles, the preferred styles of coping with EMS, Young et al. (2003) contributed to the differential diagnosis issue, suggesting that it was not the etiology, and hence the kinds and numbers of EMS, but the various behavioral manifestations that differentiate one personality disorder from another. Similarly, while BPD patients were concerned as more likely to engage in avoidance, considering the dissociative conditions included in the definition of the disorder (Kennedy, Clarke, Stopa, Bell, Ainsworth, Fearon, et al., 2004), patients who had more assertive, ready-to-fight personality traits might engage in over-compensation, and might reflect the common underlying psychopathology through a different kind of personality disorder (Young et al., 2003).

Regarding the etiological similarity issue that Young et al. (2003) pointed out, as similar to Psychopathy and ASPD, it is possible to group the most common etiological explanations of BPD under three inter-related titles; dysfunctional family environment, history of abuse, and personality (Trull, Sher, Minks-Brown, Durbin, & Burr, 2000). The issue of dysfunctional family environment is discussed in detail in the family environment section. However, it is critical to note here that toxic family environment, although may show itself in various forms, has been frequently reported in the backgrounds of BPD patients (Arntz, Dietzel, & Dreessen, 1999; Trull, 2001; Zanarini, 2000). Moreover, several researches that examined the etiological correlates of BPD, stress upon the abusive and traumatic childhood experiences (Sabo, 1997; Trull, 2001). However, although history of physical, sexual, and emotional abuse (including neglect) were found to be common among BPD patients, there are also studies which challenged these views by suggesting that there was not a direct relationship between traumatic childhood and BPD, that is, not all BPD patients report a traumatic childhood experience (Graybar & Boutilier, 2002), and not all people who were terribly abused during childhood develop borderline pathology (Figuroa, Silk, Huth, & Lohr, 1997; Rind, Tromovitch, & Bauserman, 1998). At this point, many of the studies refer to the importance of personality and/or childhood temperamental variables such as resiliency as a protective factor (Rind, et al., 1998), and impulsivity and negative affectivity as vulnerability factors (Linehan, 1993). Regarding the vulnerability factors, BPD is tried to be explained within a framework of diathesis-stress model, indicating that personality variables, emotional dysregulation, and environmental stressors – whether traumatic or not – interact in the development of BPD (for detailed explanations regarding five-factor models of BPD, see the five-factor model and personality disorders sub-section).

Besides the familial and temperamental and/or personality characteristics that contribute to the development of BPD, and the emotional dysregulation explanations that also include neurological factors associated with BPD, there are also evolutionary and cultural explanations of BPD. For instance, Beck (1992 as cited in

Graybar & Boutilier, 1998) explained personality disorders as the prolongation of some of the survival strategies that were once adaptive, but no more valid in today's rapid-changing modern world. Furthermore, Alarcón, et al. (1998) indicated that, regardless of BPD diagnosis, it is also possible to benefit more specific borderline personality characteristics such as emptiness and identity problems in the general population, again due to the rapid cultural changes.

Finally, although BPD, as well as other personality disorders are reported to be rare cases, studies concerning the cultural explanations, trait perspectives, and the under-diagnosis dynamics (i.e., clinicians' focusing on Axis I symptoms, lower attendance to the professional help services by the patients with personality disorders) emphasize that adopting a dimensional perspective, and thus focusing more to the specific features rather than the most severe cases would be more helpful for us to understand the basic dynamics underlying the disorder, and to better formulate the specific sub-clinical cases that are otherwise difficult to reach out through categorical, symptom-focused approaches (Fossati, et al., 2004; Trull, 2001; Widiger & Frances, 2005).

1.2. Personality and Personality Disorders

In this part of the introduction chapter, initially, the Five-Factor Model (FFM) of personality will be introduced. Following, the FFM explanations of personality disorders, providing specific emphasis for Psychopathy, antisocial personality disorder (ASPD), and borderline personality disorder (BPD) will be presented.

1.2.1. Five-Factor Model of Personality

For the early personality theorists, the core issue worth to study was the similarities between individuals. On the other hand, individual differences, though important, were viewed as an issue to be studied afterwards. Big Five Personality Model (B5), as an alternative approach, emerged to study variations among individuals that lead to consistent cognitive, emotional and behavioral patterns, which are called "traits" (Costa & Widiger, 2005). The trait approach to personality

relied mostly on factor analysis of natural language adjectives rather than a philosophical background, so the approach couldn't be considered as another school of personality (McCrae & Costa, 2003; McCrae & John, 1992). However, studying "stable, consistent individual differences" rather than "similarities" received much attention in the literature, especially since 1970s. Although the model was criticized in many respects, the compatibleness of the approach with other theoretical backgrounds and the formation of the model as the basis of many researches in personality have led to an augmentation in belief in the B5 (McCrae & Costa, 2003).

The Big-Five literature centers around two approaches. Genotypic or the questionnaire approach to the model is pioneered by Costa and McCrae (1985) with the NEO Personality Inventory (NEO-PI). Though there are minor differences in terms of the methodology and the conceptualization, contrary to the Genotypic, Phenotypic approach has been based upon the psycholexical hypothesis described herein the present study.

B5 is a dimensional approach by definition. Different from the categorical approach, the model doesn't describe types, which are extreme scores on dimensions, but traits (McCrae & Costa, 2003). Considering this model, the traits are degrees of variation along dimensions (factors) that are hierarchically organized and emerged from natural language, according to the lexical hypothesis. John Langshaw Austin (1990, p 182), a philosopher of ordinary language and one of Wittgenstein's students, proposed that,

“...our common stock of words embodies all the distinctions men have found worth drawing, and the connections they have found worth marking, in the life-times of many generations: these surely are likely to be more numerous, more sound, since they have stood up the long test of the survival of the fittest...”

In parallel with Austin's suggestions, the lexical hypothesis suggests that every culture produces its own trait descriptive adjectives to communicate individual differences. Being inspired by Sir Francis Galton's foresight of the hypothesis, throughout the 70-year history, studies focused on depicting the adjectives that systematically emerged across cultures to define traits and the higher order factors

(Somer, Korkmaz, & Tatar, 2004). The construction process gained acceleration especially with the substantial efforts of Goldberg and with the development of personality measures reflecting B5 (McCrae & John, 1992). The intensive taxonomic research of Goldberg concluded the robustness of five orthogonal factors in English, both in self- and peer-measures, regardless of the applied factor analytic method (Goldberg, 1990, 1993). These factors are Surgency (Extraversion), Agreeableness, Conscientiousness, Emotional Instability (Neuroticism) and Intellect (Culture/Openness).

Peabody and Goldberg (1989) indicated that these five factors were consistent with the common premise of almost all theories of personality, in terms of depicting the central human concerns regarding Power, Love, Work, Affect and Intellect; which corresponded with Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness respectively. From this point of view, Surgency (Extraversion) reflected the Power dimension. In short, this factor can be conceptualized with the terms such as expressiveness, self-esteem, sociability and activity (Costa & Widiger, 2005; Goldberg, 1990). Though an interpersonal construct, the literature on Extraversion especially attended to the relation of the trait with positive affectivity (Côté & Moskowitz, 1998; Lucas, Diener, Grob, Suh, & Shao, 2000; Lucas & Baird, 2004; McFatter, 1994; Robinson, Solberg, Vargas, & Tamir, 2003). Besides positive affectivity, reward sensitivity (Gray, 1970, 1981 as cited in Lucas & Baird, 2004), social attention (Ashton, Lee, & Paunonen, 2002) and impulsivity (McFatter, 1994) are also found out to be the basic elements of Extraversion. Finally, researchers also indicated that Extraversion contributes to psychological well-being (Jorm, Christensen, Henderson, Jacomb, Korten, & Rodgers, 2000) and prosocial behavior (Carlo, Okun, Knight, & de Guzman, 2005).

Agreeableness, which reflected the basic dimension of Love (Peabody & Goldberg, 1989), is defined in terms of cooperation, morality, being good-natured and eagerness to help others (Costa & Widiger, 2005; Goldberg, 1990). Several researchers denote that Agreeableness is associated with a variety of interpersonal strategies as the quality of social interactions is more important than self-centered

goals for highly agreeable individuals (Wilkowski, Robinson, & Meier, 2006). Although prosocial characteristic of Agreeableness is a widely held belief, from a developmental view, researchers challenge this belief indicating that early acquired skills related to frustration toleration leads to the acquirement of a variety of interpersonal and goal-directed skills, thus the underlying dimension of Agreeableness is infact frustration toleration which indirectly links to prosocial behavior (Jensen-Campbell, Rosselli, Workman, Santisi, Rios, & Bojan, 2002; Jensen-Campbell, Adams, Perry, Workman, Furdella, & Egan, 2002).

Reflecting the basic dimension of Work (Peabody & Goldberg, 1989), conscientiousness as a third factor, indicates organization, caution, meticulousness, and goal-directed behavior (Costa & Widiger, 2005; George & Zhou, 2001; Goldberg, 1990). Research on Conscientiousness especially attended to the acquirement of coping strategies (Jensen-Campbell, Rosselli, et al., 2002) and task-directed nature of the factor (Chamorro-Premuzic, 2006; George & Zhou, 2001).

The fourth factor, Neuroticism, inversely points out the basic dimension of Love (Peabody & Goldberg, 1989) and describes individual differences in terms of emotional instability, impulsivity and vulnerability (Costa & Widiger, 2005; Goldberg, 1990). Research on Neuroticism centers around the maladaptive coping responses in terms of emotional content (Bouchard, 2003; Costa & Widiger, 2005), proneness to psychological distress (Ben-Ari & Lavee, 2005; Costa & Widiger, 2005; Jorm, et. al., 2000; Ormel & Wohlfarth, 1991; Weinstock & Whisman, 2006) and negative affectivity (McFatter, 1994; Weinstock & Whisman, 2006).

The final dimension of the B5 is named as Intellect or Openness to Experience, although its lexical universality is still debatable (De Raad, 1998). The dimension reflects the basic dimension of Intellect (Peabody & Goldberg, 1989) and depicts the intellectual, sophisticated, imaginative, novelty seeking, and flexible part of the personality structure (Costa & Widiger, 2005; Goldberg, 1990).

There are also controversies in the literature regarding the number of factors that should be included in the model. The debate is rather a question of simplicity and comprehensivity that the extent to which the model is adequate to reflect the

whole personality structure (Benet & Waller, 1995; De Raad, 1998; McCrae & John, 1992). Besides Eysenck's P-E-N Model (Eysenck & Eysenck, 1968) some other researchers also believe that five factors are too many to represent the personality structure and that these five factors could be grouped under higher order factors. Digman's two-factor model (Digman, 1997) presents an example for this proposition. On the other hand, there are other researchers claiming that five-factor is too few to represent the whole structure of personality (McCrae & John, 1992) and rather proposed six-factor (Ashton, Lee, Perugini, Szarota, De Vries, Di Blas, et al., 2004) and seven-factor solutions (Durrett & Trull, 2005). In their seven-factor model of personality Durrett and Trull (2005) argued that, a comprehensive focus to the basic dimensions of personality should also include self-evaluative terms. Their proposition basically depended on the suggestions of Tellegen and Waller (1987, as cited in Durrett & Trull, 2005), who indicated that one of the prerequisite factors that should be taken into consideration while studying individual differences, is the self-esteem, which commonly shows itself within positive and negative self evaluations. Furthermore, Durrett and Trull (2005) discussed that, including evaluative terms would provide a widened focus for understanding psychopathologies, especially personality disorders, through normal personality dimensions. Parallel with the above discussion, Durrett and Trull (2005) proposed the dimensions of "Positive Valence", one's positive self-attributions, and "Negative Valence", one's negative self-attributions. Although these two concepts seemed to be dual positions of the same dimension, in terms of explaining psychopathology, the findings of Durrett and Trull (2005) suggested that they are infact distinct dimensions. For instance, while positive valence was found to explain Axis I conditions better, negative valence was not observed to play a role. On the other hand, in terms of Axis II conditions, the case was reverse. However, in any case, their findings supported the suggestion that evaluative terms, included within the FFM of personality, had an explanatory power over psychopathologies, through variants on basic dimensions.

To sum up, studies that investigated the cross-cultural generalizability of the B5 appreciated Digman and Inouye's (1986) suggestion that the consistent findings

almost reached the “status of law” (p.116). Katigbak, Church and Akamine (1996) further indicated that although there have been variations in the expressions of the traits due to the cultural diversities; the model was replicable across cultures.

1.2.2. Five-Factor Model of Personality Disorders

The association between certain personality characteristics and psychopathology is not novel to psychology (Widiger, & Trull, 1992). Infact, when it is mentioned about the diathesis stress model, and the vulnerabilities to psychopathology that are triggered in the face of stressful life events, most of the time the reference is made to personality traits (Meyer, & Pilkonis, 2006). The issue has also been considered through FFM of personality. Accordingly, the basic personality dimensions introduced by the model are found to be related to a broad area of psychological syndromes. For instance, there is considerable evidence suggesting that neuroticism lies at the background of many of the Axis I, as well as Axis II psychopathologies, indicating that highly neurotic individuals are more open to develop psychological distress in various forms (Watson, Kotov, & Gamez, 2006). Moreover, Watson, et al (2006) further indicated that, contrary to neuroticism, high levels of extraversion seem to signify resilience to psychopathology.

In time, the efforts to understand certain personality traits that represent the vulnerability or resiliency factors led the personality researchers to look at the psychopathologies, especially personality disorders, through a dimensional window, evaluating the psychological syndromes as variations along continua of personality traits (Widiger, & Frances, 2005; Wiggins, & Pincus, 1989). To go further in detail, categorical models, which view psychological distress as the presence or absence of a bunch of symptoms, are challenged by dimensional models of psychopathologies on the grounds that, although simple and practical, categorical models lack the understanding of sub-clinical features, that are not symptomatically evident as personality disorders but might convey several difficulties in understanding the forefront Axis I syndromes (Widiger, & Frances, 2005). Moreover, Ball (2001) noted that, a dimensional approach to personality disorders is advantageous over

categorical approach in terms of suggesting differential diagnosis, which is crucial when the high rates of comorbidity among personality disorders is considered. Finally, Widiger and Frances (2005) further mentioned the need to investigate the degree of a specific personality disorder, as another problematic area of the categorical approach.

FFM of personality proponents, providing a dimensional framework to personality disorders, has received substantial support in the recent literature (Costa, Jr., & Widiger, 2005). Accordingly, FFM proposes that, the convergent and divergent features of personality disorders can be understood through the basic dimensions of personality (Widiger, & Frances, 2005). For instance, while a global dimension of neuroticism is reported to be a common ingredient among personality psychopathologies, a lower-order facet-level of analysis, is supported to reveal a differential diagnosis (O'Connor, & Dyce, 2005).

Applying the above discussion to Psychopathy, Widiger and Lynam (1998) proposed that, dealing with Psychopathy from a dimensional perspective provides insight into the underlying structure behind the basic characteristics of the disorder. For instance, while it is possible to explain superficial charm in terms of low levels of neuroticism, manipulateness can be figured out from a view of low levels of agreeableness (Lynam, 2005). Through a review of the previous studies that examined the FFM structure of Psychopathy, Harpur, et al. (2005) indicated that it could be possible to distinguish primary and secondary Psychopathy through FFM conceptualization. Accordingly, while the preferential characteristic of primary Psychopathy was found to be low levels of agreeableness, secondary Psychopathy was rather characterized in terms of high levels of extraversion, neuroticism, and low levels of agreeableness and conscientiousness coming afterwards (Blackburn, & Coid, 1998; Harpur, et al., 2005).

The dimensional conceptualization of Psychopathy points out several important headlines. As noted above, FFM conceptualization provides further support for the two-factor structure of Psychopathy, besides depicting its basic elements. Furthermore, evidence regarding the dimensionality of Psychopathy

provides further focus to the Psychopathic characteristics residing in the non-clinical and/or non-criminal populations (Levenson, et al., 1995). The investigation of Psychopathic traits in non-institutionalized populations also leads to an understanding of the risk factors in terms of developing Psychopathy (Harpur, et al., 2005). Finally, five-factor modeling of Psychopathy aims to provide answers to the long-standing controversies regarding the comorbidity issue between Psychopathy and ASPD. A glance to the behavioral manifestations of the two disorders, which are dominated by antisocial acts, led the researchers consider Psychopathy and ASPD as a unitary construct under the title of ASPD, and exclude the definition of Psychopathy from the fourth edition of the diagnostic and statistical manual (DSM-IV) (APA, 1990 as cited in Hare, et al., 1991). Although the two terms are generally used interchangeably and preferential use of ASPD is commonly accepted, controversies remain since the two construct differentiated from each other when the behavioral focus is widened through emotional characteristics as well as personality traits (Ogloff, 2006). For instance, the pioneering element of ASPD is frequently noted to be low levels of conscientiousness (Widiger, Trull, Clarkin, Sanderson, & Costa, Jr., 2005). On the other hand, low level of conscientiousness, although noted to be important for Psychopathy, was not indicated as the primary element (Blackburn, & Coid, 1998).

Similar to the discussion related to the FFM solutions to the comorbidity question between Psychopathy and ASPD, parallel controversies also remain between ASPD and BPD. For instance, while neuroticism, the dimension that signifies impulsivity (Whiteside, & Lynam, 2001), is indicated to be shared by both ASPD (Miller, Lynam, & Leukefeld, 2003) and BPD patients (Verardi, Nicastro, McQuillan, Keizer, & Rossier, 2008); the extreme scores on neuroticism is observed to be prerequisite condition for BPD (Verardi, et al., 2008), while low levels of conscientiousness, rather than neuroticism, is noted to be more in the foreground of ASPD (Widiger, et al., 2005). Conceptualizing BPD in terms of neuroticism is discussed to figure out the basic elements of the disorder, such as affective instability and acting-out behaviors (Widiger, et al., 2005). This formulation of BPD received

substantial support in the literature (Trull, Widiger, Lynam, & Costa, Jr., 2003). Nevertheless, the comorbidity question continues to overshadow the findings that describe a particular personality disorder in terms of basic personality dimensions. Widiger et al. (2005) indicated a final suggestion regarding the issue by underlining that facet level of analysis, rather than investigating personality disorder through general dimensions of personality, provided better solutions in terms of differential diagnosis.

1.3. Toxic Childhood Experiences

Toxic childhood experiences (TCEs), namely the physical, sexual, and emotional abuse and neglect, are not reported to be rare cases (Helgeland, & Torgersen, 2004). Accordingly, there are many studies investigating the causes, consequences, and prevention strategies both at the victim, perpetrator, and at the community level (2004). There are also numerous studies dealing with the later impacts of the TCEs on victim, in terms of mental health (Horwitz, et al., 2001). Although there are controversies, there seems to be a consensus in the literature that TCEs lead to, or have a great impact on later development of Axis II syndromes (Helgeland, & Torgersen, 2004), and/or manifestation of criminal behavior (Widom, & White, 1997). In fact, the theoretical conceptualizations of the Axis II syndromes place great emphasis to the role of childhood traumas as an etiological factor. For instance, according to the cognitive-behavioral formulations of BPD, the core beliefs that reflect the themes of a malevolent world have their roots in the TCEs (Arntz, et al., 1999). Furthermore, through a psychoanalytical point of view, the defective ego-development and the identity split, as well as the dissociative states are described as defense mechanisms developed in order to reveal the pain caused by TCEs (Spitzer, Barnow, Armbruster, Kusserow, Freyberger, & Grabe, 2006). Besides BPD, the etiological explanations of Psychopathy and ASPD also point out the role of TCEs. For instance, Saltaris (2002) indicated attachment as an important variable in the sense that, the detrimental processes in caregiver-child interactions obstruct the moral development, which might contribute to the development of Psychopathic

structure. Furthermore, parental psychopathologies such as ASPD and alcoholism, as well as inconsistent family environment and physical punishment are also noted to contribute to the development of Psychopathy (Forth, & Burke, 1998 as cited in Blair, et al., 2005). Furthermore, there are attempts in the literature to explain the antisocial behavioral style as a redirecting process of victimization (Harper, 2004). Finally, besides the traumatic childhood experiences, researchers also noted that, although abuse might not be present, other toxic factors such as psychopathology and/or alcohol/substance disorders of parents, inconsistent family environment, as well as many other stressors such as poverty, death of a parent, etc., might account for the development of severe mental health problems (Blair, et al., 2005; Helgeland, & Torgersen, 2004; Marshall, & Cooke, 1999). These explanations are in general parallel with the suggestions of Young, et al. (2003), who indicated that Early Maladaptive Schemas (EMS) result from the deficient process in the fulfillment of core emotional needs such as attachment, autonomy, and realistic limits. The presence of the deficiency, either traumatic or not, compose the core features underlying the personality disorders (2003).

Although there is a general claim that TCEs account for a significant proportion of variance in personality psychopathology such as Psychopathic, ASPD, and BPD syndromes, there are also controversies in the literature regarding the methodology of such studies. For instance, Horwitz, et al. (2001) indicated that, the literature lacks studies investigating the impacts of traumatic childhood experiences stand-alone, discarding the associating environmental conditions such as poverty. Furthermore, the biased nature of the retrospective recall led the researchers question the validity of the findings (Helgeland, & Torgersen, 2004; Horwitz, et al., 2001). Consequently prospective attempts refined the previous findings indicating that, although not straightforward, TCEs do play a significant role in the development of severe mental conditions (Helgeland, & Torgersen, 2004; Horwitz, et al., 2001). However, the mediating factors contributing to the process between the timeline of TCEs and presentation of psychopathology (Horwitz, et al., 2001), as well as the non-traumatic roots and the protective factors remain unclear.

1.4. Schema Therapy Approach

There are several studies in the literature that address the difficulties faced during the treatment process of personality disorder patients (Arntz, 1999; Young, 1999). Infact, researchers further discussed the presence of a widely held belief among practitioners that the personality disorder is an untreatable phenomenon (Salekin, 2002). However, there are attempts in the literature in order to reveal distinct characteristics of personality disorder patients that challenge the existing techniques, such as rigidity that is necessarily an obstacle for short-term cognitive therapy (Young, 1999). These attempts, led the researchers to develop new strategies for intervention. Within this framework, Young (1999; Young, et al., 2003) proposed Schema Therapy (ST) for the management of severe cases such as chronic and persistent Axis I conditions and personality disorders (Cecero, Nelson, & Gillie, 2004) and also the patients who provide little or no-response to standard cognitive therapy procedures (Kellogg, & Young, 2006). The tenet of ST beyond Cognitive Therapy, is the emphasis provided for the early childhood experiences and family environment that are frustrating in nature and characterized by the deprivation of basic needs of a child such as trust, unconditional love, safety and stability (Young, et al., 2003; Cecero, et al., 2004; Kellogg, & Young, 2006). According to the conceptualization of ST, having been unmet of those basic needs, whether abusively or not, lead to the generation of Early Maladaptive Schemas (EMS). EMS refer to the cognitive structures that develop early in childhood or adolescence, gain relative stability through certain schema maintenance processes, include themes related to self, others, and world, and regarded as forming a basis for several difficulties in the patients' lives, thus mentioned as "maladaptive" (Kellogg, & Young, 2006; Young, 1999; Young, et al., 2003). Young et al. (2003) describe 18 schemas under five different domains related to disconnection and rejection, impaired autonomy, impaired limits, other-directedness, and overvigilance and inhibition.

Although a direct link is proposed between EMS and early childhood experiences, temperamental characteristics are also mentioned as playing important role in the development of EMS (Young, et al., 2003). For instance, personality traits

of a child are not only suggested to orient parental behaviors, but also to shape the child's reactions to those behaviors (2003).

According to the basic understanding of ST, not only personality disorder or chronic and persistent Axis I condition patients, and patients with less severe cases, but everyone has at least one of those listed EMS (Young, et al., 2003). Similarly, Reeves and Taylor (2007) noted that EMS are evident in community samples, possibly relating to the sub-clinical features. However, the more the number of schemas displayed signifies the severe the psychopathology (Young, et al., 2003). In terms of personality disorders, Young et al. (2003) points out that although playing the most critical role, it is not possible to differentiate and specify personality disorders through EMS, as patients with personality disorders generally express all or most of the EMS. Alternatively, Young et al. (2003) suggested handling the behavioral, emotional, and cognitive expression of EMS by providing emphasis on more temporal structures such as "Modes" and "Coping Responses" (Kellogg, & Young, 2006). Modes are depicted as "emotional buttons" (Young, et al., 2003, p. 37) that momentarily shape the behavioral response of a particular schema that is triggered by a specific event (2003). Except for the "Healthy Adult Mode", which characterizes the adaptive style of dealing with the EMS, several other maladaptive Modes are described for the patients with personality disorders (2003). For instance, Lobbestael, Arntz, and Sieswerda (2005) indicated that, patients with BPD and ASPD, which are discussed to display several common characteristics such as etiological and epidemiological features, are also mentioned to display a common set of pathological Modes, such as "Bully and Attack Mode" that lead to an individual to counterattack other individuals against the perception of threat.

Besides the concept of Mode, Young et al. (2003) also emphasizes the importance of "Maladaptive Coping Style" in terms of behaviorally formulating personality disorder patients, which is discussed in more detail in the next section.

1.4.1. Schema Coping Styles

According to ST conceptualization, given the negative experience of psychological pain that is driven from having EMS, the individual develops certain

strategies to handle these experiences at an early age. Although these strategies might be viewed within adaptation limits at the early ages, as the person grows up and begins to generalize these strategies to other people and events that trigger certain EMS, the strategies, which are labeled as “Maladaptive Coping Styles”, turn out to be a blocking factor in front of schema challenge and change process by continuously predicating the active EMS (Ball, 1998; Young, 1999; Young, et al., 2003).

The concept of maladaptive coping styles is simply suggested to reflect the basic reactions in front of threat as to fight, flight, or to freeze. In that sense, considering the freezing response, “Schema Surrender” is proposed. As the title implies, when an individual is suggested to surrender a schema, he/she is supposed to do nothing to disconfirm it (Young, et al., 2003). Infact, Ball (1998) further indicated that schema surrender is not a coping but a full compliance to the schema.

On the other hand, “Schema Avoidance” and “Schema Over-Compensation” are, although maladaptive, more active strategies to avoid the pain provided by EMS. Schema Avoidance refers to the basic response of flight (Young, et al., 2003). According to ST, avoidance could be represented behaviorally, through escaping from schema triggering experiences; emotionally, through affective indifference; cognitively, through avoidance of cognitive processes related to the particular schema; and physiologically, through somatic responses (Spranger, Waller, Bryant-Waugh, 2000; Young, et al., 2003). To give an example for the behavioral avoidance, for instance, a person with an “Abandonment/Instability Schema could cope with the schema-triggering events through avoiding intimate relationships (Young, et al., 2003). Although few in number, there are studies conducted to draw a link between certain psychological syndromes and Schema Avoidance, such as substance abuse (Brotchie, Finch, Marsden, & Waller, 2003; Brotchie, Hanes, Wendon, & Waller, 2007) and bulimic disorder (Spranger, et al., 2000), which preliminarily signify the relevance of the concept for investigating psychopathologies.

Finally, the third alternative response in the face of threat, “fight”, is associated with the ST concept of Schema Over-compensation (Young, et al., 2003).

Like in Schema Avoidance, Schema Over-compensation can also be expressed through behaviorally, cognitively, and emotionally. However, as different from avoidance, Schema Over-compensators counterattack the triggering the schema. For instance, one of the 18 EMS, Mistrust/Abuse Schema could be coped with by abusing others, if the person overcompensates rather than avoids the schema (2003). Besides hostility, Schema Over-compensation is also noted to be expressed through manipulativeness, social-status seeking, compulsive behaviors, and domineering behavioral style (Young, 1999). As well as Schema Avoidance, the explanatory power of Schema Over-compensation over the psychopathological conditions has also been considered. For instance, Mountford, Waller, Watson, and Scragg (2004) indicated that in the face of negative affect triggering events, patients with anorexia nervosa are hypothesized to engage in over-compensatory behaviors to cope with schemas such as unrelenting standards and subjugation. However, at least to our knowledge, there is no compelling evidence for the role of Schema Over-compensation.

In general, Schema Coping Styles are suggested to be relatively temporary (Ball, & Young, 2000) and that it is not possible for an individual to engage in only one style of coping to manage all of his/her EMS (Young, et al., 2003). However, personality characteristics are suggested to play a role in determining which coping style an individual will engage in to manage with a particular domain or type of EMS (2003).

To sum up, schema-therapy approach conceptualizes schema-coping responses as the alternative ways to deal with the schematic beliefs, which lead an individual to display different sets of behaviors (i.e., either avoid, over-compensate, or surrender) (Young, et al., 2003). In parallel to this formulation, there are various studies, which examine psychopathologies that generally stem from similar core beliefs but acquire different characters in terms of behavioral manifestation. One of the most obvious examples to such studies come from the eating disorders literature, where, anorexia nervosa is discussed to be dominated by schema over-compensating behaviors (Mountford, et al., 2004), and bulimia nervosa by schema-avoidance

(Spranger, et al., 2000). It is suggested, in the ST conceptualization that, it could be also possible to differentially examine personality disorder cases through investigating the roles of Schema Coping Styles (Young, 2003).

1.5. The Aim of the Present Study

A detailed focus to the literature of Psychopathy, ASPD, and BPD generally includes discussions and suggestions related to the conceptual controversies and the issue of differential diagnosis. Accordingly, there's a tendency to examine these disorders through their common (i.e., toxic childhood experiences) and differentiating (i.e., basic personality traits) elements in order to provide suggestions for theoretical and practical challenges faced. However, studies are generally few in number, regard methodological questions, results are generally contradictory and thus, controversies remain. Consequently, there's a crucial need in the literature for further investigation of described elements, considering the role of other factors, such as coping styles as suggested by Young, et al. (2003).

Regarding the methodological issues, the studies investigating Psychopathy, ASPD, and BPD have generally considered clinical and/or forensic samples. Moreover, the presence of a gender bias is intensely discussed, as exclusively studying with males for Psychopathy and ASPD, and with females for BPD. Thus, there's a gap in the literature considering studies conducted with community samples without gender bias. In accordance with these theoretical and methodological suggestions, the aim of the present study is to investigate the associated factors related to Psychopathy, ASPD, and BPD, in both forensic and non-criminal samples. Thus, the specific aims are listed below:

1. To examine the psychometric properties of Antisocial Behavioral Scale (ABS).
2. To examine group differences between criminal and non-criminal samples in terms of Psychopathic, ASPD, and BPD characteristics.

3. To investigate gender differences in terms of Psychopathic, ASPD, and BPD characteristics.
4. To examine group differences between participants who reported toxic childhood experiences (TCEs) and who did not report TCE in terms of Psychopathic, ASPD, and BPD characteristics.
5. To investigate the associated demographic, familial, basic personality trait, and schema coping response variables for Psychopathy, ASPD, and BPD in the non-criminal sample.
6. To investigate the associated demographic, familial, basic personality trait, and schema coping response variables for Psychopathy, ASPD, and BPD in the criminal sample.

