EXAMINING THE ROLE OF SES, MOTHERS' REFLECTIVE FUNCTIONING, MOTHERS' PSYCHOPATHOLOGICAL SYMPTOMS, AND EMOTION SOCIALIZATION PRACTICES ON THE TODDLERS' BEHAVIOR PROBLEMS

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To my parents…

ABSTRACT

Behavior problems are widespread among children having both short-term and long-term adverse effects in academical, social, and emotional areas of the life. The aim of the present study was to investigate the relationships between socio-economic status (SES), mother's psychopathological symptoms, maternal reflective functioning, and mother's use of emotional socialization practices and child behavioral problems during toddlerhood. The study also aimed to examine age and sex differences on the display of behavior problems of toddlers. Mothers (M_{age} = 32 years, *SD*= 4,75) who had children (M_{age} = 23,8 months, *SD*= 7,39) between the ages 1 to 3 and lived in the different cities of Turkey (N = 534) participated in the study. The mothers were asked to complete a package of scales consisting of demographic form, Brief Symptom Inventory, Parental Reflective Functioning Questionnaire, Coping with Toddler Negative Emotions Scale, and Child Behavior Checklist. Based on the mothers' reports, the results of hierarchical regression analyses showed that SES, maternal psychopathology, and mother's use of unsupportive emotion socialization predicted toddler's externalizing and internalizing behavior problems. There was a significant age and sex differences on the child'externalizating behavior problems with boys scoring higher than girls and older age children displaying more externalizing behavior problems than the younger ones. However, contrary to our expectations, mothers' supportive emotion socialization did not predict child behavior problems. Overall, the present findings provide further support to family process model in predicting child behavior problems.

Keywords: Externalizing behavior problem, internalizing behavior problem, psychopathology, SES, reflective functioning, emotion socialization

ÖZET

Çocuk davranış problemleri toplumda yaygın bir şekilde görülmekte ve onların akademik, sosyal ve duygusal yaşamlarında hem kısa süreli hem de uzun süreli olumsuz etkiler göstermektedir. Bu çalışmanın amacı, sosyo-ekonomik durum (SED), annenin psikopatolojik semptomları, annenin yansıtıcı işleyişi ve annenin duygu sosyalleştirme uygulamalarının erken çocukluk döneminde görülen davranış problemleri ile ilişkisini incelemektir. Çalışma aynı zamanda çocuğun yaşının ve cinsiyetinin göstermiş olduğu davranış problemlerinde fark yaratıp yaratmayacağını incelemeyi amaçlamıştır. Araştırmaya, Türkiye'nin farklı şehirlerinde yaşayan 1 ve 3 yaş arası çocuğu (yaş ortalaması 23,8 ay, SS= 7,39) bulunan anneler (yaş ortalaması 32, SS= 4,75) (N = 534) katılmıştır. Annelerden demografik form, Kısa Semptom Envanteri, Ebeveyn İçsel Düşünme İşlevselliği Ölçeği, Çocukların Olumsuz Duygularıyla Başetme Ölçeği ve Çocuk Davranışları Kontrol Listesi bulunan bir ölçek paketini doldurmaları istenmiştir. Annelerin raporlarına dayanarak yapılan bu çalışma, SED, annenin psikopatolojik semptomu ve annenin destekleyici olmayan duygu sosyalleştirme uygulamalarının çocuklarda görülen içselleştirme ve dışsallaştırma davranış problemlerini yordadığını yapılan hiyerarşik regresyon analizlerinin sonucunda ortaya koymuştur. Ayrıca bulgular erkek çocuklarının kız çocuklarından ve yaşça büyük olan çocukların ise küçük yaştakilerden daha fazla dışsallaştırma problemleri sergilediklerini ortaya koymuştur. Bununla birlikte, beklentilerin aksine, destekleyici duygu sosyalleştirmesi çocuk davranış problemlerini anlamlı şekilde yordamamıştır. Genel olarak, bu çalışmanın bulguları çocuk davranış problemlerini yordamada aile süreç modeline destek sağlamıştır.

Anahtar kelimeler: Dışsallaştırma davranış problemi, içselleştirme davranış problemi, patoloji, SED, içsel yürütücü işlevsellik, duygu sosyalleştirme

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CHAPTER 1

INTRODUCTION

Behavior problems, specifically externalizing and internalizing behavior problems are critical markers of maladjustment during early childhood (Zahn-Waxler, Klimes-Dougan, & Slattery, 2000). Results from the studies reveal that children begin to display externalizing and internalizing behavior problems as early as 12 months old and early behavior problems of children show stability through adolescence and adult life with both short-term and long-term consequences (Carter, Briggs-Gowan, Jones, & Little, 2003; Tremblay et al., 1999; van Zeijl et al., 2006; Zahn-Waxler et al., 2000). In the short-term, it has adverse effects on peer relationships, school readiness, and academic achievement (Campbell, 1995; Kaiser, Hancock, Cai, Foster, & Hester, 2000; Gottman & DeClaire, 1997; Oland & Shaw, 2005), whereas in the long-term, mental health problems, conflictual romantic relationships, engaging in violent and criminal activities, later entrance and underachievement at work life can be experienced (Asendorpf, Denissen, & van Aken, 2008; Thompson et al., 2011).

However, in the literature, behavior problems observed during the ages 1 to 3 have not obtained adequate attention and majority of studies in the field of child behavior problems have mostly focused on preschool years and older ages (Belsky, 1984; Campbell, 2002; Wakschlag & Keenan, 2001). One possible explanation for this scarce research attention could be about difficulties in identifying the pure problem behaviors, specifically internalizing problems in this period (Campbell, 1995). Wakschlag and Keenan (2001) emphasized the importance of conducting the intervention and prevention programmes addressing early childhood period that the

most effective results can be yielded from these programmes. Thus, exploring the predictors of child behavior problems at early childhood period is essential in order to develop efficient prevention and intervention programs addressing that period.

The prevalence rate of behavior problems among children who are younger than five years old were found to range from 9.5% to 14.2% (Brauner & Stephens, 2006). Among Turkish children, the prevalence rate of behavior problems was found to range from 9.3% to 11.9 % for that age interval (9.1-11.1 % of boys; 9.5-12.6 % of girls; Erol, Şimşek, Öner, & Münir, 2005; Karabekiroglu et al., 2013). By knowing this high prevalence rate and lifelong effects of early behavior problems, there is a growing realization for the importance of the extensive assessment to figure out the predictors of behavior problem development (Fitzgerald & Das Eiden, 2007) and to develop and to implement intervention programs accordingly (Erol et al., 2005; Karabekiroglu et al., 2013). The previous studies conducted with Turkish children examined parental attitudes, mother-child relationships and sociodemographic factors (Topcu Bilir & Sop, 2016; Ugur, Yurumez, Yılmazer, 2019; Yavuz, Selcuk, Corapci & Aksan, 2017), yet the precipitating factors of behavior problems for Turkish children have not been highlighted clearly to date (Erol et al., 2005; Yavuz et al., 2017). In addition, most of the studies were conducted with preschool children so comprehensive study focusing on Turkish toddlers would be important to detect the precipitating factors for the display of behavior problems. The growing evidence yielded from the studies done with preschool-aged children emphasize that emotion related factors might be more determining in the development of child behavior problems than previously assumed. Most children with externalizing behavior problems experience

disproportionate emotional arousal, problems in emotion regulation, and oversensitivity during social interactions (Johnson et al., 2017). On the other hand, children with internalizing symptoms exhibit deprived emotional regulation and poor emotional expression (Eisenberg et al., 2001). It is known that children's developing emotional understanding and competency show a close relation with their parents' responsiveness or momentary reactions to their particular emotions and behaviors (Garner, Dunsmore, & Southam-Gerrow, 2008; Nelson, Kushlev, & Lyubomirsky, 2014).

In line with the findings showing the importance of emotions on the display of child behavior problems, empirical findings have shown that SES, mother's psychological well-being, reflective functioning and their emotion socialization are related with their children's problem behaviors. Studies have revealed that low-SES (Conger & Donnellan, 2007) and having a mother with psychopathological symptoms (Campbell, 1995; Fanti & Henrich, 2010; Stone et al., 2015) seem to be the risk factors that increase the probability and intensity of child behavior problems. Additionally, mother's low reflective functioning has been documented to predict child behavior problems (Möller et al., 2017). Maternal use of supportive emotion socialization practices like teaching the methods for emotion regulation and maternal higher reflective functioning act as protective factors for preschool-aged children's behavior problems (Hernandez, Smith, Day, Neal, & Dunsmore, 2018; Lunkenheimer, Ram, Skowron, & Yin, 2017), whereas maternal use of unsupportive emotion socialization practices like punishment seem to be the risk factors for such behaviors (Bayer, Sanson, & Hemphill, 2006; Gottman, Katz, & Hooven, 1996).

For the reasons mentioned, the present research focuses on the early childhood period and investigates the relations of toddlers' behavior problems with SES, mother's psychopathological symptoms, maternal reflective functioning, and maternal use of emotion socialization practices in a Turkish sample based on Belsky's process model (1984). According to Belsky's (1984) process model, contextual sources of stress and support, parents' psychological well-being, and child characteristics are all related with each other shaping parenting behavior and parental choice of socialization practices which, in turn, closely related with their children's developmental outcomes. In line with Belsky's process model, several studies highlighted the relation that the process model proposed. Children growing up in families with lower SES exhibited more externalizing and internalizing behavior problems when compared with their counterparts growing up in families with higher SES (Conger & Donnellan, 2007; Reiss, 2013). Consistent with family stress model, low-SES parents experience higher levels of stress, which, in turn, influence their parenting practices considerably in a negative way and there are the differential outcomes between high-SES and low-SES children (Conger & Donnellan, 2007; McLeod & Shanahan 1993; Roy, Isaia, & Li-Grining, 2019). Furthermore, mothers having psychopathological symptoms and lower reflective ability were less likely to use supportive emotion socialization practices, so their children showed more externalizing and internalizing behavior problems (Bayer et al., 2006; Dix, Gershoff, Meunier, & Miller, 2004; Eisenberg et al., 1999; Kring & Bachoroswki 1999; Mäntymaa et al., 2012; McLeod & Shanahan 1993; Reiss, 2013; Rostad & Whitaker, 2016; Slade, Grienenberger, Bernbach, Levy, & Locker, 2005). Despite these relations are clearly demonstrated, no previous study has been

conducted to investigate the relationship of SES, mother's psychopathological symptoms, maternal reflective functioning, and maternal use of emotion socialization practices with the toddlers' behavior problems. Thus, the current study is distinct that it fills a gap in the field both in international and Turkish literature by conducting a comprehensive research about the externalizing and internalizing behavior problems with Turkish toddlers.

Furthermore, the evidence suggests that parents react differently to their son's and daughter's display of the same emotions (Root & Rubin, 2010). For instance, parents were found to be more tolerant to their sons' expression of anger, but not to their daugthers', while they emphasized the expression of fear and sadness for their daughters, but not for their sons (Cassano, Perry-Parrish, & Zeman, 2007; Fivush, 1989). Additionally, parents reported that their response to the emotional displays of their children show a change as their children grow up that mothers reported to give more minimization reactions to their younger children and to use more expressive encouragement responses with their older children (Cassano et al., 2007). It is known that parental reactions to their children's emotion displays might be influential on their socioemotional development (Chaplin, Cole & Zahn-Waxler, 2005). For that reason, in this study, the child's sex and age differences in toddlers' behavior problems were also investigated.

CHAPTER 2

LITERATURE REVIEW

2.1. Externalizing and Internalizing Behavior Problems in Children

Externalizing behaviors are comprised of under-controlled behaviors and manifestation of under-socialized emotions which are directed to other people with anger and frustration (Roeser, Eccles, & Strobel, 1998). Internalizing behaviors, in contrast, are directing the emotions like guilt, sadness, anxiety, and shame to the self rather than other people (Roeser et al., 1998). Externalizing behavior problems are manifested as aggression, hyperactivity, rebelliousness, and detrimental behaviors while internalizing behavior problems surface as anxiety, depression, somatic complaints, withdrawing, and fearfulness (Campbell, 1995).

When the course of development of externalizing and internalizing behavior problems were examined, the studies revealed that externalizing and internalizing behavior problems show a different course of development. Toddlers, especially boys, are more likely to use aggression, temper tantrums, and detrimental behaviors in order to solve disagreements arise with their peers, but as their cognitive and emotion regulation abilities develop, their aggressiveness and externalizing behaviors generally show a decrease with age (Bongers, Koot, van der Ende, & Verhulst, 2003; Laird, Jordan, Dodge, Pettit, & Bates, 2001). However, girls exhibit lower levels of externalizing behaviors than boys and continued to display similar level of externalizing behaviors over the years (Bongers et al., 2003; Keiley, Bates, Dodge, & Pettit, 2000). Nevertheless, a small percent of children, consisting 5% to 10%, continue to show aggression, temper tantrums, and detrimental behaviors which is diagnosed as externalizing behavior problems (Moffitt, 1993). Almost two

thirds of children having externalizing behavior problems experience rejection consistently from their peers also they make friendship with other deviant children which preserve and worsen their problem behavior patterns (Laird et al., 2001). Children adapt the emotion regulation skills that they learned from their parents into their friendship contexts (Burks & Parke, 1996). Children who are good at regulating emotions showed higher competency in their peer relationships, thus they were more likely to be accepted by their peers and showed lower degrees of problem behaviors as a consequence (Kim-Spoon, Cicchetti, & Rogosch, 2013).

When it comes to internalizing behavior problems, on the contrary to externalizing behavior problems, the gradual increase is seen at the beginning of toddlerhood to later ages. The incidence rate was found similar for both boys and girls during early childhood, the highest increase in internalizing behaviors was observed among girls as they grew up and internalizing behaviors showed stability for the boys with the age (Bongers et al., 2003; Mesman, Bongers, Koot, 2001). Children's internalizing symptoms impact their ability to communicate effectively with other people that these children experience hardships in forming healthy friendships, they are inclined to withdraw and isolate themselves from social interactions, that's why, they are less likely to have delinquent friends and engage in less risky behaviors (Calkins, 2007; Oland & Shaw, 2005). In the literature, only few studies have attempted to reveal the factors causing externalizing and internalizing behaviors in early childhood period comprehensively. In order to address this gap in the current literature, this study's main attempt was to reveal the factors influencing the toddlers' display of behavior problems based on Belsky's process model.

