

Assessment of Perceived Parenting Attitudes In Childhood: Turkish Form of The S-EMBU for Children



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SUMMARY

Objective: EMBU-C (Egna Minnen Barndoms Uppfostran for Children) is among the most commonly used instruments for assessing perceived parental attitudes during the childhood period. This self-report instrument is used with adults to measure their perceptions of each of their parents' attitudes during their childhood in the dimensions of emotional warmth, overprotection, and rejection. The aim of the present study was to determine the reliability and validity of the Turkish version of EMBU-C, following a previous pilot study that supported its psychometric properties and its cross-cultural validity.

Materials and Methods: EMBU-C, the Parental Bonding Instrument, Brief Symptom Inventory, Eysenck Personality Questionnaire-Revised Abbreviated, and General Self-Efficacy Scale were administered to 271 adults living in Bursa, Turkey. Explanatory factor analysis, Pearson's Product Moment Correlation Test and Multivariate analysis of variance (MANOVA) were used to evaluate the psychometric properties of EMBU-C.

Results: The findings show that EMBU-C is reliable, and has concurrent, convergent, and criterion validity.

Conclusion: EMBU-C is a reliable and valid instrument that can be used for research on perceived parental attitudes for different psychological constructs and in clinical practice.

Keywords: Parental attitudes, psychiatric symptoms, reliability, validity

INTRODUCTION

The role of family context and parenting attitudes during childhood in adult personality characteristics, self-identity, psychological well being, and psychological disorders has been studied extensively (Perris et al. 1994). One practical way to assess perceived parental attitudes in adults is the use of self-report instruments designed to evaluate how their parents parented during their childhood. Among such self-report instruments, the most popular are EMBU for Children (EMBU-C; Egna Minnen Barndoms Uppfostran, which is a Swedish acronym for My Memories of Upbringing; Perris et al. 1980) and the Parental Bonding Instrument (PBI; Parker et al. 1979). Although it was reported that there is a close relationship between these 2 scales and that both have similar

subscales, researchers seem to favor EMBU-C because PBI does not evaluate parenting attitudes in detail (Arrindell and Engebretsen 2000, Arrindell et al. 1998).

Developed by Perris et al. (1980), EMBU-C is an 81 item instrument with a 4-point Likert-type ratings which individuals rate the items for their mothers and fathers separately; however, due its time consuming nature and respondent misunderstanding of some of the items the scale was revised and abbreviated to 64 items (Arrindell et al. 1983). In addition to EMBU-C, there are other versions of the same scale for adolescents and adults (e.g., Castro et al. 1993) that were adapted for use in various languages (Dekovic et al. 2005, Arrindell and Van der Ende 1984). After further revision, first to 27 items (Winfield et al. 1994) and then 23 items (Arrindell et al. 1999), the new

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form was referred to as Short-EMBU-C (S-EMBU-C). It was reported that of the 2 short versions the 23-item version has similar satisfactory psychometric properties in different cultures, and factorial congruency for maternal and paternal evaluations (Aluja et al. 2006, Arrindell et al. 1999).

S-EMBU-C (Arrindell et al. 1999) assesses respondent perceptions of their parents during their childhood on 3 sub-dimensions using a 4-point Likert-type scale: emotional warmth (6 items); overprotection (10 items); rejection (7 items). Emotional warmth refers to parenting attitudes of acceptance, support, and valuing, whereas overprotection is indicative of parenting characterized by excessive fear for a child's safety, and rejection refers to a critical and judgmental approach to parenting. Cross-cultural comparisons show that the 23-item version is very similar to the original form and has satisfactory psychometric characteristics (Karancı et al. 2006, Arrindell et al. 2005, 1999).

Numerous studies have examined the effect of these 3 parenting styles on personality characteristics, self-identity, and psychopathology. For instance, low emotional warmth and high rejection levels were associated with some personality and temperament traits, such as neuroticism, harm avoidance, hostility, gratification dependence, and social sensitivity (Arrindell et al. 2005, Schlette et al. 1998, Meesters et al. 1995). Furthermore, these parenting attitudes were also associated with some self-identity concepts, namely low self-esteem (Arrindell et al. 2005), low self-control and psychosocial adjustment (Baker and Hoelger 2012), and low self-efficacy (Niditch and Varela 2012). Similarly, studies on children, adults and clinical samples showed that overprotection and rejection by parents were associated with some psychiatric disorders, including depression, somatization, and hypomania (Baker and Hoerger 2012, Penelo et al. 2010, Oldehinkel, Veenstra, Ormel, de Winter, Verhulst, 2006, Richter and Eisemann 2001, Muris and Merckelbach, 1998, Arrindell et al. 1989, Gotlib et al. 1988).