CHAPTER II

2. METHOD

2.1. Sample

2.1.1. General Characteristics

The sample of the present study consisted of 146 (52.7%) non-criminal, and 131 (47.3%) criminal, a total of 277 participants. While the non-criminal sample consisted of 68 male (46.6%) and 78 female (53.4%) subjects, there were 89 male (67.9%) and 42 female (32.1%) participants in the criminal sample. Out of these criminal participants, 19.8% ($n = 26$) were from Denizli D Type Prison and Detention House, 13.7% ($n = 18$) were from Ankara Closed Prison and Detention House for Women, and 66.4% ($n = 87$) were from Muğla E Type Prison and Detention House. The ages of the participants ranged between 18 and 68 for non-criminals ($M = 32.9$, $SD = 11.8$) and between 19 and 68 for criminal participants ($M = 33.7$, $SD = 9.24$).

The participants' residences that they lived in most of their lives, and their current/pre-prison entrance residences are provided in Table 2.1.

Out of non-criminal participants, 93.2% ($n = 136$) of them indicated that they spent most of their lives with their family, 2.8% ($n = 4$) with their siblings, relatives or friends and 3.4% ($n = 5$) reported that they spent most of their lives alone. Regarding the criminal sample, the case was 77.1% ($n = 101$), 9.2% ($n = 13$), and 12.2% ($n = 16$) respectively. Moreover, 1.5% ($n = 2$) of the criminal subjects indicated that they spent most of their lives in prison. 46.6% ($n = 68$) of the non-criminal and 35.1% ($n = 46$) of the criminal participants reported that they do not have a migration history. On the other hand, 49.3% ($n = 72$) of non-criminal and 60.3% ($n = 79$) of the criminal participants reported inland; and 4.1% ($n = 6$) of non-criminal and 3.8% ($n = 5$) of criminal subjects reported outland migration.

The education levels of the participants were determined due to the last level of education completed. The information regarding education is provided in Table

2.2. 9.6% ($n = 14$) of the non-criminal and 64.1% ($n = 84$) of the criminal participants indicated that they discontinued their education. When they were asked their reason for discontinuation, 7.1% ($n = 1$) of non-criminal subjects stated that discontinuation was their own decision, 7.1% ($n = 1$) reported that it was their parents' decision, 42.9% ($n = 6$) indicated economical reasons for discontinuation, 21.4% ($n = 3$) replied that they left their education for work and 21.3% ($n = 3$) indicated other reasons for discontinuation (i.e., marriage, illness). On the other hand, reasons for discontinuing education in the criminal sample were 31% ($n = 26$), 15.5% ($n = 13$), 16.7% ($n = 14$), 22.6% ($n = 19$), and 14.4% ($n = 12$), respectively. Moreover, 13.7% ($n = 18$) of the criminal participants implied that they later continued their education in prison. While 20.5% ($n = 30$) of the non-criminal subjects stated that they failed a class during their education, the rate was 26% ($n = 34$) for the criminal sample.

Regarding the marital status of the participants, 41.8% ($n = 61$) of the non-criminal and 35.9% ($n = 47$) of the criminal subjects were single, 54.1% ($n = 79$) of the non-criminal and 34.4% ($n = 45$) of the criminal subjects were married, and 4.1% ($n = 6$) of the non-criminal and 29.8% ($n = 39$) of the criminal subjects were widowed, divorced or separate. 64.3% ($n = 27$) of the female criminal participants indicated that their ages of marriage ranged between 13 and 26 ($M = 17.3$, $SD = 2.96$). The information regarding with whom the participants are currently living or were living before coming to prison is presented in Table 2.3.

Table 2.1. Residential Characteristics of the Sample

Residences most lived in Type	Non-criminal ($n = 146$)		Criminal ($n = 131$)	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Village	11	7.5	15	11.5
province	20	13.7	40	30.5
City	16	11	26	19.8
metropolis	99	67.8	45	34.4
Foreign country	0	0	5	3.8

Table 2.1. Continued.

Geographical District				
Marmara district	90	61.6	15	11.5
Aegean district	6	4.1	71	54.2
Central Anatolia district	26	17.8	23	17.6
Other	15	10.3	21	16.1
Current residence/Residence pre-prison entrance				
Type				
Village	5	3.4	12	9.2
Province	9	6.2	43	32.8
City	13	8.9	25	19.1
Metropolis	119	81.5	51	38.9
Foreign country	0	0	0	0
Geographical District				
Marmara district	105	71.9	15	11.5
Aegean district	7	4.8	80	61.1
Central Anatolia district	24	16.4	24	18.3
Other	5	3.4	11	8.4

Table 2.2. Educational Levels of the Sample

	Non-criminal ($\underline{n} = 146$)		Criminal ($\underline{n} = 131$)	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Literate	3	2.1	13	9.9
Primary school	15	10.2	57	43.5
Secondary school	10	6.9	28	12.4
High school	77	52.8	22	16.8
University	41	28.1	11	8.4

Table 2.3. Current/Pre-prison Home Environment of the Sample

	Non-criminal ($\underline{n} = 146$)		Criminal ($\underline{n} = 131$)	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Wife/husband and/or children	78	53.4	54	41.2
Parents and/or siblings	44	30.1	33	25.2
Alone	7	4.8	22	16.8
*Other	15	10.3	17	16.8

*Only with children, only with one parent, partner, siblings, friends.

2.1.2. Work and Military Experience

Only 21.9% ($n = 32$) of the non-criminal and 1.5% ($n = 2$) of the criminal participants indicated that they did not have any work experience. Out of the criminal participants, while 20.6% ($n = 27$) reported that they had both legal and illegal work experience, 1 participant (0.8%) stated only illegal work experience. The categories of the illegal work experiences that the subjects reported are provided in Table 2.4. When the participants were asked about their age for beginning to work, the range was 7 to 28 ($M = 17.54$, $SD = 4.35$) for the non-criminal sample, and 7 to 46 ($M = 14.97$, $SD = 5.17$) for the criminal sample. 28.1% ($n = 41$) of the non-criminal and 78.6% ($n = 103$) of the criminal subjects stated that they began working before age 18. The frequency of the participants who indicated high monthly income (above 1500 YTL) were 20.5% ($n = 30$) of non-criminal, and 26% ($n = 34$) of the criminal subjects. The frequencies were 50% ($n = 73$) versus 52.7% ($n = 69$) for medium income (500-1500 YTL) and 6.8% ($n = 10$) versus 21.4% ($n = 28$) for the low income (below 500 YTL). Only 22.6% ($n = 33$) of the non-criminal subjects reported that they did not have any personal monthly income.

Besides the work experience, male subjects were also asked about their military experience. While 3.1% ($n = 2$) of the non-criminal and 7.8% ($n = 7$) of the criminal subjects indicated that they were not accepted because of health condition and 18.8% ($n = 12$) of the non-criminal and 13.4% ($n = 12$) of the criminal participants replied that their military condition was postponed, none of the non-criminal but 14.6% ($n = 13$) of the criminal participants indicated that they either absconded or their military service extended because of their problematic behaviors that ended up with disunity. All other male participants implied that they completed their military service without any problem.

Table 2.4. Illegal work experiences of the criminal sample ($n = 131$)

	Frequency	Percentage (%)
Prostitution	5	3.8
Narcotics smuggling	21	16
Burglary	10	7.6
Organized crime	3	2.3
Brothel administration	1	0.8
Hired assassin	2	1.5
Total	28	21.4

2.1.3. Familial Characteristics

Except for 8.2% ($n = 12$) of the non-criminal and 9.2% ($n = 12$) of the criminal participants who indicated that their family environments were extended, and 1.4% ($n = 2$) of the non-criminal and 8.4% ($n = 11$) of the criminal participants who stated that their family environments were broken up, all of the participants implied that they lived in nucleus families. The family incomes of the subjects are provided in Table 2.5.

Out of the non-criminal subjects, 8.2% ($n = 12$) indicated that they had no siblings, 48% ($n = 68$) of them reported 1-2 siblings, 26.7% ($n = 49$) reported 3-4 siblings, and 16.7% ($n = 25$) stated 5 or more siblings. The maximum number of siblings in the non-criminal group was 9. When the number of siblings were examined in the criminal sample, the rates were 3.8% ($n = 5$), 29.8% ($n = 39$), 42% ($n = 48$), and 29.9% ($n = 39$), respectively, while the maximum number of siblings was 14.

Table 2.6 provides information regarding the education and occupation status of the participants' parents.

While 69.9% ($n = 102$) of the non-criminal and 46.6% ($n = 61$) of the criminal subjects indicated that their parents were alive and lived together, 3.4% ($n = 5$) of the non-criminal and 12.3% ($n = 16$) of the criminal participants stated that their parents were separate or divorced. 9.6% ($n = 14$) of the non-criminal and 22.9% ($n = 30$) of the criminal participants reported that their mothers were not alive, and from those participants, 14.2% ($n = 2$) of the non-criminal and 26.4% ($n = 8$) of the

criminal subjects stated that they lost their mothers before they were 18 years old. To put together, the age of the subjects when they lost their mothers ranged between 5 and 52 for the non-criminal ($M = 37.79$, $SD = 14.25$), and between 3 and 58 for the criminal sample ($M = 26.33$, $SD = 13.18$). 1.5% ($n = 2$) of the criminal subjects indicated that they did not know whether their mothers were alive.

Considering fathers of the participants, 24% ($n = 35$) of the non-criminal and 38.9% ($n = 51$) of the criminal subjects reported that their fathers were not alive, while only 1.5% ($n = 2$) of the criminal subjects replied as s/he did not know. Out of those participants who lost their fathers, 27.3% ($n = 9$) of the non-criminal and 45.3% ($n = 23$) of the criminal subjects reported that they lost their fathers before they were 18 of age. In general, the age of the subjects when they lost their fathers ranged between 7 and 60 for the non-criminal ($M = 29.24$, $SD = 14.15$), and between 1 and 58 for the criminal sample ($M = 21.13$, $SD = 13.38$).

8.2% ($n = 12$) of the non-criminal and 17.6% ($n = 23$) of the criminal participants implied that they lost both of their parents.

Although 80.8% ($n = 118$) of the non-criminal and 52.7% ($n = 69$) of the criminal subjects indicated that they did not live any separation from their parents until age 15, other subjects who experienced separation, provided various answers, which are presented in Table 2.7.

Table 2.5. Family Income Characteristics of the Sample

	Non-criminal ($n = 146$)		Criminal ($n = 131$)	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Poor	13	8.9	15	11.5
Average	81	55.5	64	48.9
Good	37	25.3	43	32.8
Very good	7	4.8	7	5.3

Table 2.6. Education and Occupation Information regarding the Parents of the Subjects

	Non-criminal ($\underline{n} = 146$)		Criminal ($\underline{n} = 131$)	
	Frequency	Percentage (%)	Frequency	Percentage (%)
<u>Education of mother</u>				
Illiterate	28	19.2	49	37.4
Literate	18	12.3	23	17.6
Primary school	56	38.4	39	29.8
Secondary school	15	10.3	10	7.7
High school	23	15.8	4	3.1
University	5	3.4	3	2.3
<u>Education of father</u>				
Illiterate	5	3.4	14	10.7
Literate	13	8.9	10	7.6
Primary school	60	41.1	60	45.8
Secondary school	20	13.7	13	10
High school	31	21.2	14	10.7
University	15	10.3	10	7.6
<u>Occupation of mother</u>				
Housewife	119	81.5	108	82.4
Worker	8	5.5	6	4.6
Civil servant	8	5.5	0	0
Farmer	0	0	6	4.6
Other	5	3.5	10	7.7
<u>Occupation of father</u>				
Worker	13	8.9	34	26
Farmer	12	8.2	20	15.3
Civil servant	8	5.5	18	13.7
Craftsman	23	15.8	12	9.2
Self employment	26	17.8	25	19.1
Other	22	15.2	18	13.9

Table 2.7. Reasons of Separation from Parents until Age 15

	Non-criminal ($\underline{n} = 19$)		Criminal ($\underline{n} = 62$)	
	Frequency	Percentage (%)	Frequency	Percentage (%)
One of the parents is dead/separate	11	57.9	23	37.1
Separate from both. lived with relatives	3	15.8	16	25.8
Boarding school	4	21.1	3	4.8
For work	0	0	6	9.6

Table 2.7. Continued.

Orphanage	1	5.3	4	6.5
Marriage	0	0	2	3.2
Running away from home. street life	0	0	7	11.3
House of correction	0	0	1	1.6

2.1.4. General Health Conditions

84.9% ($n = 124$) of the non-criminal and 56.5% ($n = 74$) of the criminal participants indicated no current health problem. However, although 11% ($n = 16$) of the non-criminal and 17.5% ($n = 23$) of the criminal subjects stated that they had been receiving treatment for a psychiatric or any other medical condition, 2.8% ($n = 4$) of the non-criminal and 25.2% ($n = 33$) of the criminal sample implied that they were not receiving treatment although they had a psychiatric or any other medical condition.

Regarding any important medical condition during the childhood, only 9.6% ($n = 14$) of the non-criminal and 11.5% ($n = 15$) of the criminal subjects stated that they experienced serious medical conditions such as meningitis, epilepsy, and paralysis. Participants are further questioned concerning their psychiatric history, of which data is presented in Table 2.8. While “Axis I” includes mood disorder, anxiety disorder, and other Axis I conditions, “Axis II” only includes Antisocial Personality Disorder (ASPD) as none of the subjects stated any other Axis II condition history. Finally, “not defined” reflects information regarding psychiatric history of the participants who did not mention their diagnosis.

Table 2.8. Psychiatric History of the Sample

	Non-criminal ($n = 143$)		Criminal ($n = 131$)	
	Frequency	Percentage (%)	Frequency	Percentage (%)
No psychiatric history	135	92.5	100	76.3
Axis I condition	8	5.5	17	13
Axis II condition	0	0	8	6.1
Not defined	0	0	6	4.6

2.1.5. History of Alcohol and/or Substance Use

There were 42 (28.8%) non-criminal and 90 (68.7%) criminal participants who indicated that they were using alcohol. Only 6.8% ($n = 10$) of the non-criminal and 5.3% ($n = 7$) of the criminal subjects indicated that they had been using alcohol but quit. Out of the non-criminal participants, 11% ($n = 16$) indicated that they had begun to use alcohol before age 18. In general, the age of beginning to use alcohol in the non-criminal sample ranged between 10 and 50 ($M = 19.21$, $SD = 5.92$). When the case was examined for the criminal sample, 41.2% ($n = 54$) of the participants indicated that they had begun to use alcohol before age 18. In general, the age of beginning to use alcohol in the criminal sample ranged between 7 and 58 ($M = 17.94$, $SD = 6.54$). The frequency and quantity of the alcohol usage of the two samples are presented in Table 2.9. Finally, only 1.4% ($n = 2$) of the non-criminal subjects and 4.6% ($n = 6$) of the criminal subjects indicated that they thought they had alcohol dependency problem. However, out of the criminal sample, only 0.8% ($n = 1$) indicated that he sought for professional help.

When the substance use of the participants was investigated, only 4.8% ($n = 7$) of non-criminal but 39.7% ($n = 52$) of the criminal subjects indicated that they used an illegal substance at least once. While 1.4% ($n = 2$) of the non-criminal subjects indicated that they first used a substance before age 18, the rate was 18.3% ($n = 24$) among criminal participants. In general, the range of beginning to use an illegal substance varied between 16 and 24 ($M = 20.17$, $SD = 3.19$) in non-criminal sample while it was between 10 and 28 ($M = 18.71$, $SD = 4.32$) in the criminal sample.

Finally, the alcohol and/or substance use/abuse history of the participants' family members are shown in Table 2.10.

Table 2.9. Frequency and Quantity Information of Alcohol Usage among Participants

	Non-criminal		Criminal	
	Frequency	Percentage (%)	Frequency	Percentage (%)
<u>Frequency of alcohol use</u>				
1-less / month	22	15.1	40	30.5
1-less / month	22	15.1	40	30.5
2-4 / month	18	12.3	23	17.6
2-3 / week	8	5.5	14	10.7
4 or more / week	1	0.7	19	14.5
<u>Quantity of alcohol use</u>				
1-2	29	19.9	47	35.9
3-4	20	13.7	17	13
5-6	0	0	12	9.2
7-9	1	0.7	9	6.9
10 or more	0	0	11	8.4

Table 2.10. Alcohol and/or Substance Use/Abuse History of the Family Members

	Non-criminal		Criminal	
	Frequency	Percentage (%)	Frequency	Percentage (%)
<u>Father</u>				
No alcohol/drug use	94	64.4	74	56.5
Alcohol use	39	26.7	36	27.5
Alcohol dependency	8	5.4	16	12.2
Substance use/abuse	0	0	1	0.8
<u>Mother</u>				
No alcohol/drug use	136	93.2	125	95.4
Alcohol use	7	4.8	4	3
Alcohol dependency	1	0.7	0	0
Substance use/abuse	0	0	0	0
<u>Sibling/s</u>				
No alcohol/drug use	111	76	85	64.9
Alcohol use	27	18.5	35	26.7
Alcohol dependency	1	0.7	6	4.6
Substance use/abuse	0	0	1	0.8

2.1.6. History of Toxic Childhood Environment (TCE)

History of TCE included the history of long term separation (at least six months) from at least one of the parents before age 15 (see Familial Characteristics

section for more details), history of witnessed and/or experienced violence at home, and history of physical, sexual and/or emotional abuse before age 15.

14.38% ($n = 21$) of the non-criminal and 48.09% ($n = 63$) of the criminal participants reported that they experienced or witnessed physical violence in their family environment before their age of 15. When the sources of physical violence were further investigated, “father” was the most frequently given answer with the rates of 13.7% ($n = 20$), and 34.4% ($n = 45$) for the non-criminal and criminal groups, respectively. Other sources of violence (i.e., mother, relatives, siblings, and step-parents) were reported to be as 2.7% ($n = 4$) for the non-criminal group, while the case was 32.1% ($n = 42$) for the criminal group.

Besides physical violence, 11.55% ($n = 32$) of the subjects (15.63% non-criminal, $n = 5$; 84.37% criminal, $n = 27$) reported that the violence they experienced before they were 15 years old, was at the level of abuse. The age range of physical abuse reported by the non-criminal group was between 4 and 13 ($M = 7.4$, $SD = 3.51$), while it was between 7 and 14 for the criminal group ($M = 11.15$, $SD = 2.23$). The participants were further asked about the level of their being influenced from the experience of physical abuse, on a 5-point likert type scale as “1” being “none” and “5” being “very much”. While the mean level of influence reported by the non-criminal subjects was 3.4 ($SD = 1.14$), it was 4.5 for the criminal group ($SD = 1.12$). The participants reported various sources of physical abuse, both in and out of family members, as displayed in Table 2.11. Moreover, 10.7% of the criminal subjects ($n = 14$) reported that they experienced physical abuse above age 15, with a range of 16 and 35 ($M = 21.07$, $SD = 5.59$).

Regarding sexual abuse, 5.4% ($n = 15$) of the participants reported they experienced sexual abuse, before the age of 15. Out of these participants, 33.3% ($n = 5$) were non-criminal subjects, who indicated that they experienced sexual abuse between ages 7 and 13 ($M = 9.8$, $SD = 2.28$), and they were influenced from the experience with a mean score of 4.4 on a 5-point likert scale as described above ($SD = 0.89$). On the other hand, 66.6% ($n = 10$) of the subjects who reported sexual abuse were criminal, who indicated that they experienced sexual abuse between the ages 6

and 13 ($M = 12$, $SD = 2.21$), and they were influenced from the experience with a mean score of 4.7 ($SD = 0.67$). The sources of sexual abuse are provided in Table 2.12. Moreover, 6.1% ($n = 8$) of the criminal subjects indicated that they experienced sexual abuse above age 15, with a range of 16 and 44 ($M = 24.75$, $SD = 9.45$).

Finally, the participants were presented with a series of questions regarding emotional abuse they might have experienced before age 15. While 69.3% ($n = 192$) of the participants replied that they did not experience any emotional abuse and 5.8% ($n = 16$) indicated that they were emotionally abused after age 15, those who indicated that they experienced emotional abuse before age 15 were 24.9% ($n = 69$) of the participants. Out of whom were abused emotionally before age 15, while 27.5% ($n = 19$) of the participants were non-criminal, with minimum ages of emotional abuse experience varied between 4 and 15 ($M = 10$, $SD = 2.8$), 72.5% ($n = 50$) of them were criminal, with minimum ages of emotional abuse experience varied between 6 and 15 ($M = 11.9$, $SD = 2.1$). The information regarding the sources of abuse for each group of participants (criminal vs. non-criminal) is provided in Table 2.13.

To put together, while 31.51% ($n = 46$) of the non-criminal participants indicated that they had a history of TCE, the rate was 71.76% ($n = 94$) for the criminal participants.

Table 2.11. Sources of Physical Abuse Experienced before Age 15.

	Non-criminal		Criminal	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Father	4	2.7	10	7.6
Mother	1	0.7	1	0.8
Step parent	1	0.7	4	3.1
Sibling(s)	2	1.4	4	3.1
Relative(s)	1	0.7	6	4.6
Husband	0	0	5	3.8
Other*	1	0.7	12	9.2

*Other sources of physical abuse included teacher, foreigner, police, and orphanage personnel.

Table 2.12. Sources of Sexual Abuse Experienced before Age 15.

	Non-criminal		Criminal	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Father	0	0	1	0.8
Step father	0	0	2	1.5
Sibling	1	0.7	0	0
Relative	2	1.4	2	1.5
Foreigner	3	2.1	4	3.1
Husband	0	0	5	3.8

Table 2.13. Sources of emotional abuse before age 15.

	Non-criminal		Criminal	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Father	14	9.6	27	20.6
Mother	8	5.5	14	10.7
Step parent	2	1.4	7	5.3
Sibling(s)	4	2.7	12	9.2
Relative(s)	4	2.7	16	12.2
Partner/Friend(s)	0	0	13	9.9
Husband	0	0	10	7.6
Other*	1	0.7	7	5.3

*Police, orphanage personnel, teacher

2.1.7. History of Suicide Attempt and Self-Mutilation

Regarding history of suicide, 17.33% ($\underline{n} = 48$) of the participants indicated that they attempted suicide at least once. Out of them, 12.5% ($\underline{n} = 6$) were non-criminal, and 87.5% ($\underline{n} = 42$) were criminal.

Self-mutilation included any actions that resulted in self-injure, other than suicidal intentions. 14.1% ($\underline{n} = 39$) of the participants reported that they engaged in self-mutilation at least once. Out of them, 15.4% ($\underline{n} = 6$) were non-criminal, while 84.6% ($\underline{n} = 33$) were criminal participants.

The information regarding minimum ages of suicide attempt/self-mutilation are presented in Table 2.14.

To put together, while 6.85% ($n = 10$) of the non-criminal participants indicated that they had a history of suicide attempt and/or self-mutilation, the rate was 41.99% ($n = 55$) for the criminal participants.

Table 2.14. Minimum Ages of Suicide & Self-mutilation

	Non-criminal				Criminal			
	Min	Max	M	SD	Min	Max	M	SD
Suicide	12	30	18	6.42	10	36	19.95	6.38
Self-Mutilation	12	40	21	11.37	12	28	17.58	4.25

2.1.8. Criminal History

None of the non-criminal participants reported any history of criminal record. Therefore, the criminal history section is presented according to the information reported by 131 criminal participants.

While 54.2% ($n = 71$) of the criminal participants (50.7% male, $n = 36$; 49.3% female, $n = 35$) reported that they only received one criminal record, and 45% ($n = 59$) (88.1% male, $n = 52$; 11.9% female, $n = 7$) reported two to four criminal records, 12.4% ($n = 11$) of the male criminal participants, but none of the female criminal participants implied that they had five or more criminal records.

The information regarding the ages of the participants' first offense (any criminal conduct that did not descend to the court) and the ages at which first criminal record was received are presented in Table 2.15.

The offenses of the criminal participants varied. Thus, they were divided into two categories as violent versus nonviolent. According to the suggestions of Samuels, Bienvenu, Cullen, Costa Jr., Eston, and Nestadt (2004), and the clinical taxonomy of ASPD provided by Stone (2000 as cited in Beck, et al., 2004), violent crimes included the criminal offenses directed to the physical integrity of a person. Accordingly, involuntary/voluntary manslaughter, homicidal attempt, solicitation to manslaughter, and stillborn, offenses related to the illegal use of weapons (i.e., shootout, coercion, armed burglary, illegal possession of arms), attempts resulted in physical injury (e.g., battery, violent deforcement), and rape are included in the

category of “violent crimes”. On the other hand, non-violent crimes included any offenses directed against the property, (i.e., theft, fraud, not to declare property*¹, forgery, receiving stolen goods, embezzlement, and deforcement that did not result in physical injure), offenses directed against the offender’s her/himself (e.g., possession of illicit drugs, prostitution), and/or offenses directed against people, but did not result in physical injury (i.e., sexual assaults, abduction, detention of someone below 18 years of age, distribution of illicit drugs, resistance towards police officers, and housebreaking).

When the types of the first criminal records of the participants were investigated according to the classification described above, while 39.3% ($\underline{n} = 35$) of the male criminal participants reported that their first criminal offense that resulted in jail sentence was a violent crime, and 59.6% ($\underline{n} = 53$) of them indicated that the first offense was non-violent. The case for the female criminal participants was 59.5% ($\underline{n} = 25$), and 40.5% ($\underline{n} = 17$), respectively. On the other hand, when the criminal sample was categorized into “violent criminals” versus “non-violent criminals”, according to the suggestions of Samuels, et al. (2004), who indicated that “violent criminals” are those who engaged in at least one violent criminal conduct, 61.8% ($\underline{n} = 55$) of the male and 66.7% ($\underline{n} = 28$) of the female criminal participants were violent criminals, while 38.2% ($\underline{n} = 34$) of the male and 33.3% ($\underline{n} = 14$) of the female criminal participants were non-violent criminals. Finally, regarding the last criminal conduct at the time of research, 46.6% ($\underline{n} = 61$) of the participants indicated that they were executing their judicial sentence because of a non-violent crime and 53.4 ($\underline{n} = 70$) of the criminal participants reported that their executions were because of a violent crime. The types of last criminal offenses are summarized in Table 2.16.

Not to declare property is no more defined as a criminal offense according to Turkish Criminal Codes.

Table 2.15. Age Information regarding the First Criminal Offense and Record

	Females ($n = 42$)				Males ($n = 89$)			
	Min	Max	M	SD	Min	Max	M	SD
Age of first criminal offense	13	51	27.85	9.94	10	65	23.32	9.32
Age of first criminal record	16.5	51	29.39	9.14	13	65	25.79	9.55

Table 2.16. Categories of Last Criminal Offenses

	Frequency	Percentage (%)
<u>Non-Violent Crimes</u>		
Not to declare property	4	3.1
Theft	3	2.3
Fraud	3	2.3
Counterfeiting	10	7.6
Non-violent deforcement	7	5.3
Embezzlement	4	3.1
Possession/distribution of illicit drugs	21	16.1
Detention and/or kidnap of a child	5	3.8
Desertion	2	1.5
Resistance towards police officers	2	1.5
Total	61	46.6
<u>Violent Crimes</u>		
Manslaughter	43	32.8
Solicitation for manslaughter	5	3.8
Manslaughter of stillborn	1	0.8
Manslaughter through traffic accident	2	1.5
Homicidal attempt/armed battery	4	3.1
Violent deforcement	9	6.9
Illegal possession of weapons	2	1.5
Sexual exploitation of a child	1	0.8
Rape	3	2.3
Total	70	53.4

2.2. Instruments

The instruments of the present study included two parts. In the first part, a socio-demographic information form, which included questions regarding general socio-demographic characteristics of the sample (e.g., age, gender, residential

information, education), work and military experience, familial characteristics, general health conditions, history of alcohol and/or substance use, history of violence and/or abuse during childhood, history of suicide attempt and self-mutilation, and criminal history (see Appendix B for socio-demographic information form) was presented to the participants.

The second part of the instruments included seven inventories; Borderline Personality Inventory (BPI) to measure the level of borderline personality organization, Antisocial Behavior Scale (ABS) to assess the extent to which participants engage in antisocial acts, Levenson Self-Report Psychopathy Scale (LSRPS) to investigate the level of psychopathic tendencies, Mc Master Family Assessment Device (MFAD) to evaluate the functionality of the family environments of the participants, Basic Personality Traits Inventory (BPTI) to assess the level of exhibition of the basic personality traits, Young Over-compensation Inventory (YOIC) to measure the level of over-compensation engaged by the participants as a maladaptive coping response, and finally Young-Rygh Avoidance Inventory (YRAI) to assess the level of avoidance engaged by the participants as a maladaptive coping response.

2.2.1 The Borderline Personality Inventory (BPI)

BPI is a true-false self-report measure, originally developed by Leichsenring (1999) in order to assess the level of borderline personality organization (BPO), based on the theoretical conceptualization provided by Kernberg (1984 as cited in Leichsenring, 1999), which is compatible with the DSM-IV definition of BPD. Accordingly, BPI consists of 53 items, that question the identity diffusion, primitive defense mechanisms, impaired reality testing, and fear of closeness; conditions that are common among borderline patients. Among these 53 items, first 51 of them are included in the analysis and the last two items, as well as the sections included in the 13th, 45th, and 49th items are utilized for clinical purposes. The total number of items reported as “true”, makes up the global score of BPI; a high total score reflects higher levels of BPO. Leichsenring (1999) further reported a cut-off score of 20, to

diagnose the patients over the cut-off score as displaying BPD. However, it is also suggested that, BPI can be utilized for dimensional purposes, excluding the cut-off criteria (1999).

In the original study of the psychometric characteristics of BPI (Leichsenring, 1999), the internal consistency coefficients for the factors “identity diffusion”, “primitive defense”, “fear of closeness”, and “impaired reality testing” were reported to have a range between .68 and .83, and the 1-week retest reliability coefficients are found to have a range between .73 and .85. Moreover, the total BPI score was found to have a Cronbach alpha value of .91, and 1-week retest reliability coefficient of .87.

Finally, the internal consistency and 1-week retest reliability coefficients of BPD patients (referring to the cut-off point of 20) were found to be .85 and .89, respectively.

The Turkish adaptation of the BPI was conducted by Aydemir, Demet, Danacı, Deveci, Taşkın, & Mızrak, et al. (2006), with a sample of 40 BPD patients, 65 psychiatric patients, and 61 healthy participants. In this study, the Cronbach alpha value for the total score of BPI was found to be .92, with item-total correlations ranging from .18 and .63. Moreover, the cut-off point in the study conducted by Aydemir, et al. (2006) was mentioned to be 15/16, based on the results of the validity analysis. When the BPI scores of the participants in the present study were evaluated considering the cut-off suggestion of Aydemir et al. (2006), 35.4% ($n = 98$) of the participants were observed to display BPO. Out of these participants, while 31.6% ($n = 31$) were non-criminal, 68.4% ($n = 67$) of them were criminal participants (see Appendix C for BPI).

In the present study, the internal consistency coefficient for the total BPI score is found to be .91.

2.2.2. The Antisocial Behavior Scale (ABS)

ABS is a 37-item true-false self-report measure, developed by Kartallar (1996), through analyzing the items of Minnesota Multiphasic Personality Inventory

(MMPI) in a sample of 300 criminals, 289 non-criminal, non-patient participants, and 151 psychiatric patients; a total of 740 participants.