2.2. Belsky's Process Model to Explain Toddlers' Externalizing and Internalizing Behavior Problems

Belsky (1984) was concerned about the general inclination on the studies that most of the efforts were given to understand the impact of parenting behavior on children's development. However, underlying reasons leading those specific parenting behaviors have not attracted adequate research attention and been examined in detail. Based on this consideration, Belsky provided a model in order to understand the determinants of parenting behavior: a process model (1984). The model assumes that parenting behavior is shaped directly by the three major determinants which are contextual sources of support and stress, psychological well-being of parent, and child characteristics which, in turn, impact children's developmental outcomes (Belsky, 1984). To clarify, parents' employment status, family income, their education level, their own psychological problems or well-being, as a part of this, their mentalization ability, that is, reflective functioning, the child's temperament and the support received, or conflict experienced in their marital and social relations influence their parenting behavior. As expected, parents' function most efficaciously when each area acts supportively and hence their competent parenting contributes positively to their child's developmental outcomes (Belsky, 1984). Problems experienced in one of those three areas may not solely determining for overall parenting behavior, yet, weakness in one subsystem worsen parenting competence and functioning (Belsky, 1984). Among all, the parents' psychological well-being is the most influential determinant on parental functioning, thereby on child development (Belsky, 1984). Since personal psychological characteristics have an impact on their understanding about other people's actions

and motivations, on their spouse, friend, and job selections, also on the satisfaction experienced with spouse, friends, relatives, neighbors, and colleagues, these selected parties can become the sources of support or stress for the parent (Belsky, 1984).

By grounding on Belsky's (1984) family process model, the present study aimed to examine the relations of SES as an indicator of one of the contextual sources of support and stress, and then mother's psychopathological symptoms, reflective functioning, and use of supportive and unsupportive emotion socialization practices as indicators of parent's psychological well-being and parenting characteristics as well as the child's age and sex as indicators of child characteristics in relation to the toddlers' externalizing and internalizing behavior problems as an indicator of child's developmental outcomes. In the following sections, the associations of child behavior problems with these precipitating factors will be explained in detail.

2.3. Socioeconomic Status and its Link with Externalizing and Internalizing Behavior Problems

According to Conger and Donnellan (2007), socioeconomic status (SES) is "an individual's location in multiple environmental hierarchies, usually involving economic resources, educational achievement, and occupational status" (p. 177). Because parents' education and occupation are stable variables and long-term indicators of the income of the family (Erola, Jalonen, & Lehti, 2016), they represent parents' ability of providing social, emotional and financial support for their own and children's needs (Conger & Donnellan, 2007).

Parenting and child rearing practices were found to be influenced considerably from SES of the family (Conger & Donnellan, 2007). It is because

parents from diverse socioeconomic strata live in different circumstances and their perception of the world and events differs from each other considerably. So, their child rearing practices also vary from each other (Hoff, Laursen, & Tardif, 2002). For example, higher-SES mothers were more egalitarian, more cooperative, more autonomy-granted, more concerned with their children's development, and they were less punitive, less intrusive, and less restrictive, and less likely to use physical punishment than lower-SES mothers from infancy through six years of age (Conger & Donnellan, 2007).

Low-SES mothers, on the other hand, tended to use harsher discipline practices and to give less attention and support to their children's affective needs (Akcinar & Baydar, 2018; Bradley & Corwyn, 2002; Conger & Donnellan, 2007). Furthermore, low-SES mothers tended to be less warm and their children were likely to experience high level of family stress, to receive less social and emotional support from their parents, to experience more isolation, and also to believe that aggressive methods can be used in order to solve problems (Dodge et al., 1994). There is evidence that children from low-SES, regardless of race, more frequently experienced maladaptive social functioning when compared with their high-SES counterparts (Akcinar & Baydar, 2018; McLeod & Shanahan, 1993; Seven, 2007). According to the National Institute of Child Health and Human Development Early Child Care Research Network (2005), children from six months through the age of nine were found to have more behavior problems if they were exposed to poverty in their first three years of lives. The impact of SES on child behavior problem (especially for externalizing problems) were observable from the early childhood period (Duncan, Brooks-Gunn, & Klebanov, 1994; McLeod & Shanahan, 1993). In

brief, children growing up in families with lower SES exhibited more externalizing and internalizing behavior problems (Conger & Donnellan, 2007; Reiss, 2013).

Household income is one of the most important indicators of SES. Examining the impact of income on parenting practices adopted and children's problem behavior, family stress model provides an explanation for the relationship between SES and parenting. According to the model, family economy influences psychological well-being of parents by putting pressure on them by the factors like instability in work, increasing financial demands and debts, consequently, their parenting behavior and their child's socioemotional development are affected negatively (Conger & Donnellan, 2007). Some other studies conducted to figure out the relationship between SES and parenting supported family stress model. Income was found indirectly influential on parenting that living in an unsafe neighborhood and financial stress caused challenges and burdens for the families which, in turn, may have been prompting their strictness and lower their parenting quality (Bøe et al., 2014). Poverty-associated stress influence both parenting capacity and interpersonal relationships inside the family (Conger & Donnellan, 2007). To clarify, the different outcomes observed between high-SES and low-SES children were due to stress experienced by parents thereby on parental mental health and parenting behavior (McLeod & Shanahan 1993).

In order to see the relation between SES and parenting- child outcomes clearly, some researchers provided financial means to poor families and examined their parenting practices and their children's developmental outcomes. They found that increases in family income resulted in improvements in parents' overall wellbeing and their parenting behavior, thus, decrease in their children's problem

behaviors (Costello, Compton, Keeler, & Angold, 2003; Strohschein, 2005). Hoff and her colleagues (2002) found a poverty threshold influencing parenting behavior. To clarify, if the families were under the certain income threshold, poorer parenting was observed. Nevertheless, for the families above the certain income threshold, extra income was not likely to provide noticeable benefits for their parenting behavior (Hoff et al., 2002). To summarize, we may conclude that it is fundamental for the families to have a specific amount of income which will lower the experienced stress due to economic reasons and make the parents more responsive toward the needs of their children which is related with lower levels of child behavior problems.

Moreover, parents' education is another important indicator of SES. When it comes to the effect of parental education, across cultures, education level of the parents was found to be the most responsible factor from the differences in the parenting practices and the nature of the talk to child parents utilized (Menaghan & Parcel, 1991). This difference may be again due to parental stress, because parents having lower education levels reported to experience more parenting stress owing to lack of resources to cope with adverse situations (e.g., hardships in reaching necessary services, inability to find a job) which is linked with children's externalizing and internalizing behavior problems (Roy et al., 2019).

Moreover, it is known that maternal knowledge is linked with less behavior problems in early childhood (Huang, Caughy, Genevro, & Miller, 2005). Mothers with higher education level were known to be more knowledgeable about child development and childrearing practices (Morawska, Winter, & Sanders, 2009), to be more sensitive to the needs of their children, also they invest more time to provide

positive, harmonious and enriched home environment (National Institute of Child Health and Human Development Study of Early Child Care, 2005), whereas low-SES mothers were less likely to get information and support about child development and rearing practices from professionals due to economic constrains (Berger & Brooks-Gunn, 2005) and due to the low-SES mothers' reluctance to contact with wider society in order to seek help (Conger & Donnellan, 2007). So, as one of the extensions of SES, lower mother education level is also related with higher behavior problems of children (Sehirli, 2007).

2.4. Mother's Psychopathological Symptoms and its Link with Externalizing and Internalizing Behavior Problems

Parental psychopathology refers to disorganization in affective, cognitive, and somatic domains which is likely to lead parental social and behavioral adjustment problems (Zahn-Waxler, Duggal, & Gruber, 2002). Parents with psychopathological symptoms are more inclined to apply maladjusted parenting practices (Dix & Meunier, 2009). Presumably, having psychological symptoms, in clinical or subclinical level, is the sign of dysfunctional emotional condition of the parent (Kring & Bachoroswki, 1999) which is closely related with less optimal parental emotion regulation, emotion expression, and use of emotion socialization practices (Dix et al., 2004; Kring & Bachoroswki 1999), and in turn, with the children's disrupted socioemotional and behavioral developmental outcomes (Behrendt, Scharke, Herpertz-Dalhman, Konrad, & Firk, 2019; Connell & Goodman, 2002; Cummings, Keller, & Davies, 2005; Goodman et al. 2011; Papp, Cummings, & Schermerhorn, 2004).

According to Dix's affective model of parenting (1991), parents' emotions are strongly related with adaptive or maladaptive parenting behavior that parents' positive emotions predict warm, patient, and responsive parenting behavior, on the other hand, parents' negative emotions predict hostile, intrusive, avoidant and controlling parenting behavior. That is to say, Dix (1991) asserted that the quality of caregiving behavior was closely related with parents' experienced emotions. It is because emotions are influential on parent's cognitive processes like decision making, paying attention, motives, also on the quality of communication between parent and child. Not all behaviors, but the child's specific behaviors or reactions get the attention of parents and cause emotional arousal. Depending on the emotion aroused, parents choose to promote or hinder the child's behavior by using their tone of voice or facial expressions, by comforting or ignoring, or by praising or criticizing which profoundly impact their later interactions with the child and child's later behavioral outcomes (Dix, 1991). When it comes to the relation with parental psychopathology and parents' experienced emotions, it was found that parents having psychological problems display more negative emotions and exhibit maladjusted parenting behavior (Goodman & Gotlib, 1999). Therefore, strong and negative emotions interrupt with parents' cognitive processes leading parents to experience excessive or inadequate emotions, to regulate their emotions poorly and to negatively influence their communication with their child which, in turn, has detrimental effects for their child's social and emotional well-being (Dix, 1991).

In line with Dix's affective model (1991), the link between parental psychopathology and child behavior problems might be explained by the fact that mothers having psychopathological disorder are likely to experience more hardships

to regulate their emotions (Goodman & Gotlib, 1999; Gross & Levenson, 1997). Thompson (2014) explains emotion regulation as the individuals' ability of monitoring, evaluating, and modifying the positive and negative emotional arousal in order to maintain the emotion in particular level. It is known that parental inability of regulating emotions efficaciously is linked with their children's developmental problems (Han & Shaffer, 2013). It is because parents' own regulation ability and assistance during the emotionally challenging situations for their children is important in the development of children's emotion regulation abilities that enables children to respond more tolerantly and flexibly to everyday experiences and make them more adaptive and functional in their daily lives (Thompson, 2014). However, parents with psychopathological symptoms experience a lot of negative emotions in their daily lives, they give a big struggle to meet their own emotional needs and to regulate and to cope with them effectively (Thompson, 2014; Zahn-Waxler et al., 2002). When the child needs instruction, support or explanation, those parents were more inclined to avoid, punish or criticize, instead (Dix, 1991). So, they might remain incapable of realizing and addressing the needs of their children and to be a good example for emotion regulation. In other words, parents having psychopathological symptoms experience more negative emotions and a great burden to meet their own emotional needs which result in failure to regulate their own emotions, to express them appropriately, and to be responsive toward their child's emotional needs which is likely to lead behavior problems in their child because their child develops poor emotion regulation skills (Breaux, Harvey, & Lugo-Candelas, 2016; Cummings et al. 2005; Papp, Cummings, & Marcie, 2005; Silk et al. 2011; Wilson & Durbin, 2010).

Several studies supported the link between mothers' display of psychopathological symptoms and child behavior problems. In one study, maternal depression was found to be related with the children's internalizing behavior problems (Downey & Coyne, 1990). In other studies, parental depression-anxiety symptoms predicted child's externalizing and internalizing behavior problems as early as age of 2 (Bayer et al., 2006; Martin, Clements, & Crinic, 2011) and ongoing maternal depression or increase in the depression level in the process of time strongly predicted more stable child behavior problems (Stormont, 2001). According to another study, while both father's and mother's psychopathology predicted child externalizing behavior problems, mother's psychopathology were found more closely related with child internalizing problems (Connell & Goodman, 2002), also as the mothers show more psychopathological symptoms, their young children exhibited more externalizing and internalizing behavior problems (Breaux, Harvey, & Lugo-Candelas, 2014).

Parents' role on their children's display of externalizing and internalizing behavior problems also happens through the genetical transmission. That is, parents' genes are transmitted to their offspring and makes them susceptible to develop specific psychopathological disorders (Weijers, van Steensel, Bögels, 2018). Several studies emphasized the role of genetics on children's display of behavior problems that mother's history of behavior problems was associated with their child's development of behavior problems (Wan, Abel, & Green, 2008; Weijers, van Steensel, Bögels, 2018). For instance, Alonso and his colleagues (2004) discussed that parents's transmission of externalizing and/or internalizing genes to their

offspring pose a great risk for their children that these children were inclined to display more problem behaviors.

2.5. Maternal Reflective Functioning and its Link with Externalizing and Internalizing Behavior Problems

Mentalization is the ability of recognizing and conceiving the mental states of oneself and others that helps understand human behavior by using the information like feelings, desires, purposes, motives, and opinions (Fonagy, Gergely, Jurist, & Target, 2002). There are two types of mentalization, namely, implicit mentalization and explicit mentalization. Implicit mentalization happens intuitively and automatically. For instance, becoming emphatically concerned with a baby's cry occurs owing to implicit mentalization. Explicit mentalization, on the other hand, is the conscious process of thinking about the emotions and thoughts which is operationalized as reflective functioning (Möller et al., 2017).

When it comes to parental reflective functioning, it is the ability of considering the child as a psychological being which then makes the parents sensitive to fulfill the needs of their children correctly (Camoirano, 2017; Rostad & Whitaker, 2016; Slade et al., 2005), also parents' age, occupation, earlier parenting experience, and ethnicity were not found to be related with their reflective ability (Cooke, Priddis, Luyten, Kendall, & Cavanagh, 2017). Basically, parental reflective functioning aids to understand underlying reasons of children's behavior and to predict child's upcoming reactions (Rosenblum, McDonough, Sameroff, & Muzik, 2008). It also involves the parent's reflection of her or his inner mental experiences and comprehension of how their interactions with their child affect their thoughts, emotions, behaviors, and later reactions to the child (Ensink & Mayes, 2010;

Ordway, Webb, Sadler, & Slade, 2015; Sharp & Fonagy, 2008; Slade et al., 2005). For instance, for a mother having high reflective functioning, a temper tantrum would not be viewed merely as a misbehavior, rather it would be conceptualized a representation of child's unexpressed emotions or needs (Rostad & Whitaker, 2016). However, in cases where mothers cannot recognize themselves and their children as different entities, there is a probability of misinterpreting the actions of the other one wrongly which may result in heightened stress response and reduced emotion regulation ability (Ordway et al., 2015).

The studies laid the emphasis on the parent's reflective functioning for being emotionally present for the child (Möller et al., 2017; Slade et al., 2005). Stated in other words, parental reflective functioning increases the probability of having emotionally sensitive interactions with the child and assisting the child to develop effective emotion regulation abilities (Möller et al., 2017; Sharp & Fonagy, 2008; Slade, 2005). A parent having higher mentalization abilities acquire the understanding of the reasons, possible feelings experienced by the misbehaving child, that is, the mental state of the child. Hence, that parent could realize the child's need for soothing or emotion regulation and guide children in order to discover the appropriate ways of expressing emotions when compared with the mother having lower mentalization abilities who may be disturbed by the misbehavior and react harshly to the child's misbehavior or negative emotion displays (Möller et al., 2017).