S-EMBU-C has been translated and adapted into Turkish, and some preliminary findings about its psychometric properties were reported in a pilot study (Dirik et al. 2004). The present study aimed to investigate psychometric properties of the Turkish version of the S-EMBU-C (S-EMBU-C) in more detail based on a different and more comprehensive study sample. Accordingly, a series of scales that measure psychiatric symptoms, self-efficacy, personality characteristics, and parenting attitudes, as well as the S-EMBU-C, were administered to a group of adults, and then the psychometric characteristics of S-EMBU-C (i.e. reliability, and construct, convergent, and concurrent validity) were examined. In this way, it was expected that in addition to evaluating the international validity of the instrument, it would be confirmed that the instrument could be used in Turkey to measure perceived parenting attitudes, and facilitate assessment of this concept in Turkey and cross-cultural comparison.

MATERIALS and METHODS

Sample

The study included 271 adults (mean age: 26.87 ± 10.61 years) living in Bursa, Turkey. The sample consisted of 131 female and 65 male students (total: 197 student, 1 student did not specify their gender) from various departments of Uludağ University, and 45 female and 29 male adults (not university students) living in Bursa.

Data collection instruments

Short EMBU-Children Form (S-EMBU-C)

S-EMBU-C is the 23-item short form of EMBU-C and was developed by Arrindell et al. (1999). S-EMBU-C assesses the perceptions of adults about their parents' attitudes and behaviors towards them during their childhood. S-EMBU-C evaluates perceived parental attitudes for the mother and the father separately using a 4-point Likert-type scale (1= no/never, 4 = yes/most of the time). S-EMBU-C has 3 dimensions: rejection, over protection, and emotional warmth. A pilot study was conducted by Dirik et al. (2004) to examine the psychometric properties of the Turkish version of S-EMBU-C (S-EMBU-C) using a university student sample. The first data obtained were about the Turkish version's reliability and validity. In the pilot study Cronbach's alpha for maternal emotional warmth, overprotection, and rejection was 0.65, 0.71, and 0.68, respectively. Internal reliability of perceived paternal emotional warmth, overprotection, and rejection was 0.73, 0.72, and 0.50, respectively. The emotional warmth dimension included 7 items (2, 6, 9, 12, 14, 19, and 23), the overprotection dimension included 9 items (3, 5, 8, 10, 11, 17* 18, 20, and 22), and the rejection dimension included 7 items (1, 4, 7, 13, 15, 16 and 21). Item 17 is the only item that is reverse coded, as in the original.

Parental Bonding Instrument (PBI)

PBI was developed by Parker et al. (1979) to evaluate an adult's relationship with their mother and father during the first 16 years of life. The scale has 2 forms; the first consists of 25 items to assess the maternal relationship and the second form includes 25 items to evaluate the paternal relationship. PBI items are scored on a 4-point Likert-type scale (0 = very unlike, 3 = very like). The original PBI included 2 subscales: care and overprotection/control. The psychometric properties of the Turkish version of PBI were evaluated by Kapçı and Küçüker (2006). They identified a factor structure that differed from the original study, namely care\control and overprotection. In the present study Cronbach's alpha was 0.71 for maternal overprotection, 0.90 for maternal care\control, 0.67 for paternal overprotection, and 0.92 for paternal care\control.

Brief Symptom Inventory (BSI)

The Brief Symptom Inventory (BSI) is a 53-item self-report symptom inventory that was developed by Derogatis (1992) to assess psychological distress in individuals using a 5-point Likert-type rating scale (0 = not at all, 4 = extremely). The original inventory included 9 subscales. Şahin and Durak (1994) studied the Turkish version of the scale and reported that it included 5 factors: anxiety, depression, negative self-identity, somatization, and hostility. The Turkish form was reported to be reliable and valid for use in Turkey. In the present study the internal consistency coefficient for anxiety (0.83), depression (0.88), negative self-identity (0.84), somatization (0.72), and hostility (0.78) were considered satisfactory.