The total number of items reported as “true”, reflects the antisocial personality score of the scale; as the total score increases, it reflects more antisocial personality characteristics. According to the final study conducted by Kartallar (1996), the 40-item version of the scale revealed a test-retest reliability of .82, and four factors, which were labeled as destructive tendency, uncontrollability/aggressiveness, optimism, and social incapability.

In the present study, the reliability coefficients of the factors are found to be .15 and .88. In order to reveal the possible reverse items, and re-examine the psychometric characteristics, the scale is subjected to factor analysis (see the Results Section for details and Appendix D for ABS).

2.2.3. The Levenson Self-Report Psychopathy Scale (LSRPS)

LSRPS is a 26-item self-report inventory, applied through a 4-point Likert Type Scale, answers varying between (1) “certainly disagree” and (4) “certainly agree”, with higher scores reflecting more psychopathic personality characteristics. LSRPS was originally developed by Levenson, et al. (1995), in order to assess the psychopathic personality characteristics. The inventory revealed two distinct factors; primary and secondary psychopathy, with reliability coefficients of .82 and .63, respectively.

LSRPS was adapted to Turkish by Engeler (2005), with internal consistency coefficients for the primary and secondary psychopathy subscales as .71 and .51, respectively, and an alpha value of .74 for the total psychopathy score. Furthermore, Engeler and Yargıç (2004) also reported test-retest reliability values as .77 and .68 for the primary and secondary psychopathy factors, and .68 for the total scale (see Appendix E for LSRPS).

In the present study, the preliminary reliability analysis of the scales revealed reliability coefficient for the primary psychopathy as .72, and .42 for the secondary psychopathy. Although the reliability value of primary psychopathy was within the

acceptable limits, the reliability coefficient of secondary psychopathy was relatively low. Furthermore, the Cronbach alpha value of the total scale turned out to be .79, hence, in parallel with the aims of the present research, only the total psychopathy score was used in the analyses.

2.2.4. The McMaster Family Assessment Device (MFAD)

MFAD is a 60-item self-report inventory, originally developed by Epstein, Bolwin, and Bishop (1983), in order to assess the participant's perception of familial functioning. The answers are provided on a 4-point Likert Type Scale, with (1) "certainly agree" and (4) "certainly disagree", and with higher scores reflecting more dysfunctional family environment.

MFAD is composed of seven sub-scales. "Problem Solving" reflects the extent to which the family members cope with their problems within the family, "Communication" indicates the level of exchange of information among the family members, "Roles" include items regarding the behavioral patterns to meet the demands of the family members, "Affective Responsiveness" reflects the most suitable response provided by the family members in the face of any kind of stimuli, "Affective Involvement" points out the extent to which family members show care, love, and concern to each other, "Behavior Control" indicates the pattern of providing discipline and standardization in the family, and the final sub-scale named as "General Functions" reflects a general score, including the information provided by the previously defined six sub-scales (Bulut, 1990). The original reliability and validity studies of MFAD resulted in internal consistency coefficients for the sub-scales, ranging between .72 and .92 (see Appendix F for the items of MFAD).

MFAD was adapted to Turkish by Bulut (1990), with internal consistency coefficients of the sub-scales ranging between .53 and .89, and test-retest reliability coefficients ranging between .62 and .90.

Regarding the aims of the present research, only the functioning of the family environment that the participants spent their childhood was in the scope. Therefore, "considering your family environment before marriage" was added to the instruction

in order for the married participants not to report their new family environments. Finally, in the present study, the Cronbach alpha coefficients of the sub-scales are found to range between .48 (behavior control) and .88 (general functions).

In the present study, considering the comprehensiveness function and the considerably high reliability coefficient, only the “General Functions” subscale was utilized in the statistical analyses in order to obtain a general score of dysfunctional family environment.

2.2.5. The Basic Personality Traits Inventory (BPTI)

BPTI is a 45-item self-report inventory, aimed to assess the basic personality traits which are often referred to as the five-factor model of personality (McCrae, & Costa, 2003; Peabody, & Goldberg, 1989), and developed particularly for Turkish culture through a series of studies conducted by Gençöz and Öncül (in progress). During the process of the development of the inventory, initially it was aimed to figure out the adjectives that are used frequently in Turkish culture in order to describe different people. Accordingly, 100 participants were asked to write down the adjectives that they used in order to describe different people that led them have various feelings (i.e., happiness, anger, excitement, pity, fear). By choosing one single item for the adjectives that indicated same characteristics, 250 adjectives were determined. Afterwards, when the adjectives that reflected physical characteristics of people, and those that were regarded as “slang” were excluded out of these 250 adjectives, “List of Personality Traits” was formulated through 226 adjectives. Secondly, the List of Personality Traits was applied to 510 participants whose ages ranged between 17 and 60, and they were asked to rate each adjective through 5-point likert type scale that ranged between (1) “does not apply to me” and (5) “definitely applies to me”. When the data was subjected to the varimax rotated principle components analysis, results yielded 5 basic personality traits (extraversion, conscientiousness, agreeableness, neuroticism, and openness to experience), as consistent with the literature, and a sixth factor which was also supported by the recent studies (Durrett, & Trull, 2005). This sixth factor is named as negative valence

(2005), which can be summarized as “negative self attributions”. By gathering together the 45 items that had the highest loadings on these six factors (and which also had low loadings on the other factors), “Basic Personality Traits Inventory” (BPTI) was formed. Finally, in the third study, a series of inventories which were regarded as conceptually parallel were applied with BPTI to 454 undergraduate students. In this study, it was aimed to test the psychometric characteristics of the BPTI, and the six factors. The internal consistency, test-retest reliability, and concurrent validity studies with other inventories applied for each factor supported satisfactory psychometric characteristics of BPTI (see Appendix G for BPTI).

2.2.6. The Young Over-Compensation Inventory (YOCI)

YOCI, originally developed by Young (1999), is a 48-item self-report inventory that is used in order to measure the extent to which people engage in over-compensation as a schema coping and/or schema maintenance strategy. The inventory is applied through a six-point Likert Type Scale, answer choices ranging between (1) “totally unacceptable for me” and (6) “totally acceptable for me”, with higher scores reflecting more engagement in schema over-compensation behavior, that specifically indicate manipulative, dominant, stubborn, and materialistic behavioral styles (Ball & Young, 2000)

YOCI is being adapted to Turkish by Karaosmanoğlu, Soygüt, Çakır, and Tuncer (in progress, as cited in Karaosmanoğlu, Soygüt, Tuncer, Derinöz, & Yeroham, 2005). In the present study, the total scale revealed a Cronbach alpha value of .89, hence, the main analyses were conducted utilizing the global score of schema over-compensation (see Appendix H for YOCI).

2.2.7. The Young-Rygh Avoidance Inventory (YRAI)

YRAI, originally developed by Young and Rygh (1994), is a 40-item self-report inventory that is used to measure the extent to which people engage in avoidance as a schema coping and/or schema maintenance strategy. The inventory is applied through a six-point Likert Type Scale, answer choices ranging between (1)

“totally unacceptable for me” and (6) “totally acceptable for me”, with higher scores reflecting more engagement in schema avoidance behavior, that specifically indicate numbness, rationalization, psychosomatic symptoms, and denial.

YRAI is being adapted to Turkish by Karaosmanoglu, et al. (in progress, as cited in Karaosmanoglu, et al., 2005). In the present study, the total scale revealed a Cronbach alpha value of .79, hence, the main analyses were conducted utilizing the global score of schema avoidance (see Appendix I for YRAI).

2.3. Procedure

In order to reach the criminal sample, formal permission was obtained from the Ministry of Justice General Directorate of the Prisons and Detention Houses. In accordance with the security policies of the General Directorate of the Prisons and Detention Houses, the instruments were applied to the criminal participants in an interview room, under the supervision of a correctional officer. Thus, the correctional officers were pre-informed about the procedures and the ethical demands of the study.

The criminals who received a sentence because of a conception offense were not included in the study.

After the presentation of the informed consent and taking the permission of the participant, the first part of the instruments, the socio-demographic information form, was presented in a structural interview format. The interview lasted for approximately 30 minutes. Afterwards, the second part of the instruments, the inventory package was given to the participant to fill-out in the interview room, in order to answer the probable questions related to the inventories. The completion of the inventories again lasted for approximately 30 minutes, varying according to the age and educational level of the participants.

Finally, a seminar considering titles related to the processes of substance dependence, coping and treatment strategies was provided to the offenders residing in Ankara Closed Prison and Detention House for Women, at the instance of the administration of the establishment.

No specific procedure was applied for the non-criminal participants, other than their selection according to the snow-ball technique, by keeping the age variable as parallel as possible to that of criminal participants’.

2.4. Statistical Analysis

In the present study, data are analyzed through the Statistical Package of Social Sciences (SPSS), version 11.5 for Windows. Participants who had more than 10% missing cases in at least one of the inventories were excluded from the study. For the remaining missing data, the cases’ average scores for that instrument were replaced.

Prior to main analysis, factor analysis was performed for The Antisocial Behavior Scale. Afterwards, six separate two-way Analysis of Variances (ANOVAs) were conducted in order to reveal the gender, criminality, and toxic childhood experience (TCE) differences for psychopathy, antisocial personality, borderline personality, general family functions, schema avoidance, and schema over-compensation. Consequently, in order to investigate the gender, criminality, and TCE differences for basic personality traits, Multivariate Analysis of Variance (MANOVA) was applied. Besides, associated factors of personality psychopathology variables were investigated through a series of hierarchical regression analyses, separately conducted for criminal and non-criminal groups.

CHAPTER III

3. RESULTS

The results section begins with the preliminary factor analysis conducted for the Antisocial Behavior Scale (ABS). After providing descriptive information regarding the global scores included in the main analyses, a series of analysis of variances (ANOVAs), investigating the gender, criminality, and toxic childhood experience (TCE) differences for personality psychopathology variables, general family dysfunctions, and schema coping responses are presented. Afterwards, the results of the multivariate analysis of variance (MANOVA), which was conducted in order to investigate the gender, criminality, and TCE differences for basic personality traits, are provided. These variance analyses are followed by inter-correlations and finally, the findings are reported through a series of hierarchical regression analyses, conducted separately for both criminal and non-criminal samples.

3.1. Factor Analysis of the Antisocial Behavior Scale (ABS)

In order to investigate the psychometric properties of ABS, the items of the scale were subjected to the Principle Components Analysis (PCA). A preliminary investigation of the scree-plot suggested one global factor, therefore, PCA was run through one-factor solution. As can be seen in Table 3.1., 14th, 15th, 23rd, and 35th items received negative loadings, therefore they were treated as reverse items in the further analysis. Moreover, .15 was regarded as the cut-off score in terms of item-total correlations, thus, 9th and 12th items were observed to be below the cut-off score (.02 and .13 item-total correlations, respectively); Consistently, these items had revealed relatively low loadings on the global factor of ABS (see Table 3.1.). Hence, these items were excluded from the total ABS score. Finally, when the reliability analysis was conducted through 35 items according to the above suggestions, the Cronbach alpha coefficient was observed to be .88.

Table 3.1. Factor Loadings of the Antisocial Behavior Scale*

Item No	Item	Item-Total Correlations	Factor Loadings
1	Bad things always happen to me.	.59	.67
2	My family is not happy with people I spend time mostly.	.47	.61
3	I feel some parts of my body numb.	.44	.49
4	Life is a kind of burden for me, mostly.	.63	.69
5	Everything seems to be monotonous and repetitive.	.48	.55
6	I sometimes feel like getting into a fist fight.	.34	.39
7	My family is not happy with the occupation I have / want to have.	.27	.32
8	I'm sure people are talking about me negatively.	.43	.49
9	I do not mind whatever happens to me.	.13	.14
10	I think I am a guilty person who deserves penalty.	.32	.35
11	At times, I kept myself away from some people, as I would regret about the words I speak or acts I take.	.18	.20
12	I like listening / attending the conferences on serious issues.	.02	.03
13	I was mostly penalised without any reason.	.52	.57
14	I am a happy person most of the time.	.27	-.35
15	Nearly all my relatives have good insights about me.	.30	-.35
16	I believe some people work up a conspiracy on me.	.43	.49
17	I have some strange and weird ideas.	.48	.53
18	I feel like hopeless these days.	.56	.64
19	Sometimes I really want to break / damage something.	.41	.47
20	Several times, I was sent to school administration for ditching the class.	.20	.21
21	I think this is not the life I want / deserve.	.55	.60
22	Instead of doing some other things, I prefer imagining / daydreaming..	.40	.44
23	I'm happy with my sex life.	.21	-.26
24	I do not tell the truth most of the time.	.17	.18
25	I lose the argument quickly.	.25	.29
26	Sometimes I feel as if I have to hurt myself or somebody else.	.40	.44

Table 3.1. Continued.

27	We should try to understand our dreams and do necessary changes accordingly.	.28	.31
28	I am sometimes very good at hearing at a disturbing level.	.28	.31
29	Nobody understands me.	.60	.66
30	Most of the time, I feel myself gloomy and sad.	.63	.69
31	There have been lots of times when I had to work with managers less equipped than me.	.58	.65
32	Most of the time, I had the feeling of doing a big mistake or something bad.	.24	.27
33	I drink alcohol a lot.	.49	.55
34	People have an optimum understanding for me.	.16	.19
35	There are people who want to harm me.	.22	-.28
36	I would be more and more successful if some other people did not interfere.	.51	.56
37	Most of the time, I had the feeling of doing a big mistake or something bad.	.43	.49
Eigenvalue			7.67
Explained Variance (%)			20.74

* Items were translated into English by the author

3.2. Descriptive Analyses

Descriptive information regarding the Levenson Self-Report Psychopathy Scale (LSRPS), Antisocial Behavior Scale (ABS), Borderline Personality Inventory (BPI), Basic Personality Traits Inventory (BPTI), McMaster Family Assessment Device-General Dysfunctions (MFAD-G), Young Over-Compensation Inventory (YOIC), and Young-Rygh Avoidance Inventory (YRAI) are presented in Table 3.2.

Table 3.2. Descriptive information regarding the measures of the study

Variables	Alpha Coefficient	Mean	SD	Min-Max
LSRPS	.79	53.47	10.88	29-82
ABS	.88	11.52	7.08	0-32
BPI	.91	13.35	9.24	0-45
BPTI				
Agreeableness	.85	35.29	3.85	19-40
Extraversion	.89	29.56	6.00	9-40

Table 3.2. Continued

Conscientiousness	.85	33.33	4.86	17-40
Neuroticism	.83	24.66	7.25	9-42
Openness to Experience	.80	23.86	3.71	12-30
Negative Valence	.71	9.92	3.66	6-31
MFAD-G	.88	20.99	7.71	12-45
YOCI	.89	164.36	31.11	93-254
YRAI	.79	134.97	20.89	69-200

3.3. Gender, Criminality, and Toxic Childhood Experience (TCE) Differences for Psychopathy, Antisocial Personality, Borderline Personality, General Family Dysfunctions, Schema Avoidance, and Schema Over-Compensation

In order to examine the gender, criminality, and toxic childhood experience differences on the psychopathology, general family dysfunctions, and schema maintenance strategies measures, six separate 2 (Gender) X 2 (Criminality) X 2 (Toxic Childhood Experience) between subjects ANOVAs were conducted.

3.3.1. Gender, Criminality, and Toxic Childhood Experience (TCE) Differences for Psychopathy

A 2 (Gender) X 2 (Criminality) X 2 (TCE) between subjects ANOVA was conducted in order to find out the possible differences of gender, criminality, and TCEs in terms of psychopathy. Although significant main effects for gender and criminality did not take place, as can be seen in Table 3.3. and Figure 3.1., a significant main effect for TCE was observed, $F(1, 269) = 6.31, p < .05$. Accordingly, participants who indicated that they experienced TCEs such as separation from the family, witness of violence and/or being abused, got higher scores from the psychopathy scale ($M = 54.93$), when compared to other participants who reported that they did not have any TCEs ($M = 51.19$).

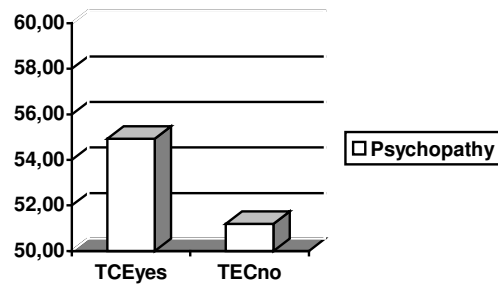
Interaction effects were not found to be significant in terms of psychopathy.

Table 3.3. Analysis of Variance for Psychopathy

Source	df	SS	MS	F
Gender	1	234.65	234.65	2
Criminality	1	236.56	236.56	2.01
TCE	1	741.26	741.26	6.31*
Gender X Criminality	1	80.57	80.57	0.69
Gender X TCE	1	0.01	0.01	0
Criminality X TCE	1	10.23	10.23	0.09
Gender X Criminality X TCE	1	17.63	17.63	0.15
Error	269	31608.61	117.50	

* $p < .05$

Figure 3.1. Main Effect for TCE in terms of Psychopathy



3.3.2. Gender, Criminality, and Toxic Childhood Experience (TCE) Differences for Antisocial Personality

A 2 (Gender) X 2 (Criminality) X 2 (TCE) between subjects ANOVA was conducted in order to find out the possible differences of gender, criminality, and TCEs in terms of antisocial personality. Although gender main effect was not found to be significant, as can be seen in Table 3.4., significant main effects for criminality, $F(1, 269) = 29.09$, $p < .001$, and TCE were observed, $F(1, 269) = 34.27$, $p < .001$. Accordingly, criminal group were found to engage in antisocial behaviors ($M = 13.52$) more frequently than the non-criminal group ($M = 9.1$) (see also Figure 3.2.). Furthermore, participants who indicated that they experienced TCEs, were observed to manifest antisocial behavioral style more ($M = 13.71$), when compared to other participants who reported that they did not have any TCEs ($M = 8.91$) (see also Figure 3.3.).

Interaction effects were not found to be significant in terms of antisocial personality.

Table 3.4. Analysis of Variance for Antisocial Personality

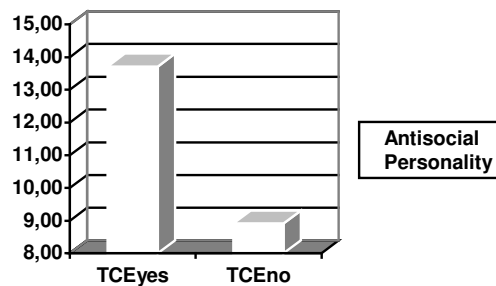
Source	df	SS	MS	F
Gender	1	1.94	1.94	0.05
Criminality	1	1038.59	1038.59	29.09*
TCE	1	1223.72	1223.72	34.27*
Gender X Criminality	1	15.01	15.01	0.42
Gender X TCE	1	85.01	85.01	0.12
Criminality X TCE	1	95.27	95.27	0.1
Gender X Criminality X TCE	1	2.90	2.90	0.08
Error	269	9604.47	35.7	

* $p < .001$

Figure 3.2. Main Effect for Criminality in terms of Antisocial Personality



Figure 3.3. Main Effect for TCE in terms of Antisocial Personality



3.3.3. Gender, Criminality, and Toxic Childhood Experience (TCE) Differences for Borderline Personality

A 2 (Gender) X 2 (Criminality) X 2 (TCE) between subjects ANOVA was conducted in order to find out the possible differences of gender, criminality, and TCEs in terms of borderline personality. Although gender main effect was not found to be significant, as can be seen in Table 3.5., significant main effects for criminality, $F(1, 269) = 18.46, p < .001$, and TCE were observed, $F(1, 269) = 30.63, p < .001$. Accordingly, criminal group were found to display borderline personality characteristics ($M = 15.5$) more than the non-criminal group ($M = 10.73$) (see also Figure 3.4.). Furthermore, participants who indicated that they experienced TCEs were observed to display more borderline personality characteristics ($M = 16.18$), when compared to other participants who reported that they did not have any TCEs ($M = 10.04$) (see also Figure 3.5.).

Interaction effects were not found to be significant in terms of borderline personality.

Table 3.5. Analysis of Variance for Borderline Personality

Source	df	SS	MS	F
Gender	1	7.68	7.68	0.12
Criminality	1	1210.99	1210.99	18.46*
TCE	1	2008.6	2008.6	30.63*
Gender X Criminality	1	17.95	17.95	0.27
Gender X TCE	1	208.46	208.46	3.18
Criminality X TCE	1	156.4	156.4	2.39
Gender X Criminality X TCE	1	15.88	15.88	0.62
Error	269	17643.03	65.59	

* $p < .001$

Figure 3.4. Main Effect for Criminality in terms of Borderline Personality

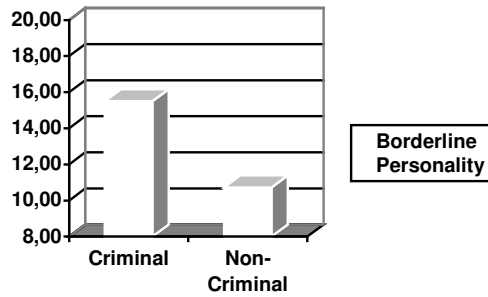
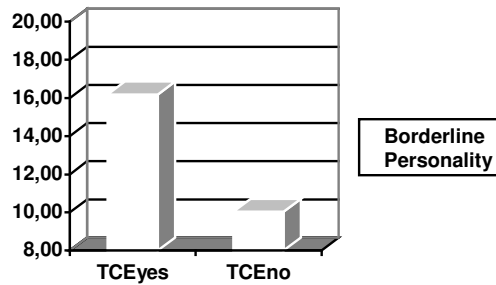


Figure 3.5. Main Effect for TCE in terms of Borderline Personality



3.3.4. Gender, Criminality, and Toxic Childhood Experience (TCE) Differences for General Family Dysfunctions

A 2 (Gender) X 2 (Criminality) X 2 (TCE) between subjects ANOVA was conducted in order to find out the possible differences of gender, criminality, and TCEs in terms of general family dysfunctions. Although the main effect for criminality was not significant, as can be seen in Table 3.6., significant main effects for gender ($F [1, 269] = 6.49, p < .01$), and TCE ($F [1, 269] = 58.15, p < .001$) were observed. Accordingly, females ($M = 22.32$) as compared to males ($M = 19.91$), and participants who had history of TCEs ($M = 24.73$) as compared to those who did not have history of TCEs ($M = 17.50$) reported more general family dysfunction (see also Figures 3.6., and 3.7.).

Besides these main effects, ANOVA results further yielded a significant Gender X TCE interaction effect on General Family Dysfunctions, $F(1, 269) = 5.65$, $p < .05$. According to the simple effect analyses, as can be seen in Figure 3.8., while no difference was observed between females and males who did not report TCE, out of the participants who indicated TCEs, females ($M = 27.09$) reported more general family dysfunctions than males ($M = 21.67$). Moreover, males who reported TCEs indicated more levels of family dysfunction ($M = 21.67$) when compared to male participants who did not report TCE ($M = 17.64$). Similarly, females who reported TCEs were found to report more levels of family dysfunction ($M = 27.09$) when compared to female participants who did not report TCE ($M = 18.57$).

Table 3.6. Analysis of Variance for General Family Dysfunctions

Source	df	SS	MS	F
Gender	1	309.880	309.880	6.494**
Criminality	1	136.255	136.255	2.856
TCE	1	2774.491	2774.491	58.146***
Gender X Criminality	1	11.864	11.864	0.249
Gender X TCE	1	269.439	269.439	5.647*
Criminality X TCE	1	24.641	24.641	0.516
Gender X Criminality X TCE	1	98.224	98.224	2.059
Error	269	12835.507	47.716	6.494

* $p < .05$, ** $p < .01$, *** $p < .001$

Figure 3.6. Main Effect for Gender in terms of General Family Dysfunctions

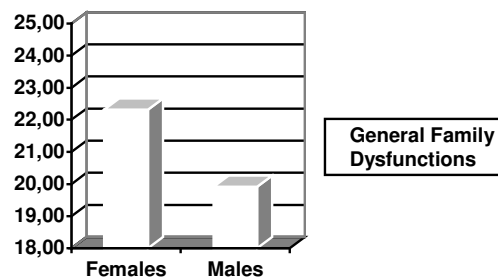


Figure 3.7. Main Effect for TCE in terms of General Family Dysfunctions

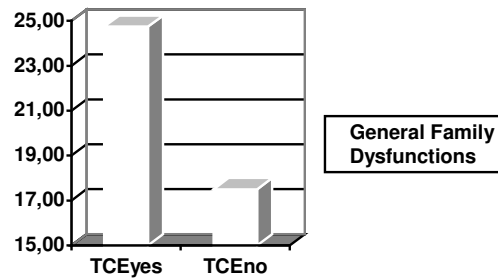
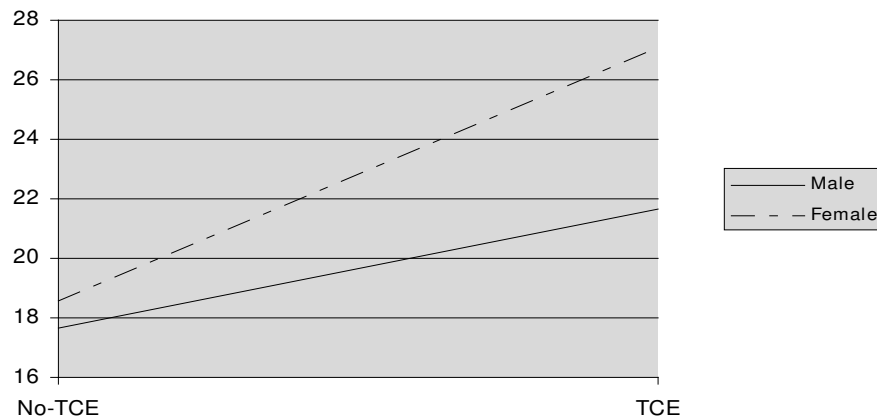


Figure 3.8. Interaction Effect of Gender and TCE on General Family Dysfunction



3.3.5. Gender, Criminality, and Toxic Childhood Experience (TCE) Differences for Schema Avoidance

A 2 (Gender) X 2 (Criminality) X 2 (TCE) between subjects ANOVA was conducted in order to find out the possible differences of gender, criminality, and TCEs in terms of schema avoidance. Although the main effects for gender and TCE were not significant, as can be seen in Table 3.7. and Figure 3.9., a significant main effect for criminality was observed, $F(1, 269) = 9.24, p < .01$. Accordingly, criminal

group ($M = 139.21$) were found to engage in schema avoidance more than the non-criminal group ($M = 130.72$).

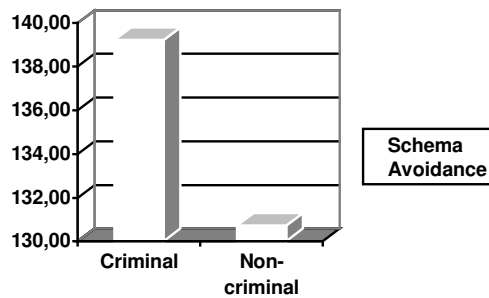
Interaction effects were not found to be significant in terms of schema avoidance.

Table 3.7. Analysis of Variance for Schema Avoidance

Source	df	SS	MS	F
Gender	1	819.25	819.25	1.97
Criminality	1	3836.16	3836.16	9.24**
TCE	1	959.05	959.05	2.31
Gender X Criminality	1	234.99	234.99	0.57
Gender X TCE	1	232.05	232.05	0.56
Criminality X TCE	1	159.35	159.35	0.38
Gender X Criminality X TCE	1	12.34	12.34	0.03
Error	269	111746.31	415.41	

** $p < .01$

Figure 3.9. Main Effect for Criminality in terms of Schema Avoidance



3.3.6. Gender, Criminality, and Toxic Childhood Experience (TCE) Differences for Schema Over-Compensation

A 2 (Gender) X 2 (Criminality) X 2 (TCE) between subjects ANOVA was conducted in order to find out the possible differences of gender, criminality, and TCEs in terms of schema over-compensation. Although a significant main effect for criminality did not take place, as can be seen in Table 3.8., significant main effects for gender, $F(1, 269) = 8.36, p < .01$, and TCE were observed, $F(1, 269) = 4.52, p <$

.05. Accordingly, males ($M = 167.68$) were found to engage in schema over-compensation more than females ($M = 155.55$) (see also Figure 3.10.). Furthermore, participants who indicated that they experienced TCEs ($M = 166.07$), were observed to engage in schema over-compensation more, when compared to other participants who reported that they did not have any TCEs ($M = 157.15$) (see also Figure 3.11.).

Interaction effects were not found to be significant in terms of schema over-compensation.

Table 3.8. Analysis of Variance for Schema Over-Compensation

Source	df	SS	MS	F
Gender	1	7817.99	7817.99	8.36**
Criminality	1	347.58	347.58	0.37
TCE	1	4231.69	4231.69	4.52*
Gender X Criminality	1	1123.17	1123.17	1.2
Gender X TCE	1	436.78	436.78	0.47
Criminality X TCE	1	3249.18	3249.18	3.47
Gender X Criminality X TCE	1	484.21	484.21	0.52
Error	269	251622.36	935.4	

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

Figure 3.10. Main Effect for Gender in terms of Schema Over-Compensation

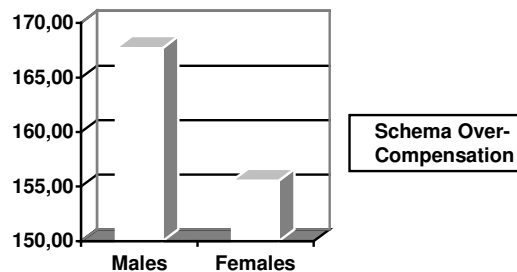
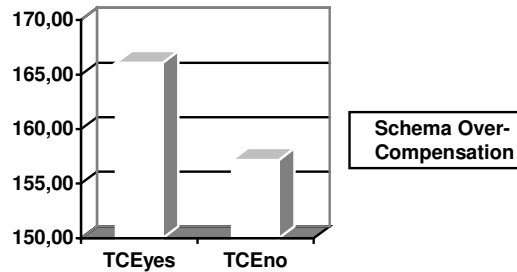


Figure 3.11. Main Effect for TCE in terms of Schema Over-Compensation



3.4. Gender, Criminality, and Toxic Childhood Experience (TCE) Differences for Basic Personality Traits

A 2 (Gender) X 2 (Criminality) X 2 (TCE) between subjects MANOVA was conducted, where the basic personality traits (i.e., extraversion, agreeableness, neuroticism, conscientiousness, openness to experience, and negative valence) were the dependent variables.

As can be seen in Table 3.9., MANOVA results yielded a significant main effect for Gender, Multivariate $F(6, 264) = 2.51, p < .05, \eta^2 = .05$, Wilk's Lambda = .95. Consequently, when the univariate analyses with Bonferroni correction (p value = $.05 / 6 = .008$) were examined, female and male participants were observed to be significantly differentiate only in terms of Openness to experience, $F(1, 269) = 10.51, p < .008$, indicating that males ($M = 24.57$) reported higher levels of openness to experience than females ($M = 23$).