Moreover, mothers' having difficulty in understanding the mental state of their children reported lower levels of satisfaction as a parent and they were not as much communicative and responsive as the other mothers (Rostad & Whitaker,

2016). Regarding this, maternal use of harsh discipline practices increases as their confidence about the understanding the child's mental states decreases (Rostad & Whitaker, 2016). To clarify, for a mother who have high mentalization ability, the infant's cry would not be confusing, inexplicable and/or meaningless, rather it is the sign of a need required to be met. Such understanding enables the mother to meet the needs quickly and to enjoy more from parenting and to be satisfied with her relationship with the infant. This means that parental reflective functioning predicts more positive and higher quality of relationships between parents and children and lower use of negative discipline methods (Slade et al., 2005).

Empirical evidence about the maternal reflective functioning, its impact on parent-child interactions, and the child's developmental outcomes is very insufficient (Möller et al., 2017). A previous study showed that mothers' higher reflective ability during early childhood years predict their children's display of externalizing and internalizing behaviors at middle childhood and adolescent years (Olson, Bates, Sandy, & Lanthier, 2000). In other words, the toddlers whose mothers correctly interpreted their behavior exhibited less externalizing and internalizing behavior problems later in their lives (Olson et al., 2000). In another study, maternal lower mentalization abilities predicted poorer emotion regulation abilities of infants (Heron-Delaney et al., 2016) and it was revealed that infants experiencing difficulty in emotion regulation at the times of distress were more likely to develop behavior problems in the future (Crockenberg, Leerkes, & Jo, 2008). Hence, the results might be due to the fact that parent's reflective functioning serves a function in the development of the child's own capability for reflective functioning, which is also associated with advanced emotion regulation abilities and

better socioemotional developmental outcomes (Slade et al., 2005; Ensink & Mayes, 2010). The scant research investigating the relationship between maternal reflective functioning and child behavior problems laid emphasize on the role of maternal reflective functioning on the development of externalizing and internalizing behaviors during early childhood period.

As discussed above, previous studies suggested that SES, mother's psychopathological symptoms, and maternal reflective functioning have marked influences on the mothers' emotion socialization and on child behavior problems. In the following sections, maternal emotion socialization practices and their relationship with children's externalizing and internalizing behavior problems, and the role of child's gender and age on the display of such behaviors will be discussed.

2.6. Maternal Emotion Socialization and its Link with Externalizing and Internalizing Behavior Problems

Children's emotion security and perceptions about social interactions depend on the characteristics of their parents' reactions to their negative emotions which consecutively impacts their own behaviors and emotional reactions while they engage in interactions with other people (Eisenberg et al., 1999). Children acquire negative cognitions about themselves and the world when their parents react in a punitive and power-assertive manner to their negative emotions. They learn that their parents cannot provide support and safety to them, also they believe that the world can be dangerous. So, parents having such parenting practice fail to form a learning environment for their children to teach effective coping skills with stress and negative emotions which is associated with later behavior problems (Bayer, Sanson, & Hemphill, 2006; Gottman et. al, 1996). In addition, receiving negative

reaction from parents in response to the emotional displays during the young ages teaches children to hide their emotions. Owing to previous emotion display and parental punishment cycle, those children feel anxious when they are in an emotionally evocative condition and such kind of anxiety may reveal itself as externalizing and internalizing behaviors (Eisenberg et al., 1999; Acar, Ahmetoglu, Ozer, & Yaglı, 2019; Acar, Ucus, & Yildiz, 2017).

Parental emotion discussion, parental emotion expression and parental reactions to the emotions of their children are termed as parental emotion socialization practices (Eisenberg, Cumberland, & Spinrad, 1998). Parental use of emotion socialization practices gives the opportunity to the child to observe and evaluate the emotional expressions and responses given to display of such emotions. It is the children's process of learning about the meaning, regulation and expressions of emotions in culturally and socially acceptable manner (Eisenberg et al., 1998). Hence, the children have the opportunity to gather information about the appropriate use of emotions and to internalize the information by watching their parents (Root & Denham, 2010). By this way, they can develop schemas about the world around them, acquire emotion regulation ability and express them in an acceptable way in the specific settings (Eisenberg et al., 1998).

Parents' reactions to their child's negative emotions are categorized as supportive or unsupportive reactions. Comforting the child, attempting to teach methods to regulate the emotions and express them effectively are counted as supportive reactions of parents, whereas reacting with negative and self-focused emotion, using punitive or minimizing methods, ignoring the child are the unsupportive reactions that parents generally use (Eisenberg et al., 1998). Mothers

who use less minimization and punishment, coach emotions of their children, calm them in emotionally evocative situation, give explanations or clarify the cause and effect of children's emotions and emotional situations can contribute positively to their children's emotional development (Denham, Renwick-Debardi, & Hewes, 1994; Morelen et al., 2016; Morris et al., 2011) which is directly linked with children's greater inhibitory control (Gottman et al., 1996) and lower externalizing and internalizing behaviors (Hernandez et al., 2018; Lunkenheimer et al., 2017). The similar results were observed among the children of low educated and low-SES mothers who showed the same parenting behavior (Garner, 2006). Hence, independent from SES level, maternal emotion acceptance and coaching, that is, supportive emotion socialization were linked to increased social and emotional adjustment of children (Calkins, Smith, Gill, & Johnson, 1998; Gottman et al. 1996; Morelen et al., 2016; Yi, Gentzler, Ramsey, & Root, 2016).

On the other hand, mothers' negligence of their children's emotions, their punitive and negative reactions to their children's negative emotions predicted children's nonconstructive coping and regulation behaviors, poor social functioning, low emotion knowledge (Guven & Erden, 2017; Kim-Spoon et al., 2013; Suveg, Zeman, Flannery- Schroeder, & Cassano, 2005; Jones, Eisenberg, Fabes, & MacKinnon, 2002). Children having difficulty in emotion regulation are susceptible to develop externalizing behavior and internalizing behavior problems (Eisenberg et al. 2001; Yi et al., 2016). For instance, children with internalizing behavior problems had mothers who discussed emotions rarely, used positive emotion words at the minimum level and discouraged their children's emotion talk (Suveg et al., 2005). Also, in another study, a direct relationship between maternal punitive or

distress reactions and children's externalizing behaviors was found (Eisenberg et al., 1999). The underlying mechanism in such kind of behavioral outcome is due to the fact that children learn to suppress and avoid expressing negative emotions in the presence of their mother when their mother gives unsupportive reactions hence, the children eventually lose their control and express themselves very intensely and in a dysregulated manner (Fabes et al., 2001), which is related with the child's inability of decoding and expressing the emotions acceptably and behavior problems (Fabes Poulin, Eisenberg, & Madden-Derdich, 2002).

There are few studies conducted with Turkish mothers to assess their use of supportive and unsupportive emotion socialization practices to their preschool-aged children's negative emotion displays. These studies revealed that Turkish mothers utilize from emotion-focused responses, high levels of problem-focused responses and reasoning to address their children's negative emotions (Corapci et al., 2018; Corapci, Aksan, & Yagmurlu, 2012). In addition, Turkish mothers gave emotion-dismissive reactions, minimization, and punishment reactions to their children's fear, anger, and sadness, but not in high degrees (Corapci et al., 2012; Corapci et al., 2018; Ersay, 2014). Turkish mothers use of unsupportive emotion socialization practices showed a noticeable decrease when the mothers had high education level (Altan-Aytun, Yagmurlu, & Yavuz, 2013; Corapci et al., 2012). On the other side, as their socioeconomic status showed a decrease, mothers utilized more from punitive and minimization responses (Altan-Aytun et al., 2013; Ersay, 2014). These findings indicate that Turkish mothers were likely to utilize both supportive and unsupportive emotion socialization practices to the negative emotion displays of their children, also as their education level increases, their use of unsupportive

emotion responses shows a decrease. In line with the world literature, the studies conducted with Turkish preschoolers also affirmed the relation between mothers' use of unsupportive emotion socialization practices and increased levels of externalizing and internalizing behavior problems of children (Akcinar & Baydar, 2018; Guven & Erden, 2017).

As underlined by these study findings and Belsky (1984), factors like SES, mothers' psychopathological symptoms, reflective functioning, and emotion socialization practices are closely linked with children's developmental outcomes, in other words, their externalizing and internalizing behavior problems.

2.7. Child's Sex and Age and its Link with Externalizing and Internalizing Behavior Problems

In the display of externalizing and internalizing behavior problems, child's sex and age could be important factors. Firstly, the cultural context in which children are raised can have an impact on the child's expression of emotion. Culture defines how and in which ways, and to what extend boys and girls should express their emotions, therefore, gender seems to be a critical factor influencing parents' emotion socialization practices and children's emotion learning processes (Brody, 2000). For instance, in Western cultures, boys' display of anger and girls' display of sadness and anxiety are more acceptable by parents because internalizing emotions like sadness and anxiety are believed to be feminine which could be displayed mostly by girls, whereas, externalizing emotions like anger are believed to be masculine which could be displayed mostly by boys (Birnbaum & Croll, 1984). In some studies, parents' emotion socialization practices showed similar trend that parents were found to emphasize more about the expression of anger for their sons,

while they emphasize the expression of fear and sadness for their daughters (Cassano et al., 2007; Fivush, 1989). When parents used such kind of differing practices, boys were likely to develop more externalizing behavior problems and girls were inclined to develop more internalizing behavior problems (Chaplin et al., 2005). However, the literature about the sex difference in internalizing and externalizing behavior problems contains contradictory results. Their results suggest that girls and boys are not expected to differ in their display of externalizing and internalizing behavior problems. Some studies found no sex differences in the display of externalizing and internalizing behavior problems during toddlerhood but boys' display of more externalizing behaviors and girls 'exhibition of more internalizing behaviors became overt during later childhood and adolescent period (Bongers et al., 2003; Keiley et al., 2000). On the other side, some other studies emphasized noticeable sex difference that boys exhibit more externalizing behavior problems and girls exhibit more internalizing behavior problems even during early childhood (Bongers et al., 2003; Kenaan & Shaw, 1997; Olson & Rosenblum, 1998; Silverthorn & Frick, 1999).

When it comes to the age difference in the behavior problems of young children, the paucity of studies marked that young children were found to display more externalizing behavior problems than older children due to their inadequate social awareness and ever-developing communication and self-regulation skills (Gerstein, Woodman, Burnson, Cheng, & Poehlmann-Tynan, 2017; Siu, 2008; Tandon, Cardeli, & Luby, 2009; Tremblay, 2000; Tremblay et al., 2004). Research shows more consistent findings for externalizing behaviors in young ages, but not for internalizing behaviors. Studies have revealed that children show higher rates of

externalizing behavior problems during toddlerhood period (Fanti & Henrich, 2010; Gilliom & Shaw, 2004; Olson, Choe, & Sameroff, 2017; Tremblay et al., 2004). Nevertheless, there is no consensus whether children show increased or decreased internalizing behaviors during toddlerhood period or those behaviors show stability as children grow older. In this regard, in a study, children showed more internalizing behaviors between the ages of 2 to 4.5 and their internalizing symptoms showed a decrease after that age interval (Fanti & Henrich, 2010). In another study children's internalizing behaviors showed a gradual increase starting from age 2 toward 6 years old (Gilliom & Shaw, 2004). Some others stated that internalizing behaviors showed stability starting from early childhood to later ages (Bongers et al. 2003; Stone et al., 2015; Yoon et al., 2017).

As illustrated above, there are mix findings in terms of child's age and sex differences in toddlers' display of externalizing and internalizing behaviors. Therefore, the present study also aims to investigate if sex and age of the toddlers makes difference in the display of externalizing and internalizing behavior problems in Turkish toddlers.

2.8. The Current Study

As covered in the literature review, the various studies depicted the associations of children's externalizing and internalizing behavioral problems with SES, mothers' psychopathological symptoms, reflective functioning, and use of supportive and unsupportive emotion socialization practices. Nevertheless, there is lack of research thoroughly analyzing the roles of these variables in externalizing and internalizing problem behaviors during the early childhood. In light of previous findings and based on the Belsky's (1984) process model, the central concern in this

study is to investigate the relationship of SES, mother's psychopathological symptoms, maternal reflective functioning, and maternal emotion socialization practices with child's externalizing and internalizing behavior problems in Turkish toddlers. For the present study, the following research questions and hypotheses are provided below.

2.9. Research Questions and Hypotheses

Research Question 1: Is there any relation between SES, mother's psychopathological symptoms, maternal reflective functioning, and mother's use of supportive and unsupportive emotion socialization?

Hypothesis 1: SES would be negatively related to mother's psychopathological symptoms and mother's unsupportive emotion socialization, but positively related to maternal reflective functioning and mother's supportive emotion socialization.

Research Question 2: How would SES, mother's psychopathological symptoms, maternal reflective functioning, and mother's use of supportive and unsupportive emotion socialization predict externalizing and internalizing behavior problems of toddlers?

Hypothesis 2a: SES would negatively predict externalizing and internalizing behavior problems of toddlers.

Hypothesis 2b: Mothers' psychopathological symptoms would positively predict externalizing and internalizing behavior problems of toddlers.

Hypothesis 2c: Mothers' reflective functioning would negatively predict externalizing and internalizing behavior problems of toddlers.

Hypothesis 2d: Mothers' unsupportive emotion socialization practices would positively predict externalizing and internalizing behavior problems of toddlers, but mothers' supportive emotion socialization practices would negatively predict these behaviors.

Research Question 3: Are there any sex differences in externalizing and internalizing behavior problems of toddlers?

Hypothesis 3: Boys would display more externalizing behavior problems than girls, while there would be no differences between boys and girls in displaying internalizing behavior problems.

Research Question 4: Is there any age differences in externalizing and internalizing behavior problems of toddlers?

Hypothesis 4: As the child's age increases, children would display more externalizing and internalizing behavior problems.

CHAPTER 3

METHODS

3.1. Participants

The total of 537 mothers (M_{age}= 32 years, *SD*= 4,75, Age Range: 18-47 years) living in different cities of Turkey (i.e., Istanbul, Kocaeli, Izmir, Canakkale and Adana) and their children (M_{age}= 23,8 months, *SD*= 7,39, Age Range: 11- 37 months) participated to the present study as a part of a larger study. Inclusion criterion for the study were being the biological parents of the child, not having any serious health problem of both the mother and her child. Children from 11-month-old to 40-month-old were included into the study and excluded the ones who were not in this range from the study.