Eysenck Personality Questionnaire- Revised Abbreviated (EPQR)

Eysenck and Eysenck (1975) developed a 100-item scale to measure introversion-extroversion, neuroticism, and psychoticism dimensions of personality. Eysenck, Eysenck, and Barrett (1985) (cited in Francis et al. 1992) developed a 48-item short form of the scale, and then further shortening of the same scale was performed by Francis et al. (1992). This form has 24-yes/no items and is referred to as the Eysenck Personality Questionnaire-Revised Abbreviated Form (EPQR). The Turkish version was reported to be reliable and valid for use in Turkey (Karanci et al. 2007). In the present study the internal consistency coefficients were 0.80 for extraversion, 0.70 for neuroticism, 0.33 for psychoticism, and 0.41 for lying scale. The psychoticism subscale was not included in the present study's analysis due to its low reliability, as reported earlier (Karanci et al. 2007).

General Self-Efficacy Scale (GSES)

Jerusalem and Schwarzer (1979) (cited in Jerusalem and Schwarzer 1992) developed the 20-item General Self-Efficacy Scale (GSES) and later revised it in 1981. The revised version includes 10 items and uses a 4-point Likert-type rating scale (1 = completely false, 4 = completely true). GSES has been translated into 25 languages, and Scholz et al. (2002) reported that GSES has adequate reliability and validity. Aypay (2010) reported that the Turkish version is reliable and valid for use in Turkey. In the present study Cronbach's alpha coefficient was 0.88.

Procedure

Before the scales were administered to the participants, 5 psychology students were trained on the aim, content, and data collection process of the study. Later, these 5 psychology students contacted their relatives and neighbors living in Bursa, provided them information about the study, and obtained their informed consent to participate. Then, the questionnaires were given to the participants to be completed. In addition the scales were administered to volunteer university

students at different university locations (e.g. classroom and cafeteria). All the questionnaires were completed in 20-30 min. Data were collected February-June 2012. Although relatively limited in number, adult non-students were also included in the sample to increase the generalizability of the findings. The students and non-students were combined as one group, because there were no significant differences in parental attitudes and there was no specific hypothesis about age difference.

Statistical Analysis

Statistical analysis was performed using SPSS v.17.0 for Windows. After data cleaning, internal consistency coefficients were examined to evaluate the reliability of all the scales. Next, explanatory factor analysis was conducted with the data obtained from S-EMBU-C separately for each parent. A correlation matrix was created to identify correlations between the study variables, and to evaluate the concurrent and construct validity of S-EMBU-C. Finally, in order to test the criterion validity, S-EMBU-C scores were compared via multivariate analysis of variance (MANOVA).

RESULTS

Explanatory factor analysis

In order to examine the factor structure of S-EMBU-C responses to the scale were subjected to factor analysis. Explanatory factor analysis of S-EMBU-C was performed using the principal components method. Due to the fact that S-EMBU-C assesses maternal and paternal attitudes separately, a separate factor analysis for each was conducted.

Factor structure of perceived paternal attitudes (S-EMBU-C)

The initial factor analysis of S-EMBU-C paternal attitudes yielded 6 factors that explained 55.51% of the total variation, but a 3-factor solution was preferred. As the original scale has 3 subscales and examination of the scree plot suggested that a 3-factor solution is a better solution, 3 factors were obtained via varimax rotation that explained 39.91% of the variance. Furthermore, the distribution of items was the same as in the original form (Arindell et al. 1999). As in the original scale, S-EMBU-C perceived paternal attitudes were emotional warmth, over protection, and rejection.

Factor structure of perceived maternal attitudes (S-EMBU-C)

The initial factor analysis of S-EMBU-C perceived maternal attitudes based on principal components analysis without any rotation yielded 7 factors that explained 58.99% of the variance, but a 3-factor solution was preferred. As the original scale has 3 subscales and examination of the scree plot suggested a 3-factor solution is a better solution, the 3-factor solution

Table 1. Pearson's correlation analysis results.