Moreover, MANOVA results also provided a significant main effect for criminality, Multivariate $F(6, 264) = 4.26, p < .001, \eta^2 = .09$, Wilk's Lambda = .91. Accordingly, when the univariate analyses with Bonferroni correction (p value = $.05 / 6 = .008$) were examined, criminal and non-criminal participants were observed to be significantly differentiated in terms of agreeableness $F(1, 269) = 9.93, p < .008$, indicating that criminal participants ($M = 36.23$) reported more levels of agreeableness when compared to the non-criminal participants ($M = 34.58$). Moreover, the two groups of participants further differentiated with respect to

conscientiousness $F(1, 269) = 17.83, p < .008$, implying that criminals ($M = 34.70$) displayed higher levels of conscientiousness than non-criminals ($M = 31.98$). Finally, univariate analyses also revealed a significant difference in terms of criminality, with respect to openness to experience $F(1, 269) = 11.38, p < .008$, indicating that criminals ($M = 24.60$) reported more openness to experience than non-criminals ($M = 22.96$).

MANOVA results further yielded a significant main effect for TCE, Multivariate $F(6, 264) = 4.17, p < .001, \eta^2 = .09, \text{Wilk's Lambda} = .91$. When the univariate analyses with Bonferroni correction ($p \text{ value} = .05 / 6 = .008$) were examined, the participants who had a history of TCE (TCE) and those who did not have (non-TCE) were observed to be significantly differentiated in terms of conscientiousness $F(1, 269) = 10.88, p < .008$, indicating that non-TCE group ($M = 10.88$) reported more levels of conscientiousness than the TCE group ($M = 32.28$). Moreover, the two groups further differentiated with respect to extraversion $F(1, 269) = 8.74, p < .008$, as non-TCE group ($M = 31.14$) reported more extraversion than TCE group ($M = 28.73$). Furthermore, there was also a significant difference in terms of neuroticism $F(1, 269) = 17.03, p < .008$. Consequently, non-TCE group ($M = 22.42$) indicated lower levels when compared to the TCE group ($M = 26.43$).

MANOVA results did not reveal any significant interaction effect.

Table 3.9. MANOVA Results of Gender, Criminality, and TCE in terms of Basic Personality Trait

IV	Groups	E	C	A	N	O	NV	Multivariate F	df	Univariate F	df	η^2	Wilks's Lambda
Gender	Males	29.90	33.42	35.44	24.12	24.57	10.15	2.51*	6, 264	10.51 e*	1, 269	.05	.95
	Females	29.97	33.27	35.36	24.73	23	9.60						
Criminality	Criminals	30.57	34.7	36.23	9.86	24.60	9.86	4.28***	6, 264	11.38 o*	1, 269	.09	.91
	Non-criminals	29.31	31.98	34.58	9.88	22.96	9.88			9.93 e* 17.83 e*			
TCE	TCE yes	28.73	32.28	34.96	26.43	23.29	10.50	4.17***	6, 264	10.88 e*	1, 269	.09	.91
	TCE no	31.14	34.40	35.85	22.42	24.28	9.24			8.74 e* 17.03 n*			
Gender X Criminality	Male criminals	30.52	34.97	36.30	23.11	25.59	10.07	0.22	6, 264		1, 269	.01	1
	Female criminals	30.62	34.44	36.15	24.14	23.62	9.65						
	Male non-criminals	29.29	31.86	34.58	25.12	23.55	10.22						
	Female non-criminals	29.32	32.10	34.58	25.32	22.37	9.54						
Gender X TCE	Male TCE yes	28.94	32.17	34.96	25.81	23.83	10.84	1.51	6, 264		1, 269	.01	.99
	Female TCE yes	28.53	32.38	34.95	27.04	22.74	10.17						
	Male TCE no	30.87	34.66	35.92	22.42	25.31	9.45						
	Female TCE no	31.41	34.15	35.77	22.42	23.25	9.03						
Criminality X TCE	Criminals TCE yes	28.55	33.78	35.62	26.42	24.11	10.51	0.55	6, 264		1, 269	.03	.97
	Criminals TCE no	32.59	35.62	36.83	20.82	25.10	9.23						
	Non-criminals TCE yes	28.92	30.77	34.30	26.43	22.46	10.50						
	Non-criminals TCE no	29.70	33.19	34.86	24.01	23.47	9.26						
Gender X Criminality X TCE	Male criminals TCE yes	28.62	33.61	35.53	25.07	24.82	10.88	0.47	6, 264		1, 269	.01	.99
	Male criminals TCE no	32.42	36.33	37.08	21.15	26.36	9.26						
	Female criminals TCE yes	28.49	33.95	35.71	27.78	23.40	10.14						
	Female criminals TCE no	32.75	34.92	36.58	20.50	23.83	9.17						
	Male non-criminals TCE yes	29.26	30.74	34.40	26.55	22.84	10.80						
	Male non-criminals TCE no	29.32	32.99	34.76	23.69	24.27	9.64						
	Female non-criminals TCE yes	28.58	30.81	34.19	26.31	22.08	10.19						
	Female non-criminals TCE no	30.07	33.39	34.96	24.33	22.67	8.89						

*p < .008, ***p < .001

Note. E: Extraversion, C: Conscientiousness, A: Agreeableness, N: Neuroticism, O: Openness to Experience, NV: Negative Valence, TCE: Toxic Childhood Experiences

3.5. Inter-correlations between Psychopathy, Borderline Personality, Antisocial Personality, General Family Dysfunction, Schema Avoidance, Schema Over-Compensation, and Basic Personality Traits

Pearson's correlation analyses were conducted in order to investigate the relationships between psychopathy, borderline personality, antisocial personality, general family dysfunction, schema avoidance, schema over-compensation, and six basic personality traits: extraversion, agreeableness, conscientiousness, neuroticism, openness to experience, and negative valence. The results yielded significant positive correlations between psychopathy and borderline personality ($r = .44, p < .001$), antisocial personality ($r = .43, p < .001$), general family dysfunction ($r = .32, p < .001$), schema over-compensation ($r = .47, p < .001$), schema avoidance ($r = .22, p < .001$), neuroticism ($r = .48, p < .001$), and negative valence ($r = .32, p < .001$). Moreover, psychopathy was found to be negatively associated with conscientiousness ($r = -.13, p < .05$), and extraversion ($r = -.20, p < .001$).

In terms of borderline personality, bivariate correlation analyses revealed significant positive relationships with antisocial personality ($r = .79, p < .001$), general family dysfunction ($r = .37, p < .001$), schema over-compensation ($r = .47, p < .001$), schema avoidance ($r = .41, p < .001$), neuroticism ($r = .54, p < .001$), and negative valence ($r = .31, p < .001$). Moreover, borderline personality was found to be negatively associated with conscientiousness ($r = -.13, p < .05$), and extraversion ($r = -.23, p < .001$).

Regarding antisocial personality, significant positive correlations were yielded with general family dysfunction ($r = .41, p < .001$), schema over-compensation ($r = .38, p < .001$), schema avoidance ($r = .40, p < .001$), neuroticism ($r = .51, p < .001$), and negative valence ($r = .27, p < .001$). Moreover, antisocial personality was found to be negatively associated with extraversion ($r = -.27, p < .001$).

Pearson's correlation analyses further revealed significant positive associations between general family dysfunction and schema over-compensation ($r = .20, p < .001$), schema avoidance ($r = .17, p < .01$), neuroticism ($r = .34, p < .001$),

and negative valence ($r = .28, p < .001$). Furthermore, general family dysfunction was found to be negatively associated with agreeableness ($r = -.19, p < .01$), conscientiousness ($r = -.25, p < .001$), extraversion ($r = -.16, p < .01$), and openness to experience ($r = -.16, p < .01$).

Being one of the Young's schema coping strategies, schema over-compensation was found to have significant positive correlations with schema avoidance ($r = .46, p < .001$), neuroticism ($r = .39, p < .001$), and negative valence ($r = .28, p < .001$). In terms of schema avoidance, Pearson's correlation analyses revealed positive associations with neuroticism ($r = .22, p < .001$), agreeableness ($r = .15, p < .01$), and openness to experience ($r = .15, p < .01$), but negative correlation coefficients with extraversion ($r = -.13, p < .05$).

The results of the Pearson's correlation analyses, together with the inter-correlations among six basic personality traits are provided in Table 3.10.

Table 3.10. Pearson's Correlations between Psychopathy, Antisocial Personality, Borderline Personality, General Family Dysfunctions, Schema Over-Compensation, Schema Avoidance, and Basic Personality Traits

Variables	BPI	ABS	MFAD-G	YOCI	YRAI	A	C	E	N	O	NV
LSRPS	.44***	.43***	.32***	.47***	.22***	-.11	-.13*	-.20***	.48***	.02	.32***
BPI		.79***	.37***	.47***	.41***	.05	-.13*	-.23***	.54***	.01	.31***
ABS			.41***	.38***	.40***	.01	-.07	-.27***	.51***	-.01	.27***
MFAD-G				.20***	.17**	-.19**	-.25***	-.16**	.34***	-.16**	.28***
YOCI					.46***	-.03	-.06	-.07	.39***	.11	.28***
YRAI						.15**	.05	-.13*	.22***	.15**	.12
A							.44***	.23***	-.12*	.49***	-.32***
C								.30***	-.30***	.36***	-.31***
E									-.27***	.34***	-.28***
N										-.13*	.33***
O											-.02

*p < .05, ** p < .01, ***p < .001

Note. LSRPS = Levenson Self-Report Psychopathy Scale, BPI = Borderline Personality Inventory, ABS = Antisocial Behavior Scale, MFAD-G = McMaster Family Assessment Device-General Dysfunctions, YOCI = Young Over-Compensation Inventory, YRAI = Young-Rygh Avoidance Inventory, A = Agreeableness, C = Conscientiousness, E = Extraversion, N = Neuroticism, O = Openness to Experience, NV = Negative Valence.

3.6. Regression Analyses

In order to investigate the predictor roles of general family dysfunction, basic personality traits, and schema coping responses on characteristics of personality disorders, three separate hierarchical regression analyses were conducted as characteristics of psychopathy, antisocial personality disorder, and borderline personality disorder being dependent variables separately in each analysis. In the first step, critical demographic variables (those having a correlation coefficient of at least .20 with the dependent variable, at the zero-order correlation) were selected and entered in the first step of the regression equation in order to control for the variance accounted for by these control variables. Secondly, general family dysfunction was entered into the regression equation. In the third step, six basic personality traits (i.e., extraversion, agreeableness, conscientiousness, neuroticism, openness to experience, and negative valence) were entered, and finally, in the last step, schema coping responses, namely schema over-compensation and schema avoidance were entered into the regression equation. The described procedures were applied for non-criminal and criminal samples separately.

3.6.1 Factors Associated with Characteristics of Personality Disorders among Non-Criminal Participants

Considering the non-criminal sample, three separate hierarchical regression analyses were conducted as characteristics of psychopathy, antisocial personality disorder, and borderline personality disorder being dependent variables separately in each analysis.

3.6.1.1. Factors Associated with Characteristics of Psychopathy among Non-Criminal Participants

Considering the zero order correlation analysis, the variables “age of beginning to work” ($r = -.24, p < .01$) and “alcohol usage” ($r = .25, p < .01$) revealed moderate correlations with characteristics of psychopathy in the non-criminal sample. Therefore, these variables were entered into the regression equation in the

first step, where “characteristics of psychopathy” was the dependent variable. Accordingly, these control measures were found to significantly explain 15% of the variance, $F(2, 99) = 9.01, p < .001$. Among these variables, age of beginning to work ($\beta = -.28, t[99] = -2.90, p < .01$) and alcohol usage ($\beta = .32, t[99] = 3.37, p < .001$) were found to be significantly associated with characteristics of psychopathy, indicating that non-criminal participants who began to work at a younger age and who reported alcohol consumption tended to have more psychopathic characteristics.

In the second step, general family dysfunction was entered into the regression equation, and the explained variance significantly increased to 33%, $F_{\text{change}}(1, 98) = 24.92, p < .001$. Consequently, general family dysfunction was observed to be significantly associated with characteristics of psychopathy ($\beta = .45, t[98] = 4.99, p < .001$), indicating that as the general family dysfunction increased, non-criminal participants reported more psychopathic characteristics.

Thirdly, when six basic personality traits were entered, the explained variance significantly increased to 49%, $F_{\text{change}}(6, 92) = 4.84, p < .001$. However, hierarchical regression analysis only yielded significant associations between conscientiousness ($\beta = .21, t[92] = 2.04, p < .05$), and neuroticism ($\beta = .37, t[92] = 3.86, p < .001$), indicating that non-criminal participants who reported higher levels of conscientiousness and neuroticism, also reported higher levels of psychopathic characteristics.

When the basic personality traits were entered into the equation, although the regression model described a shrink in the effect of the general family dysfunction, its association to psychopathic characteristics was still observed to be significant ($\beta = .31, t[92] = 3.09, p < .01$).

Finally, when the schema coping responses were together entered into the regression equation, a significant change in the explained variance was not observed.

The summary of the results of the regression equation is displayed in Table 3.11.A.

3.6.1.2. Factors Associated with Characteristics of Antisocial Personality Disorder among Non-Criminal Participants

Considering the zero order correlation analysis, the variable “history of toxic childhood experiences” (TCE) ($r = .29, p < .001$) revealed a moderate correlation with antisocial personality disorder (ASPD) characteristics in the non-criminal sample. Therefore, TCE was entered into the regression equation in the first step, where “ASPD characteristics” was the dependent variable. Accordingly, TCE, as a control measure, was found to significantly explain 8% of the variance ($F [1, 144] = 13.29, p < .001$), and was found to be significantly associated with characteristics of ASPD ($\beta = .29, t[144] = 3.65, p < .001$), indicating that non-criminal participants who reported toxic childhood experiences tended to display more characteristics of ASPD.

In the second step, general family dysfunction was entered into the regression equation, and the explained variance significantly increased to 24%, $F_{change} (1, 143) = 30.10, p < .001$. Consequently, general family dysfunction was observed to be significantly associated with characteristics of ASPD ($\beta = .42, t[143] = 5.49, p < .001$), indicating that as the general family dysfunction increased, non-criminal participants reported more ASPD characteristics.

Thirdly, when the basic personality traits were entered, the explained variance significantly increased to 50%, $F_{change} (6, 137) = 11.37, p < .001$. However, hierarchical regression analysis yielded significant associations only between characteristics of ASPD and extraversion ($\beta = -.26, t[137] = -3.15, p < .01$), and neuroticism ($\beta = .44, t[137] = 6.46, p < .001$), indicating that non-criminal participants who reported lower levels of extraversion and higher levels of neuroticism, reported higher levels of ASPD characteristics.

When the basic personality traits were entered into the equation, although the regression model described a shrink in the effect of the general family dysfunction, its association to characteristics of ASPD was still observed to be significant ($\beta = .32, t[137] = 3.99, p < .001$).

Finally, when the schema coping responses were together entered into the regression equation, the explained variance significantly increased to 54%, $F_{\text{change}}(2, 135) = 6.32, p < .01$. However, hierarchical regression analysis only yielded significant associations between characteristics of ASPD and schema avoidance ($\beta = .22, \beta = .18, t[135] = 2.63, p < .01$), indicating that non-criminal participants who reported higher levels of schema avoidance also reported higher levels of ASPD characteristics.

When the schema coping responses were entered into the equation, although the regression model described shrinks in the effects of the general family dysfunction ($\beta = .28, \beta = .24, t[135] = 3.36, p < .001$), extraversion ($\beta = -.23, \beta = -.19, t[135] = -2.78, p < .01$), and neuroticism ($\beta = .43, \beta = .39, t[135] = 5.54, p < .001$), their associations to characteristics of ASPD were still observed to be significant.

The summary of the results of the regression equation is displayed in Table 3.11.B.

3.6.1.3. Factors Associated with Characteristics of Borderline Personality Disorder among Non-Criminal Participants

Considering the zero order correlation analysis, the variables “age” ($r = -.27, p < .001$), “history of toxic childhood experiences” (TCE) ($r = .29, p < .001$), and “history of suicide and/or self-mutilation” ($r = .31, p < .001$) revealed moderate correlation with borderline personality disorder (BPD) characteristics in the non-criminal sample. Therefore, these variables were entered into the regression equation in the first step, where “BPD characteristics” was the dependent variable. Accordingly, these control measures were found to significantly explain 20% of the variance, $F(3, 138) = 11.13, p < .001$. Among these variables, age ($\beta = -.26, \beta = -.25, t[138] = -3.22, p < .01$), TCE ($\beta = .22, \beta = .21, t[138] = 2.61, p < .01$), and history of suicide and/or self-mutilation ($\beta = .23, \beta = .23, t[138] = 2.83, p < .01$) were found to be significantly associated with characteristics of BPD, indicating that

non-criminal participants who were younger, who reported toxic childhood experiences, and who reported more history of suicide and self-mutilation tended to have more BPD characteristics.

In the second step, general family dysfunction was entered into the regression equation, and the explained variance significantly increased to 27%, $F_{\text{change}}(1, 137) = 13.07, p < .001$. Consequently, general family dysfunction was observed to be significantly associated with characteristics of BPD ($\beta = .30, t[137] = 3.62, p < .001$), indicating that as the general family dysfunction increased, non-criminal participants reported more BPD characteristics.

Thirdly, when the basic personality traits were entered, the explained variance significantly increased to 51%, $F_{\text{change}}(6, 131) = 10.98, p < .001$. However, hierarchical regression analysis yielded significant associations only between characteristics of BPD and negative valence ($\beta = .21, t[131] = 2.41, p < .05$), and neuroticism ($\beta = .46, t[131] = 5.98, p < .001$), indicating that non-criminal participants who reported higher levels of negative valence and neuroticism, also reported higher levels of BPD characteristics.

When the basic personality traits were entered into the equation, although the regression model described a shrink in the effect of the general family dysfunction, its association to characteristics of BPD was still observed to be significant ($\beta = .18, t[131] = 2.03, p < .05$).

Finally, when the schema coping responses were together entered into the regression equation, the explained variance significantly increased to 59%, $F_{\text{change}}(2, 129) = 12.70, p < .001$. However, hierarchical regression analysis only yielded significant associations between characteristics of BPD and schema avoidance ($\beta = .29, t[129] = 3.48, p < .001$), indicating that non-criminal participants who reported higher levels of schema avoidance also reported higher levels of BPD characteristics.

When the schema coping responses were entered into the equation, the effects of the general family dysfunction and negative valence on characteristics of BPD

were no more observed to be significant. However, although the regression model described a shrink in the effect of neuroticism, its association to characteristics of BPD was still observed to be significant, ($\beta = .39$, $\beta = .33$, $t[129] = 4.75$, $p < .001$).

The summary of the results of the regression equation is displayed in Table 3.11.C.

Table 3.11. Summary of the regression models for the non-criminal sample

DV	IV	df	F	β	t	pr	R ²
A. Psychopathy							
Control Measures		2, 99	9.01***				.15
Workage		99		-.27	-2.90**	.28	
Alcohol use				.31	3.73***	.32	
MFAD-G		1, 98	24.92***	.42	4.99***	.45	.33
BPTS		6, 92	4.84***				.49
A		92		-.16	-1.53	.16	
E		92		-.09	-0.92	.10	
C		92		.20	2.04*	.21	
N		92		.35	3.86***	.37	
O		92		.14	1.43	.15	
NV		92		.12	1.17	.12	
Schema Coping		2, 90	1.52				.50
OVERCOM		90		.14	1.40	.15	
AVOIDANCE		90		.03	0.28	.03	
B. ASPD							
Control Measures		1, 144	13.29***				.08
TCE		144		.29	3.65***	.29	
MFAD-G		1, 143	30.10***	.44	5.49***	.42	.24
BPTS		6, 137	11.37***				.50
A		137		.04	.54	.05	
E		137		-.23	-3.15**	.26	
C		137		.13	1.63	.14	
N		137		.44	6.46***	.48	
O		137		.01	.06	.01	
NV		137		.05	.57	.05	
Schema Coping		2, 135	6.32**				.54
OVERCOM		135		.08	1.11	.10	
AVOIDANCE		135		.18	2.63**	.22	

Table 3.11. Continued.

C: BPD						
Control Measures	3, 138	11.13***				.20
Age						
TCE	138					
HSUID						
MFAD-G	1, 137	13.07***				.27
BPTS	6, 131	10.98***				.51
A	131	.13	1.60			.14
E	131	-.10	-1.44			-.13
C	131	.01	0.14			.01
N	131	.42	5.98***			.46
O	131	-.08	-1.07			-.09
NV	131	.19	2.41*			.21
Schema Coping	2, 129	12.70***				.59
OVERCOM	129	.14	1.84			.16
AVOIDANCE	129	.24	3.48***			.29

* $p < .05$, ** $p < .01$, *** $p < .001$

Note. ASPD: Antisocial Personality Disorder, BPD: Borderline Personality Disorder, Workage: Age of beginning to work, TCE: Toxic childhood experience, HSUID: History of suicide and/or self-mutilation, MFAD-G: General family dysfunction, BPTS: Basic personality traits, E: Extraversion, C: Conscientiousness, A: Agreeableness, N: Neuroticism, O: Openness to Experience, NV: Negative Valence, OVERCOM: Schem a over-com-pensation, AVOIDANCE: Schem a avoidance.

3.6.2 Factors Associated with Characteristics of Personality Disorders among Criminal Participants

Considering the criminal sample, three separate hierarchical regression analyses were conducted as characteristics of psychopathy, antisocial personality disorder, and borderline personality disorder being dependent variables separately in each analysis.

3.6.2.1. Factors Associated with Characteristics of Psychopathy among Criminal Participants

Considering the zero order correlation analysis, neither of the control measures revealed moderate correlations with characteristics of psychopathy in the criminal sample. Therefore, general family dysfunction was entered in the first step, into the regression equation, where it is observed to significantly explain 5% of the variance, $F(1, 129) = 6.07, p < .05$. Consequently, general family dysfunction was found to be significantly associated with characteristics of psychopathy ($\beta = .21, \beta = .21, t[129] = 2.46, p < .05$), indicating that as the general family dysfunction increased, criminal participants reported more psychopathic characteristics.

In the second step, the basic personality traits were entered into the regression equation, and the explained variance significantly increased to 24%, $F_{change}(6, 123) = 5.14, p < .001$. However, hierarchical regression analysis only yielded a significant association between characteristics of psychopathy and neuroticism ($\beta = .36, \beta = .40, t[123] = 4.31, p < .001$), indicating that criminal participants who reported higher levels of neuroticism also reported higher levels of psychopathic characteristics.

When six basic personality traits were entered into the equation, the effect of the general family dysfunction on characteristics of psychopathy was no more observed to be significant.

Finally, when the schema coping responses were together entered into the regression equation, the explained variance significantly increased to 34%, F_{change}

(2, 121) = 9.77, $p < .001$. However, hierarchical regression analysis yielded a significant association only between characteristics of psychopathy and schema over-compensation ($\beta = .37$, $\beta = .40$, $t[121] = 4.36$, $p < .001$), indicating that criminal participants who reported higher levels of schema over-compensation also reported higher levels of psychopathic characteristics.

When the schema coping responses were entered into the equation, although the regression model described a shrink in the effect of neuroticism, its association to characteristics of psychopathy was still observed to be significant, ($\beta = .28$, $\beta = .29$, $t[121] = 4.36$, $p < .01$).

The summary of the results of the regression equation is displayed in Table 3.12.A.

3.6.2.2 Factors Associated with Characteristics of Antisocial Personality Disorder among Criminal Participants

Considering the zero order correlation analysis, the variables “education level” ($r = -.23$, $p < .01$), “substance use” ($r = .21$, $p < .05$), “history of toxic childhood experiences” (TCE) ($r = .38$, $p < .001$), “history of suicide and/or self-mutilation” ($r = .34$, $p < .001$), and “age of first criminal conduct” ($r = -.26$, $p < .01$) revealed moderate correlations with antisocial personality disorder (ASPD) characteristics in the criminal sample. Therefore, these variables were entered into the regression equation in the first step, where “ASPD characteristics” was the dependent variable. Accordingly, these control measures were found to significantly explain 23% of the variance, $F(5, 125) = 7.38$, $p < .001$. However, among these variables, only TCE ($\beta = .26$, $\beta = .26$, $t[125] = 3.03$, $p < .01$) was found to be significantly associated with characteristics of ASPD, indicating that criminal participants who reported toxic childhood experiences also indicated more ASPD characteristics.

In the second step, general family dysfunction was entered into the regression equation, and the explained variance significantly increased to 29%, $F_{change}(1,$

124) = 10.61, $p < .001$. Consequently, general family dysfunction was observed to be significantly associated with characteristics of ASPD ($\beta = .28$, $\beta = .27$, $t[124] = 3.26$, $p < .001$), indicating that as the general family dysfunction increased, criminal participants reported more ASPD characteristics.

Thirdly, when the basic personality traits were entered, the explained variance significantly increased to 46%, $F_{change}(6, 118) = 6.07$, $p < .001$. However, hierarchical regression analysis yielded a significant association only between characteristics of ASPD and neuroticism ($\beta = .44$, $\beta = .45$, $t[118] = 5.38$, $p < .001$), indicating that criminal participants who reported higher levels of neuroticism, also reported higher levels of ASPD characteristics.

When the basic personality traits were entered into the equation, although the regression model described a shrink in the effect of the general family dysfunction, its association to characteristics of ASPD was still observed to be significant ($\beta = .20$, $\beta = .18$, $t[118] = 2.24$, $p < .05$).

Finally, when the schema coping responses were together entered into the regression equation, a significant change in the explained variance was not observed.

The summary of the results of the regression equation is displayed in Table 3.12.B.

3.6.2.3 Factors Associated with Characteristics of Borderline Personality Disorder among Criminal Participants

Considering the zero order correlation analysis, the variables “education level” ($r = -.20$, $p < .05$), “substance use” ($r = .31$, $p < .001$), “history of toxic childhood experiences” (TCE) ($r = .35$, $p < .001$), “history of suicide and/or self-mutilation” ($r = .45$, $p < .001$), and “age of first criminal conduct” ($r = -.26$, $p < .01$) revealed moderate correlations with borderline personality disorder (BPD) characteristics in the criminal sample. Therefore, these variables were entered into the regression equation in the first step, where “BPD characteristics” was the dependent variable. Accordingly, these control measures were found to significantly

explain 28% of the variance, $F(5, 125) = 9.61, p < .001$. However, among these variables, only TCE ($\beta = .19, \beta = .18, t[125] = 2.11, p < .05$) and history of suicide and/or self-mutilation ($\beta = .31, \beta = .31, t[125] = 3.69, p < .001$) were found to be significantly associated with characteristics of BPD, indicating that criminal participants who reported toxic childhood experiences, and who reported more history of suicide and self-mutilation tended to have more BPD characteristics.

In the second step, general family dysfunction was entered into the regression equation, and the explained variance significantly increased to 31%, $F_{change}(1, 124) = 6.48, p < .01$. Consequently, general family dysfunction was observed to be significantly associated with characteristics of BPD ($\beta = .22, \beta = .21, t[124] = 2.55, p < .01$), indicating that as the general family dysfunction increased, criminal participants reported more BPD characteristics.

Thirdly, when the basic personality traits were entered, the explained variance significantly increased to 50%, $F_{change}(6, 118) = 7.4, p < .001$. However, hierarchical regression analysis only yielded significant associations between characteristics of BPD and agreeableness ($\beta = .20, \beta = .18, t[118] = 2.20, p < .05$), and neuroticism ($\beta = .45, \beta = .44, t[118] = 5.47, p < .001$), indicating that criminal participants who reported higher levels of agreeableness and neuroticism, also reported higher levels of BPD characteristics.

When the basic personality traits were entered into the equation, the effect of the general family dysfunction on characteristics of BPD was no more observed to be significant.

Finally, when the schema coping responses were together entered into the regression equation, the explained variance significantly increased to 54%, $F_{change}(2, 116) = 5.38, p < .01$. However, hierarchical regression analysis yielded significant associations only between characteristics of BPD and schema over-compensation ($\beta = .25, \beta = .23, t[116] = 2.83, p < .01$), indicating that criminal participants who reported higher levels of schema over-compensation also reported higher levels of BPD characteristics.

When the schema coping responses were entered into the equation, although the regression model described shrinks in the effects of agreeableness ($\beta = .18$, $\beta = .16$, $t[116] = 2.02$, $p < .05$) and neuroticism ($\beta = .39$, $\beta = .37$, $t[116] = 4.60$, $p < .001$), their association to characteristics of BPD were still observed to be significant.

The summary of the results of the regression equation is displayed in Table 3.12.C.

Table 3.12. Summary of the regression models for the criminal sample

DV	IV	df	F	β	t	pr	R ²
A. Psychopathy							
MFAD-G		1, 129	6.07*	.21	2.46*	.21	.05
BPTS		6, 123	5.14***				.24
A		123		-.06	-0.56	-.05	
E		123		-.07	-0.72	-.07	
C		123		.10	1.04	.09	
N		123		.40	4.31***	.36	
O		123		.16	1.54	.14	
NV		123		.12	1.30	.12	
Schema Coping		2, 121	9.77***	.40	4.36***	.37	.34
OVERCOM		121					
AVOIDANCE		121		-.10	-1.15	-.10	
B. ASPD							
Control Measures		5, 125	7.38***				.23
Education				-.15	-1.83	-.16	
Substance use				.04	0.39	.04	
TCE		125		.26	3.03**	.26	
HSUID				.17	1.94	.17	
Conductage				-.11	-1.17	-.10	
MFAD-G		1, 124	10.61***	.27	3.26***	.28	.29
BPTS		6, 118	6.07***				.46
A		118		.07	0.79	.07	
E		118		-.05	-0.64	-.06	
C		118		.06	0.70	.07	
N		118		.45	5.38***	.44	
O		118		-.05	-0.60	-.06	
NV		118		-.00	-0.05	-.01	
Schema Coping		2, 116	2.95	.15	1.67	.15	.48
OVERCOM		116					
AVOIDANCE		116		.07	0.89	.08	

Table 3.12. Continued.

C. BPD									
Control Measures		5,125	9.61***						28
Education									
Substance use									
TCE	125								
HSUID									
Conductage									
MFAD-G	1,124		6.48**						31
BPTS	6,118		7.40***						50
A	118			.18		2.20*		.20	
E	118			-.00		-.06		-.01	
C	118			.06		.75		.07	
N	118			.44		5.47***		.45	
O	118			-.04		-.43		-.04	
NV	118			.06		.75		.07	
Schema Coping	2,116		5.38**						.54
OVERCOM	116			.23		2.83**		.25	
AVOIDANCE	116			.02		0.29		.03	

*p < .05, **p < .01, *** p < .001

Note. ASPD: Antisocial Personality Disorder, BPD: Borderline Personality Disorder, TCE: Toxic childhood experience, HSUID: History of suicide and/or self-mutilation, Conductage: Age of first criminal conduct, MFAD-G: General family dysfunction, BPTS: Basic personality traits, E: Extraversion, C: Conscientiousness, A: Agreeableness, N: Neuroticism, O: Openness to Experience, NV: Negative Valence, OVERCOM: Schema over-compensation, AVOIDANCE: Schema avoidance.