In the sample, 254 of children were girls (47,3%) and 283 of children were boys (52,7%). For mothers' education level, there were 2 mothers illiterate (0,4%), 7 literate (1,3%), 58 elementary school graduates (10,8%), 69 secondary school graduates (12,8%), 122 high school graduates (22,7%), 50 college graduates (9,3%), 167 university graduates (31,6%), 52 holding master's degree (9,7%), and 10 holding PhD or doctoral degree (1,5%). For fathers' education level, there were 2 fathers illiterate (0,4%), 2 literate (0,4%), 38 elementary school graduates (7,1%), 85 secondary school graduates (15,8%), 128 high school graduates (23,8%), 45 college graduates (8,4%), 154 university graduates (28,7%), 67 holding master's degree (12,5%), and 10 holding PhD or doctoral degree (1,9%), but 6 were not known (1,1%). The income of the families was measured on a 6-point scale where 1 represents 850 TL and below, and 6 represents 7500 TL and above. The total amount of monthly income entering the house was as following; 5 participants

(0,9%) earned 850 TL and below; 85 participants (15,8%) earned 851-1500 TL; 141 participants (26,3%) earned 1501-300 TL; 88 participants (16,4%) earned 3001-5000 TL; 95 participants (17,7%) earned 5001-7500 TL; and lastly, 123 participants (22,9%) earned 7501 TL and above. For the employment status of mothers, 289 mothers were active in working life (53,7%) and 248 mothers were not employed (46,3%). The marital status of the mothers is as following; 518 participants were married (96,5%); 7 mothers were divorced (1,3%); 3 mothers were widowed (0,6%); and 5 mothers were remarried (0,9%). For the number of siblings, 248 children had no sibling (46,2%); 219 children had one sibling (40,8%); 55 children had 2 siblings (10,2%); 11 children had 3 siblings (2%); 3 children had 4 siblings (0,6%); and 1 child had 5 siglings (0,2%).

3.2. Materials

3.2.1. Demographic Form.

Mothers completed the demographic information form. The questions of child's date of the birth and the time when the form filled, the child's sex, the marital status of the mother, the parent's education levels, occupational status of mother and total income of the household were included in the form (see Appendix A).

3.2.2. Child Behavior Problems.

Child Behavior Checklist for Ages 1½–5 (CBCL 1½–5) was developed by Achenbach and Rescorla (2000) in order to investigate children's emotional and behavioral problems. The checklist has 7 narrowband scales but for the purpose of the current study we used the Internalizing and Externalizing Problem behaviors' broadband scales. These two subscales of the checklist consist of 67 items that there

were 27 items for internalizing behavior problems and 40 items for externalizing behavior problems. Parents rated child's behaviors on a 3-point scale (0= not true, 1= sometimes or somewhat true, and 2= very true or often true) by considering the last 2 months and the time that they filled the checklist. The Turkish adaptation of the checklist made by Erol and Şimsek (1997). The Cronbach's alpha values of Turkish version were .77 for internalizing problems and .76 for externalizing problems. In the present study, only Aggressive Behaviors subscale was used in order to obtain scores for externalizing behavior problems while Anxious/depressed, Somatic Complaints and Withdrawn subscales were used in order to obtain scores for internalizing behavior problems. In the present study, Cronbach's alphas were .84 for internalizing problems and .88 for externalizing problems.

3.2.3. Parental Psychopathology.

Brief Symptom Inventory was developed by Deragotis (1992) in order to identify psychological symptoms in adolescents and adults. The inventory consists of 53 items and 9 subscales covering the following nine symptoms: Somatization, Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. Turkish adaptation of this inventory was made by Sahin and Durak (1994). There are 53 items and 5 subscales in Turkish version: Depression, Anxiety, Somatization, Hostility and Negative Self-Concept. The items are scored based on a five-point Likert-type scale ranging from 0 (not at all) to 4 (very strong). Average of total score is used to determine the symptom severity. High scores indicate that mothers have high levels of psychological symptoms. In the Turkish version of inventory, Cronbach's alphas were .88 for Depression, .87 for Anxiety, .87 for Negative Self, .75 Somatization

and .76 for Hostility. In the current study, Cronbach's alpha values were .90 for Depression, .90 for Anxiety, .89 for Negative Self, .75 for Somatization and .80 for Hostility.

3.2.4. Parental Reflective Functioning.

The Parental Reflective Functioning Questionnaire-1 (PRFQ-1) was developed by Luyten and his colleagues (2009) in order to assess parental reflective functioning or mentalizing, that is to say, the parental ability of behaving the infant as a psychological agent. The scale consists of 3 subscales and 39 items. PRFQ-High Low Scale assesses parental interest and curiosity in mental states; PRFQ-Middle Scale assesses certainty about the mental states of the infant; PRFQ-Low High Scale assesses parental pre-mentalization, non-mentalization and malevolent attributions. The Turkish adaptation of the questionnaire was made by Karabulut, Ilhan, Kumru, and Arikan (2016). It consists of 27 items due to low factor loading of 12 items. The items are scored based on an 8-point Likert-type scale ranging from 0 (strongly disagree) to 7 (strongly agree). The calculation of PRFQ- High Low Scale is done by taking the average scores. For the calculation of PRFQ- Low High Scale and PRFQ- Middle Scale, firstly, the items are recoded and then average score of the recoded values are taken. The total average score of the subscales is used in order to find out parental reflective functioning. In the Turkish version, Cronbach's alpha values were found as .75 for PRFQ High Low Scale, .86 for PRFQ Middle Scale, .76 for and PRFQ Low High Scale (Karabulut, et al., 2016). In the current study, Cronbach's alpha values were .75 for PRFQ High Low Scale, .86 for PRFQ Middle Scale, and .86 for PRFQ Low High Scale.

3.2.5. Parental Emotion Socialization.

Coping with Toddler's Negative Emotions Scale (CTNES) was developed by Spinrad, Eisenberg, Kupfer, Gaertner, and Michalik (2004), in order to measure the parental attitudes for dealing with their toddlers' negative emotions. The content of Coping with Children's Negative Emotions Scale, which was developed by Fabes, Poulin, Eisenberg, and Madden Derdich (2002) was adjusted for toddlers in that scale. There are 12 scenarios requiring parents to deal with negative emotions like anger, fear, sadness, anxiety, and embarrassment and 7 possible reactions for those scenarios. These seven reactions correspond to seven subscales of the scale: Emotion-focused responses, Problem-focused responses, Minimization reactions, Punitive reactions, Expressive encouragement, Distress responses, and Granting the Child's Wish. Each scenario in the scale has seven possible responses that parents order on a 7-point Likert-scale with regard to the probability of reacting in that way (1 = very unlikely, 7 = very likely). The parents are expected to identify their possible attitude in the proposed scenario and to indicate the frequency of their response. The Turkish adaptation of the scales has been made by Arıkan (2016). The Cronbach's alpha values for the Turkish version of the scale was .74 for Distress reactions, .84 for Punitive reactions, .75 for Minimization reactions, .91 for Expressive encouragement, .80 for Emotion focused reactions, .81 for Problem focused reactions, and .67 for Granting wish reactions. In the current study, The Cronbach's alpha values of the scale were .83 for Distress reactions, .86 for Punitive reactions, .85 for Minimization reactions, .92 for Expressive encouragement, .84 for Emotion focused reactions, and .84 for Problem focused reactions, and .73 for Granting wish reactions. The sum of emotion focused reactions, problem-focused

reactions and expressive encouragement subscale scores indicates the parent's supportive reactions to negative emotions of children, while the sum of minimization, punitive, and distress reactions subscale scores indicates parent's unsupportive reactions. The granting wish reactions were not included in the present analysis.

3.3. Procedure

The data utilized for the present study was from a Longitudinal Study of Circle of Security Parenting Project supported by Scientific and Technical Research Council of Turkey (TUBITAK 3501, project no: 114K813) to Gizem Arikan. In the project, the participants were followed through 2 waves of data collection, yet the present study only examined the first wave of data. In the first wave of the data collection, the undergraduate and graduate students collected the data by making home visits to the mothers who had one to three years-old children. The mothers signed informed consent forms, then they were asked to complete a package of scales within one week. One week later, the students received the package from mothers' homes. The illiterate mothers filled the scales with the help of the students.

3.4. Data Analysis Plan

The data analyses were made by using SPSS version 20. Firstly, preliminary analyses were conducted. The descriptive results are presented for all the variables. The associations of SES, the age and sex of the child, mother's psychopathological symptoms, maternal reflective functioning, emotion socialization practices, child's internalizing and externalizing behavior problems were tested by using bivariate correlation analyses. To investigate how SES, mother's psychopathological

symptoms, maternal reflective functioning behavior, and supportive and unsupportive emotion socialization practices predicted the child's externalizing and internalizing behavioral problems, two Hierarchical Multiple Regression Analyses were used after child's age and gender were controlled.

CHAPTER 4

RESULTS

4.1. Preliminary Analysis

Before conducting the main analysis, the accurateness of data entry, missing values, normality and outliers were screened (Tabachnick & Fidell, 1996). Due to the fact that there were more than 5% of missing values for some variables, mean replacement was done for the missing values of PRFQ-1, CCNES, CBCL and father's education (Tabachnick & Fidell, 1996). Outliers and normality for all variables were examined and transformations were done for non-normally distributed data and univariate outliers according to the method proposed by Tabachnick and Fidel (1996). In order to detect univariate outliers, z-scores were calculated for all study variables and z-scores higher than 3.3 was changed according to the method of Tabachnick and Fidell (1996). Pursuant thereto, 7 cases in psychopathological symptoms scale, 4 cases in supportive emotion socialization subscale, 4 cases for internalizing behavior problems subscale, 2 cases for externalizing behavior problems subscale, and 1 case for reflective functioning scale were changed. Later, in order to detect the multivariate outliers, chi square test was used with the criterion of $\chi 2(11) = 31.264$. Six multivariate outliers were detected in total of 546 participants and those outliers eliminated. Moreover, in order to examine the normality assumption, the skewness and kurtosis were tested (see Table 1). The criteria for the normal distribution was met that skewness and kurtosis scores of the data were between -2/+2 range (Trochim & Donnelly, 2006). So, no transformation was done because the study variables were distributed normally. Lastly, in order to examine the multicollinearity and singularity, bivariate

correlations were run between all of the studied variables and none of the subscales were above .90 or no correlation (Tabachnick & Fidell, 1996). Additionally, in order to see if the data met the assumption of multicollinearity, VIF values were also assessed. The VIF values ranged between 1.012 and 1.498 indicating no multicollinearity (Pallant, 2011). Hence, for the present study, there is no concern regarding the multicollinearity and singularity. After all these treatments, the final sample consisted of 537 participants.

4.2. Descriptive Statistics and Correlation Analyses

Descriptive statistics (minimum-maximum values, means, standard deviations, skewness, and kurtosis values) and bivariate correlations (Pearson product-moment coefficients) between study variables including the child's age and sex, SES (a composite score of household income, mother's education level, and father's education level), maternal reflective functioning, mother's psychopathological symptoms, use of supportive and unsupportive emotion socialization practices with SES, child's externalizing, and internalizing behavior problems were examined by using SPSS version 20. Table 1 below shows the descriptive statistics and Table 2 below shows the Pearson correlation coefficients among all study variables.

Majority of the correlations of the study variables were statistically significant and in the expected direction (see Table 2). Both externalizing and internalizing behavior problems were positively correlated with mother's psychopathological symptoms and unsupportive emotion socialization practices, but negatively related to SES and maternal reflective functioning. Also, externalizing behavior problems were positively related to internalizing behavior problems and

the age of the child. In terms of sex differences, there was a significant relation between the sex of the child and externalizing behavior problems with boys scoring higher than girls. However, no sex differences were found in internalizing behavior problems of toddlers. Furthermore, SES had negative association with mother's psychopathological symptoms and unsupportive emotion socialization, but it had positive correlation with maternal reflective functioning and supportive emotion socialization.

Table 1

Descriptive statistics for demographic and study variables (N = 507)

	Min-Max	Mean	SD	Skewness	Kurtosis
Child' Age	11-37	23.76	7.39	.05	-1.13
Socioeconomic Status	-2.55-2.36	-.01	.90	-.02	-.91
Maternal Reflective Functioning	3.33-6.38	4.99	.49	-.44	.14
Mother's Psychopathological Symptoms	.00-2.52	.63	.57	1.39	1.63
Supportive Emotion Socialization	3.28-6.97	5.56	.71	-.37	-.05
Unsupportive Emotion Socialization	1.52-6.66	4.36	.88	-.15	.14
Internalizing Behavior Problems	.00-1.00	.26	.22	1.19	.90
Externalizing Behavior Problems	.00-1.42	.44	.32	.82	.004

Notes. Min = Minimum, Max = Maximum, M = Mean, SD = Standard Deviation.

Table 2

The Pearson Correlations of the demographic and study variables (N=507)

Variables	1	2	3	4	5	6	7	8	9
1. Child's Age in Months	-	-.056	.082	-.015	-.067	.069	.061	.039	.096*
2. Child's Gender		-	-.027	.057	.053	.030	.014	.032	.099*
3. Socioeconomic Status			-	-.151**	.300**	.105*	-.397**	-.326**	-.199**
4. Mother's Psychopathological Symptoms				-	-.167**	-.120**	.341**	.507**	.533**
5. Maternal Reflective Functioning					-	.302**	-.255**	-.212**	-.110*
6. Supportive Emotion Socialization Practices						-	.154**	-.039	-.041
7. Unsupportive Emotion Socialization Practices							-	.430**	.339**
8. Internalizing Behavioral Problems								-	.632**
9. Externalizing Behavioral Problems									-

*$p < .05$, **$p < .01$ (2-tailed).

4.3. Testing the Roles of SES, Mother's Psychopathological Symptoms, Maternal Reflective Functioning, and Supportive and Unsupportive Emotion Socialization on Children's Externalizing and Internalizing Behavior Problems

In this section, the roles of SES, psychopathological symptoms, mother's reflective functioning, and supportive, and unsupportive emotion socialization on child's externalizing and internalizing behavior problems were investigated. Firstly, SES was computed as a composite score of household income, mother's education level, and father's education level after each of the variable was standardized. Next, four-step hierarchical multiple regression analyses were conducted with externalizing and internalizing behavior problems as the dependent variables, respectively. For the externalizing behavior problems, in the first step, child' age and gender, and SES, in the second step, mother's psychopathological symptoms, in the third step, maternal reflective functioning, and in the last step, maternal supportive and unsupportive emotion socialization practices were entered. For the internalizing behavior problems, in the first step, SES, in the second step, mother's psychopathological symptoms, in the third step, maternal reflective functioning, and in the last step, maternal supportive and unsupportive emotion socialization practices were entered.

4.3.1. Predicting Externalizing Behavior Problems via SES, Mother's Psychopathological Symptoms, Reflective Functioning, and Supportive and Unsupportive Emotion Socialization Practices

A four-step hierarchical multiple regression analysis was conducted for the child externalizing behavior problems as a criterion variable. The summary of hierarchical regression analysis is reported in Table 3.