Variables	2	3	4	5	6	7	8	9	10	11	12	13
1. Maternal rejection	-0.32**	0.33**	0.61**	-0.17**	0.23**	0.17**	-0.06	-0.05	-0.48**	-0.17**	-0.29**	0.02
2. Maternal emotional warmth		0.05	-0.11	0.69**	0.11	-0.04	0.18**	-0.16**	0.57**	-0.07	0.28**	0.04
3. Maternal overprotection			0.22**	0.09	0.74**	0.22**	0.00	-0.43**	-0.39**	-0.39**	-0.26**	-0.17**
4. Paternal rejection				-0.23**	0.32**	0.24**	-0.06	-0.14*	-0.23**	-0.11	-0.51**	-0.07
5. Paternal emotional warmth					0.20**	-0.07	0.16**	-0.14*	0.38**	-0.18**	0.58**	0.10
6. Paternal overprotection						0.26**	-0.03	-0.39**	-0.26**	-0.49**	-0.24**	-0.15*
7. Neuroticism							-0.27**	-0.19**	-0.13*	-0.18**	-0.21**	-0.27**
8. Extroversion								-0.01	0.13*	0.01	0.12	0.30**
9. Maternal protection									0.13*	0.61**	0.16**	0.19**
10. Maternal care										0.23**	0.43**	0.04
11. Paternal protection											0.10	0.05
12. Paternal care												0.09
13. Self-efficacy												1

*P < 0.05 (correlations are significant at P = 0.05)

**P < 0.01 (correlations are significant at P = 0.01)

explained 38.73% of the variance and distribution of the items was very similar to the original form (Arindell et al. 1999). Although item 21 had higher factor loading (.43) on the protection subscale, it also loaded on the rejection (.33) subscale, which was supported by reliability analysis, and as protection also loaded on the rejection subscale in the original scale it was included it in the rejection subscale. Item 16 also had high loadings on different subscales. Although item 16 had a low factor loading (.17) on the rejection subscale, it was included in the rejection subscale because it was in the original scale.

Reliability

Internal reliability

Cronbach's alpha values were examined to assess the internal consistency of the S-EMBU-C subscales. The internal consistency coefficients for paternal emotional warmth, overprotection, and rejection were 0.79, 0.73, and 0.71, respectively. Internal consistency coefficients for maternal emotional warmth, overprotection, and rejection were 0.75, 0.72, and 0.64, respectively.

Validity

The correlations between the S-EMBU-C subscales (emotional warmth, overprotection, and rejection) and PBI were examined to determine the concurrent validity of S-EMBU-C. Pearson's correlation analysis showed that the correlations between the 3 S-EMBU-C subscales and 2 PBI subscales were in the expected direction. The results of Pearson's correlation analysis are shown in Table 1. They show that both maternal

and paternal emotional warmth S-EMBU-C subscales were positively correlated with both PBI maternal and paternal care/control subscales, whereas the S-EMBU-C paternal emotional warmth subscale was negatively correlated with the PBI maternal and paternal overprotection subscales. S-EMBU-C maternal and paternal overprotective attitudes were negatively correlated with PBI maternal and paternal care/control subscales. Both EMBU-C maternal and paternal rejection were negatively correlated with the EMBU-C maternal and paternal care/control subscale. In addition, EMBU-C paternal rejection was negatively correlated with PBI maternal overprotection (i.e., high scores in this subscale show decreased protective behaviors). These findings support the concurrent validity of S-EMBU-C in an adult Turkish sample. In order to evaluate the construct validity of S-EMBU-C, the relationships between the 3 S-EMBU-C subscales, and the 2 EPQR subscales (neuroticism and extraversion) and GSES were examined. The findings support the construct validity of the S-EMBU-C. The S-EMBU-C maternal and paternal emotional warmth subscales were positively correlated with extraversion, maternal and paternal overprotection were positively correlated with neuroticism, and maternal and paternal rejection were positively correlated with neuroticism. In addition, both maternal and paternal overprotection were positively correlated with self-efficacy.

Group comparisons

MANOVA was used to determine if perceived parental attitudes differ according to the severity of psychiatric symptoms. For this purpose 2 subgroups (high score and low score) were

Table 2. Comparison of psychiatric symptoms according to low and high BSI symptom scores