CHAPTER IV

4. DISCUSSION

The aim of the present study was to examine the relationships between general family dysfunction, basic personality traits, schema coping responses, and characteristics of psychopathy, antisocial personality disorder (ASPD), and borderline personality disorder (BPD). Considering the associations between these personality disorder characteristics with criminal behavior, the present study was conducted with a criminal sample. However, taking into account the suggestions of dimensional approach to personality disorders, in order to investigate the sub-clinical features, the present study also included a non-criminal, community sample. Within this framework, the role of criminality was taken into account, while considering the gender and reports of toxic childhood experiences (TCE) differences in terms of characteristics of personality disorders, as well as in terms of general family dysfunction, basic personality traits, and schema coping responses. Finally, factors related to each personality disorder characteristics were examined separately for each sample. Consequently, in the following section, the findings of the present study will be discussed in the light of literature. Following, limitations of the study will be considered. Finally, the implications of the findings as well as suggestion for further research will be mentioned.

4.1. Psychometric Quality of the Antisocial Behavior Scale (ABS)

In Turkey, the assessment devices to evaluate the degree of Axis II psychopathology are restricted in number. In general, Minnesota Multiphasic Personality Inventory (MMPI) is the most utilized tool. As described in the instruments section in more detail, Antisocial Behavioral Scale is developed through the analysis of MMPI items, with a considerable reliability coefficient (Kartallar,

1996). However, to our knowledge, there is not any study that utilized ABS, and the present study is the first that investigated the psychometric structure of ABS in a different sample of participants. Although the four-factor structure that was described by Kartallar (1996) was not obtained and except for the exclusion of some of the items that revealed negative loadings as contrary to Kartallar (1996), the reliability value of the total scale was found to be compatible with that of original results.

4.2. Toxic Childhood Experiences, Criminality, and Gender differences on Characteristics of Personality Disorders

There are several studies in the literature discussing the characteristic features of Psychopathy, Antisocial Personality Disorder (ASPD), and Borderline Personality Disorder (BPD). One of the important points that is stressed by many of the authors is the role of Toxic Childhood Experiences (TCE), namely the physical, sexual, emotional abuse and/or neglect that is experienced during childhood, mainly in the family environment (Helgeland, & Torgersen, 2004). Although the evidence of childhood traumatic experiences are not reported to be prerequisite of personality disorders (Graybar & Boutilier, 2002), and retrospective methodology is noted to be a common limitation, the view that TCE, directly or indirectly, leads to the development of personality disorders is generally accepted (Helgeland, & Torgersen, 2004). In accordance with these suggestions, the findings of the present study showed that the participants who reported TCE displayed more Psychopathic, ASPD, and BPD characteristics when compared to the participants that did not report any TCE, supporting the idea that TCE is an important factor in explaining personality disorders. However, the finding that there were a group of participants who did not report TCE but found to display characteristics of personality disorders is also in line with Graybar and Boutilier's (2002) suggestion, implying that TCE is a crucial factor in terms of personality disorders but there are certainly other "non-traumatic pathways" that lead to Axis II syndromes and/or criminal behavior. Furthermore, in the present study, besides the general description of TCE, long-term separation from

parents was also included as a TCE criterion. And it is not clear in the present study, as well as in the literature, that which TCE factor (abuse, neglect, or separation) looms large in the development of Axis II psychopathology. Finally, the present study also focused on retrospective recall of participants, which have some limitations that might have complicated the results of the present study (see Section 4.8.).

Regarding criminality, studies generally indicate that psychopathy, ASPD, and BPD are common among offenders (Blackburn, & Coid, 1998; Moran, 1999; Paris, 1997). Infact, there is a general tendency in the personality disorder literature to differentially study with forensic samples and there are few studies that note the expression and epidemiology of personality disorders in community samples (Blackburn, & Coid, 1998; Moran, 1999). One of the main strengths of the present study is the inclusion of both criminal and non-criminal sample of participants, thus having an opportunity to comparatively focus on these two samples in terms of personality disorders. The findings are generally found to be consistent with the literature, particularly in terms of ASPD, indicating that criminal participants were found to display more ASPD characteristics as compared to non-criminal participants. Similarly, criminal participants were also found to report more BPD characteristics, supporting the suggestion that BPD, like ASPD, is a common phenomenon in forensic settings. However, it is important here to note that non-criminal participants who did not report any official or unofficial criminal record also displayed characteristics of BPD and ASPD. Therefore, it is important to investigate the factors associated with characteristics of ASPD and BPD among non-criminal participants, which will be further discussed in the related sections. Finally, there are several authors who note the role of gender bias in contaminating the findings of BPD and ASPD studies, by differentially focusing on females for BPD and males for ASPD (Jane, Oltmanns, South, & Turkheimer, 2007; Morey, Warner, & Boggs, 2002). Paris (1997) further discussed that, above gender bias, ASPD and BPD might have extensions of a common psychopathology that is expressed differently by the

role of gender. However, the results of the present study partially challenge these suggestions indicating that, although the gender distribution was not equalized for both criminal and non-criminal samples (see Section 4.8.), characteristics of BPD were also observed in the criminal sample, where male participants were dominant. Infact, it is difficult to interpret this finding solely from a gender role point of view, as it is obvious that several other factors such as impulsivity might have intervened. However, the finding at least highlights the gender discussion, suggesting that future studies should direct more attention towards comparative investigation of characteristics of ASPD and BPD among males and females, in community samples as well, where the inclusion of impulsivity factor is less.

Psychopathy, an Axis II condition that is excluded from 4th edition of Diagnostic and Statistical Manual (APA, 2000) by referring to its overlapping features with ASPD, is also generally discussed to be epidemiologically common among forensic settings (Blackburn, & Coid, 1998). However, inconsistent with the above suggestions, in the present study psychopathic characteristics were not found to be significantly related to criminal behavior, and no significant difference was observed between criminal and non-criminal samples in terms of psychopathy. There may have several reasons for this inconsistency. For instance, psychopathy is generally described as a two-factor phenomenon (Harpur, et al., 1988; Harpur, et al., 1989). Although there are other studies, which also considered a global score of psychopathy (Engeler, & Yargıç, 2004), combining primary and secondary psychopathy, which describe different sides of the disorder, may have canceled out the criminality effect. On the other hand, the finding might be highlighting another important issue that psychopathy may have different characteristics than ASPD, as discussed by many researchers (e.g., Blair, et al., 2005; Hare, et al., 1991; Verona, et al., 2001). Although studies are few in number, there are suggestions in the literature that, there may be “successful psychopaths”, who carry psychopathic characteristics but are not involved in criminal activity (Baird, 2002; Cleckley, 1976; Salekin, et al., 2001). To put together, the finding of the present study at least indicates that, further

studies are considerably needed to clarify the concept of psychopathy in community samples and its distinction from ASPD, through a neater methodology that suggests two-factor solution as described in the literature.

Finally, considering gender variable, there were no differences observed between genders in terms of characteristics of psychopathy, ASPD, and BPD. The finding was partially unacceptable, as psychopathy and ASPD are generally described as male-dominant disorders, while BPD was commonly observed among females (Paris, 1997). In parallel with the discussion above, the present finding may be related to two issues. First, the finding should be interpreted by caution with the limitations of the present study in terms of gender distribution. Secondly, however, this finding may be evidence for the suggestions in the literature that, gender differences that were frequently noted by previous studies reflect gender biased findings rather than the true nature of the samples (Jane, Oltmanns, South, & Turkheimer, 2007; Morey, Warner, & Boggs, 2002).

4.3. Toxix Childhood Experiences, Criminality, and Gender Differences on General Family Dysfunction

As expected, the result of the present study revealed that participants who reported TCE also provided higher general family dysfunction scores when compared to the participants who did not report TCE. Considering the description of TCE, the finding is consistent with the literature, suggesting that presence of TCE indicates a dysfunctional family environment (Higgins, & McCabe, 2003).

On the other hand, the finding that criminal group did not differ from non-criminal group in terms of general family dysfunction was an unexpected finding, provided that the studies related to the development of criminal behavior mostly refer to a dysfunction in the early family environment (Horwitz, et al., 2001), as well as social environment such as peer groups and school (Lynam, & Gudonis, 2005). However, the present finding might be highlighting another important debate that criminal behavior is not solely due to the adverse impacts of a dysfunctional family

environment. Several other variables such as sociological, cultural, and biological factors as well as personality and coping variables interact to bring up delinquency (Eysenck, 2003).

There's a considerable amount of evidence in the literature suggesting that females generally have a tendency to report more negative events when compared to males (Eaton, & Bradley, 2008; Wagner, & Compas, 1990; Washburn-Ormachea, Hillman, & Sawilowsky, 2004). Similarly, in the present study, female participants reported more dysfunction when they were asked to retrospectively recall their early childhood family environment, when compared to male participants. One explanation for this general tendency comes from Wagner and Compas (1990) indicating that, due to the gender difference in the identity development process, females are more focused to interpersonal interactions as compared to males. However, the present finding becomes more meaningful when it is examined through Gender X TCE interaction effect. Although the finding that male participants who reported TCE indicated more dysfunction as compared to other male participants who did not report TCE, and the same result for female participants, could be easily explained through the role of TCE, what is associated with the above explanations is that females reported more general family dysfunction as compared to males, only among the group of participants who indicated TCE. This finding is also in parallel with Gavazzi (2006), and Hoyt and Scherer (1998) who indicated that, rather than the structural family variables such as the size of the family, females and males respond differently to the dynamic family variables such as parental acceptance and rejection, family conflict, and parental control. Thus, it is acknowledged by recent research that, although the negative impact of a dysfunctional family environment is well known, the process affects females and males differently.

4.4. Toxic Childhood Experiences, Criminality, and Gender Differences on Schema Coping Responses

Regarding TCE, while participants who reported TCE were also found to engage more in schema over-compensation when compared to the participants who

did not report TCE, there was no difference between two groups in terms of schema avoidance. Considering schema over-compensation, the finding was consistent with the theoretical background, which suggests that schema coping responses develop in order to deal with early maladaptive schemas (EMS) that are generated through TCE (Young, et al., 2003). Similarly, a TCE difference could also be expected in terms of schema avoidance. However, considering the nature of avoidance strategy, especially experiential and emotional avoidance, it is not usual for the participants with TCE not to provide responses (Gratz, Bornovalova, Delany-Brumsey, Nick, & Lejuez, 2007).

In terms of criminality, while criminal participants reported more schema avoidance when compared to non-criminal participants, the groups did not differ in terms of schema overcompensation. This was again a partially unexpected result as schema overcompensation, as a “fight” strategy, is generally indicated to reflect a reactive behavioral style (Young, 2003). The finding might again reflect a methodological limitation. That is, an investigation of schema overcompensation with a more particular focus to the participants who have a history of violent crime and/or relatively longer criminal record could better reveal the characteristics of schema overcompensation among offenders.

Although an expected finding would be as schema overcompensation characterizing the coping strategies of criminal sample rather than schema avoidance, another reason for why we had the reverse finding could be the role of substance abuse. Referring to the conceptualization of schema avoidance, substance use and abuse is discussed to be important especially in terms of behavioral avoidance (Brotchie, et al., 2003; Brotchie, et al., 2007) Similarly, there were a considerable number of criminal participants who indicated that they had a history of substance use/abuse. Thus, substance use/abuse might be the reason why criminal participants reported more schema avoidance than non-criminal participants.

Finally, in terms of gender, while no difference was observed for schema avoidance, males are found to be more schema overcompensating than female

participants. Although the schema therapy (ST) approach is fairly new and studies related to the concepts of ST are, at best, few in number, yet it is possible to interpret the results regarding schema coping responses by referring to the findings related to the general coping behaviors of organisms which are fight (overcompensate), flight (avoid), or freeze (maintain) (Young, et al., 2003). For instance, anxiety disorder studies indicate that females are more prone to stressful events and more tended to engage in avoidance behaviors when compared to males, due to the gender-role socialization process, which lead females not to express stress-related responses (McLean, 2007). Similarly, Washburn-Ormachea, et al. (2004) and Thorntons, Pickus, and Aldrich (2005) noted that, emotion-focused coping, which brings avoidance behavior with itself, is found to be associated with feminine characteristics. Besides, problem focused coping is regarded as having a masculine outline. Considering schema overcompensation as an alternative to avoidance, as being an approach strategy (although maladaptive), the finding of the present study that male participants reported more schema overcompensation as compared to females, seems to be parallel with the above discussion. However, another expected result that females would report more schema avoidance than males, did not take place. Similarly, there are also contradictory results in the recent literature. For instance, Eschenbeck, Kohlmann, and Lohaus (2007) found that males reported more avoidance than females when they were asked about their coping strategies when faced with a stressful event in social or academic life. Moreover, Eaton, and Bradley (2008) noted that, both males and females preferred problem focused coping to other coping styles. An explanation to these contradictory results comes from Washburn-Ormachea, et al. (2004) suggesting that, investigating coping strategies become more meaningful if we consider the situation the participants cope with. This suggestion is in parallel with ST approach conceptualization of maladaptive coping responses, which warn that, coping responses should not be considered as a life-style, that is, the patient may avoid from one schema but overcompensate for another. Thus, it is noteworthy for further research to investigate schema coping responses with specific schemas (or schema domains) they are associated.

4.5. Toxic Childhood Experiences, Criminality, and Gender Differences on Basic Personality Traits

In terms of basic personality traits, the participants who reported TCE indicated higher levels of neuroticism, but lower levels of extraversion and conscientiousness when compared to the participants who did not report TCE. Considering neuroticism, the finding is consistent with the previous studies indicating that, neuroticism is the personality variable most associated with negative early childhood experiences (McFarlane, Clark, Bryant, Williams, Niavra, & Paul, et al., 2005). Moreover, neuroticism is found to be frequently reported as a basic personality trait most commonly expressed by personality disorder patients (Wiggins, & Pincus, 2005) and by patients with other Axis I conditions (McFarlane, et al., 2005). Considering the role of TCE on the development of psychopathology, it is expected to find TCE and neuroticism associated. Within the given focus to the relationship between TCE and psychological well-being, it can also be reported as an expected finding that the participants who reported TCE provided lower levels of extraversion, as extraversion is generally found to be a positive psychological adjustment variable (Côté & Moskowitz, 1998) However, it is more difficult to interpret the finding regarding conscientiousness on the axis of psychological well being as conscientiousness is a more indirect indicator of psychological well being. McFarlane, et al (2005) also found an association between early life stress and low levels of conscientiousness in a community sample and interpreted the finding as the way of participants' adjustment, after the experience of childhood traumatic events. Yet, the link between TCE and later personality variables remain unclear in the literature.

Authors that investigated the basic personality dimensions associated with criminal behavior frequently noted Neuroticism as the most common factor (Gudjonsson, & Sigurdsson, 2007; Samuels, et al., 2004). Moreover, Samuels, et al (2004) further implied that criminal behavior was also associated with higher levels of some facets of Extraversion, and lower levels of Agreeableness, in parallel with what is suggested for ASPD (Lynam, & Widiger, 2001). However, in the present

study, criminality was found to be unrelated to Neuroticism. Moreover, criminal participants were found to report higher levels of Agreeableness and Conscientiousness, as contrary to general expectations. There might be several reasons for this controversy. One may be related to the discussion of domain vs. facet level of analysis in describing personality disorders through Five Factor Model of Personality (FFM). Accordingly, Ball (2005), and Bagby, et al (2005) indicated that, rather than the global assessment of domains, facet level of analysis is more informative, especially in terms of understanding the differences between personality disorders. Linking the discussion to criminal behavior, Lynam and Widiger (2001), as well as Costa and Widiger (2005) noted that ASPD patients score higher on some facets of neuroticism (i.e., Angry-hostility), but lower on others (i.e., Self-consciousness). This might explain why Neuroticism seemed unrelated to criminal behavior in the present study, as the scores might have canceled out each other. However, the present explanation still does not totally explain why criminal participants scored higher on Agreeableness and Conscientiousness dimensions, since ASPD patients are noted to generally have low scores on both (Costa, & Widiger, 2005; Lynam, & Widiger, 2001). The finding may have roots more in the procedural limitations of the present study. That is, correctional officers assigned for the present study selected the criminal participants. It is highly probable that the officers might have selected the most “Agreeable” and “Conscientious” participants that they thought would help the study by voluntary participation. On the other hand, the selection of the non-criminal participants was totally random. Besides, social desirability factor might have operated among the criminal participants as they might have felt themselves more object of prejudice. Finally, provided that the criminal sample of the present study included participants with histories of a variety of offenses, this might also have complicated the results as focusing on one type of crime would provide neater findings in terms of basic personality traits, which should be considered in the further studies.

The present study also indicated high levels of Openness to Experience associated with criminal behavior. Although there’s not a compelling evidence

underlining the link between openness to experience and criminal behavior, the finding of the present study that the criminal participants reported higher levels of Openness to Experience when compared to non-criminal participants, is in line with Lynam and Widiger's (2001) suggestion which indicates that the FFM description of ASPD includes high levels of openness to experience (i.e., action) beyond other dimensions.

Finally, in terms of gender, no difference was observed regarding the basic personality dimensions, except for Openness to experience, with males having higher scores compared to females. The recent literature suggests that, females score higher on the Aesthetic Interest facet of Openness to experience, while males generally score higher on the Intellectual Interest facet (Chapman, Duberstein, Sörensen, & Lyness, 2007). Considering Chapman et al's (2007) suggestion together with the described effects of the domain level of analysis, the finding of the present study might also reflect a limitation of the assessment device, which did not include items related to Aesthetic Interest (see Gençöz, & Öncül, in progress) and rather posited items more related to the themes that are generally favored for males in Turkey.

4.6. Factors Associated with Characteristics of Personality Disorders among Non-Criminal Participants

In terms of demographic features, there were two variables that turned out to be important for defining psychopathic characteristics among non-criminal participants. The first was the age of the participants that they began to work. Accordingly, as the age of beginning to work diminished, participants were found to report more psychopathic attributes. Furthermore, this finding turned out to be irrelevant of the education level of the participants. To our knowledge, there's no considerable evidence in the literature suggesting the link between age of beginning to work and psychopathy. Furthermore, the studies that investigated the etiological correlates of violent behavior (Fulwiler, & Ruthazer, 1999) and psychopathy (Marshall, & Cooke, 1999) generally underlined the role of family environment, peer relations, and school environment. However, in the literature, there seems to be a

tendency to neglect the role of beginning and/or being forced to work during childhood/adolescence, as well as the impact of street life (Ögel, Yücel, & Aksoy, 2004), that are not also effectively covered in the present study. However, this finding at least suggests that further studies should search for the role of early work experiences, as well as street life, while investigating psychopathic characteristics in community samples.

Regarding the other demographic variable, increased alcohol consumption was also found to be associated with psychopathic features among non-criminal participants. This is partially an expected finding, considering the frequent reference to impulsive and risky behaviors in the literature, while defining psychopathy (Lynam, & Gudonis, 2005). However, the findings that substance use/abuse, self-harming behaviors and suicidal attempts did not turn out to be relevant to psychopathic characteristics, was not expected. One explanation for this may be that there was relatively little number of participants in the non-criminal sample who reported substance experience and/or suicidal/self-harming behaviors. Moreover, Salekin, et al (2001) indicated that, psychopathy in the non-criminal sample may not be related to risky behavioral style as much as it is in the criminal sample. Thus, the finding that psychopathic characteristics in non-criminal sample was found to be associated only with alcohol consumption among impulsive behaviors, is generally in line with the psychopathy literature.

In the personality disorder literature, considerable emphasis is provided for the effects of early childhood experiences. TCE, being an important variable related to these experiences, was not found to be associated with Psychopathic characteristics in the non-criminal sample, in line with the suggestion that, although family environment is important, Psychopathy has much more to do with the genetic explanations (Marshall, & Cooke, 1999) and emotional abnormalities (Blair, et al., 2005; Lykken, 1995; Patrick, Cuthbert, & Lang, 1994). On the other hand, TCE was found to be associated with ASPD and BPD, as expected. This result is parallel with the studies indicating that, a history of abuse should certainly be considered while dealing with patients with personality disorders (Horwitz, et al., 2001).

Regarding BPD, two other demographic variables were found to be associated. One is the age of the participant that, younger participants reported more BPD characteristics. Although it was not observed to be associated with ASPD, age is another important variable in the personality disorder literature, especially for those that are noted to be sharing impulsive characteristics (Zanarini, 1993 as cited in Paris, & Zweig-Frank, 2001). Accordingly, in their longitudinal study Paris and Zweig-Frank (2001) indicated that, characteristics of BPD diminish with age, as the person becomes less impulsive.

Another demographic variable that was found to be associated with characteristics of BPD is also an impulsivity related variable, which is the history of suicidal attempts and/or self-mutilation. The importance of this variable is indicated by several authors as to be important in characterizing BPD through impulsivity and self-centered aggression (Linehan, 1993).

Finally, among the demographic variables, another interesting finding was observed in terms of gender. That is, gender difference was not observed regarding any of the personality disorders that are in the scope of the present research. As discussed in detail in the first chapter, gender is another controversial issue that is heavily discussed in the personality disorders literature. Accordingly, there are some suggestions indicating that Psychopathy and ASPD are male dominant disorders, and BPD is frequently reported by females (Paris, 1997). However, there are also others who challenge this suggestion by underlining the gender bias observed in many of these studies (Jane, et al., 2007; Morey, et al., 2002). These challenging views generally indicate that these disorders are not simply distinguished in terms of expression of impulsivity and anger by genders. Much more, these disorders, although share many etiological features, are observed to be different from each other when they are more attentively investigated, particularly regarding basic personality traits (Widiger et al., 2005). It is possible as well, to interpret the present finding, as a supporting evidence for these challenging views.

As expected, and noted by several authors, characteristics of personality disorders, namely Psychopathy (Lynam, & Gudonis, 2005; Marshall, & Cooke,

1999), ASPD (Harper, 2004), and BPD (Arntz, et al., 1999) were found to be associated with a dysfunctional family environment, even when the demographic variables were controlled. Although TCE, indicating abuse, neglect, and/or long term separation from parents was not found to be associated with Psychopathic characteristics, a dysfunctional family environment is found to be crucially important in terms of understanding this type of personality disorder (Lynam, & Gudonis, 2005). Moreover, given the finding that, general family dysfunction was still significantly associated with ASPD and BPD characteristics when TCE was controlled, it is possible to conclude that, family environment is also a very important variable in terms of these disorders. Although a traumatic background is not a prerequisite as also suggested by Graybar, and Boutilier (2002), a dysfunction in the family environment seems to be the touchstone of personality disorders.

In terms of basic personality dimensions, the analyses revealed positive associations between conscientiousness and neuroticism with Psychopathic characteristics in the non-criminal sample. The literature regarding the FFM of psychopathy is relatively confusing, and there are several reasons for this confusion. The most important reason for the controversy makes reference to the domain versus facet level of analysis in FFM of personality disorders studies (Harpur, et al., 2005). Besides, the two-factor nature of the disorder is also noted to be the source of controversial results. Putting two discussions together, for instance, Harpur et al. (2005) noted that, when the FFM nature of psychopathy is investigated in the facet, rather than domain level, neuroticism is negatively correlated with Primary Psychopathy in the sense of anxiety, but positively correlated with Secondary Psychopathy because of impulsiveness and angry-hostility facets. Although this suggestion figures out the need for facet level of analysis, which is a limitation in the present study, yet, the importance of high levels of neuroticism in defining psychopathy is highly supported (Blackburn, & Coid, 1998; Harpur et al., 2005).

Conscientiousness, although was not reported to be the “basic” element of psychopathy, is generally indicated to be negatively correlated with Secondary factor (Blackburn, & Coid, 1998; Harpur, et al., 2005), however it is also discussed by

Harpur et al (2005) that the findings are controversial and limited to some facets of the Conscientiousness domain. Moreover, there's the notion in the literature of "Successful Psychopaths", usually highly educated, highly intelligent and socially skilled individuals in the community that display psychopathic characteristics (i.e, manipulating others) but do not perform criminal acts (Baird, 2002; Cleckley, 1976; Salekin, et al., 2001). Thus, it is highly possible that high levels of Conscientiousness associated with Psychopathic characteristics in the non-criminal sample in the present study might reflect the "successful" side of the disorder, though further studies are crucially needed to elevate this finding without the confounding effect of domain level and global score analysis of Psychopathy.

Continuing along the domain versus facet level of analysis and the factorial nature discussions, a domain level of analysis with a global score of psychopathy would most probably lead the scores cancel out each other. Therefore, it is possible to explain why other basic personality traits, particularly Agreeableness which is a dimension of FFM that is frequently noted to be negatively associated with psychopathy (Lynam, 2005), was not found to be related to Psychopathic characteristics in the present study.

Returning back to Neuroticism, this basic personality dimension was also found to be positively associated with ASPD and BPD. Unlike Psychopathy, evidences related to Neuroticism and other personality disorders are neater, indicating that Neuroticism, having a direct relationship with impulsivity and negative affect, is the basic premise of the personality trait structure of the personality disorders (Costa Jr., & Widiger, 2005). Thus, the present evidence further supports these findings suggesting that, Neuroticism is one of the most important common features underlining ASPD and BPD.

Providing that there is little to no doubt for the role of Neuroticism for most of the personality disorders, FFM proponents rather argue upon other basic personality traits that highlight the characteristic differences between the personality disorders (Samuel, 2001). However, results are less in number and more controversial. Accordingly, ASPD is generally suggested to be different than BPD in

terms of domineering features of low levels of Agreeableness and Conscientiousness (Widiger, et al., 2005). Unfortunately, the present study failed to support this suggestion. One reason for this might be the domain level of analysis which is discussed in detail in the previous sections. In the present study, among non-criminal participants, characteristics of ASPD seemed to differ from that of BPD in terms of low levels of Extraversion. This is an interesting finding as many of the studies dealing with Basic Personality Traits Model of ASPD discuss that patients with ASPD have a tendency to exhibit higher levels of “Excitement Seeking” facet of Extraversion (Brooner, Schmidt, & Herbst, 2005). However, low levels of Extraversion might also be related to the social withdrawal, which might in turn be reflected as a reaction to the community.

Considering BPD, in the non-criminal sample, characteristics of BPD was observed to differ from ASPD in terms of Negative Valence. Negative Valence is recently suggested to the FFM literature by Durrett and Trull (2005), thus evidences are limited regarding its function. However, Durrett and Trull (2005) suggests Negative Valence, which is the dimension that deals with one’s negative and evil self-images, to be one of the characteristic features of BPD, where self-centered aggression and negative self concepts come to fore (Linehan, 1993). Consequently, the present finding indicates that, in parallel with Durrett and Trull’s (2005) proposition, the role of Negative Valence on BPD should be investigated in the forthcoming studies.

Finally, schema coping responses were not found to be associated with Psychopathic characteristics in the non-criminal sample, when the demographic variables, general family dysfunction, and basic personality traits were controlled. Although there are some attempts to describe Psychopathy in terms of Early Maladaptive Schemas (Torres, 2002), to our knowledge, there is not a study in the literature indicating the role of schema coping responses on Psychopathy. However, considering the link between Psychopathy and ASPD, it is possible to expect participants, who had higher psychopathic tendencies, to engage in schema coping responses. The present case, however, could be explained by referring to the

suggestions that participants with Psychopathic characteristics in the non-criminal sample may have developed more adaptive coping strategies, given their intelligence and social skills (Baird, 2002).

Similar to Psychopathy, the present study did not also reveal an association between Schema over-compensation and ASPD and BPD. However, the non-criminal participants that scored high on ASPD and BPD reported more Schema avoidance instead. According to Schema theory, when the conceptualizations of coping responses are examined, Over-compensation seems more likely to be an antisocial strategy because of its reactive nature. Similarly, BPD patients could be more expected to surrender or avoid, rather than over-compensating, when the dissociative and self-harming nature of BPD is considered. However, the situation is more complicated because of the relatively temporary nature of coping responses are regarded. Moreover, Young et al (2003), as well as other authors discuss that it is also very important to take into account the modes and the sources that the person would cope with (Washburn-Ormachea, et al., 2004). Considering modes, for instance, Beckley and Gordon (2005) stated that in a case study of offenders, they observed Schema avoidance as a coping strategy to avoid modes such as “Vulnerable Child” and “Detached Protector”. Similarly, non-criminal participants who especially had ASPD characteristics might have chosen withdrawal or avoidance from society, in a way for reacting rather than an illegal act. However, this explanation would be clearer if the modes were investigated in parallel with coping responses. Overall, in the forthcoming studies, it would be noteworthy to investigate the modes and other variables that prevent non-criminal participants who indicated characteristics of Psychopathy, ASPD, and BPD, from delinquency, and engage in Schema avoidance instead.

4.7. Factors Associated with Characteristics of Personality Disorders among Criminal Participants

In terms of demographic characteristics, none of the variables that were particularly associated with the criminal sample (i.e., age of first criminal conduct,

history of violent crime) turned out to be correlated with characteristics of Psychopathy, ASPD, and BPD. This was an interesting finding suggesting that criminal behavior might be more related to other variables such as personality characteristics, social skills, coping skills, etc., rather than the psychopathological conditions. However, to our knowledge, there is no evidence in the literature supporting this view.

TCE, being another important demographic variable of the present study, was found to be related to the characteristics of ASPD and BPD but not to the characteristics of Psychopathy, as being similar to the findings reported for the non-criminal sample. Thus, a similar interpretation could also be valid for the criminal samples suggesting that, history of TCE seems common among participants with characteristics of ASPD and BPD. But Psychopathy needs further examination of the biological and emotional dysregulation factors (Blair, et al., 2005).

Alcohol and/or substance use and/or abuse were also found to be unrelated to the characteristics of personality disorders within the scope of the present research, in spite of the fact that they were frequently reported by the participants in the criminal group. Moreover, history of suicidal attempts and/or self-mutilation, another frequently reported variable, was found to be associated only with characteristics of BPD, but not with other disorders. This was an expected finding for BPD, as its self-defeating nature (Linehan, 1993). However, the case of Psychopathy and ASPD seems to be more complex. Overall, it seems reasonable to suggest that, criminal participants share many of the basic variables of Cluster B Personality Disorders as demographic features. But the presence of these variables is more related to the characteristics of criminals rather than characteristics of personality disorders. Thus, although personality disorders are more prevalent among forensic settings, further studies are essentially needed to investigate why some delinquent behaviors are related to personality disorders and some are not.

As in non-criminal sample, general family dysfunction was found to be associated with characteristics of all of the personality disorders in the present study.

Thus, traumatic or non-traumatic, a general dysfunction in the family seems to be important in the criminal sample as well, for the development of personality disorders.

Considering basic personality traits, Neuroticism was observed to be common for all personality disorder characteristics, as frequently suggested both in the personality disorders (Costa Jr., & Widiger, 2005) and in the forensic literature (Gudjonsson, & Sigurdsson, 2007; Samuels, et al., 2004). However, the present study failed to demonstrate the role of other personality dimensions on the personality disorder characteristics in the criminal sample. A possible reason might be the limitation of domain level of analysis and the sample selection method. Sample selection strategy, which was discussed in detail above, might have also caused the criminal samples who indicated more BPD features to have been reported more Agreeableness, an unexpected finding that is unparallel with the general consensus in the literature (Trull, et al., 2003).