The hierarchical multiple regression analysis revealed that the first model explained 6.2 % of the variance that child's age and gender in a positive direction and SES in a negative direction were significant predictors of externalizing behavior problems. Adding mother's psychopathological symptoms to the regression model explained 32.2 % of variation with significant R^2 changed. While SES in a negative direction and mother's psychopathological symptoms, age and gender of the child in positive direction contributed to the model. Introducing maternal reflective functioning to the model in the third step did not explain (0%) any variation and R^2 changed was not significant. Lastly, adding supportive and unsupportive emotion socialization to the regression model explained an additional 1.4 % of the variation with the significant R^2 changed. While age, gender, mother's psychopathological symptoms and unsupportive emotion socialization predicted externalizing behavior problems in positive direction and SES predicted those behaviors in negative direction, maternal reflective functioning and supportive emotion socialization did not account for externalizing behaviors.

Table 3

The hierarchical regression predicting the externalizing problems (N = 507)

	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Age	.005	.002	.10*	.004	.002	.10**	.004	.002	.10**	.004	.002	.09*
Gender	.07	.03	.11*	.06	.02	.08*	.06	.02	.08*	.05	.02	.08*
Socioeconomic Status	-.08	.02	-.21***	-.05	.01	-.13**	-.05	.01	-.13**	-.03	.02	-.08*
Psychopathological Symptoms				.30	.02	.52***	.30	.02	.52***	.27	.02	.47***
Reflective Functioning							.004	.03	.01	.02	.03	.03
Supportive Emotion Socialization										-.01	.02	-.02
Unsupportive Emotion Socialization										.05	.02	.14**
R^2		.062			.332			.322			.336	
F		11.002***			59.550***			47.553***			36.007***	

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

4.3.2. Predicting Internalizing Behavior Problems via SES, Mother's Psychopathological Symptoms, Reflective Functioning, and Supportive and Unsupportive Emotion Socialization Practices

Hierarchical multiple regression analyses were conducted for child internalizing behavior problems as a criterion variable. The summary of hierarchical regression analysis was reported in Table 4. The hierarchical multiple regression analysis revealed that the first model explained, 10.7 % of the variance and that SES was a significant predictor of internalizing behavior problems in a negative direction. Introducing mother's psychopathological symptom to the model in the second step explained 32.4 % of the variation with the significant R^2 changed. In the model, SES negatively and mother's psychopathological symptoms positively predicted internalizing behavior problems. Adding maternal reflective functioning to the regression model in the third step explained an additional 0.4 % of the variation but R^2 changed was not significant. In the third step, SES and mother's psychopathological symptoms were still significant predictors in a negative and a positive direction, respectively. However, maternal reflective functioning did not significantly predict the problem behavior. Lastly, adding supportive and unsupportive emotion socialization to the regression model in the fourth step explained an additional 3.2 % of the variation and this change in R^2 was significant. As a result, the full model explained the 36 % of the variance in the internalizing behavior problems. In this last step, maternal reflective functioning and supportive emotion socialization practices did not account for internalizing behavior problems, but socioeconomic status in negative direction, mother's psychopathological symptoms, and maternal use of unsupportive emotion socialization in positive

direction did predict internalizing behaviors. Additionally, when all variables were combined in the last step, the explanatory power of socioeconomic status and mother's psychopathological symptoms showed a decrease.

Table 4

The hierarchical regression predicting the internalizing problems (N = 507)

	Model 1			Model 2			Model 3			Model 4		
Variable	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*	*B*	*SE B*	*β*
Socioeconomic Status	-.08	.01	-.33***	-.06	.01	-.25***	-.06	.01	-.24***	-.04	.01	-.17***
Psychopathological Symptoms				.19	.02	.47***	.18	.02	.47***	.16	.02	.40***
Reflective Functioning							-.03	.02	-.07	-.02	.02	-.04
Supportive Emotion Socialization										.001	.01	.004
Unsupportive Emotion Socialization										.05	.01	.21***
R^2		.107			.324			.328			.360	
F		60.199***			120.970***			81.918***			56.408***	

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

CHAPTER 5

DISCUSSION

The main purpose of the present study was to examine the roles of SES, mother's psychopathological symptoms, maternal reflective functioning, and mother's use of supportive and unsupportive emotion socialization practices on the child's externalizing and internalizing behavior problems. Drawing upon the Belsky's (1984) family process model and empirical work on the SES, parent's psychopathology, reflective functioning, and emotion socialization practices on toddler's externalizing and internalizing behavior problems (Bayer et al., 2006; Campbell, 1995; Conger & Donnellan, 2007; Fanti & Henrich, 2010; Gottman et. al, 1996; Hernandez et al., 2018; Lunkenheimer et al., 2017; Stone et al., 2015), four research questions were addressed: (1) exploring the associations of SES with mother's psychopathological symptoms, maternal reflective functioning, mother's use of supportive and unsupportive emotion socialization, (2) exploring how SES, mother's psychopathological symptoms, maternal reflective functioning, mother's use of supportive and unsupportive emotion socialization predict externalizing and internalizing behavior problems of toddlers, (3) exploring the sex differences in externalizing and internalizing behavior problems of toddlers, (4) lastly, investigating the age differences in externalizing and internalizing behavior problems of toddlers.

Overall, the findings of the current study revealed a relationship among SES, mother's psychopathological symptoms, maternal reflective functioning, and mother's use of emotion socialization practices with toddlers' externalizing and internalizing behavior problems. The findings of the present study demonstrated a

support to Belsky's family process model in predicting the child behavior problems during early childhood period; thus, the results of the current study extended our understanding about the precipitating factors for the children's behavior problems in Turkey. In the following section, the study findings were discussed in the light of related literature. After discussing the main findings, limitations of the study, future directions, and implications of the present study were stated.

5.1. The Relation of SES with Mother's Psychopathological Symptoms, Maternal Reflective Functioning, and Supportive and Unsupportive Emotion Socialization

The hypothesis one stated that SES would be negatively related to mother's psychopathological symptoms and mother's unsupportive emotion socialization, while it would be positively related to maternal reflective functioning and mother's supportive emotion socialization. The correlations between SES and the other main variables were all in the expected direction and in line with the previous literature. According to the findings of the current study, SES was negatively correlated with maternal psychopathology. Wadsworth and Achenbach (2005) emphasized a close link between low-SES and psychopathology like depression, anxiety, somatic complains. Taken together, these findings along with the current study underline the role of SES on mother's psychopathology. As emphasized in the family stress model, it can be asserted that lower-SES mothers participated to the current study might experience a lot of distress due to economical restrains and related problems so that their emotional well-being is influenced adversely, and they show more psychopathological symptoms. In addition, SES and mother's reflective functioning were positively correlated. That is, higher-SES mothers were more likely to have

higher reflective ability than lower-SES mothers and vice versa. So, our finding was in line with the former evidence showing that higher-SES mothers reported higher reflective functioning and lower-SES mothers reported lower reflective functioning (Pazzagli, Germani, Buratta, Luyten, & Mazzeschi, 2019; Sadler, Slade, Close, Webb, & Simpson, 2013). Lastly, SES and unsupportive emotion socialization had a negative correlation, whereas SES was positively correlated with the use of supportive emotion socialization. A growing body of research has documented that lower SES parents were more punishing and more insensitive toward the emotional needs of their children when compared with higher-SES counterparts (Bradley & Corwyn, 2002; Conger & Donnellan, 2007). Also, higher-SES mothers utilize more supportive emotion socialization practices (Conger & Donnellan, 2007). Moreover, the findings provided additional support to Belsky's process model (1984) in demonstrating that SES acts as a source of stress or support for the mothers that influence their parenting functionality considerably.

5.2. The Role of the SES, Mother's Psychopathological Symptoms, Maternal Reflective Functioning, and Supportive and Unsupportive Emotion Socialization on Externalizing and Internalizing Behavior Problems

The second research question was addressed via four hypotheses. The first hypothesis stated that SES would negatively predict externalizing and internalizing behavior problems of toddlers. Our findings support this hypothesis. That is, externalizing and internalizing behavior problems were negatively predicted by SES. This finding is in line with the literature that lower SES was linked with the increased levels of externalizing and internalizing behavior problems (National

Institute of Child Health and Human Development Early Child Care Research Network, 2005; Reiss, 2013; Roy et al., 2019).

The second hypothesis regarding the second research question stated that mothers' psychopathological symptoms would positively predict externalizing and internalizing behavior problems of toddlers. Expectedly, mother's psychopathological symptoms positively predicted externalizing and internalizing behavior problems of toddlers. Thus, the finding of the present study supported the existing literature that maternal psychopathology is linked to the child's externalizing and internalizing behavior problems (Breaux et al., 2014; Cummings et al. 2005; Downey & Coyne, 1990; Martin, Clements, & Crnic, 2011; Papp et al. 2004). The findings of the present study provide empiricial support to the Dix's affective model (1991). According to Dix (1991), parents having psychopathological symptoms experience more negative emotions when compared to nonclinical parents. Also, these parents fail to meet their own emotional needs adequately, to regulate their own emotions effectively, and to express them appropriately. Their failure to regulate and meet their own emotional needs make them more irresponsive toward their child's emotional needs and this attitude is believed to be linked with their children's behavior problems (Dix, 1991). Thus, our findings seem to affirm the role of maternal psychopathology on child behavior problems as Dix (1991) stated. Furthermore, finding a relationship between maternal psychopathology and their children's display of more behavior problems might provide support to the role of genetics on the child behavior problems that parents' genes make children more susceptible to develop particular psychopathological disorders (Weijers et al., 2018).

Third hypothesis of the second research question stated that mothers' reflective functioning would negatively predict externalizing and internalizing behavior problems of toddlers. The hypothesis was partially supported. Consistent with the literature (Ensink, Bégin, Normandin, & Fonagy, 2017; Ha, Sharp, & Goodyer, 2011; Smalinga et al., 2016; Wong, Stacks, Rosenblum, & Muzik, 2017) our bivariate correlation analysis indicated that higher maternal reflective functioning was associated with lower rates of externalizing and internalizing behavior problems during early childhood years. Bögels and Perotti (2011) suggested that children turn to their mothers to get the information about their feelings which means that when they experience negative emotions like fear, anxiety, guilt, and sadness, they seek for their mothers' guidance. Mothers having low reflective functioning ability were less likely to understand the emotional states of their children and respond accordingly (Esbjørn et al., 2013). In line with that, some studies found that maternal low reflective functioning was found related with school-age children's anxiety scores (Esbjørn et al., 2013; Steele & Stelee, 2005). Therefore, for our results regarding internalizing symptoms, it can be asserted that maternal low reflective functioning links to toddler's internalizing symptoms because of mothers' inability to understand the emotional states of their child sufficiently and providing information, comfort, and support to them in return. To clarify, maternal low reflective functioning might be related with the toddlers' internalizing symptoms due to toddlers' inability of making sense of their emotions which may reveal itself as anxiety, depression, somatic complaints, withdrawing, and fearfulness.

For the finding regarding externalizing behaviors, according to a former study, mothers' intrusiveness combining with lower reflective functioning predicted toddlers' externalizing behaviors that if mothers were not intrusive nor sensitive, having lower reflective functioning did not predict externalizing symptoms of young children (Smaling et al., 2017). Also, the importance of how maternal reflective functioning is translated into the parenting practices was highligted that the impact of reflective functioning on the child behavior outcomes may decrease depending on the degree of the reflective ability is translated (Smaling et al., 2017). In this regard, in the future studies, other aspects of parenting behavior may be considered together with the reflective ability of mothers in order to demonstrate its relation with young children's behavioral outcomes explicitly. Also, it is important to note in the regression analyses, reflective functioning did not predict any of the behavior problems when other variables controlled. Thus, future studies are needed to explore interrelations of SES, mother's well-being, and maternal reflective functioning which, in turn, predicting child behavior problems.

Fourth hypothesis for the second research question stated that mothers' unsupportive emotion socialization practices would be positively predict externalizing and internalizing behavior problems of toddlers, but mothers' supportive emotion socialization practices would be negatively predicting these behaviors. These expected associations were only supported for unsupportive emotion socialization that mother's unsupportive emotion socialization positively predicted externalizing and internalizing behavior problems of toddlers. Hence, the first part of the hypothesis provided support to the previous research showing a relation between child externalizing and internalizing behavior problems and

mothers' use of unsupportive emotion responses toward their child's expression of negative emotions (Guven & Erden, 2017; Iyi & Coban, 2019; Suveg et al., 2005).

When it comes to the second part of the hypothesis, on the contrary to prior empirical and theoretical support, mothers' supportive emotion socialization practices did not significantly predict the externalizing and internalizing behavior problems of toddlers. Accumulated evidence has suggested that maternal supportive emotion socialization practices bolster children's better socioemotional adjustment (Calkins et al., 1998; Fabes et al., 2002; Gottman et al., 1996; Morelen et al., 2016; Yi et al., 2016) and diminish the possibility of child behavior problems (Rostad & Whitaker, 2016; Slade et al., 2005). Thus, our study provides contradictory results with finding no significant effect of supportive socialization practices in both problem behaviors of toddlers. Chronis and his colleagues (2007) suggest that the impact of early positive parenting behavior on the child behavior problems becomes apparent in the later ages. It is possible that this could be the case for our study because our participants were toddlers ageing from 1 to 3 yars old. In other words, by grounding on this finding, supportive emotion socialization may act as a protective factor during the developmental course of behavior problems, yet the impact of these practices during early ages are not clearly seen, possibly as the case in our study. Thus, future longitudinal study is required to discover more fully about the effect of maternal supportive emotion reactions to the child's negative emotion displays on toddlers' behavior problems.

5.3. Sex Differences in Externalizing and Internalizing Behavior Problems

The hypothesis three related with third research question stated that boys would display more externalizing behavior problems than girls, and there would be

no differences between boys and girls in displaying internalizing behavior problems. The findings supported the hypothesis that boys had higher score in externalizing behavior problems than girls; and there were no significant differences between girls and boys in internalizing behaviors. In the literature, most of the studies marked the difference between boys and girls in that boys exhibit more externalizing behaviors like aggression than girls (Bongers et al., 2003; Martin, Clements, & Crnic, 2011; Silverthorn & Frick, 1999). The difference we found between boys and girls might be explained by the girls' differential exhibition of externalizing behaviors (Lumley, McNeil, Herschell, & Bahl, 2002). In several studies, girls were found to externalize their negative emotions through disobedience, insulting, and verbal bullying rather than reflecting them through more physical and visible disruptive behaviors as boys generally do (Keenan & Shaw, 1997; Webster-Stratton, 1996). In accordance, a study conducted with Turkish preschoolers revealed that girls were found to exhibit less anger outbursts and aggressive behaviors than boys (Corapci, Aksan, Arslan-Yalcin, & Yagmurlu, 2010). Because girls display their aggression less overtly than boys during early ages, mothers may not consider such kind of behaviors as problematic and girls' externalizing behavior problems may remain undetected (Abdi, 2010; Webster-Stratton, 1996).