Parental attitudes	Anxiety		Depression		Negative self-identity		Somatization		Hostility	
	High	Low	High	Low	High	Low	High	Low	High	Low
Maternal rejection	10.13a	8.48b	10.16a	8.18b	10.23a	8.10b	10.09a	8.50b	10.02a	8.17b
Maternal emotional warmth	21.8a	20.07a	19.59a	20.98a	20.23a	21.07a	20.88a	21.10a	21.17a	21.50a
Maternal overprotection	21.85a	17.89b	21.65a	18b	22.89a	16.83b	22.26a	16.70b	21.71a	17.31b
Paternal rejection	10.87a	8.89b	10.84a	8.82b	11.43a	8.56b	10.74a	9.03b	11.51a	8.48b
Paternal emotional warmth	19.51	18.59	17.84a	20.04b	17.63a	20.24b	19.38a	19.90a	18.41a	20.48b
Paternal overprotection	20.69a	17.04b	20.30a	17.43b	21.37a	16.54b	21.24a	16.6b	21.29a	16.02b

Note: Different letters in the same row indicate significant difference between groups.

created after examining all BSI subscale scores (high score group: 1 standard deviation above the mean; low score group: 1 standard deviation below the mean). MANOVA results are shown in Table 2.

Firstly, MANOVA was conducted to identify if there are differences in the perceptions of parental attitudes between those with low and high anxiety scores. It was observed that the whole model was significant (Wilks's lambda = 0.81, $F(6, 59) = 2.37$, $p < 0.05$). Individuals with a high anxiety score had higher perceived maternal overprotection (high anxiety score: 21.85; low anxiety score: 17.89), paternal overprotection (high anxiety score: 20.69; low anxiety score: 17.04), maternal rejection (high anxiety score: $M = 10.13$; low anxiety score: 8.48), and paternal rejection (high anxiety score: 10.87; low anxiety score: 8.89) subscale scores.

MANOVA was also conducted to determine if there was a difference in perceived parental attitudes between those with high and low depression scores. It was observed that the whole model was significant (Wilks's Lambda = 0.75 $F(6, 81) = 4.59$, $p < 0.001$). Those with high depression scores had significantly higher maternal overprotection (high depression score: 21.65; low depression score: 18), paternal overprotection (high depression score: 20.30; low depression score: 17.43), maternal rejection (high depression score: 10.16; low depression score: 8.18), and paternal rejection (high depression score: 10.84; low depression score: 8.82) subscale scores. In addition, individuals with high depression scores had lower paternal emotional warmth scores (17.84) than individuals with low depression scores (20.04).

In addition, MANOVA was used to determine if there was a difference in perceived parental attitudes between individuals with high and low negative self-identity scores. It was observed that the whole model was significant (Wilks's Lambda = 0.61; $F_{6, 69} = 7.40$; $P < 0.001$). Individuals with high negative self-identity scores had significantly higher maternal overprotection (high negative self-identity score: 22.89; low negative self-identity score: 16.83), paternal overprotection (high negative self-identity score: 21.37; low negative self-identity

score: 16.54), maternal rejection (high negative self-identity score: 10.23; low negative self-identity score: 8.10), and paternal rejection (high negative self-identity score: 11.43; low negative self-identity score: 8.56) subscale scores. In addition, individuals with a high negative self-identity score had a lower paternal emotional warmth score ($M = 17.63$) than those with a low negative self-identity score ($M = 20.24$).

MANOVA was used to determine if there was a difference in perceived parental attitudes between those with high and low somatization scores. It was observed that the whole model was significant (Wilks's Lambda = 0.68, $F(6, 57) = 4.48$, $p < 0.001$). Those with high somatization scores had significantly higher maternal overprotection (high somatization score: 22.26; low somatization score: 16.70), paternal overprotection (high somatization score: 21.24; low somatization score: 16.6), maternal rejection (high somatization score: 10.09; low somatization score: 8.5), and paternal rejection (high somatization score: 10.74; low somatization score: 9.03) subscale scores.

Lastly, MANOVA was used to determine if there was a difference in perceived parental attitudes between those with high and low hostility scores. It was observed that all models were significant (Wilks's Lambda = 0.67, $F(6, 76) = 6.20$, $p < 0.001$). Individuals with high hostility scores had higher maternal overprotection (high hostility score: 21.71; low hostility score: 17.31), paternal overprotection (high hostility score: 21.29; low hostility score: 16.02), maternal rejection (high hostility score: 10.02; low hostility score: 8.17), and paternal rejection (high hostility score: 11.51; low hostility score: 8.48) subscale scores. In addition, those with a high hostility score had lower ($M = 18.41$) paternal emotional warmth subscale scores than those with a low hostility score ($M = 20.48$). Maternal and paternal rejection and overprotective attitudes were associated with all psychiatric symptoms measured. In addition, paternal emotional warmth was associated with all psychiatric symptoms other than anxiety and somatization. All of these findings support the criterion validity of the S-EMBU-C.