Finally, in terms of schema coping responses, findings indicated that criminal participants who reported personality disorder characteristics did not indicate avoidance as a coping response. On the other hand, while no association between schema coping responses and characteristics of ASPD was observed, schema over-compensation was found to be associated with characteristics of Psychopathy and BPD in the criminal sample. Although the finding for ASPD complicates the issue, still the results provide support for the suggestion that criminal and impulsive lifestyle is better reflected by the schema over-compensation strategy. However, the present evidence is preliminary, and needs more research and investigation, by considering the suggestions of Young et al (2003) and Washburn-Ormachea, et al (2004) that the concept of coping responses are relatively temporary in nature, depends on modes, and are more meaningful when the source is defined.

4.8. Limitations of the Present Study

The present study has limitations especially at the methodological level. In terms of sample characteristics, demographic characteristics of the non-criminal

sample could not be established on the one to one basis with that of the criminal sample, except for the variable of age. For instance, in the criminal sample, approximately half of the female participants that attended the study later rejected to fill in the instruments. Thus criminal sample consisted of exclusively male participants. On the contrary, the non-criminal sample included more female participants. Moreover, the two groups were not similar in terms of education, with non-criminal participants being more educated than the criminal participants. Infact, this circumstance, in a sense, seems to reflect the nature of the two samples. Not only in terms of gender and education, but also in the sense that, in the criminal sample, females are more rejecting to participate while males are more willing, while the reverse is the case in the non-criminal sample. Thus the dynamics and motives of participation should also be considered in the further studies. However, still, the two groups were not as comparable as it was aimed.

There was also a procedural difference between the two groups. That is, while the demographic form was utilized through an interview for the criminal sample, it was distributed as a fill-out form for the non-criminal sample. This might have certainly revealed the social desirability issue for the criminal participants although they were observed to be willing and sincere in sharing their information. Moreover, in terms of selection, while a completely random snow-ball technique was utilized in the non-criminal sample, participants were selected by the correctional officers in the criminal sample, again randomly but to a lesser extent.

Moreover, the present study did not focus on one type of crime, hence the records of the criminal participants included various sorts of crimes. Although this was representative in terms of criminal population, it may have complicated the results as it is indicated in the literature that the types of crimes differ from each other in terms of dynamics and characteristics (Howitt, 2006).

Regarding instruments, first of all demographic form is subject to several limitations. For instance, although the present study aimed at investigating the characteristics of ASPD, the demographic form does not include questions regarding the conduct disorder history, which is a prerequisite for the diagnosis of ASPD

according to DSM-IV (APA, 2000). Moreover, the present study particularly focused on the role of childhood family environment, and ignored questions regarding the peer, school, and street environment, as well as the relationships with partner. Although it could not be established through statistical data, according to our observations, peer relations and street life are particularly important while studying with male criminal participants. Similarly, many of the female participants, including those who later dropped out the study, indicated that they were married at a very young age (generally before 18 years old), were forced to be married, and experienced abuse in their marriages. Thus, interpersonal environments other than the family should certainly be considered while studying with forensic samples in Turkey.

Another limitation regarding the demographic form is the questions regarding the psychiatric history. The present study aimed to investigate personality disorders from a dimensional point of view, thus a clinical sample was beyond the scope of our research. However, although dimensional, a clinical observation of psychopathological conditions certainly requires a structured mental health examination of the participants in order to reveal the baseline level and avoid the confounding variables.

Finally, the present study relied on retrospective recall, not only in the demographic but also in other measures. Many authors suggest the limitations of retrospective procedure by referring to the subjectivity of the methodology (Helgeland, & Torgersen, 2004; Horwitz, et al., 2001). However, in their prospective study with BPD patients, Helgeland and Torgersen (2004) suggested that they did not observe the limitations of retrospective recall, indicating that prospective analysis also revealed parallel results.

Regarding the instruments other than the demographic form, a major limitation could be considered in terms of the utilization of Levenson Self Report Psychopathy Scale. In the present study, taking into account the relatively low alpha value of the Secondary Psychopathy Scale, a global score of Psychopathy was utilized. Consequently, this led to the ignorance of the differences between Primary

and Secondary Psychopathy, and the result to get complicated in terms of Psychopathy. Moreover, it was frequently observed that participants had difficulty in understanding many of the items included in the scale. Thus, it is suggested that, for the better utilization of the instrument, the items should be revised and updated.

Continuing with the instruments, the utilization of Basic Personality Traits Inventory is also subject to limitation. Considering the hot debate in the literature in terms of the domain versus facet level of analysis, lexical approach of FFM, which takes into account domains, does not seem to be a suitable instrument for studying with personality disorders. Although Neuroticism, being the common characteristic among personality disorders was achieved, the present study failed to demonstrate differences between personality disorders in terms of basic dimensions of personality.

Finally, Schema Therapy literature handles the early relationships with parents, early maladaptive schemas, modes, and coping responses as a unitary system (Young, et al., 2003). Thus, utilizing the whole set of schema therapy instruments would certainly provide a more complete picture.

4.9. Therapeutic Implications of the Present Study

One of the main strengths of the present study is to provide an evidence for the dimensional nature of personality disorders, indicating that characteristics of personality disorders are evident in the non-clinical settings, both in the criminal and non-criminal samples, and are associated with certain basic personality dimensions. Personality disorders are not cases that are separate from Axis I conditions. Infact, there are several studies indicating that most of the chronicity, resistance, and poor treatment outcome faced with patients with Axis I conditions reflect an underlying dynamic of a personality disorder, or at least sub-clinical features (Moore, & Garland, 2004; Young, 1999). Thus it is crucially important for practitioners to consider the sub-clinical personality disorder elements as well as the basic personality traits of the patients, in order to acquire formulation of individual cases, tailorizing the treatment, and foreseeing the possible obstacles. Moreover, this has an

implication also in the forensic setting. General problems in the forensic settings include the suicidal attempts and self-mutilating behaviors of the offenders, as well as other problematic situations that occur between offenders such as fights. Besides, another hot discussion in the forensic area is the issue of recidivism. That is, factors related to and predictive of recidivism, as well as the prevention strategies are still debatable (Howitt, 2006). Accordingly, monitoring characteristics of basic personality traits, personality disorders, as well as other mental health conditions would certainly provide a better framework for the forensic practitioner. Consequently, psycho-education programs that are developed by considering these suggestions would lead the practitioner to foresee and prevent possible problematic behaviors.

The present study also provides emphasis on the role of family environment for the development of problematic behaviors and severe psychopathological conditions. Thus we suggest that it is crucially important to support and develop programs related to the family education and prevention of abuse and neglect in the family environment. Moreover, programs that are specifically designed in order to work with the parents should be developed in the forensic settings, particularly for juvenile offenders. Such programs would certainly be helpful for reducing recidivism and providing an opportunity for development for the juvenile offenders.

Finally, the present study revealed that coping responses are as much important as other variables for the development of behavioral outcome. Thus, both in clinical and forensic settings, education of effective coping skills should be embedded in the treatment and/or psycho-education program.

4.10. Suggestions for Further Research

The present study reveals important suggestion for the characteristics of Psychopathy, ASPD, and BPD both in the non-criminal and in the criminal sample of participants. However, as discussed in the limitations section, the present study includes several disadvantageous points. Further studies with a better-designed methodology, including a control group that is similar to the characteristics of the

forensic group and instruments that assess two-factor structure of Psychopathy and that provide opportunity for facet level of analysis would certainly provide clearer findings.

Beyond the limitations, the present study also sheds light on some of the controversial issues in the literature that essentially needs further examination. For instance, although characteristics of Psychopathy, ASPD, and BPD are found to be evident in both genders, they still seem to differ in terms of behavioral manifestations. Moreover, given the finding that females and males are affected differently from the experience of dysfunctional family environment, further studies should certainly focus on the underlying processes that lead genders report their experiences differently. Furthermore, the impacts of other life events, especially other significant environments such as peer and partner relations should be considered in order to reveal which processes are more in the foreground for females and males.

Besides, the link between TCE early temperamental characteristics and later personality variables remain unclear in the literature, which should be certainly investigated. Does early childhood experiences play a role in the shaping of certain personality characteristics is still a hot debatable issue.

Regarding coping responses, there are several controversies that remain unresolved. Understanding of the dynamics underlying avoidance and over-compensation, their associations with modes, sources of coping, as well as other variables and behavioral outcomes should be investigated. Besides the maladaptive coping responses, adaptive coping strategies should also be examined, in order to reveal the resiliency factors in the community sample that prevent people from offending and in the forensic sample that are preventative in terms of recidivism. By this way, it is believed that better intervention strategies could be developed focusing on the impacts of coping skills.

Finally, regarding the characteristics of the criminal sample, further studies should focus more on the dynamics of criminal behavior beyond psychopathology; such as the role of impulsivity, adaptation and coping strategies, impulsivity and

other dimensions of personality, as well as the delay of gratification. Besides, the cultural elements should be considered to be critical. Although the differences between female and male criminals were beyond the scope of present research, it was observed that there are several variables interacting with cultural elements that lead to different dynamics of criminal behavior between genders. For instance, in general male offenders were observed to receive social support from their partners, while the case was reverse for female participants. Moreover, the number of criminal records was relatively less for female offenders as compared to those of males. Besides the offences of female participants were frequently observed to be associated with their partners (either they were forced to offend, or accompany with, by their partners, they undertook their partners' offences or their offenses were directed towards their partners). These points are crucially important, and should be considered in further studies with forensic samples, indicating that criminal behavior of females have different dynamics than that of males.

REFERENCES

- Alarcón, R.D., Foulks, E. F. & Vakkur, M. (1998). *Personality disorders and culture*. Canada, John Wiley & Sons, Inc.
- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Arntz, A. (1999). Do personality disorders exist? On the validity of the concept and its cognitive-behavioral formulation and treatment. *Behavior Research and Therapy*, 37, 97-134.
- Arntz, A., Dietzel, R., & Dreessen, L. (1999). Assumptions in borderline personality disorder: Specificity, stability and relationship with etiological factors. *Behavior Research and Therapy*, 37, 545-557.
- Ashton, M. C., Lee, K., & Paunonen, S. V. (2002). What is the central feature of extraversion? Social attention versus reward sensitivity. *Journal of Personality and Social Psychology*, 83(1), 245-252.
- Ashton, M. C., Lee, K., Perugini, M., Szarota, P., De Vries, R. E., Di Blas, et al. (2004). A six-factor structure of personality-descriptive adjectives: solutions from psycholexical studies in seven languages. *Journal of Personality and Social Psychology*, 86(2), 356-366.
- Austin, J. L. (1990). *Philosophical papers*, ed. by Urmson, J. O. & Warnock, G. J. New York: Oxford University Press.
- Aydemir, Ö., Demet, M. M., Danacı, A. E., Devenci, A., Taşkın, E. O., & Mızrak, S. et al. (2006). Borderline kişilik envanterinin Türkçe'ye uyarlanması, güvenilirlik ve geçerliliği. *Psychiatry in Türkiye*, 8(1), 6-10.
- Bagby, R. M., Costa Jr, P. T., Widiger, T. A., Ryder, A. G., & Marshall, M. (2005). DSM-IV personality disorders and the five-factor model of personality: A multi-method examination of domain- and facet-level predictions. *European Journal of Personality*, 19, 307-324.
- Baird, S. (2002). The links between primary and secondary psychopathy and social adaptation. *Colgate University Journal of the Sciences*, 61-82.
- Ball, S. A., & Young, J. E. (2000). Dual focus schema therapy for personality disorders and substance dependence: Case study results. *Cognitive and Behavioral Practice*, 7, 270-281.

- Ball, S. A. (1998). Manualized treatment for substance abusers with personality disorders: Dual focus schema therapy. *Addictive Behaviors, 23*(6), 883-891.
- Ball, S. A. (2001). Reconceptualizing personality disorder categories using personality trait dimensions: Introduction to special section. *Journal of Personality, 69*(2), 147-153.
- Ball, S. (2005). Big five, alternative five, and seven personality dimensions: Validity in substance-dependent patients. In Costa Jr, P. T. & Widiger, T. A. (Eds.), *Personality disorders and the five-factor model of personality*. (2nd ed., pp. 177-202).
- Barry, C. T., Frick, P. J., DeShazo, T. M., McCoy, M. G., Ellis, M., & Loney, B. R. (2000). The importance of callous-unemotional traits for extending the concept of psychopathy to children. *Journal of Abnormal Psychology, 109*(2), 335-340.
- Beck, A.T., Freeman, A. & Davis, D.D. (2004). *Cognitive therapy of personality disorders* (2nd ed.). New York: The Guilford Press.
- Beckley, K., & Gordon, N. S. (2005). *Groups & Formulations: The development of a schema therapy group and the use of formulations with personality disordered male offenders*. XXXV. Annual Congress of the European Association for Behavioral and Cognitive Therapy (EABCT), Thessaloniki, Greece.
- Ben-Ari, A., & Lavee, Y. (2005). Dyadic characteristics of individual attributes: Attachment, neuroticism, and their relation to marital quality and closeness. *American Journal of Orthopsychiatry, 75*(4), 621-631.
- Benet, V. & Waller, N. G. (1995). The big seven factor model of personality description: evidence for its cross-cultural generality in a spanish sample. *Journal of Personality and Social Psychology, 69*(4), 701-718.
- Blackburn, R., & Coid, J. W. (1998). Psychopathy and the dimensions of personality disorder in violent offenders. *Personality and Individual Differences, 25*, 129-145.
- Blair, J., Mitchell, D., & Blair, K. (2005). *The psychopath: Emotion and brain*. UK: Blackwell Publishing.
- Bouchard, G. (2003). Cognitive appraisals, neuroticism, and openness as correlates of coping strategies: An integrative model of adaptation to marital difficulties. *Canadian Journal of Behavioral Science, 35*(1), 1-12.

- Brooner, R. K., Schmidt Jr, C. W., & Herbst, J. H. (2005). Personality trait characteristics of opioid abusers with and without comorbid personality disorders. In Costa Jr, P. T. & Widiger, T. A. (Eds.), *Personality disorders and the five-factor model of personality*. (2nd ed., pp. 249-268).
- Brotchie, J., Finch, E., Marsden, J., & Waller, G. (2003). Impulsiveness and psychopathology among substance-abusing offenders on drug treatment and testing orders. *The Journal of Forensic Psychiatry & Psychology*, *14*(2), 266-279.
- Brotchie, J., Hanes, J., Wendon, P., & Waller, G. (2007). Emotional avoidance among alcohol and opiate abusers: The role of schema-level cognitive processes. *Behavioral and Cognitive Psychotherapy*, *35*, 231-236.
- Bulut, I. (1990). *Aile Değerlendirme Ölçeği El Kitabı*. Ankara: Özgüneliş Matbaası
- Cale, E. M., & Lilienfeld, S. O. (2002). Sex differences in psychopathy and antisocial personality disorder: A review and integration. *Clinical Psychology Review*, *22*, 1179-1207.
- Carlo, G., Okun, M. A., Knight, G. P., & de Guzman, M. R. T. (2005). The interplay of traits and motives on volunteering: Agreeableness, extraversion, and prosocial value motivation. *Personality and Individual Differences*, *38*, 1293-1305.
- Cecero, J. J., Nelson, J. D., & Gillie, J. M. (2004). Tools and tenets of schema therapy: Toward the construct validity of the early maladaptive schema questionnaire-research version (EMSQ-R). *Clinical Psychology and Psychotherapy*, *11*, 344-357.
- Chamorro-Premuzic, T. (2006). Creativity versus conscientiousness: Which is a better predictor of student performance? *Applied Cognitive Psychology*, *20*, 521-531.
- Chapman, B. P., Duberstein, P. R., Sörensen, S., & Lyness, J. M. (2007). Gender differences in five factor model personality traits in an elderly cohort. *Personality and Individual Differences*, *43*, 1594-1603.
- Cleckley, H. (1976). *The mask of sanity* (5th ed.). St. Louis, MO: CV Mosby
- Cornell, D. G., Warren, J., Hawk, G., Stafford, E., Oram, G., & Pine, D. (1996). Psychopathy in instrumental and reactive violent offenders. *Journal of consulting and clinical psychology*, *64*, 783-790.

- Costa, P. T. & McCrae, R. R. (1985). *The NEO Personality Inventory*. Odessa, FL: Psychological Assessment Resources.
- Costa Jr. P. T. & Widiger, T. A. (2005). Introduction: Personality disorders and the five-factor model of personality. In Costa Jr, P. T. & Widiger, T. A. (Eds.), *Personality disorders and the five-factor model of personality*. (2nd ed., pp. 3-14).
- Côté, S., & Moskowitz, D. S. (1998). On the dynamic covariation between interpersonal behavior and affect: Prediction from neuroticism, extraversion, and agreeableness. *Journal of Personality and Social Psychology*, 75(4), 1032-1046.
- De Raad, B. (1998). Five big, big five issues: rationale, content, structure, status and crosscultural assessment. *European Psychologist*, 3(2), 113-124.
- Digman, J. M. & Inouye, J. (1986). Further specification of the five robust factors of personality. *Journal of Personality and Social Psychology*, 50(1), 116-123.
- Digman, J. M. (1997). Higher-order factors of the big five. *Journal of Personality and Social Psychology*, 73(6), 1246-1256.
- Durrett, C. & Trull, T.J. (2005). An evaluation of evaluative personality terms: a comparison of the big seven and five-factor model in predicting psychopathology. *Psychological Assessment*, 17 (3), 359-368.
- Eaton, R. J., & Bradley, G. (2008). The role of gender and negative affectivity in stressor appraisal and coping selection. *International Journal of Stress Management*, 15(1), 94-115.
- Engeler, A., & Yargıç, İ. (2004, October). *Psikopati, makyavellinizm ve empati* (Psychopathy, machiavellianism, and empathy). Poster session presented at the 40. National Congress of Turkish Psychiatric Association, İzmir.
- Engeler, A. (2005). *Psikopati ve Antisosyal Kişilik Bozukluğu*. Unpublished Doctorate Thesis, İstanbul University, Institute of Forensic Medicine, İstanbul.
- Epstein, N. B., Bolwin, L. M., & Bishop, D. S. (1983). The McMaster Family Assessment Device. *Journal of Marital and Family Therapy*, 9(2), 171-180.
- Eschenbeck, H., Kohlmann, C., & Lohaus, A. (2007). Gender differences in coping strategies in children and adolescents. *Journal of Individual Differences*, 28(1), 18-26.

- Eysenck, S. B. G. & Eysenck, H. J. (1968). The measurement of psychoticism: A study of factor analytic stability and reliability. *British Journal of Social and Clinical Psychology*, 7, 286-294.
- Eysenck, H. J. (2003). Personality and crime. In T. Millon., E. Simonsen., M. Birket-Smith., & R. D. Davis (Eds.), *Psychopathy: Antisocial, criminal, and violent behavior* (pp. 40-49).
- Fazel, S., & Danesh, J. (2002). Serious mental disorder in 23,000 prisoners: A systematic review of 62 surveys. *Lancet*, 359(9306), 545-550.
- Figuroa, E. F., Silk, K. R., Huth, A., & Lohr, N. E. (1997). History of childhood sexual abuse and general psychopathology. *Comprehensive Psychiatry*, 38(1), 23-30.
- Ford, M. R., & Widiger, T. A. (1989). Sex bias in the diagnosis of histrionic and antisocial personality disorders. *Journal of Consulting and Clinical Psychology*, 57(2), 301-305.
- Fossati, A., Barratt, E. S., Carretta, I., Leonardi, B., Grazioli, F., & Maffei, C. (2004). Predicting borderline and antisocial personality disorder features in nonclinical subjects using measures of impulsivity and aggressiveness. *Psychiatry Research*, 125, 161-170.
- Fulwiler, C., & Ruthazer, R. (1999). Premorbid risk factors for violence in adult mental illness. *Comprehensive Psychiatry*, 40(2), 96-100.
- Gavazzi, S. M. (2006). Gender, ethnicity, and the family environment: Contributions to assessment efforts within the realm of juvenile justice. *Family Relations*, 55, 190-199.
- Gençöz., T. & Öncül, Ö. (in progress). Development of Basic Personality Traits Inventory: Psychometric characteristics in a Turkish sample.
- George, J. M., & Zhou, J. (2001). When openness to experience and conscientiousness are related to cretaive behavior: An interactional approach. *Journal of Applied Psychology*, 86(3), 513-524.
- Goldberg, L. R. (1990). An alternative “description of personality”. The big-five factor structure. *Journal of Personality and Social Psychology*, 59(6), 1216-1229.
- Goldberg, L. R. (1993). The structure of phenotypic personality traits. *American Psychologist*, 48(1), 26-34.

- Gratz, K. L., Bornovalova, M. A., Delany-Brumsey, A., Nick, B., & Lejuez, C. W. (2007). A laboratory-based study of the relationship between childhood abuse and experiential avoidance among inner-city substance users: The role of emotional nonacceptance. *Behavior Therapy, 38*, 256-268.
- Graybar, S. R., & Boutilier, L. R. (2002). Nontraumatic pathways to borderline personality disorder. *Psychotherapy: Theory/Research/Practice/Training, 39*(2), 152-162.
- Gudjonsson, G. H., & Sigurdsson, J. F. (2007). Motivation for offending and personality. A study among young offenders on probation. *Personality and Individual Differences, 42*, 1243-1253.
- Habel, U., Kühn, E., Salloum, J. B., Devos, H. & Schneider, F. (2002). Emotional processing in psychopathic personality. *Aggressive Behavior, 28*, 394-400.
- Hare, R. D., Hart, S. D., & Harpur, T. J. (1991). Psychopathy and the DSM-IV criteria for antisocial personality disorder. *Journal of Abnormal Psychology, 100*(3), 391-398.
- Hare, R. D. (1993). *Without conscience: The disturbing world of the psychopath among us*. New York: Guilford Press.
- Harper, R. G. (2004). *Personality-Guided Therapy in Behavioral Medicine*. Washington, DC: American Psychological Association
- Harpur, T. J., Hakstian, A. R., & Hare, R. D. (1988). The factor structure of the psychopathy checklist. *Journal of Consulting and Clinical Psychology, 56*, 741-747.
- Harpur, T. J., Hare, R. D., & Hakstian, A. R. (1989). Two-factor conceptualization of psychopathy: Construct validity and assessment implications. *Psychological Assessment, 1*, 6-17.
- Harpur, T. J., Hart, S. D., & Hare, R. D. (2005). Personality of the psychopath. In P. T. Costa, Jr., & T. A. Widiger (Eds.), *Personality disorders and the five-factor model of personality* (2nd ed., pp. 299-324).
- Helgeland, M. I., & Torgersen, S. (2004). Developmental antecedents of borderline personality disorder. *Comprehensive Psychiatry, 45*(2), 138-147.
- Hicks, B. M., Markon, K. E., Patrick, C. J., Krueger, R. F. & Newman, J. P. (2004). Identifying psychopathy subtypes on the basis of personality structure. *Psychological Assessment, 16* (3), 276-288.

- Higgins, D. J., & McCabe, M. P. (2003). Maltreatment and family dysfunction in childhood and the subsequent adjustment of children and adults. *Journal of Family Violence, 18*(2), 107-120.
- Holdwick Jr, D.J., Hilsenroth, J.M., Castlebury, F.D. & Blais, M.A. (1998). Identifying the unique and common characteristics among the DSM-IV antisocial, borderline, and narcissistic personality disorders. *Comprehensive Psychiatry, 39*, (5), 277-286.
- Horwitz, A. V., Widom, C. S., McLaughlin, J., & White, H. R. (2001). The impact of childhood abuse and neglect on adult mental health: A prospective study. *Journal of Health and Social Behavior, 42*(June), 184-201.
- Howitt, D. (2006). *Forensic and Criminal Psychology*. (2nd ed.) Essex: Pearson Education Limited.
- Hoyt, S., & Scherer, D. G. (1998). Female juvenile delinquency: Misunderstood by the juvenile justice system, neglected by social science. *Law and Human Behavior, 22*(1), 81-107.
- Jane, J. S., Oltmanns, T. F., South, S. C., & Turkheimer, E. (2007). Gender bias in diagnostic criteria for personality disorders: An item response theory analysis. *Journal of Abnormal Psychology, 116*(1), 166-175.
- Jang, K. L., Wolf, H., & Larstone, R. (2006). What is the role of personality in psychopathology?: A view from behavior genetics. In R. E. Krueger, & J. L. Tackett (Eds.), *Personality and Psychopathology* (pp. 153-173). New York: Guilford Press.
- Jensen-Campbell, L. A., Adams, R., Perry, D. G., Workman, K. A., Furdella, J. Q., & Egan, S. K. (2002). Agreeableness, extraversion, and peer relations in early adolescence: Winning friends and deflecting aggression. *Journal of Research in Personality, 36*, 224-251.
- Jensen-Campbell, L. A., Rosselli, M., Workman, K. A., Santisi, M., Rios, J. D., & Bojan, D. (2002). Agreeableness, conscientiousness, and effortful control processes. *Journal of Research in Personality, 36*, 476-489.
- Johnson, D. M., Shea, M. T., Yen, S., Battle, C. L., Zlotnick, C., Sanislow, C. A., et al. (2003). Gender differences in borderline personality disorder: Findings from the collaborative longitudinal personality disorders study. *Comprehensive Psychiatry, 44*(4), 284-292.
- Jorm, A. F., Christensen, H., Henderson, A. S., Jacomb, P. A., Korten, A. E., & Rodgers, B. (2000). Predicting anxiety and depression from personality: Is

there a synergistic effect of neuroticism and extraversion? *Journal of Abnormal Psychology*, 109(1), 145-149.

- Karaosmanoglu, A., Soygüt, G., Tuncer, E., Derinöz, Z., & Yeroham, R. (2005). *Dance of the Schemas: Relations between parenting, schema, overcompensation and avoidance*. Schema Therapy Symposium I, Thessaloniki. Retrieved November 13, 2006, from http://www.psikonet.com/thessaloniki2005/dance_of_the_schemas_web_files/frame.htm
- Kartallar, R. (1996). *Antisosyal Davranış Ölçeği Geliştirmeye Yönelik Bir Çalışma*. Unpublished Doctorate Thesis, Ankara University, Graduate School of Health Sciences, Ankara.
- Katigbak, M. S., Church, A. T., & Akamine, T. X. (1996). Cross-cultural generalizability of personality dimensions: relating indigenous and imported dimensions in two cultures. *Journal of Personality and Individual Differences*, 38, 13-23.
- Kellogg, S. H., & Young, J. E. (2006). Schema therapy for borderline personality disorder. *Journal of Clinical Psychology*, 62(4), 445-458.
- Keltner, D., & Kring, A. M. (1998). Emotion, social function, and psychopathology. *Review of General Psychology*, 2(3), 320-342.
- Kennedy, F., Clarke, S., Stopa, L., Bell, L., Rouse, H., Ainsworth, C., Fearon, P., et al. (2004). Towards a cognitive model and measure of dissociation. *Journal of Behavior Therapy and Experimental Psychiatry*, 35, 25-48.
- Krueger, R. F., Schmutte, P. S., Caspi, A., Moffitt, T. E., Campbell, K., & Silva, P. A. (1994). Personality traits are linked to crime among men and women: Evidence from a birth cohort. *Journal of Abnormal Psychology*, 103(2), 328-338.
- Krueger, R. F., Hicks, B. M., Patrick, C. J., Carlson, S. R., Iacono, W. G., & McGue, M. (2002). Etiological connections among substance dependence, antisocial behavior, and personality: Modeling the externalizing spectrum. *Journal of Abnormal Psychology*, 111(3), 411-424.
- Leichsenring, F. (1999). Development and first results of the borderline personality inventory: A self-report instrument for assessing borderline personality organization. *Journal of Personality Assessment*, 73(1), 45-63.
- Leichsenring, F., Kunst, H., & Hoyer, J. (2003). Borderline personality organization in violent offenders: Correlations of identity diffusion and primitive defense

mechanisms with antisocial features, neuroticism, and interpersonal problems. *Bulletin of the Menninger Clinic*, 67(4), 314-327.

Levenson, M. R., Kiehl, K. A., & Fitzpatrick, C. M. (1995). Assessing psychopathic attributes in a noninstitutionalized population. *Journal of Personality and Social Psychology*, 68(1), 151-158.

Linehan, M. M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: The Guilford Press.

Lobbestael, J., Arntz, A. & Sieswerda, S. (2005). Schema modes and childhood abuse in borderline and antisocial personality disorders. *Journal of Behavior Therapy and Experimental Psychiatry*, 36, 240-253.

Lucas, R. E., & Baird, B. M. (2004). Extraversion and emotional reactivity. *Journal of Personality and Social Psychology*, 86(3), 473-485.

Lucas, R. E., Diener, E., Grob, A., Suh, E. M., & Shao, L. (2000). Cross-cultural evidence for the fundamental features of extraversion. *Journal of Personality and Social Psychology*, 79(3), 452-468.

Luengo, M. A., Carrillo-de-la-Peña, M. T., Otero, J. M., & Romero, E. (1994). A short-term longitudinal study of impulsivity and antisocial behavior. *Journal of Personality and Social Psychology*, 66(3), 542-548.

Lykken, D. T. (1995). *The Antisocial Personalities*. Hillsdale, N J: Lawrence Erlbaum Associates.

Lynam, D. R., & Widiger, T. A. (2001). Using the five-factor model to represent the DSM-IV personality disorders: An expert consensus approach. *Journal of Abnormal Psychology*, 110, 401-412.

Lynam, D. R. (2005). Psychopathy from the perspective of the five-factor model of personality. In P. T. Costa, Jr., & T. A. Widiger (Eds.), *Personality disorders and the five-factor model of personality*. (2nd ed., pp. 325-348).

Lynam, D. R., & Gudonis, L. (2005). The development of psychopathy. *Annual Review of Clinical Psychology*, 1, 381-407.

Marshall, L. A., & Cooke, D. J. (1999). The childhood experiences of psychopaths: A retrospective study of familial and societal factors. *Journal of Personality Disorders*, 13, 211-225.

McCrae, R. R. & John, O. P. (1992). An introduction to the five-factor model and its applications. *Journal of Personality*, 60(2), 175-215.