When it comes to the finding regarding the internalizing behavior problems, the finding provided support to the hypothesis that girls in our study did not score higher than boys in displaying internalizing behaviors. Hence, our finding appears to be consistent with an earlier finding detecting no sex difference between boys' and girls' level of internalizing behavior problems during toddlerhood period

(Offord et al., 1987). Besides, in a prior study conducted with Turkish preschoolers, children's anxiety-introversion scores did not differ significantly in terms of gender (Corapci et al., 2010). Taken together, findings of the current study are indeed consistent with previous work demonstrating that girls and boys display similar levels of internalizing behaviors during early years of life. Nevertheless, majority of the studies focusing the sex differences in externalizing and internalizing behavior problems conducted during preschool years, but toddlerhood period specifically did not get adequate research attention. So, the behavior problems of boys and girls between the ages one to three can be the focus of future studies and the more accurate information can be obtained about the developmental trajectory of externalizing and internalizing behaviors.

5.4. Age Differences in Externalizing and Internalizing Behavior Problems

For age differences, hypothesis four stated that older ages would display more externalizing and internalizing behavior problems than the younger ones. The hypothesis was partially supported by the findings that the child's age was only positively correlated with externalizing behavior problems. However, there was no correlation between child's age and internalizing behavior problems. According to the literature, during early years, children are more likely to show externalizing behavior problems, yet as their communication skills and self-control abilities develop with their age, their externalizing behaviors decrease (Akcinar & Baydar, 2018; Tremblay, 2000; Tremblay et al., 2004). Since our sample group's age interval was between the age one and three, our finding also provided support to the previous findings, only for externalizing behavior problems. Additionally, internalizing behaviors are harder to detect in very young children, because young

children's verbal skills are yet developing and they are not capable of describing their inner states and emotions sufficiently (Tandon et al., 2009). Besides, parents are more inclined to view internalizing behaviors as normal, so they do not report these behaviors as problem behaviors (Siu, 2008). In the present study, we only relied on mothers' reports to find out the toddlers' internalizing behaviors. Relying on only mothers' reports might be a limitation to get clear picture about a relation between early ages and internalizing behavior problems.

Finally, externalizing and internalizing behavior problems were found to have a strong positive correlation with each other suggesting that externalizing and internalizing behavior problems co-occur during toddlerhood. The finding provided a further support to the literature (Lee & Stone, 2012; Oland & Shaw, 2005) for the co-occurrence of externalizing and internalizing behavior problems during very early childhood period.

5.5. Limitations

The present study had several limitations that needed to be addressed. First, the study solely relied on mother reports in order to measure the study variables which might have caused common method bias and social desirability bias. Mothers may give more favorable responses about their emotion socialization practices. Also, mothers might be unaware or having distorted view of their toddler's behavior problems and, so they might have failed to report the problem behaviors correctly. In fact, mothers having psychopathological symptoms were documented to report behavior problems in higher rates, since they were inclined to hold more pessimistic opinions about their child's behaviors (Qi, Kaiser, 2003; Youngstorm, Izard & Ackerman, 1999). Kroes, Veerman, and De Bruyn (2003) revealed that maternal

psychopathology causes distortion in mothers' ratings of child's behavior problems in small to moderate degrees. In the present study, mothers' reports were not cross-checked, so whether mothers having psychopathology reported more behavior problems is not known. Second, fathers were not included in the present study and their role on toddlers' behavior problems were not investigated. Third, our sample was collected from the mothers living in the five big cities of Turkey (Istanbul, Izmir, Canakkale, Kocaeli, and Adana). Hence, these mothers might not be representative of the mothers living in rural areas and small cities or towns which might limit us to generalize the findings of the present study to the whole Turkish population. Lastly, because the current study was not conducted as a longitudinal study, we could not make causal inferences from the findings and have comprehensive understanding about the development of externalizing and internalizing behavior problems of young children.

5.6. Future Directions

Taking into the consideration of the limitations of current study, in addition to the measurement method used, observing naturalistic interactions between mothers and toddlers might be utilized to obtain the most accurate and objective information about mothers' emotion socialization practices and toddlers' problem behaviors. To measure child behavior problems more precisely, a diagnostic evaluation of toddlers can be employed together with the behavior rating scales. Thus, the use of observation method to reveal mother's emotion socialization practices and cross-checking behavior problems via diagnostic evaluations accompanying the utilized measures could have been more explanatory about mothers' emotion socialization practices and toddlers' behavior problems.

Secondly, fathers' emotion socialization practices have been recently understood (Root & Denham, 2010), so future studies may include fathers into the study that the relations and roles of fathers' psychopathology, paternal reflective functioning, and emotion socialization practices on their child's behavior problems might also be examined. Including fathers in the future studies could give us more comprehensive understanding about the child behavior problems. Thirdly, conducting a longitudinal replication of the present study would give more insight about the development of externalizing and internalizing behavior problems of young children via examining the roles of SES, parental psychopathological symptoms, reflective functioning, and supportive and unsupportive emotion socialization in these problem behaviors.

Lastly, in the present thesis, the associations among SES, maternal psychopathology, the mother's use of unsupportive emotion socialization practices, maternal reflective functioning, and child behavior problems were documented. The findings also demand more studies to find more about those precipitating factors of toddlers' behavior problems in Turkish context which will provide an impetus for efficient intervention and prevention programs. For instance, in the future studies, the possible changes in mothers' choice of emotion socialization practices and children's externalizing and internalizing behavior problems after intervening stressors in their lives of mothers by providing means for income, psychotherapy, and parent training can be investigated.

5.7. Implications

The findings expanded our understanding on factors related to behavioral problems of toddlers in Turkey and the present study might have several implications. Since the findings of the present study highlighted the relations of SES, maternal psychopathology, maternal reflective functioning, and mother's use of unsupportive emotion socialization practices with the child behavior problems, the first implication is that the family process model can be generalized across different cultures. In addition, the findings provided implications for practitioners working with mothers or primary caregivers and for social policy makers. The present study highlighted the critical relation of maternal psychopathology and mother's emotion socialization practices with toddler's behavior problems that maternal psychopathology and mothers' unsupportive emotion socialization practices were the strongest precipitators of higher rates of child behavior problems. That's why, there is a pressing need to imply training programs or affordable counseling services to promote mothers' or primary caregivers' use of more supportive emotion socialization practices and to ease the access to mental health services for the mothers. The majority of intervention studies focusing on the parent's psychopathological symptoms solely target parents' symptoms and their parental role was not addressed by evidence-based interventions (Zalewski, Goodman, Cole, & McLaughlin, 2017). On the other side, the intervention programmes developed to address parenting practices do not accommodate parental psychopathology (Maliken & Katz, 2013). So, there is an immediate need to develop integrated intervention and/or prevention studies to address parent's symptoms and their parenting behavior in order to improve both mothers' and their

children's psychological well-being, children's developmental oucomes, and to improve mother's parenting skills. Furthermore, in order to deal with the risk factors regarding SES, social policies (e.g., child tax credits, financial aids) could be developed and implemented for families with young children. Lastly, regarding our finding about the co-occurrence of toddlers' externalizing and internalizing behaviors, when a child exhibits externalizing behaviors, it is essential to screen the child's internalizing symptoms as well in order to make the most accurate intervention.

5.8. Conclusions

The present study aimed to examine the role of SES, mother's psychopathological symptoms, maternal reflective functioning, and mother's use of supportive and unsupportive emotion socialization practices on toddlers' externalizing and internalizing behavior problems by grounding on Belsky's (1984) family process model. The model emphasizes that parenting behavior is radically influenced by economical hardships and by parents' psychological problems which, in turn, cause negative developmental outcomes for children. Despite of the limitations stated above, the findings of the current study provide a strong empirical support for the Belsky's family process model in Turkish culture. That is, our findings suggest that lower SES mothers are more likely to report psychopathology, low level of reflective functioning, and unsupportive emotion socialization practices. Also, the results of the current study suggest that toddlers, especially boys and older ones, who live in lower-SES households, having a mother with psychopathology, with lower reflective functioning, and exposed to unsupportive

emotion socialization practices seem to be at risk to display more externalizing and internalizing behavior problems.

APPENDIX A

DEMOGRAFİK BİLGİ FORMU
(Demographic Form)

Anketin Doldurulduğu Tarih: ….. /……./ 20..

Çalışmaya Katılan Çocuğunuzla İlgili Sorular:

1. Çocuğunuzun Adı ve Soyadı: _____
2. Çocuğun Doğum Tarihi: Gün____ Ay_____ Yıl_____.
3. Çocuğun Cinsiyeti: Erkek__ Kız__
4. Evde anne ve baba dışında birlikte yaşadığınız *başka yetişkinler* var mı? Evet ___ Hayır ___

Varsa yakınlık derecesiyle birlikte kimler olduğunu lütfen yazınız_____

5. Evdeki *diğer çocukları* (kardeşler, evde sürekli sizinle kalan akraba çocukları vb. gibi) lütfen yazınız.

Çocukla olan yakınlığı	Çocuğun cinsiyeti	Çocuğun doğum tarihi	Aynı evde yaşıyorsanız işaretleyiniz.

Aşağıdaki tabloda çocuğunuza hangi aylarda, kimlerin baktığı sorulmaktadır. Bakan kişi ve/veya kişilerin altına X işareti koyunuz. Birden çok kişi bakmış veya bakıyorsa ilgili tüm kişilerin altına X işareti koyunuz.

	Aylar	**Çocuğun Bakımı**						
		Çocuğun Annesi	Çocuğun Babası	Çocuğun Anneannesi	Çocuğun Babaannesi	Yuva-Kreş/ Anaokulu	Yakınınız/ arkadaşınız	Diğer: (lütfen aşağıya yazınız)
6.	0-3 ay							
7.	4–6 ay							
8.	7–12 ay							
9.	13-24ay							
10.	24 ay ve yukarısı							

11. Medeni haliniz (uygun olan seçeneğin altındaki rakamı daire içine alınız).

Evli	Ayrılmış veya Boşanmış	Dul	Yeniden evlenmiş
1	2	3	4

12.Aşağıdaki bilgileri kendiniz ve eşiniz için doldurunuz. (Eşiniz hayatta değilse o sütunu boş bırakınız.)

		Sizin:	Eşinizin:
12.	Yaşınız:		
13.	Mesleğiniz:		
14.	Şu anda yaptığınız iş:		
15.	Toplam kaç yıl okudunuz:		

16. En son bitirdiğiniz okulu aşağıdaki kutucuklardan birini işaretleyerek gösteriniz.

	Siz	Eşiniz		Siz	Eşiniz		Siz	Eşiniz
1.Okur – yazar değil			4.Ortaokul Mezunu			7.Üniversite Mezunu (4 yıllık)		
2.Okur-yazar			5.Lise Mezunu			8.Yüksek Lisans Mezunu		
3. İlkokul Mezunu			6.Yüksek Okul Mezunu (2 yıllık)			9. Doktora Mezunu		

17. Aylık olarak eve giren toplam para miktarı (maaşlar, kira gelirleri ve diğer tüm yan gelirlerin toplamı) nedir? (lütfen birini işaretleyiniz.)

1	Ayda 850 TL ve altı		3	Ayda 1501 – 3000 TL		5	Ayda 5001 – 7500 TL	
2	Ayda 851 – 1500 TL		4	Ayda 3001 – 5000 TL		6	Ayda 7501 TL ve üzeri	

APPENDIX B

EBEVEYN İÇSEL DÜŞÜNME İŞLEVSELLİĞİ ÖLÇEĞİ

(Parental Reflective Functioning Questionnaire)

EİDİÖ: Aşağıda siz ve çocuğunuz hakkında bir takım ifadeler yer almaktadır. Her maddeyi lütfen dikkatle okuyunuz ve her maddeye ne derecede katılıp katılmadığınızı belirtiniz. Cevaplarınızı maddelerin yanındaki sayıları seçerek gösteriniz. Belirtilen ifadeye **tamamen katılıyorsanız 7; hiç katılmıyorsanız 1; ne katılıyor ne katılmıyorsanız ya da kararsızsanız 4** rakamını işaretleyiniz.		**Hiç Katılmıyorum**	**Katılmıyorum**	**Biraz Katılmıyorum**	**Kararsızım**	**Biraz Katılıyorum**	**Katılıyorum**	**Tamamen Katılıyorum**
1.	Çocuğumla ben aynı şey hakkında farklı şeyler hissedebiliriz.	1	2	3	4	5	6	7
2.	Çocuğumun nasıl hissettiğini genellikle merak ederim.	1	2	3	4	5	6	7
3.	Çocuğum kötü bir gün geçirdiğimi anlar ve daha da kötüleştirecek şeyler yapar.	1	2	3	4	5	6	7
4.	Çocuğumun duygu ve davranışlarının altındaki sebepleri anlamak isterim.	1	2	3	4	5	6	7
5.	Olaylara çocuğumun gözünden bakmaya çalışırım.	1	2	3	4	5	6	7
6.	Çocuğumun davranışlarının sebebini her zaman bilirim.	1	2	3	4	5	6	7
7.	Çocuğum bazen yapmak istediğim şeyden beni alıkoymak için hasta olur.	1	2	3	4	5	6	7
8.	Çocuğum bir olaya tahmin ettiğimden çok farklı tepki verebilir.	1	2	3	4	5	6	7
9.	Bazen çocuğumun neye ihtiyacı olduğunu ya da ne istediğini anlamak için birkaç tahminde bulunmam gerekir.	1	2	3	4	5	6	7
10.	Çocuğum mızmızlandığı zaman bunu beni kızdırmak için yapar.	1	2	3	4	5	6	7
11.	Anne olduktan sonra, görüyorum ki anne-babam çocukluğumda onlara verdiğim tepkileri yanlış anlamış olabilirler.	1	2	3	4	5	6	7
12.	Çocuğumun ne yapacağını her zaman tahmin edebilirim.	1	2	3	4	5	6	7
13.	Çocuğumun ne düşündüğünü ve hissettiğini çok merak ederim.	1	2	3	4	5	6	7
14.	Çoğu zaman, çocuğumun davranışları çaba göstersem de anlaşılamayacak kadar karmaşıktır.	1	2	3	4	5	6	7
15.	Çocuğumun yaramazlık yapması, onun beni sevmediğini gösterir.	1	2	3	4	5	6	7
16.	Çocuğum yabancıların yanında beni mahcup etmek için ağlar.	1	2	3	4	5	6	7
17.	Çocuğumun ne hissettiğine dikkatimi veririm.	1	2	3	4	5	6	7
18.	Çocuğumun aklından geçenleri tamamıyla okuyabilirim.	1	2	3	4	5	6	7