DISCUSSION

The present study aimed to determine the reliability and validity of S-EMBU-C, which assesses an individual's primary perceptions of their parents' parenting attitudes. S-EMBU-C is commonly used to investigate the relationships between some psychiatric disorders (e.g. depression, somatization, and hypomania) and parenting styles (e.g., Muris and Merckelbach 1998, Oldehinkel et al. 2006). In general, the present study's findings suggest that as reported in other countries (Arrindell et al. 1999, Someya et al. 1999), S-EMBU-C has satisfactory psychometric properties.

In addition, the present study investigated the factor structure of S-EMBU-C and its relationship to psychiatric disorders, personality characteristics, and self-efficacy. The current findings indicate that the factor structure of S-EMBU-C is quite similar to that observed in other countries (Arrindell et al. 1999). As in other studies that noted an association between parenting attitudes and some personality traits (Arrindell et al. 2005, 1999, Schlette et al. 1998, Meesters et al. 1995), parental overprotection and rejection were positively correlated with neuroticism in the current study. In other words, those that perceived both of their parents as overprotective and rejecting had higher neuroticism scores. On the other hand, individuals that perceived their parents as showing a high level of emotional warmth had higher extroversion scores. These findings support the construct and convergent validity of S-EMBU-C. On the other hand, the correlations between perceived parenting attitudes, and personality characteristics and self-efficacy were significant, but relatively low in the present study; therefore, we think additional research performed with heterogeneous and more comprehensive samples and/or methods are necessary for more clearly delineating such correlations.

In order to investigate the concurrent validity of S-EMBU-C its correlation with PBI was assessed, and as expected, the S-EMBU-C overprotection subscale was positively correlated with the PBI maternal/paternal protection subscales. Furthermore, those in the present study with high S-EMBU-C rejection subscale scores had low PBI maternal and paternal care-control scores. That is to say, as the S-EMBU-C perceived parental rejection score increased (rejection sub-dimension) the PBI care-control score decreased (care-control dimension of the PBI). The correlations between the relevant PBI and S-EMBU-C factors support the convergent validity of S-EMBU-C. As Arrindell and Engebretsen (2000) reported, it seems that S-EMBU-C and PBI assess similar concepts and thus, overlap; however, the researchers noted that the content validity of S-EMBU-C is more comprehensive, because PBI does not include a rejection sub-dimension, and accordingly, they concluded that S-EMBU-C is a more useful instrument for assessing perceived parenting attitudes.

The participants in the present study were subdivided according to high and low BSI scores in order to assess the criterion validity of S-EMBU-C. Group comparisons showed that those with high and low psychiatric symptom scores (anxiety, depression, negative self-identity, somatization, and hostility) differed in their perceptions of parental attitudes. Those with high symptom scores had higher perceived maternal and paternal rejection scores and lower emotional warmth scores. These findings could be considered critical, as they seem to confirm the association between parental attitudes and psychiatric symptoms. On the other hand, those with low and high hostility scores differed only in terms of paternal emotional warmth scores. In other words, those with high hostility scores had lower paternal low emotional warmth scores, but maternal emotional warmth scores did not differ significantly, which might be due to the perception of mothers showing more emotional warmth and more importantly, that maternal emotional warmth might be accepted as normal and ordinary in Turkey. As the findings are considered in general, it can be stated that previous findings that overprotection and rejection attitudes of parenting were associated with psychiatric problems (Muris and Merckelbach 1998, Oldehinkel et al. 2006) were also confirmed once more in Turkey; however, there wasn't a significant relationship between emotional warmth and psychiatric disorder. Consequently, overprotection and rejection dimensions, which are 2 critical parenting attitudes, were observed to play a role in psychological disorders and to have a negative impact on the individual, although the present study did not include a clinical sample.

The present study's findings support the psychometric characteristics of the S-EMBU-C, support the international validity of the measure and present a current and popular instrument on parental attitudes in Turkey. Nevertheless, the study has a few limitations. In order to strengthen the findings on the validity of the scale, studies that include a larger sample, clinical samples, and other parenting instruments might prove beneficial.

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