- McCrae, R. R. & Costa, P. T., Jr. (2003). *Personality in adulthood: A five factor theory perspective*. New York: The Guilford Press.
- McFarlane, A., Clark, C. R., Bryant, R. A., Williams, L. M., Niaura, R., & Paul, R., et al. (2005). The impact of early life stress on psychophysiological, personality, and behavioral measures in 740 non-clinical subjects. *Journal of Integrative Neuroscience*, 4(1), 27-40.
- McFatter, R. M. (1994). Interactions in predicting mood from extraversion and neuroticism. *Journal of Personality and Social Psychology*, 66(3), 570-578.
- McHoskey, J. W., Worzel, W., & Szyarto, C. (1998). Machiavellianism and psychopathy. *Journal of Personality and Social Psychology*, 74(1), 192-210.
- McLean, C. P. (2007). *Gender Role and Behavioral Avoidance: The influence of perceived confirmability of self-report*. Unpublished Doctorate Dissertation, University of Nebraska, Graduate College of Psychology, Lincoln.
- Meyer, B., & Pilkonis, P. A. (2006). Developing treatments that bridge personality and psychopathology. In R. F. Krueger., & J. L. Tackett (Eds.), *Personality and Psychopathology* (pp. 262-292).
- Miller, J. D., Lynam, D., & Leukefeld, C. (2003). Examining antisocial behavior through the lens of the five factor model of personality. *Aggressive Behavior*, 29, 497-514.
- Miric, D., Hallet-Mathieu, A., & Amar, G. (2005). Etiology of antisocial personality disorder: Benefits for society from an evolutionary standpoint, 65, 665-670.
- Moore, R. G., & Garland, A. (2004). *Cognitive Therapy for Chronic and Persistent Depression*. England: John Wiley & Sons.
- Moran, P. (1999). The epidemiology of antisocial personality disorder. *Social Psychiatry and Psychiatric Epidemiology*, 34, 231-242.
- Morey, L. C., Warner, M. B., & Boggs, C. D. (2002). Gender bias in the personality disorders criteria: An investigation of five bias indicators. *Journal of Psychopathology and Behavioral Assessment*, 24(1), 55-65.
- Mountford, V., Waller, G., Watson, D., & Scragg, P. (2004). An experimental analysis of the role of schema compensation in anorexia nervosa. *Eating Behaviors*, 5, 223-230.
- O'Connor, B. P., & Dyce, J. A. (2005). Tests of general and specific models of personality disorder configuration. In Costa Jr, P. T. & Widiger, T. A. (Eds.),

Personality disorders and the five-factor model of personality. (2nd ed., pp. 223-246).

- Ogloff, J. R. P. (2006). Psychopathy/antisocial personality disorder conundrum. *Australian and New Zealand Journal of Psychiatry*, 40, 519-528.
- Ormel, J., & Wohlfarth, T. (1991). How neuroticism, long-term difficulties, and life situation change influence psychological distress: A longitudinal model. *Journal of Personality and Social Psychology*, 60(5), 744-755.
- Ögel, K., Yücel, H., & Aksoy, A. (2004). İstanbul'da sokakta yaşayan çocukların özellikleri. *Yeniden Bilimsel Araştırma Raporları*, 7, 1-33.
- Paris, J. (1997). Antisocial and Borderline Personality Disorders: Two separate diagnoses or two aspects of the same psychopathology? *Comprehensive Psychiatry*, 38, (4), 237-242.
- Paris, J., & Zweig-Frank, H. (2001). A 27-year follow-up of patients with borderline personality disorder. *Comprehensive Psychiatry*, 42(6), 482-487.
- Patrick, C. J., Cuthbert, B. N., & Lang, P. J. (1994). Emotion in the criminal psychopath: Fear image processing. *Journal of Abnormal Psychology*, 103, 523-534.
- Peabody, D. & Goldberg, L. R. (1989). Some determinants of factor structures from personality-trait descriptors. *Journal of Personality and Social Psychology*, 57(3), 552-567.
- Rasmussen, P. R. (2005). *Personality-Guided Cognitive Behavioral Therapy*. Washington, DC: American Psychological Association
- Reeves, M., & Taylor, J. (2007). Specific relationships between core beliefs and personality disorder symptoms in a non-clinical sample. *Clinical Psychology and Psychotherapy*, 14, 96-104.
- Rhee, S. H., & Waldman, I. D. (2002). Genetic and environmental influences on antisocial behavior: A meta-analysis of twin and adoption studies. *Psychological Bulletin*, 128, 490-529.
- Rind, B., Tromovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin*, 124, 22-53.
- Robinson, M. D., Solberg, E. C., Vargas, P. T., & Tamir, M. (2003). Trait as default: Extraversion, subjective well-being, and the distinction between neutral and

positive events. *Journal of Personality and Social Psychology*, 85(3), 517-527.

- Sabo, A. N. (1997). Etiological significance of associations between childhood trauma and borderline personality disorder: Conceptual and clinical implications. *Journal of Personality Disorders*, 11, 50-70.
- Salekin, R. T., Trobst, K. K., & Krioukova, M. (2001). Construct validity of psychopathy in a community sample: A nomological net approach. *Journal of Personality Disorders*, 15(5), 425-441.
- Salekin, R.T. (2002). Psychopathy and therapeutic pessimism: clinical lore or clinical reality? *Clinical Psychology Review*, 22, 79-112.
- Salekin, R. T., Ziegler, T. A., Larrea, M. A., Anthony, V. L., & Bennett, A. D. (2003). Predicting dangerousness with two million adolescent clinical inventory psychopathy scales: The importance of egocentric and callous traits. *Journal of Personality Assessment*, 80(2), 154-163.
- Saltaris, C. (2002). Psychopathy in juvenile offenders: Can temperament and attachment be considered as robust developmental precursors? *Clinical Psychology Review*, 22, 729-752.
- Samuels, J., Bienvenu, J., Cullen, B., Costa Jr, P. T., Eaton, W. W., & Nestadt, G. (2004). Personality dimensions and criminal arrest. *Comprehensive Psychiatry*, 45(4), 275-280.
- Somer, O., Korkmaz, M., & Tatar, A. (2004). *Kuramdan uygulamaya beş faktör kişilik modeli ve beş faktör kişilik envanteri (5FKE)*. Bornova, İzmir: Ege Üniversitesi Basımevi.
- Spitzer, C., Barnow, S., Armbruster, J., Kusserow, S., Freyberger, H. J., & Grabe, H. J. (2006). Borderline personality organization and dissociation. *Bulletin of the Menninger Clinic*, 70(3), 210-221.
- Spranger, S. C., Waller, G., & Bryant-Waugh, R. (2000). Schema avoidance in bulimic and non-eating disordered women. *International Journal of Eating Disorders*, 29, 302-306.
- Taylor, J., Reeves, M., James, L., & Bonadilla, L. (2006). Disinhibitory trait profile and its relation to Cluster B personality disorder features and substance use problems. *European Journal of Personality*, 20, 271-284.
- Thorntons, B., Pickus, J., & Aldrich, M. (2005). Ways of coping in relationship and achievement situations: Further consideration of gender and gender-role

typing. *Journal of Worry and Affective Experience*, 1(2), 60-70.

- Tómasson, K., & Vaglum, P. (2000). Antisocial addicts: The importance of additional axis-I disorders for the 28-month outcome. *European Psychiatry*, 15, 443-449.
- Torres, C. (2002). *Early Maladaptive Schemas and Cognitive Distortions in Psychopathy and Narcissism*. Unpublished Doctorate Thesis, Australian National University, College of Arts and Sciences, Canberra.
- Trull, T. J., Sher, K. J., Minks-Brown, C., Durbin, J., & Burr, R. (2000). Borderline personality disorder and substance use disorders: A review and integration. *Clinical Psychology Review*, 20, 235-253.
- Trull, T. J. (2001). Structural relations between borderline personality disorder features and putative etiological correlates. *Journal of Abnormal Psychology*, 110(3), 471-481.
- Trull, T. J., Widiger, T. A., Lynam, D. R., & Costa Jr, P. T. (2003). Borderline personality disorder from the perspective of general personality functioning. *Journal of Abnormal Psychology*, 112(2), 193-202.
- Türkçapar, M. H. (2002). Antisosyal Kişilik Bozukluğunda Suç ve Şiddet Eylemlerine Göre Sosyal ve Psikolojik Özellikler. Yayınlanmamış Yüksek Lisans Tezi. Ankara Üniversitesi Sosyal Bilimler Enstitüsü, Sosyal Antropoloji ve Etnoloji (Sosyal Antropoloji) Anabilim Dalı.
- Verardi, S., Nicastro, R., McQuillan, A., Keizer, I., & Rossier, J. (2008). The personality profile of borderline personality disordered patients using the five-factor model of personality. *International Journal of Clinical and Health Psychology*, 8(2), 451-464.
- Verona, E., Patrick, C. J., & Joiner, T. E. (2001). Psychopathy, antisocial personality, and suicide risk. *Journal of Abnormal Psychology*, 110(3), 462-470.
- Wagner, B. M., & Compas, B. E. (1990). Gender, instrumentality, and expressivity: Moderators of the relation between stress and psychological symptoms during adolescence. *American Journal of Community Psychology*, 18, 383-406.
- Washburn-Ormachea, J. M., Hillman, S. B., & Sawilowsky, S. S. (2004). Gender and gender-role orientation differences on adolescents' coping with peer stressors. *Journal of Youth and Adolescence*, 33(1), 31-40.
- Watson, D., Kotov, R., & Gamez, W. (2006). Basic dimensions of temperament in relation to personality and psychopathology. In R. F. Krueger., & J. L.

Tackett (Eds.), *Personality and Psychopathology* (pp. 262-292)

- Weinstock, L. M., & Whisman, M. A. (2006). Neuroticism as a common feature of the depressive and anxiety disorders: A test of the revised integrative hierarchical model in a national sample. *Journal of Abnormal Psychology, 115*(1), 68-74.
- Widiger, T. A., & Lynam, D. R. (2003). Psychopathy and the five-factor model of personality. In T. Millon, E. Simonsen, M. Birket-Smith, & R. D. Davis (Eds.), *Psychopathy: Antisocial, Criminal and Violent Behavior* (pp. 171-187). New York: Guilford Press.
- Widiger, T. A., & Frances, A. J. (2005). Toward a dimensional model for the personality disorders. In P. T. Costa, Jr., & T. A. Widiger (Eds.), *Personality disorders and the five-factor model of personality* (2nd ed., pp. 23-44).
- Widiger, T. A., & Trull, T. J. (1992). Personality and psychopathology: An application of the five-factor model. *Journal of Personality, 60*(2), 363-393.
- Widiger, T. A., Trull, T. J., Clarkin, J. F., Sanderson, C., & Costa Jr, P. T. (2005). A description of the DSM-IV personality disorders with the five-factor model of personality. In P. T. Costa, Jr., & T. A. Widiger (Eds.), *Personality disorders and the five-factor model of personality* (2nd ed., pp. 89-99).
- Widom, C. S., & White, H. R. (1997). Problem behaviors in abused and neglected children grown up: Prevalence and co-occurrence of substance abuse, crime, and violence. *Criminal Behavior and Mental Health, 7*, 287-310.
- Wiggins, J. S., & Pincus, A. L. (1989). Conceptions of personality disorders and dimensions of personality. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1*(4), 305-316.
- Wiggins, J. S., & Pincus, A. L. (2005). Personality structure and the structure of personality disorders. In Costa Jr, P. T. & Widiger, T. A. (Eds.), *Personality disorders and the five-factor model of personality*. (2nd ed., pp. 103-124).
- Wilkowski, B. M., Robinson, M. D., & Meier, B. P. (2006). Agreeableness and the prolonged spatial processing of antisocial and prosocial information. *Journal of Research in Personality, 40*(6), 18-32.
- Whiteside, S. P., & Lynam, D. R. (2001). The five factor model and impulsivity: Using a structural model of personality to understand impulsivity. *Personality and Individual Differences, 30*(4), 669-689.
- Yücel, M. T. (2007). *Adalet Psikolojisi*. Ankara: Başkent Matbaası.

- Young, J. E., & Rygh, J. (1994). *Young-Rygh Avoidance Inventory (YRAI)*. New York: Cognitive Therapy Centre. (Available: <http://www.schematherapy.com>).
- Young, J. E. (1999). *Cognitive Therapy for Personality Disorder: A Schema Focused Approach*. Florida: Professional Resource Press.
- Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema Therapy: A Practitioner's Guide*. New York: Guilford Press.
- Zanarini, M. C. (2000). Childhood experiences associated with the development of borderline personality disorder. *Psychiatric Clinics of North America*, 23, 89-101.

APPENDICES

APPENDIX A

Informed Consent

Sayın Katılımcı;

Bu çalışma, Orta Doğu Teknik Üniversitesi'nde, Psk. Öznur Öncül tarafından Doç.Dr.Tülin Gençöz danışmanlığında yürütülen yüksek lisans tezi kapsamında hazırlanmıştır. Çalışmanın amacı, adaptif olmayan kişilik özelliklerini ve suça neden olabilecek davranışları anlamak olup size, kişilik özellikleriniz, aile ilişkileriniz, geçmiş yaşam olaylarınız ve baş etme davranışlarınızla ilgili bir grup soru yönlendirilecektir. Bu soruların doğru ya da yanlış cevapları yoktur. Lütfen her sayfanın başında yazan yönergeleri dikkatlice okuyarak, size en doğru gelen yanıtı vermeye çalışınız ve mümkün olduğunca boş soru bırakmayınız. Vereceğiniz yanıtlar tamamen gizli tutulacak ve sadece bu araştırma kapsamında değerlendirilecektir. Yanıtlarınız kişi bazında değil, tüm katılımcılar çerçevesinde değerlendirileceğinden sizden herhangi bir kimlik bilgisi istenmemektedir.

Yardımlarınız için teşekkür ederim.

Psk. Öznur Öncül

Orta Doğu Teknik Üniversitesi Psikoloji Bölümü

Klinik Psikoloji Yüksek Lisans Opsiyonu Öğrencisi

APPENDIX B

Demographic Information Form*

YÖNERGE: Lütfen her soruyu dikkatlice okuyup size en uygun olan seçeneği işaretleyiniz.

1. Cinsiyetiniz: Erkek Kadın
2. Yaşınız:
3. Doğum yeriniz:
Köy İlçe İl Büyükşehir Başka bir ülke
4. Yaşamınızın çoğunu geçirdiğiniz yer:
Köy İlçe İl Büyükşehir
5. Şu anda oturduğunuz yer: **(Cezaevine gelmeden önce oturduğunuz yer)**
Köy İlçe İl Büyükşehir
6. Yaşamınızın çoğunu kimlerle geçirdiniz?
Aile yanı Tek başına evde
Akraba yanı Yetiştirme yurtları
Arkadaşlarla evde Diğer
7. Siz ya da aileniz (anne-babanız) göç ettiniz mi /etmiş mi?
Hayır İlçeden ile
Köyden ilçeye İlçeden büyükşehire
Köyden ile İlden büyükşehire
Köyden büyükşehire Ülkeden ülkeye
8. Öğrenim Düzeyiniz :
Okur-yazar değil :
Okur-yazar :
İlkokul Mezunu :
İlkokul Terk : (sınıf belirtiniz)
Ortaokul Mezunu :
Ortaokul Terk : (sınıf belirtiniz)
Lise Mezunu :
Lise Terk : (sınıf belirtiniz)
Yükseköğrenim : (belirtiniz)
9. Eğitiminizi bıraktıysanız bırakma nedeniniz:
10. Hiç sınıfta kaldınız mı? Evet Hayır
11. Sınıfta kaldıysanız hangi sınıflarda?
12. Medeni Haliniz: Bekar Evli Boşanmış Dul Ayrı yaşıyor
13. Çocuğunuz / Çocuklarınız var mı? Evet Hayır Sayı
.....
14. Kimlerle birlikte yaşıyorsunuz? **(Cezaevine gelmeden önce kimlerle birlikte yaşıyordunuz?)**
Eşiniz ve varsa çocuklarınızla birlikte

- Anne-baba, varsa kardeşlerinle birlikte
- Eşinizden ayrı, çocuklarınızla birlikte
- Karşı cinsten biri ile
- Yakın akraba
- Arkadaşlarınız ile
- Yalnız
- Diğer
15. Mesleğiniz:
16. Geçmiş iş deneyimleriniz? Yok Var, yasal Var, yasal değil
17. Bugüne kadar hangi işleri yaptınız?
.....
.....
18. Kaç yaşından beri çalışıyorsunuz?
19. Aylık gelirin (tüm gelirlerinizi düşünerek)
Yüksek(1500 ytl'den çok) Orta(500-1500 ytl) Düşük(500 ytl'den az)
20. Askerliğinizi yaptınız mı?
Süresinde, herhangi bir sorun yaşamadan
Hastalık nedeni ile kabul edilmedim
Tecilli
Kaçak
Uyumsuzluk nedeni ile uzamış
Diğer (lütfen belirtiniz)
21. Sizle beraber toplam kaç kardeşiniz?
22. Siz ailenizin kaçınıcı çocuğusunuz?
23. Anneniz: Sağ Ölü
24. Hayatta değil ise kaybettiğinizde kaç yaşındaydınız?
25. Babanız: Sağ Ölü
26. Hayatta değil ise kaybettiğinizde kaç yaşındaydınız?
27. Annenizin mesleği :
28. Annenizin eğitim durumu :
Okur-yazar değil Ortaokul Mezunu
Okur-yazar Ortaokul Terk
İlkokul Mezunu Lise Mezunu
İlkokul Terk Lise Terk
Yükseköğrenim
29. Babanızın mesleği :
30. Babanızın eğitim durumu :
Okur-yazar değil Ortaokul Mezunu
Okur-yazar Ortaokul Terk
İlkokul Mezunu Lise Mezunu
İlkokul Terk Lise Terk
Yükseköğrenim
31. Anne-babanızın beraberlik durumu :
Birlikte yaşıyorlar Anne ölü

- Boşanmamış ancak ayrı Baba ölü
Boşanmış
32. Ailenizde kronik hastalığı olan kimse var mı?
Yok Var, bedeni Var, psikiyatrik
33. Varsa kimde olduğunu belirtiniz.
Anne Baba Kardeşlerde
34. Çocukluk-ergenlik döneminde herhangi önemli bir rahatsızlık geçirdiniz mi?
Evet Hayır
Tıbbi (belirtiniz).....
Psikolojik(belirtiniz).....
35. Şu anda herhangi bir tıbbi ya da psikolojik sorunuz var mı?Evet Hayır
Tıbbi (belirtiniz).....
Psikolojik(belirtiniz).....
36. Varsa, bu sorunuz için tedavi görüyor musunuz? Evet Hayır
37. Alkol kullanır mısınız ? (**Cezaevine gelmeden önce alkol kullanırdınız mıydınız?**)
Evet Kullanıyordum, ancak bıraktım Hayır, hiç kullanmadım
38. Cevabınız evet ise ilk kez kaç yaşında alkol kullandınız?
37. soruya cevabınız evet ise ne sıklıkla alkol kullanırdınız?
Ayda bir ya da daha az Ayda iki ya da dört kez
Haftada iki ya da üç kez Haftada dört ya da daha fazla
40. Alkol almaya (içki içmeye) başladığınızda genellikle kaç tane (kadeh ya da bardak) içerirdiniz?
1 ya da 2 3 ya da 4 5 ya da 6 7 ya da 9
10 ya da daha fazla
41. Alkol kullanma sorunuz olduğunu düşündünüz mü? Evet Hayır
42. Cevabınız evet ise bu konuda hiç profesyonel bir yardım aldınız mı ya da almayı denediniz mi? Evet Hayır
43. Sigara ve alkol haricinde herhangi bir madde kullanıyor musunuz/kullandınız mı? (Esrar, bali gibi) Evet Hayır
44. Sigara ve alkol haricinde herhangi bir maddeyi bir kez bile olsa kullandıysanız ilk kez kaç yaşında kullandınız?
45. Babanızda alkol ya da madde kullanımı var mı/var mıydı? Var Yok
46. Varsa:
Ara sıra alkol alımı Çoğul madde
Alkol bağımlılığı Alkol ve madde
Alkol dışı tek madde
47. Annenizde alkol ya da madde kullanımı var mı/var mıydı? Var
Yok
48. Varsa:
Ara sıra alkol alımı Çoğul madde
Alkol bağımlılığı Alkol ve madde
Alkol dışı tek madde

49. Kardeşlerinizde alkol ya da madde kullanımı var mı/var mıydı? Var Yok
50. Varsa:
 Ara sıra alkol alımı Çoğul madde
 Alkol bağımlılığı Alkol ve madde
 Alkol dışı tek madde
51. 15 yaşınıza kadar herhangi bir nedenle ana-babadan ayrılık yaşadınız mı?
 Ayrılık yok, ana-babayla birlikte Yetiştirme yurdunda
 Anne ile birlikte, baba ayrı ya da ölü Başka bir ailenin yanında, evlat
 Baba ile birlikte, anne ayrı ya da ölü edinilerek
 İkisinden de ayrı, akrabaların yanında Diğer
52. Evlat edinildiyse kaç yaşındayken?
53. Yetiştirdiğiniz aile türü:
 Çekirdek aile (anne, baba, kardeşler aynı hanede)
 Geniş aile (birtakım akrabalar aynı hanede)
 Parçalanmış aile
 Diğer (belirtiniz)
54. 15 yaşına kadar birlikte olduğunuz ailenin gelir durumunu nasıl tanımlarsınız?
 Yoksul Orta İyi Çok iyi
55. 15 yaşına kadar yaşadığınız ailede / yetiştirdiğiniz ortamda tanık olduğunuz şiddet davranışı var mıydı?
 Yok Var, anne babaya
 Var, baba anneye Var, akrabalarınıza size
 Var, babanız size, kardeşlerinize Diğer
 Var, anneniz size / kardeşlerinize
56. 15 yaşına kadar fiziksel istismara uğradınız mı? (bedensel yöntemlerle aşırı olarak cezalandırılma) Hayır Evet
57. Uğradıysanız kaç yaşlarındaydınız?
58. 56. Soruya yanıtınız “evet” ise, uğradığınız fiziksel istismar sizi ne kadar etkiledi? Hiç.....Pek Değil.....Orta.....Oldukça.....Çok
 1 2 3 4 5
59. Fiziksel olarak istismar eden kişi:
 Baba Bakıcılar
 Anne Öğretmenler
 Üvey baba Yakın akrabalar
 Üvey anne Yabancı
 Kardeşler Diğer (belirtiniz).....
60. 15 yaşına kadar cinsel istismara uğradınız mı? Hayır Evet
61. Uğradıysanız kaç yaşlarındaydınız?
62. 60. Soruya yanıtınız “evet” ise, uğradığınız cinsel istismar sizi ne kadar etkiledi?
 Hiç.....Pek Değil.....Orta.....Oldukça.....Çok
 1 2 3 4 5
63. Cinsel olarak istismar eden kişi:
 Baba Bakıcılar

- | | |
|---|---|
| Anne <input type="checkbox"/>
Üvey baba <input type="checkbox"/>
Üvey anne <input type="checkbox"/>
Kardeşler <input type="checkbox"/> | Öğretmenler <input type="checkbox"/>
Yakın akrabalar <input type="checkbox"/>
Yabancı <input type="checkbox"/>
Diğer (belirtiniz)..... |
|---|---|
64. 15 yaşına kadar duygusal istismar ve ihmale uğradınız mı? Evet Hayır
65. Uğradıysanız istismarın tipi (birden fazla işaretleme yapabilirsiniz)
- Reddedilme
 - Aşağılanma, alay edilme, küfredilmesi
 - kardeşlerden vb- ayrıma tutulma, yalnız bırakılma, yalıtılma
 - korkutulma, yıldırılma, tehdit edilme
 - suça yöneltilme
 - duygusal olarak engellenme, duygusal gereksinimlerin karşılanmaması (sevgi, şefkat görmeme, sevinç ya da sıkıntılarını paylaşamama, vb.)
 - duygusal olarak sömürülmüş hissetme
 - kapasitenizin, yapabileceğinizin üzerinde yapmaya, başarılı olmanıza yönelik beklenti
 - temel bakım ve gereksinimlerinizin karşılanmaması (doyurulma, temizlenme, giydirilme gibi)
 - Diğer (belirtiniz).....
66. Duygusal istismar veya ihmale uğradıysanız kaç yaşlarındaydınız?
67. 65. Soruya yanıtınız “evet” ise, uğradığınız duygusal istismar sizi ne kadar etkiledi?
- | | | | | |
|----------|----------------|-----------|--------------|-----|
| Hiç..... | Pek Değil..... | Orta..... | Oldukça..... | Çok |
| 1 | 2 | 3 | 4 | 5 |
68. Duygusal olarak istismar eden kişi:
- | | |
|--|---|
| Baba <input type="checkbox"/>
Anne <input type="checkbox"/>
Üvey baba <input type="checkbox"/>
Üvey anne <input type="checkbox"/>
Kardeşler <input type="checkbox"/> | Bakıcılar <input type="checkbox"/>
Öğretmenler <input type="checkbox"/>
Yakın akrabalar <input type="checkbox"/>
Yabancı <input type="checkbox"/>
Diğer (belirtiniz)..... |
|--|---|
69. Hiç intihar girişiminde buldunuz mu? Evet Hayır
70. Evetse, hangi yaşlarda ve kaç kere intihar girişiminde buldunuz?
-
71. Hiç kendinize zarar verme girişiminiz oldu mu? Evet Hayır
72. Evetse, hangi yaşlarda ve kaç kere kendinize zarar verme girişiminde buldunuz?
-
73. Bugüne kadar işlediğiniz, ancak mahkeme tarafından yargılanmadığınız bir suç var mıdır? Evet Hayır
74. **(Şu andaki durumunuz):**
- | | | |
|----------------------------------|---|----------------------------------|
| Tutuklu <input type="checkbox"/> | Hükmen Tutuklu <input type="checkbox"/> | Hükümlü <input type="checkbox"/> |
|----------------------------------|---|----------------------------------|

Bugüne kadar işlediğiniz ve mahkeme tarafından yargılandığınız suç varsa, lütfen aşağıdaki soruları yanıtlayınız.

75. İşlediğiniz suç:
- a.
 - b.
 - c.
 - d.
 - e.
76. Bu suçları işlediğiniz tarihlerdeki yaşınız:
- a.
 - b.
 - c.
 - d.
 - e.
77. Suç ortağınız var mıydı?
- a. Evet Hayır
 - b. Evet Hayır
 - c. Evet Hayır
 - d. Evet Hayır
 - e. Evet Hayır
78. İşlediğiniz suç yaralanma veya ölümlle sonuçlandı mı?
- a. Evet Hayır
 - b. Evet Hayır
 - c. Evet Hayır
 - d. Evet Hayır
 - e. Evet Hayır
79. Siz bu suçtan ötürü kendinizi sorumlu görüyor musunuz?
- a. Evet Biraz Hayır
 - b. Evet Biraz Hayır
 - c. Evet Biraz Hayır
 - d. Evet Biraz Hayır
 - e. Evet Biraz Hayır
80. Bu suçtan ötürü daha sonra pişmanlık hissettiniz mi?
- a. Evet Biraz Hayır
 - b. Evet Biraz Hayır
 - c. Evet Biraz Hayır
 - d. Evet Biraz Hayır
 - e. Evet Biraz Hayır
81. Yakın akraba veya arkadaş çevrenizde bu suçu işlemiş kimse var mı?
- a. Evet Hayır
 - b. Evet Hayır
 - c. Evet Hayır
 - d. Evet Hayır
 - e. Evet Hayır

82. Aldığınız hüküm:
a. Hapis (lütfen süresini belirtiniz) Para cezası Beraat
b. Hapis (lütfen süresini belirtiniz) Para cezası Beraat
c. Hapis (lütfen süresini belirtiniz) Para cezası Beraat
d. Hapis (lütfen süresini belirtiniz) Para cezası Beraat
e. Hapis (lütfen süresini belirtiniz) Para cezası Beraat
83. Aldığınız hapis cezalarının infazı hakkındaki durum nedir?
a. Süresinde tamamladım Erken salıverildim **Devam ediyor**
b. Süresinde tamamladım Erken salıverildim **Devam ediyor**
c. Süresinde tamamladım Erken salıverildim **Devam ediyor**
d. Süresinde tamamladım Erken salıverildim **Devam ediyor**
e. Süresinde tamamladım Erken salıverildim **Devam ediyor**
84. Hapiste kaldığınız süre zarfında ziyaretinize kimler geliyordu? (**geliyor?**)
.....
.....
85. Ziyaretçilerinizin ilgisi sizi ne derece tatmin ediyordu? (**ediyor?**)
Çok Oldukça Normal Az Hiç
86. Ziyaretinize kimlerin gelmesi en çok hoşunuza giderdi? (**gidiyor?**)
Anne Baba Eş Çocuk Arkadaş Akraba Diğer.....
87. Bu kişiler ne sıklıkla ziyaretinize gelirdi? (**geliyor?**)

	Sık sık	Arasıra	Nadiren	Hiç
Anne				
Baba				
Eş				
Çocuk				
Arkadaş				
Akraba				
Diğer.....				

*Questions in parantheses indicated with bold were presented only to the criminal participants

APPENDIX C

Borderline Personality Inventory

YÖNERGE: Aşağıda sıra ile numaralanmış bir takım cümleler bulacaksınız. Her cümleyi sırayla ve atlamadan okuyarak; ŞU ANDA KENDİ DURUMUNUZA GÖRE DOĞRU YA DA YANLIŞ olup olmadığına karar veriniz. Daha sonra, her cümleye uygun DOĞRU (D) ya da YANLIŞ (Y) seçeneklerinden herhangi birini seçerek işaretleyiniz. Tüm maddeleri cevaplandırınız.

1. Sık sık panik nöbetleri geçiririm.	(D)	(Y)
2. Son zamanlarda beni duygusal olarak etkileyen hiçbir şey olmadı.	(D)	(Y)
3. Çoğu kez gerçekte kim olduğumu merak ederim	(D)	(Y)
4. Çoğu kez başıma iş açacak risklere girerim.	(D)	(Y)
5. Başkaları bana yoğun ilgi gösterdikleri zaman kendimi boğulmuş hissederim	(D)	(Y)
6. Bazen içimde bana ait olmayan başka bir kişi ortaya çıkar	(D)	(Y)
7. Gerçekte olmadığı halde acayip şekiller veya görüntüler gördüğüm oldu	(D)	(Y)
8. Bazen çevremdeki insanlar ve nesnelerin gerçek olmadığını hissederim	(D)	(Y)
9. Başkalarına yönelik duygularım bir uçtan bir uca çok hızlı değişir (Ör. Sevgi ve beğeniden nefret ve hayal kırıklığına)	(D)	(Y)
10. Çoğu kez değersizlik ya da umutsuzluk duygusuna kapılırım.	(D)	(Y)
11. Çoğu kez paramı çarçur ederim ya da kumarda kaybederim.	(D)	(Y)
12. Gerçekte kimse olmadığı halde hakkımda konuşan sesler duyduğum oldu.	(D)	(Y)
13. Eğer 12. maddeye “evet” dediyseniz aşağıdaki cümlelerden sizin için uygun olanını seçiniz:		
a. Bu sesler benim dışımdan gelmiştir	(D)	(Y)
b. Bu sesler benim içimden gelmiştir	(D)	(Y)
14. Yakın ilişkilerde hep incinirim.	(D)	(Y)
15. Bana uymayan biçimde hissettiğim ya da davrandığım oldu.	(D)	(Y)
16. Bir kukla gibi dışarıdan yönetiliyormuş ve yönlendiriliyormuş gibi hissettiğim oldu.	(D)	(Y)
17. Herhangi birine fiziksel olarak saldırıda bulunduğum oldu	(D)	(Y)
18. Düşüncelerim başkaları tarafından okunuyormuş gibi hissettiğim oldu	(D)	(Y)
19. Bazen gerçekte suç işlemediğim halde, sanki işlemişim gibi suçluluk hissederim.	(D)	(Y)
20. Bilerek kendime bedensel zarar verdiğim oldu	(D)	(Y)

21. Bazen gerçekte olmadığı halde insanların ve nesnelerin görünümlerinin değiştiği hissine kapılırim	(D)	(Y)
22. Yoğun dini uğraşlarım olmuştur	(D)	(Y)
23. Duygusal ilişkilerimde çoğunlukla ne tür bir ilişki istediğimden emin olamam.	(D)	(Y)
24. Bazen bir kahin gibi gelecekle ilgili özel hislerim olur.	(D)	(Y)
25. Bir ilişki ilerledikçe kendimi kapana kısılmış gibi hissederim	(D)	(Y)
26. Gerçekte kimse olmadığı halde bir başka insanın varlığını hissettiğim oldu	(D)	(Y)
27. Bazen bedenim ya da bedenimin bir kısmı bana acayip veya değişmiş gibi görünür	(D)	(Y)
28. İlişkiler çok ilerlerse, çoğunlukla koparma gereksinimi duyarım	(D)	(Y)
29. Bazen birilerinin peşimde olduğu hissine kapılırim	(D)	(Y)
30. Sık sık uyuşturucu kullanırım (esrar, hap gibi)	(D)	(Y)
31. Başkalarını kontrol altında tutmaktan hoşlanırım	(D)	(Y)
32. Bazen özel biri olduğumu hissederim	(D)	(Y)
33. Bazen dağılıyormuşum gibi hissederim	(D)	(Y)
34. Bazen bana bir şeyin gerçekte mi yoksa yalnızca hayalimde mi olduğunu ayırt etmek zor gelir.	(D)	(Y)
35. Çoğu kez sonuçlarını düşünmeden içimden geldiği gibi davranırım	(D)	(Y)
36. Bazen gerçek olmadığım duygusuna kapılırim	(D)	(Y)
37. Bazen bedenim yokmuş ya da bir kısmı eksikmiş hissine kapılırim	(D)	(Y)
38. Çoğu kez kabus görürüm	(D)	(Y)
39. Çoğu kez başkaları bana gülüyormuş ya da hakkımda konuşuyormuş hissine kapılıyorum	(D)	(Y)
40. Çoğu kez insanlar bana düşmanmış gibi gelir	(D)	(Y)
41. İnsanların kendi düşüncelerini benim zihnime soktuklarını hissettiğim oldu	(D)	(Y)
42. Çoğu kez gerçekten ne istediğimi bilmem	(D)	(Y)
43. Geçmişte intihar girişiminde bulundum	(D)	(Y)
44. Bazen ciddi bir hastalığım olduğuna inanırım	(D)	(Y)
45. “Alkol, uyuşturucu ya da hap alışkanlığım vardır” Eğer yanıtınız “evet” ise, aşağıdakilerden uygun olanını işaretleyiniz a. Alkol b. Uyuşturucu c. Hap	(D)	(Y)
46. Bazen bir rüyada yaşıyormuş ya da yaşamım bir film şeridi gibi gözümün önünden geçiyormuş hissine kapılırim	(D)	(Y)
47. Çoğu kez birşeyler çalarım.	(D)	(Y)
48. Bazen öyle açlık nöbetlerim olur ki önüme gelen her şeyi silip süpürürüm	(D)	(Y)

49. Aşağıdaki konularla ilgili sorulan sorularda çoğu kez kendimi rahatsız hissedirim	(D)	(Y)
a. Politika	(D)	(Y)
b. Din	(D)	(Y)
c. Ahlak (iyi-kötü)		
50. Bazen aklımdan birilerini öldürme düşüncesi geçer	(D)	(Y)
51. Yasalarla başımın derde girdiği oldu	(D)	(Y)
52. Yukarıdaki maddelerde anılan yaşantılardan herhangi birini ilaç etkisi altında yaşadığınız oldu mu? Eğer yanıtınız “evet” ise ilgili maddelerin numaralarını yazınız (.....)	(D)	(Y)
53. Yukarıdaki maddelerde anılan yaşantılardan herhangi birini psikoterapi sırasında yaşadığınız oldu mu? Eğer yanıtınız “evet” ise ilgili maddelerin numaralarını yazınız	(D)	(Y)

APPENDIX D

Antisocial Behavior Scale

YÖNERGE: Aşağıda sıra ile numaralanmış bir takım cümleler bulacaksınız. Her cümleyi sırayla ve atlamadan okuyarak; ŞU ANDA KENDİ DURUMUNUZA GÖRE DOĞRU YA DA YANLIŞ olup olmadığına karar veriniz. Daha sonra, her cümleye uygun doğru (D) ya da yanlış (Y) seçeneklerinden herhangi birini seçerek işaretleyiniz. Her soruyu cevaplandırmaya çalışınız.

1. Hayatta kötülükler hep beni bulur.	(D)	(Y)
2. Ailem sürekli beraber olduğum kimselerden çoğu zaman hoşlanmıyor.	(D)	(Y)
3. Bedenimin bazı yerlerinde uyuşukluk hissedirim.	(D)	(Y)
4. Çoğu zaman hayat benim için bir yüküdür.	(D)	(Y)
5. <input type="checkbox"/> er zam bana tek düze ve değişmiyor gibi geliyor.	(D)	(Y)
6. Bazen biriyle yumruk yumruğa kavga etmek isterim.	(D)	(Y)
7. Ailem seçtiğim (veya seçmek istediğim) mesleği beğenmiyor	(D)	(Y)
8. Hakkımda çok olumsuz konuşulduğundan eminim.	(D)	(Y)
9. Başıma ne gelirse gelsin aldırış etmiyorum	(D)	(Y)
10. Kendimi cezayı hak etmiş suçlu bir insan olarak görüyorum.	(D)	(Y)
11. Sonradan pişman olacağım söz ya da hareketlerden korktuğum için zaman zaman bazı kimselerden uzaklaştım.	(D)	(Y)
12. Ciddi konular üzerine verilen konferansları dinlemekten hoşlanırım.	(D)	(Y)
13. Çoğu kez sebepsiz yere cezalandırıldım.	(D)	(Y)
14. Çoğu zaman mutluyumdur.	(D)	(Y)
15. Akrabalarımın hemen hepsi bana karşı anlayış gösterir.	(D)	(Y)
16. Bana bazı tertipler kurulduğuna inanıyorum.	(D)	(Y)
17. Acayip ve tuhaf düşüncelerim vardır.	(D)	(Y)
18. Bugünlerde artık hiç umudum kalmamış gibi hissediyorum.	(D)	(Y)
19. Bazen içimden bir şeyler kırmak isteği geçer.	(D)	(Y)
20. Dersten kaçtığım için ara sıra müdüre gönderildiğim oldu.	(D)	(Y)
21. Gerektiğim gibi bir hayat yaşayamadım.	(D)	(Y)
22. Başka bir şey yapmaktansa çoğu zaman oturup hayal kurmayı severim.	(D)	(Y)
23. Cinsel yaşamımdan memnunum.	(D)	(Y)
24. <input type="checkbox"/> er zaman doğruyu söylemem	(D)	(Y)
25. Tartışmalarda çabucak yenilirim.	(D)	(Y)
26. Bazen sanki kendimi ya da bir başkasını incitmek zorundaymışım gibi hissedirim.	(D)	(Y)

27. İnsan rüyalarını anlamaya çalışmalı ve kendini onlara göre ayarlamalıdır.	(D)	(Y)
28. Bazen beni rahatsız edecek kadar iyi işitirim.	(D)	(Y)
29. Kimse beni anlamıyor	(D)	(Y)
30. Çoğu zaman kendimi hüzünlü ve üzgün hissedirim.	(D)	(Y)
31. Başkaları kadar mutlu olmayı isterdim.	(D)	(Y)
32. Çok defa benden daha bilgisiz olanlardan emir alarak çalışmak zorunda kaldım	(D)	(Y)
33. Çoğu zaman büyük bir hata ya da kötülük yaptım duygusuna kapılırım.	(D)	(Y)
34. Çok içki kullandım.	(D)	(Y)
35. Bana karşı mümkün olan anlayış gösteriliyor.	(D)	(Y)
36. Bana kötülük etmek isteyen biri veya birileri var.	(D)	(Y)
37. Başkaları engel olmasaydı daha çok başarılı olurdu.	(D)	(Y)

APPENDIX E

Levenson Self-Report Psychopathy Scale

YÖNERGE: Aşağıda bir dizi ifade listelenmiştir. Her biri genel olarak bulunan görüşleri ifade etmektedir ve doğru veya yanlış cevap yoktur. Lütfen her bir ifadeyi dikkatlice okuyunuz ve her bir ifadeyle aynı fikirde olduğunuzun veya olmadığını derecesini en iyi tanımlayan ya da her bir ifadenin size ne kadar uyduğunun derecesini belirten seçeneği işaretleyiniz.

	Kesinlikle Katılmıyorum	Genellikle Katılmıyorum	Genellikle Katlıyorum	Kesinlikle Katlıyorum
1) Sık sık canım sıkılır.				
2)Günümüzde, yakamı sıyrabildikten sonra, başarı için herhangi birşeyi yapmanın doğru olduğunu düşünüyorum.				
3)Birşeyi yapmadan önce, ortaya çıkabilecek sonuçları ayrıntılı bir şekilde gözden geçiririm.				
4) Hayattaki başlıca amacım; elde edebildiğim kadar çok sayıda lüks ve pahalı şeyler elde etmektir				
5) Başladığım işlere olan ilgimi çabucak kaybederim				
6) Başka kimselerle bir çok ağız kavgası yapmışımdır.				
7) Bir şeyi beğendirmek için çok uğraşsam bile, onun hakkında yalan söylemezdim.				
8) Zaman zaman kendimi aynı tür dertlerin içinde bulurum				
9) Başka kimselerin duygularıyla oynamaktan hoşlanırım.				
10) Tek bir amacın peşine uzun bir süre için düşebileceğimi fark ediyorum				
11) Kendimi düşünmek benim başlıca önceliğimdir.				
12) İstedğim şeyleri yapmaları için, başkalarına duymak istedikleri şeyleri söylerim.				
13) Başkalarına haksızlık olacağı için hile yapmak doğru değildir.				
14) Aşk gereğinden fazla önemsenmektedir.				
15) Benim başarıım başka birinin zararı pahasına elde edilecek olursa rahatsız olurum.				
16) Hayal kırıklığına uğradığımda, kendimi kaybedercesine öfkeyle patlarım				
17) Benim için, yakamı sıyrabildikten sonra herhangi bir şeyin yapılması uygundur.				
18) Problemlerimin birçoğu, insanların beni tam olarak anlamamasından kaynaklanır				
19) Başarı en güçlü olanların hayatta kalması esasına dayanır; mağluplara aldırmış etmem.				
20) Başlangıçta, herhangi bir şeyin çok ilerisini planlamam				
21) Sözlerim veya davranışlarım başkasının duygusal olarak acı hissetmesine yol açarsa, kendimi kötü hissederim.				
22) Çok para kazanmak benim en önemli amacımdır.				
23) Bırakın başkaları yüksek değerler üzerinde tasalansın; ben günlük çıkarıma bakarım				

24) Gerçekten akıllıca bir üçkağıda çoğu kez hayranlık duyarım				
25) Aldatılacak kadar aptal insanlar genellikle bunu hak ederler				
26) Amaçlarımı gerçekleştirirken başkalarına zarar vermemeye gayret ederim				

APPENDIX F

McMaster Family Assessment Device

YÖNERGE: Lütfen aşağıda yer alan soruları ailenizi, eğer evliyseniz evlenmeden önce bir arada bulunduğunuz ailenizi düşünerek yanıtlayınız. Her maddeyi dikkatlice okuyunuz ve size en uygun olan seçeneği işaretleyiniz.

CÜMLELER	Aynen katlıyorum	Büyük ölçüde katlıyorum	Biraz katlıyorum	Hiç katılmıyorum
1) Ailece ev dışında program yapmakta güçlük çekeriz, çünkü aramızda fikir birliği sağlayamayız .				
2) Günlük hayatımızdaki sorunların (problemlerin) hemen hepsini aile içinde hallederiz.				
3) Evde biri üzgün ise, diğer aile üyeleri bunun nedenini bilir.				
4) Bizim evde kişiler verilen her görevi düzenli bir şekilde yerine getirmezler.				
5) Evde birinin başı derde girdiğinde, diğerleri de bunu kendilerine fazlasıyla dert ederler.				
6) Bir sıkıntı ve üzüntü ile karşılaştığımızda, birbirimize destek oluruz.				
7) Ailemizde acil bir durum olsa, şaşırıp kalırız.				
8) Bazen evde ihtiyacımız olan şeylerin bittiğinin farkına varmayız.				
9) Birbirimize karşı olan sevgi, şefkat gibi duygularımızı açığa vurmaktan kaçınırız.				
10) Gerektiğinde aile üyelerine görevlerini hatırlatır, kendilerine düşen işi yapmalarını sağlarız.				
11) Evde dertlerimizi, üzüntülerimizi birbirimize söylemeyiz.				
12) Sorunlarımızın çözümünde genellikle ailece aldığımız kararlara uyarız.				
13) Bizim evdekiler, ancak onların hoşuna giden şeyler söylediğinizde sizi dinlerler.				
14) Bizim evde bir kişinin söylediklerinden ne hissettiğini anlamak pek kolay değildir.				

CÜMLELER	Aynen katlıyorum	Büyük ölçüde katlıyorum	Biraz katlıyorum	Hiç katılmıyorum
15) Ailemizde eşit bir görev dağılımı yoktur.				
16) Ailemizde üyeleri, birbirlerine hoşgörülü davranırlar.				
17) Evde herkes başına buyruktur.				
18) Bizim evde herkes, söylemek istediklerini üstü kapalı değil de doğrudan birbirinin yüzüne söyler.				
19) Ailede bazılarımız duygularımızı belli etmeyiz.				
20) Acil bir durumda ne yapacağımızı biliriz.				
21) Ailecek, korkularımızı ve endişelerimizi birbirimizle tartışmaktan kaçınırız.				
22) Sevgi, şefkat gibi olumlu duygularımızı birbirimize belli etmekte güçlük çekeriz.				
23) Gelirimiz (ücret, maaş) ihtiyaçlarımızı karşılamaya yetmiyor.				
24) Ailemiz, bir problemi çözdükten sonra, bu çözümün işe yarayıp yaramadığını tartışır.				
25) Bizim ailede herkes kendini düşünür.				
26) Duygularımızı birbirimize açıkça söyleyebiliriz.				
27) Evimizde banyo ve tuvalet bir türlü temiz durmaz.				
28) Aile içinde birbirimize sevgi göstermeyiz.				
29) Evde herkes her istediğini birbirinin yüzüne söyleyebilir.				
18) Bizim evde herkes, söylemek istediklerini üstü kapalı değil de doğrudan birbirinin yüzüne söyler.				
19) Ailede bazılarımız duygularımızı belli etmeyiz.				
20) Acil bir durumda ne yapacağımızı biliriz.				
21) Ailecek, korkularımızı ve endişelerimizi birbirimizle tartışmaktan kaçınırız.				
22) Sevgi, şefkat gibi olumlu duygularımızı birbirimize belli etmekte güçlük çekeriz.				
23) Gelirimiz (ücret, maaş) ihtiyaçlarımızı karşılamaya yetmiyor.				

CÜMLELER	Aynen katlıyorum	Büyük ölçüde katlıyorum	Biraz katlıyorum	Hiç katılmıyorum
24) Ailemiz, bir problemi çözdükten sonra, bu çözümün işe yarayıp yaramadığını tartışır.				
25) Bizim ailede herkes kendini düşünür.				
26) Duygularımızı birbirimize açıkça söyleyebiliriz.				
27) Evimizde banyo ve tuvalet bir türlü temiz durmaz.				
28) Aile içinde birbirimize sevgi göstermeyiz.				
30) Ailemizde, her birimizin belirli görev ve sorumlulukları vardır.				
31) Aile içinde genellikle pek iyi geçinmeyiz.				
32) Ailemizde sert-kötü davranışlar ancak belli durumlarda gösterilir.				
33) Ancak hepimizi ilgilendiren bir durum olduğu zaman birbirimizin işine karışırız.				
34) Aile içinde birbirimizle ilgilenmeye pek zaman bulamıyoruz.				
35) Evde genellikle söylediklerimizle söylemek istediklerimiz birbirinden farklıdır.				
36) Aile içinde birbirimize hoşgörülü davranırız.				
37) Evde birbirimize, ancak sonunda kişisel bir yarar sağlayacak ilgi gösteririz.				
38) Ailemizde bir dert varsa, kendi içimizde hallederiz.				
39) Ailemizde sevgi, şefkat gibi duygular ikinci plandadır.				
40) Ev işlerinin kimler tarafından yapılacağını hep birlikte konuşarak kararlaştırırız.				
41) Ailemizde herhangi bir şeye karar vermek her zaman sorun olur.				
42) Bizim evdekiler sadece bir çıkarları olduğu zaman birbirlerine ilgi gösterirler.				
43) Evde birbirimize karşı açık sözlüyüz.				
44) Ailemizde hiçbir kural yoktur.				
45) Evde birinden bir şey yapması istendiğinde mutlaka takip edilmesi ve kendisine hatırlatılması gerekir.				

CÜMLELER	Aynen katlıyorum	Büyük ölçüde katlıyorum	Biraz katlıyorum	Hiç katılmıyorum
46) Aile içinde herhangi bir sorunun (problemin) nasıl çözüleceği hakkında kolayca karar verebiliriz.				
47) Evde kurallara uyulmadığı zaman ne olacağını bilmeyiz.				
48) Bizim evde aklınıza gelen her şey olabilir.				
49) Sevgi şefkat gibi olumlu duygularımızı birbirimize ifade edebiliriz.				
50) Ailede her türlü problemin üstesinden gelebiliriz.				
51) Evde birbirimizle pek iyi geçinemeyiz.				
52) Sinirlenince birbirimize küseriz.				
53) Ailede bize verilen görevler pek hoşumuza gitmez çünkü genellikle umduğumuz görevler verilmez.				
54) Kötü bir niyetle olmasa da evde birbirimizin hayatına çok karışıyoruz.				
55) Ailemizde kişiler herhangi bir tehlike karşısında (yangın, kaza gibi) ne yapacaklarını bilirler, çünkü böyle durumlarda ne yapılacağı, aramızda konuşulmuş ve belirlenmiştir.				
56) Aile içinde birbirimize güveniriz.				
57) Ağlamak istediğimizde, birbirimizden çekinmeden rahatlıkla ağlayabiliriz.				
58) İşimize (okulumuza) yetişmekte güçlük çekiyoruz.				
59) Aile içinde birisi, hoşlanmadığımız bir şey yaptığında ona bunu açıkça söyleriz.				
60) Problemlerimizi çözmek için ailecek çeşitli yollar bulmaya çalışırız.				

APPENDIX G

Basic Personality Traits Inventory

YÖNERGE:

Aşağıda size uyan ya da uymayan pek çok kişilik özelliği bulunmaktadır. Bu özelliklerden herbirinin sizin için ne kadar uygun olduğunu ilgili rakamı daire içine alarak belirtiniz.

Örneğin;

Kendimi biri olarak görüyorum.

Hiç uygun değil

Uygun değil

Kararsızım

Uygun

Çok uygun

1

2

3

4

5

Hiç uygun değil
Uygun değil
Kararsızım
Uygun
Çok uygun

Hiç uygun değil
Uygun değil
Kararsızım
Uygun
Çok uygun

1 Aceleci	1	2	3	4	5	28 Canayakın	1	2	3	4	5
2 Yapmacık	1	2	3	4	5	29 Kızgın	1	2	3	4	5
3 Duyarlı	1	2	3	4	5	30 Sabit fikirli	1	2	3	4	5
4 Konuşkan	1	2	3	4	5	31 Görgüsüz	1	2	3	4	5
5 Kendine güvenen	1	2	3	4	5	32 Durgun	1	2	3	4	5
6 Soğuk	1	2	3	4	5	33 Kaygılı	1	2	3	4	5
7 Utangaç	1	2	3	4	5	34 Terbiyesiz	1	2	3	4	5
8 Paylaşımçı	1	2	3	4	5	35 Sabırsız	1	2	3	4	5
9 Geniş-rahatsız	1	2	3	4	5	36 yaratıcı	1	2	3	4	5
10 Cesur	1	2	3	4	5	37 Kaprisli	1	2	3	4	5
11 Agresif	1	2	3	4	5	38 İçine kapanık	1	2	3	4	5
12 Çalışkan	1	2	3	4	5	39 Çekingen	1	2	3	4	5
13 İçten pazarlıklı	1	2	3	4	5	40 Alıngan	1	2	3	4	5
14 Girişken	1	2	3	4	5	41 Hoşgörülü	1	2	3	4	5
15 İyi niyetli	1	2	3	4	5	42 Düzenli	1	2	3	4	5
16 İçten	1	2	3	4	5	43 Titiz	1	2	3	4	5
17 Kendinden emin	1	2	3	4	5	44 Tedbirli	1	2	3	4	5
18 Huysuz	1	2	3	4	5	45 Azimli	1	2	3	4	5
19 Yardımsever	1	2	3	4	5						
20 kabiliyetli	1	2	3	4	5						
21 Üşengeç	1	2	3	4	5						
22 Sorumsuz	1	2	3	4	5						
23 Sevecen	1	2	3	4	5						
24 Pasif	1	2	3	4	5						
25 Disiplinli	1	2	3	4	5						
26 Açgözlü	1	2	3	4	5						
27 Sınırlı	1	2	3	4	5						

APPENDIX H

Young Over-Compensation Inventory

YÖNERGE: Aşağıda kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyunuz ve sizi ne kadar iyi tanımladığına karar veriniz. Eğer isterseniz ifadeyi size en yakın gelecek şekilde yeniden yazıp derecelendirebilirsiniz. Daha sonra, seçeneklerden sizi tanımlayan en yüksek dereceyi seçerek işaretleyiniz.

	Benim için tamamıyla yanlış	Benim için büyük ölçüde yanlış	Bana uyan tarafı uymayan tarafından biraz fazla	Benim için orta derecede doğru	Benim için çoğunlukla doğru	Beni mükemmel şekilde tanımlıyor
1) Kırıldığımı çevremdeki insanlara belli ederim						
2) İşler kötü gittiğinde sıklıkla başkalarını suçlarım						
3) İnsanlar beni hayal kırıklığına uğrattığında veya ihanet ettiğinde çok fazla öfkelenir ve bunu gösteririm						
4) İntikam almadan öfkem dinmez						
5) Eleştirildiğimde savunmaya geçerim						
6) Başarılarımı veya galibiyetimi başkalarının takdir etmesi önemlidir						
7) Pahalı araba, elbiseler, ev gibi başarımın görünür ifadeleri benim için önemlidir						
8) En iyi ve en başarılı olmak için çok çalışırım						
9) Tanınmış olmak benim için önemlidir						
10) Başarı, ün, zenginlik, güç veya popülerite kazanma ile ilgili hayaller kurarım						
11) İlgi odağı olmak hoşuma gider.						
12) Diğer insanlardan daha cilveli/baştan çıkarıcı bir insanımdır						
13) Hayatımda düzen olmasına çok önem veririm (Organizasyon, düzenlilik, planlama, gündelik işler).						
14) İşler kötü gitmesin diye çok çaba harcarım						
15) Hata yapmamak için karar verirken kılı kırk yararım.						

	Benim için tamamıyla yanlış	Benim için büyük ölçüde yanlış	Bana uyan tarafı uymayan tarafından biraz fazla	Benim için orta derecede doğru	Benim için çoğunlukla doğru	Beni mükemmel şekilde tanımlıyor
16) Çevremdeki insanların yaptıklarını fazlasıyla kontrol ederim						
17) Çevremdeki insanlar üzerinde denetim veya otorite sahibi olabildiğim ortamlardan hoşlanırım						
18) Hayatımla ilgili bir şey söyleyen, bana karışan insanlardan hoşlanmam						
19) Uzlaşmakta veya kabullenmekte çok zorlanırım						
20) Kimseye bağımlı olmak istemem.						
21) Kendi kararlarımı almak ve kendime yeterli olmak benim için hayati önem taşır.						
22) Bir insana bağlı kalmakta veya yerleşik bir düzen kurmakta güçlük çekerim.						
23) İstedığimi yapma özgürlüğüm olması için "bağımsız biri" olmayı tercih ederim						
24) Kendimi sadece bir iş veya kariyerle sınırlamakta zorlanırım, hep başka seçeneklerim olmalıdır						
25) Genellikle kendi ihtiyaçlarımı başkalarınınkinden önde tutarım.						
26) İnsanlara sık sık ne yapmaları gerektiğini söylerim. Her şeyin doğru bir şekilde yapılmasını isterim						
27) Diğer insanlar gibi önce kendimi düşünürüm.						
28) Bulduğum ortamın rahat olması benim için çok önemlidir (örn: ısı, ışık, mobilya)						
29) Kendimi asi biri olarak görürüm, genellikle otoriteye karşı koyarım						
30) Kurallardan hoşlanmam ve onları çiğnemekten mutlu olurum.						

	Benim için tamamıyla yanlış	Benim için büyük ölçüde yanlış	Bana uyan tarafı uymayan tarafından biraz fazla	Benim için orta derecede doğru	Benim için çoğunlukla doğru	Beni mükemmel şekilde tanımlıyor
36) Değer verdiğim insana yakın dururum ve sahiplenirim						
37) Hedeflerime ulaşmak için sık sık çıkarlarım doğrultusunda yönlendirici davranışlarda bulunurum						
38) İsteddiğimi elde etmek için açıkça söylemektense dolaylı yollara başvururum.						
39) İnsanlarla aramda mesafe bırakırım bu sayede benim izin verdiğim kadar beni tanırılar						
40) Çok eleştiririm						
41) Standartlarımı sürdürmek ve sorumluluklarımı yerine getirmek için kendimi yoğun bir baskı altında hissederim						
42) Kendimi ifade ederken sıklıkla patavatsız veya duyarsızımdır.						
43) Hep iyimser olmaya çalışırım; olumsuzluklara odaklanmama izin vermem						
44) Ne hissettiğime aldırmadan çevremdekilere güler yüz göstermem gerektiğine inanırım						
45) Başkaları benden daha başarılı veya daha fazla ilgi odağı olduğunda kıskanırım veya kötü hissederim						
46) Hakkım olanı aldığımdan ve aldatılmadığımdan emin olmak için çok ileri gidebilirim.						
47) İnsanları gerektiğinde şaşırtıp alt edebilmek için yollar ararım, dolayısı ile benden faydalanamazlar veya bana kötülük yapamazlar.						
48) İnsanların benden hoşlanması için nasıl davranacağımı veya ne söyleyeceğimi bilirim.						

APPENDIX I

Young-Rygh Avoidance Inventory

YÖNERGE: Aşağıda kişilerin kendilerini tanımlarken kullandıkları ifadeler sıralanmıştır. Lütfen her bir ifadeyi okuyunuz ve sizi ne kadar iyi tanımladığına karar veriniz. Daha sonra seçeneklerden sizi en iyi tanımlayan dereceyi seçerek işaretleyiniz.

	Benim için tamamiyla yanlış	Benim için büyük ölçüde yanlış	Bana uyan tarafı uymayan tarafından biraz fazla	Benim için orta derecede doğru	Benim için çoğunlukla doğru	Beni mükemmel şekilde tanımlıyor
1) Beni üzen konular hakkında düşünmemeye çalışırım.						
2) Sakinleşmek için alkollü içecekler içerim						
3) Çoğu zaman mutluyumdur						
4) Çok nadiren üzgün veya hüzünlü hissederim						
5) Akli duygulara üstün tutarım						
6) Hoşlanmadığım insanlara bile kızmamam gerektiğine inanırım						
7) İyi hissetmek için uyuşturucu kullanırım.						
8) Çocukluğumu hatırladığımda pek bir şey hissetmem						
9) Sıkıldığımda sigara içerim						
10) Sindirim sistemim ile ilgili şikayetlerim var (Örn: hazımsızlık, ülser, bağırsak bozulması).						
11) Kendimi uyuşmuş hissederim.						
12) Sık sık baş ağrım ağırır						
13) Kızgınsam insanlardan uzak dururum						

	Benim için tamamıyla yanlış	Benim için büyük ölçüde yanlış	Bana uyan tarafı uymayan tarafından biraz fazla	Benim için orta derecede doğru	Benim için çoğunlukla doğru	Beni mükemmel şekilde tanımlıyor
14) Yaşıtlarım kadar enerjim yok						
15) Kas ağrısı şikayetlerim var						
16) Yalnızken oldukça fazla TV seyredirim						
17) İnsanın duygularını kontrol altında tutmak için aklını kullanması gerektiğine inanırım.						
18) Hiç kimseden aşırı nefret edemem						
19) Bir şeyler ters gittiğindeki felsefem, olanları bir an önce geride bırakıp yola devam etmektir.						
20) Kırıldığım zaman insanların yanından uzaklaşıyorum						
21) Çocukluk yıllarımı pek hatırlamam.						
22) Gün içinde sık sık şekerleme yaparım veya uyurum						
23) Dolaşırken veya yolculuk yaparken çok mutlu olurum						
24) Kendimi önümdeki işe vererek sıkıntı hissetmekten kurtulurum						
25) Zamanımın çoğunu hayal kurarak geçiririm						
26) Sıkıntılı olduğumda iyi hissetmek için bir şeyler yerim.						
27) Geçmişimle ilgili sıkıntılı anıları düşünmemeye çalışırım						

	Benim için tamamıyla yanlış	Benim için büyük ölçüde yanlış	Bana uyan tarafı uymayan tarafından biraz fazla	Benim için orta derecede doğru	Benim için çoğunlukla doğru	Beni mükemmel şekilde tanımlıyor
28) Kendimi sürekli birşeylerle meşgul edip düşünmeye zaman ayırmazsam daha iyi hissederim						
29) Çok mutlu bir çocukluğum oldu						
30) Üzgünken insanlardan uzak dururum						
31) İnsanlar kafamı sürekli kuma gömdüğümü söylerler, başka bir deyişle, hoş olmayan düşünceleri görmezden gelirim						
32) Hayal kırıklıkları ve kayıplar üzerine fazla düşünmemeye eğilimliyim						
33) Çoğu zaman, içinde bulunduğum durum güçlü duygular hissetmemi gerektirse de bir şey hissetmem.						
34) Böylesine iyi ana-babam olduğu için çok şanslıyım						
35) Çoğu zaman duygusal olarak tarafsız kalmaya çalışırım						
36) İyi hissetmek için, kendimi ihtiyacım olmayan şeyler alırken bulurum						
37) Beni zorlayacak veya rahatımı kaçırarak durumlara girmemeye çalışırım.						
38) İşler benim için iyi gitmiyorsa fiziksel olarak hasta olurum						

	Benim için tamamıyla yanlış	Benim için büyük ölçüde yanlış	Bana uyan tarafı uymayan tarafından biraz fazla	Benim için orta derecede doğru	Benim için çoğunlukla doğru	Beni mükemmel şekilde tanımlıyor
39) İnsanlar beni terk ederse veya ölürse çok fazla üzülmem						
40) Başkalarının benim hakkımda ne düşündükleri beni ilgilendirmez						