19.	Çocuğumun davranışlarının nedenlerini anlamak, ona kızgınlığımı azaltır.	1	2	3	4	5	6	7
20.	Çocuğumun ne hissettiğini tahmin etmeye çalışmanın bir işe yaramadığına inanıyorum.	1	2	3	4	5	6	7
21.	Sıklıkla çocukken nasıl hissettiğimi düşünüyorum.	1	2	3	4	5	6	7
22.	Çocuğumun neden yaramazlık yaptığını anlamaya çalışırım.	1	2	3	4	5	6	7
23.	Çocuğumun ne istediğini her zaman bilirim.	1	2	3	4	5	6	7
24.	Telefonda konuşurken çocuğumun ağlamasından ve/veya benimle konuşmasından hiç hoşlanmam.	1	2	3	4	5	6	7
25.	Çocuğumun beni sevdiğinden yalnızca o bana gülümsediği zaman emin olurum.	1	2	3	4	5	6	7
26.	Çocuğunuzun sizi sevdiğini, en iyi o uslu davranınca anlarsınız.	1	2	3	4	5	6	7
27.	Çocuğuma neyi neden yaptığımı her zaman bilirim.	1	2	3	4	5	6	7

APPENDIX C

KISA SEMPTOM ENVANTERİ

(Brief Symptom Inventory)

KSE: Aşağıda, insanların bazen yaşadıkları belirtilerin ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra, o belirtinin **SİZDE BUGÜN DAHİL, SON BİR HAFTADIR NE KADAR VAR OLDUĞUNU** yandaki bölmede uygun olan yere işaretleyiniz. Her belirti için **sadece bir yeri işaretlemeye** ve **hiçbir maddeyi atlamamaya** özen gösterin. Yanıtlarınızı işaretleyiniz. Eğer fikir değiştirirseniz ilk yanıtınızı siliniz. Yanıtlarınızı aşağıdaki ölçeğe göre değerlendiriniz: **Bu belirtiler son bir haftadır sizde ne kadar var?** **0-Hiç yok, 1-Biraz var, 2-Orta Derecede var, 3-Epey var, 4-Çok fazla var**		**Hiç Yok**	**Biraz Var**	**Orta Derecede Var**	**Epey Var**	**Çok Fazla Var**
1.	İçinizdeki sinirlilik ve titreme hali	0	1	2	3	4
2.	Baygınlık, baş dönmesi	0	1	2	3	4
3.	Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri	0	1	2	3	4
4.	Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	0	1	2	3	4
5.	Olayları hatırlamada güçlük	0	1	2	3	4
6.	Çok kolayca kızıp öfkelenme	0	1	2	3	4
7.	Göğüs (kalp) bölgesinde ağrılar	0	1	2	3	4
8.	Meydanlık (açık) yerlerden korkma duygusu	0	1	2	3	4
9.	Yaşamınıza son verme düşünceleri	0	1	2	3	4
10.	İnsanların çoğuna güvenilmeyeceği hissi	0	1	2	3	4
11.	İştahta bozukluklar	0	1	2	3	4
12.	Hiçbir nedeni olmayan ani korkular	0	1	2	3	4
13.	Kontrol edemediğiniz duygu patlamaları	0	1	2	3	4
14.	Başka insanlarla beraberken bile yalnızlık hissetmek	0	1	2	3	4
15.	İşleri bitirme konusunda kendini engellenmiş hissetmek	0	1	2	3	4
16.	Yalnızlık hissetmek	0	1	2	3	4
17.	Hüzünlü, kederli hissetmek	0	1	2	3	4
18.	Hiçbir şeye ilgi duymamak	0	1	2	3	4
19.	Ağlamaklı hissetmek	0	1	2	3	4
20.	Kolayca incinebilme, kırılmak	0	1	2	3	4
21.	İnsanların sizi sevmediğine, kötü davrandığına inanmak	0	1	2	3	4

22.	Kendini diğerlerinden daha aşağı görme	0	1	2	3	4
23.	Mide bozukluğu, bulantı	0	1	2	3	4
24.	Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu	0	1	2	3	4
25.	Uykuya dalmada güçlük	0	1	2	3	4
Bu belirtiler son bir haftadır sizde ne kadar var?		**Hiç Yok**	**Biraz Var**	**Orta Derecede Var**	**Epey Var**	**Çok Fazla Var**
26.	Yaptığınız şeyler tekrar tekrar doğru mu diye kontrol etme	0	1	2	3	4
27.	Karar vermede güçlükler	0	1	2	3	4
28.	Otobüs, tren, metro gibi umumi vasıtalarla seyahatlerden korkmak	0	1	2	3	4
29.	Nefes darlığı, nefessiz kalmak	0	1	2	3	4
30.	Sıcak-soğuk basmaları	0	1	2	3	4
31.	Sizi korkuttuğu için bazı eşya, yer yada etkinliklerden uzak kalmaya çalışmak	0	1	2	3	4
32.	Kafanızın “bomboş” kalması	0	1	2	3	4
33.	Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar	0	1	2	3	4
34.	Günahlarınız için cezalandırılmanız gerektiği	0	1	2	3	4
35.	Gelecekle ilgili umutsuzluk duyguları	0	1	2	3	4
36.	Konsantrasyonda (dikkati bir şey üzerinde toplama) güçlük/zorlanmak	0	1	2	3	4
37.	Bedeninizin bazı bölgelerinde zayıflık, güçsüzlük hissi	0	1	2	3	4
38.	Kendini gergin ve tedirgin hissetmek	0	1	2	3	4
39.	Ölme ve ölüm üzerine düşünceler	0	1	2	3	4
40.	Birini dövme, ona zarar verme, yaralama isteği	0	1	2	3	4
41.	Bir şeyleri kırma, dökme isteği	0	1	2	3	4
42.	Diğerlerinin yanındayken yanlış bir şeyler yapmamaya çalışmak	0	1	2	3	4
43.	Kalabalıklarda rahatsızlık duymak	0	1	2	3	4
44.	Bir başka insana hiç yakınlılık duymamak	0	1	2	3	4
45.	Dehşet ve panik nöbetleri	0	1	2	3	4
46.	Sık sık tartışmaya girmek	0	1	2	3	4
47.	Yalnız bırakıldığında/kalındığında sinirlilik hissetmek	0	1	2	3	4
48.	Başarılarınız için diğerlerinden yeterince takdir görmemek	0	1	2	3	4

49.	Yerinde duramayacak kadar tedirgin hissetmek	0	1	2	3	4
50.	Kendini değersiz görmek/değersizlik duyguları	0	1	2	3	4
51.	Eğer izin verirseniz insanların sizi sömüreceği duygusu	0	1	2	3	4
52.	Suçluluk duyguları	0	1	2	3	4
53.	Aklınızda bir bozukluk olduğu fikri	0	1	2	3	4

APPENDIX D

ÇOCUKLARIN OLUMSUZ DUYGULARIYLA BAŞETME ÖLÇEĞİ

(Coping with Toddler Negative Emotions Scale)

ÇODBÖ: Lütfen, aşağıdaki maddelerin her biri için, çocuğunuza belirtilen şekilde davranma ihtimalinizi **1'den (Hiç mümkün değil) 7'ye (Tamamen mümkün)** sıralanmış ölçekte belirtiniz. Lütfen her bir maddeyi dikkatlice okuyunuz ve mümkün olduğunca dürüst ve samimi bir şekilde cevaplayınız. Her bir cevabınız için lütfen 1'den 7'ye kadar sıralanmış rakamlardan birini daire içine alınız.

1. Çocuğum hasta olduğu için dışarıda oyun oynayamayacağından dolayı öfkelenirse, ben bu durumda:

1	2	3	4	5	6	7
Hiç mümkün değil	**Mümkün değil**	**Biraz mümkün değil**	**Kararsızım**	**Biraz mümkün**	**Mümkün**	**Tamamen mümkün**

a. Kendimi üzgün hissederim.	1	2	3	4	5	6	7
b. Böyle davranmayı bırakmazsa başka eğlenceli bir şey (örneğin, televizyon izlemek, oyun oynamak) yapmayacağımızı söylerim.	1	2	3	4	5	6	7
c. Çocuğuma, öfkelenmesinin normal bir şey olduğunu söylerim.	1	2	3	4	5	6	7
d. Çocuğumun daha iyi hissetmesi için onu yatıştırırım ve/veya onunla bir şeyler yaparım.	1	2	3	4	5	6	7
e. İçerde yapmak isteyeceği bir şeyler bulmasına yardımcı olurum.	1	2	3	4	5	6	7
f. Çocuğuma gereksiz yere olayı abarttığını söylerim.	1	2	3	4	5	6	7
g. Çocuğumun dışarda oynamasına izin veririm.	1	2	3	4	5	6	7

2. Eğer çocuğum halının üzerine bir şey döküp ortalığı kirlettikten sonra üzülüp ağlarsa, ben:

1	2	3	4	5	6	7
Hiç mümkün değil	**Mümkün değil**	**Biraz mümkün değil**	**Kararsızım**	**Biraz mümkün**	**Mümkün**	**Tamamen mümkün**

a. Çocuğumu kucağıma alarak yatıştırırım ve/veya kazayı unutmasına uğraşırım.	1	2	3	4	5	6	7
b. Çocuğuma aşırı tepki verdiğini veya olayı büyüttüğünü söylerim.	1	2	3	4	5	6	7
c. Sakin kalırım ve keyfimin kaçmasına izin vermem.	1	2	3	4	5	6	7
d. Ortalığı batırdığı için çocuğumu odasına yollarım.	1	2	3	4	5	6	7
e. Çocuğumun ortalığı temizlemesi için bir yol bulmasına yardımcı olurum**.**	1	2	3	4	5	6	7
f. Çocuğuma üzgün olmasının normal olduğunu söylerim.	1	2	3	4	5	6	7

3. Eğer çocuğum değerli bir şeyini kaybederse (örneğin, en sevdiği battaniye ya da oyuncak hayvan) ve bu durumda ağlamaya başlarsa, ben:

1	2	3	4	5	6	7

Hiç mümkün değil	Mümkün değil	Biraz mümkün değil	Kararsızım	Biraz mümkün	Mümkün	Tamamen mümkün

a. Gidip çocuğuma yeni bir şey alırım.	1	2	3	4	5	6	7
b. Çocuğuma oyuncağını ararken başka yerlere bakmayı düşünmesine yardımcı olurum.	1	2	3	4	5	6	7
c. Çocuğumun daha iyi hissetmesi için, dikkatini başka bir oyuncak ile dağıtırım.	1	2	3	4	5	6	7
d. Çocuğuma bu durumun çok da önemli olmadığını söylerim.	1	2	3	4	5	6	7
e. Çocuğuma oyuncağına dikkat etmediği için, bunun onun hatası olduğunu söylerim.	1	2	3	4	5	6	7
f. Kendimi üzgün hissederim.	1	2	3	4	5	6	7
g. Çocuğuma kaybettiği şey için üzgün hissetmesinin normal olduğunu söylerim.	1	2	3	4	5	6	7

4. Çocuğum doktora gitmekten veya iğne olmaktan korktuğu için titriyor ve gözleri yaşarıyorsa, ben:

1	2	3	4	5	6	7
Hiç mümkün değil	Mümkün değil	Biraz mümkün değil	Kararsızım	Biraz mümkün	Mümkün	Tamamen mümkün

a. Çocuğuma kendine gelmesini yoksa sevdiği bir şeyi yapmasına izin vermeyeceğimi söylerim (Örneğin oyun parkına gitmesine).	1	2	3	4	5	6	7
b. Çocuğuma endişelenmenin ya da korkmanın normal olduğunu söylerim.	1	2	3	4	5	6	7
c. Çocuğuma bunun büyütülecek bir şey olmadığını söylerim.	1	2	3	4	5	6	7
d. Çocuğumu iğne olmadan önce ve/veya olduktan sonra rahatlatırım.	1	2	3	4	5	6	7
e. Doktorun odasından ayrılırım ve başka bir zaman için yeniden randevu alırım.	1	2	3	4	5	6	7
f. Çocuğuma daha az korkması için yollar bulmasında yardımcı olurum. Örneğin, aşı vurulurken elimi sıkması gibi.	1	2	3	4	5	6	7
g. Kendimi gergin hissederim.	1	2	3	4	5	6	7

5. Eğer çocuğum öğleden sonrasını yeni bir bakıcıyla geçirecekse ve onu bırakıp gidiyorum diye tedirgin ve mutsuz olmuşsa, ben:

1	2	3	4	5	6	7
Hiç mümkün değil	Mümkün değil	Biraz mümkün değil	Kararsızım	Biraz mümkün	Mümkün	Tamamen mümkün

a. Çocuğumun dikkatini onunla oynayarak ve bakıcısısıyla ne kadar eğlenceli vakit geçireceği hakkında konuşarak dağıtırım.	1	2	3	4	5	6	7
b. Çocuğumun tepkilerinden dolayı üzgün ve rahatsız hissederim.	1	2	3	4	5	6	7
c. Çocuğuma böyle davranmayı kesmezse hoşuna giden bir şeyi yapamayacağını söylerim (Örneğin, oyun parkına gitmek, sevdiği bir yiyeceği almak).	1	2	3	4	5	6	7
d. Çocuğuma üzülecek bir şey olmadığını söylerim.	1	2	3	4	5	6	7
e. Planlarımı değiştiririm ve çocuğumu bakıcıyla bırakmamaya karar veririm.	1	2	3	4	5	6	7
f. Çocuğuma bu durumu daha az stresli hale getirecek şeyler düşünmesine yardımcı olurum. Örneğin, akşam üstü bir kere arayabileceğimi söylerim.	1	2	3	4	5	6	7

g. Çocuğuma üzülmenin normal olduğunu söylerim.	1	2	3	4	5	6	7

6. Eğer çocuğum uyurken odasında yalnız kalacağı için üzülürse ve ağlarsa, ben:

1	2	3	4	5	6	7
Hiç mümkün değil	**Mümkün değil**	**Biraz mümkün değil**	**Kararsızım**	**Biraz mümkün**	**Mümkün**	**Tamamen mümkün**

a. Kendimi üzgün hissederim.	1	2	3	4	5	6	7
b. Çocuğuma ağlamayı kesmezse uyandığı zaman eğlenceli bir şey yapamayacağımızı söylerim.	1	2	3	4	5	6	7
c. Çocuğuma üzgün olduğunda ağlamanın normal bir şey olduğunu söylerim.	1	2	3	4	5	6	7
d. Çocuğumu sarılarak ya da öperek sakinleştiririm.	1	2	3	4	5	6	7
e. Çocuğuma yokluğum ile baş edebilmesi için yollar bulmasına yardımcı olurum (en sevdiği oyuncak hayvanına sarılması, gece lambasını yakması).	1	2	3	4	5	6	7
f. Çocuğum uyuyana kadar yanında kalırım ya da uykuya dalana kadar benim yanımda kalması için onu odasından alırım.	1	2	3	4	5	6	7
g. Ona korkulacak bir şey olmadığını söylerim.	1	2	3	4	5	6	7

7. Eğer çocuğum istediği zaman atıştırmalık bir şey (Örneğin; şeker, dondurma) almasına izin verilmiyor diye öfkelenirse, ben:

1	2	3	4	5	6	7
Hiç mümkün değil	**Mümkün değil**	**Biraz mümkün değil**	**Kararsızım**	**Biraz mümkün**	**Mümkün**	**Tamamen mümkün**

a. Çocuğumu odasına gönderirim.	1	2	3	4	5	6	7
b. Çocuğuma istediği atıştırmalığı veririm.	1	2	3	4	5	6	7
c. Çocuğumun dikkatini başka oyuncaklarla oynayarak veya başka oyunlarla dağıtırım.	1	2	3	4	5	6	7
d. Çocuğuma üzülmek için ortada bir sebep olmadığını söylerim.	1	2	3	4	5	6	7
e. Çocuğuma öfkeli hissetmesinin normal olduğunu söylerim.	1	2	3	4	5	6	7
f. Çocuğumun yemek aralarında yemesine izin verebileceğim başka bir şey düşünmesine yardımcı olurum	1	2	3	4	5	6	7
g. Çocuğumun davranışına sinirlenirim.	1	2	3	4	5	6	7

8. Eğer çocuğum oynamasına izin vermediğim bir şeyi ortadan kaldırdığım için üzülürse, ben:

1	2	3	4	5	6	7
Hiç mümkün değil	**Mümkün değil**	**Biraz mümkün değil**	**Kararsızım**	**Biraz mümkün**	**Mümkün**	**Tamamen mümkün**

a. Çocuğuma, eğer ona bir daha dokunursa eğlenceli başka bir şey yapmasına izin vermeyeceğimi söylerim.	1	2	3	4	5	6	7
b. Çocuğumun eğlenceli başka bir şey bulmasına yardımcı olurum.	1	2	3	4	5	6	7
c. Kendimi üzgün hissederim.	1	2	3	4	5	6	7
d. Çocuğuma öfkelenmenin normal olduğunu söylerim.	1	2	3	4	5	6	7
e. Çocuğumun dikkatini ilginç başka bir şey ile dağıtırım.	1	2	3	4	5	6	7
f. Çocuğuma istediği şeyi veririm.	1	2	3	4	5	6	7

g. Çocuğumun üzüntüsünü dikkate almam ve o şeyi ortadan kaldırırım.	1	2	3	4	5	6	7

9. Eğer çocuğum onunla oynamamı isterse ve o anda bunu yapamazsam (örneğin, telefondaysam, birisiyle sohbetin tam ortasındaysam) ve çocuğum bu duruma üzülürse; ben:

1	2	3	4	5	6	7
Hiç mümkün değil	**Mümkün değil**	**Biraz mümkün değil**	**Kararsızım**	**Biraz mümkün**	**Mümkün**	**Tamamen mümkün**

a. Kendimi üzgün hissederim.	1	2	3	4	5	6	7
b. Çocuğuma üzgün olmasını gerektiren bir şey olmadığını söylerim.	1	2	3	4	5	6	7
c. Çocuğuma onunla oynamam için beklerken yapacak başka şeyler bulmasına yardım ederim.	1	2	3	4	5	6	7
d. Çocuğuma böyle davranmayı kesmezse sonra onunla oynamayacağımı söylerim.	1	2	3	4	5	6	7
e. Çocuğuma üzülmesinin normal olduğunu söylerim.	1	2	3	4	5	6	7
f. Her ne yapıyorsam çocuğumla oynamak için bırakırım.	1	2	3	4	5	6	7
g. Daha iyi hissetmesi için çocuğumu sakinleştiririm ve onunla konuşurum.	1	2	3	4	5	6	7

10. Çocuğum yapboz veya şekil kutusu ile oynarken bir parçayı düzgün oturtamadığında üzülür ve ağlarsa, ben:

1	2	3	4	5	6	7
Hiç mümkün değil	**Mümkün değil**	**Biraz mümkün değil**	**Kararsızım**	**Biraz mümkün**	**Mümkün**	**Tamamen mümkün**

a. Sakin kalırım ve kaygılanmamaya çalışırım.	1	2	3	4	5	6	7
b. Oyuncağı çocuğumdan alırım.	1	2	3	4	5	6	7
c. Çocuğumu okşayarak ya da öperek sakinleştiririm.	1	2	3	4	5	6	7
d. Çocuğum için parçayı yerine takarım.	1	2	3	4	5	6	7
e. Çocuğuma sinirlenmesinin ve üzülmesinin normal olduğunu söylerim.	1	2	3	4	5	6	7
f. Çocuğuma parçanın doğru takılışını keşfetmesine yardımcı olurum.	1	2	3	4	5	6	7
g. Çocuğuma ağlanacak bir şey olmadığını söylerim.	1	2	3	4	5	6	7

11. Çocuğum oyun parkında bir oyuncağa tırmanırken sıkışıp kalır ve bu yüzden korkup ağlamaya başlarsa, ben:

1	2	3	4	5	6	7
Hiç mümkün değil	**Mümkün değil**	**Biraz mümkün değil**	**Kararsızım**	**Biraz mümkün**	**Mümkün**	**Tamamen mümkün**

a. Kendimi endişeli hissederim.	1	2	3	4	5	6	7
b. Çocuğumun merdivenden nasıl inileceğini bulmasına yardım ederim.	1	2	3	4	5	6	7
c. Çocuğumu merdivenden aşağıya indiririm.	1	2	3	4	5	6	7
d. Oraya kendi başına çıkmamış olması gerektiğini söylerim.	1	2	3	4	5	6	7
e. Çocuğuma üzülmesini gerektirecek bir şey olmadığını söylerim.	1	2	3	4	5	6	7

f. Çocuğumu konuşarak ya da okşayarak rahatlatırım.	1	2	3	4	5	6	7
g. Çocuğuma korkmasının normal olduğunu söylerim.	1	2	3	4	5	6	7

12. Eğer çocuğum en sevdiği oyuncağı almaya çalışırken düşer ve bir yerini çizerse, ben:

1	2	3	4	5	6	7
Hiç mümkün değil	**Mümkün değil**	**Biraz mümkün değil**	**Kararsızım**	**Biraz mümkün**	**Mümkün**	**Tamamen mümkün**

a. Kendimi üzgün hissederim.	1	2	3	4	5	6	7
b. Çocuğuma, kendini nasıl daha iyi hissedeceğini bulmasına yardımcı olurum (Örneğin yara bandı yapıştırmak gibi).	1	2	3	4	5	6	7
c. Çocuğumun dikkatini başka bir şeyle dağıtırım.	1	2	3	4	5	6	7
d. Çocuğuma daha dikkatli olması gerektiğini söylerim.	1	2	3	4	5	6	7
e. Çocuğuma ortada üzülecek bir şey olmadığını söylerim.	1	2	3	4	5	6	7
f. Çocuğuma ağlamasının normal olduğunu söylerim.	1	2	3	4	5	6	7

APPENDIX E

ÇOCUK DAVRANIŞ KONTROL LİSTESİ

(Child Behavior Checklist)

ÇDKL: Aşağıda çocukların özelliklerini tanımlayan bir dizi madde bulunmaktadır. Her bir madde **çocuğunuzun şu andaki ya da son 6 ay** içindeki durumunu belirtmektedir. Bir madde çocuğunuz için **çok ya da sıklıkla doğru ise 2, bazen ya da biraz doğru ise 1, hiç doğru değilse 0** sayılarını yuvarlak içine alınız. Lütfen tüm maddeleri işaretlemeye çalışınız.
LÜTFEN TÜM MADDELERİ YANITLAYINIZ. SİZİ KAYGILANDIRAN MADDELERİN ALTINI ÇİZİNİZ.

0	1	2
Doğru Değil (Bildiğiniz kadarıyla)	Bazen ya da Biraz Doğru	Çok ya da Sıklıkla Doğru

1. Ağrı ve sızıları vardır (tıbbi nedeni olmayan).	0	1	2	**17.** Eşyalarına zarar verir.	0	1	2
2. Yaşından daha küçük gibi davranır.	0	1	2	**18.** Ailesine ait eşyalara zarar verir.	0	1	2
3. Yeni şeyleri denemekten korkar.	0	1	2	**19.** Hasta değilken bile ishal olur, kakası yumuşaktır.	0	1	2
4. Başkalarıyla göz göze gelmekten kaçınır.	0	1	2	**20.** Söz dinlemez, kurallara uymaz.	0	1	2
5. Dikkatini uzun sure toplamakta ya da sürdürmekte güçlük çeker.	0	1	2	**21.** Yaşam düzenindeki en ufak bir değişiklikten rahatsız olur.	0	1	2
6. Yerinde rahat oturamaz, huzursuz ve çok hareketlidir.	0	1	2	**22.** Tek başına uyumak istemez.	0	1	2
7. Eşyalarının yerinin değiştirilmesine katlanamaz.	0	1	2	**23.** Kendisiyle konuşulduğunda yanıt vermez.	0	1	2
8. Beklemeye tahammülü yoktur, her şeyin anında olmasını ister.	0	1	2	**24.** İştahsızdır (açıklayınız) …… …… …….	0	1	2
9. Yenmeyecek şeyleri ağzına alıp çiğner.	0	1	2	**25.** Diğer çocuklarla anlaşamaz.	0	1	2
10. Yetişkinlerin dizinin dibinden ayrılmaz, onlara çok bağımlıdır.	0	1	2	**26.** Nasıl eğleneceğini bilmez, büyümüş de küçülmüş gibi davranır.	0	1	2
11. Sürekli yardım ister.	0	1	2	**27.** Hatalı davranışından dolayı suçluluk duymaz.	0	1	2

0	1	2
Doğru Değil (Bildiğiniz kadarıyla)	Bazen ya da Biraz Doğru	Çok ya da Sıklıkla Doğru

12. Kabızdır, kakasını kolay yapamaz (hasta değilken bile).	0	1	2	**28.** Evden dışarı çıkmak istemez.	0	1	2
13. Çok ağlar.	0	1	2	**29.** Güçlükle karşılaştığında çabuk vazgeçer.	0	1	2
14. Hayvanlara eziyet eder.	0	1	2	**30.** Kolay kıskanır.	0	1	2
15. Karşı gelir.	0	1	2	**31.** Yenilip içilmeyecek şeyleri yer ya da içer-(kum, kil, kalem, silgi gibi) (açıklayınız)……	0	1	2
16. İstekleri anında karşılanmalıdır.	0	1	2	**32.** Bazı hayvanlardan, ortamlardan ya da yerlerden korkar(açıklayınız)……	0	1	2

33. Duyguları kolayca incinir.	0	1	2	**54.** Burnunu karıştırır, cildini ya da vücudunun diğer taraflarını yolar (açıklayınız) ……	0	1	2
34. Çok sık bir yerlerini incitir, başı kazadan kurtulmaz.	0	1	2	**55.** Cinsel organlarıyla çok fazla oynar.	0	1	2
35.Çok kavga dövüş eder.	0	1	2	**56.** Hareketlerinde tam kontrollü değildir, sakardır.	0	1	2
36. Her şeye burnunu sokar.	0	1	2	**57.** Tıbbi nedeni olmayan, görme bozukluğu dışında göz ile ilgili sorunları vardır (açıklayınız)……	0	1	2
37. Anne-babasından ayrıldığında çok tedirgin olur.	0	1	2	**58.** Cezadan anlamaz, ceza, davranışını değiştirmez.	0	1	2
38. Uykuya dalmada güçlük çeker.	0	1	2	**59.** Bir uğraş ya da faaliyeti bitirmeden diğerine çabuk geçer.	0	1	2
39. Baş ağrıları vardır (tıbbi nedeni olmayan).	0	1	2	**60.** Döküntüleri ya da başka cilt sorunları vardır (tıbbi nedeni olmayan).	0	1	2

40. Başkalarına vurur.	0	1	2	**61.** Yemek yemeyi reddeder.	0	1	2
41. Nefesini tutar.	0	1	2	**62**. Hareketli, canlı oyunlar oynamayı reddeder.	0	1	2
42. Düşünmeden, insanlara ya da hayvanlara zarar verir.	0	1	2	**63.** Başını ve bedenini tekrar tekrar sallar.	0	1	2
43. Hiçbir neden yokken mutsuz görünür.	0	1	2	**64.** Gece yatağına gitmemek için direnir.	0	1	2
44. Öfkelidir.	0	1	2	**65.** Tuvalet eğitimine karşı direnir (açıklayınız) …… …… ……..	0	1	2
45. Midesi bulanır, kendini hasta hisseder (tıbbi nedeni olmayan).	0	1	2	**66.** Çok bağırır, çağırır, çığlık atar.	0	1	2
46. Bir yerleri seyirir, tikleri vardır (açıklayınız) …… ….....	0	1	2	**67.**Sevgiye, şefkate tepkisiz görünür.	0	1	2
47. Sinirli ve gergindir.	0	1	2	**68.** Sıkılgan ve utangaçtır.	0	1	2
48. Gece kabusları vardır, korkulu rüyalar görür.	0	1	2	**69.** Bencildir, paylaşmaz.	0	1	2
49. Aşırı yemek yer.	0	1	2	**70.** İnsanlara karşı çok az sevgi, şefkat gösterir.	0	1	2
50. Aşırı yorgundur.	0	1	2	**71.** Çevresindeki şeylere çok az ilgi gösterir.	0	1	2
51. Hiçbir neden yokken panik yaşar.	0	1	2	**72.** Canının yanmasından, incinmekten pek az korkar.	0	1	2
52. Kakasını yaparken ağrısı acısı olur.	0	1	2	**73.** Çekingen ve ürkektir.	0	1	2
53. Fiziksel olarak insanlara saldırır,onlara vurur.	0	1	2	**74.** Gece ve gündüz çocukların çoğundan daha az uyur.	0	1	2

0	**1**	**2**
Doğru Değil (Bildiğiniz kadarıyla)	**Bazen ya da Biraz Doğru**	**Çok ya da Sıklıkla Doğru**

75. Kakasıyla oynar ve onu etrafa bulaştırır (açıklayınız) …… ……..	0	1	2	**88.** İşbirliği yapmaz.	0	1	2

76. Konuşma sorunu vardır (açıklayınız)…… …..	0	1	2	**89.** Hareketsiz ve yavaştır, enerjik değildir.	0	1	2
77. Bir yere boş gözlerle uzun sure bakar ve dalgın görünür.	0	1	2	**90.** Mutsuz, üzgün, çökkün ve keyifsizdir (açıklayınız) …… …… …….	0	1	2
78. Mide-karın ağrısı ve krampları vardır (tıbbi nedeni olmayan).	0	1	2	**91.** Çok gürültücüdür.	0	1	2
79. Üzgünken birden neşeli, neşeli iken birden üzgün olabilir.	0	1	2	**92.** Yeni tanıdığı insanlardan ve durumlardan çok tedirgin olur.	0	1	2
80. Yadırganan, tuhaf davranışları vardır (açıklayınız) …… …….....	0	1	2	**93.** Kusmaları vardır (tıbbi nedeni olmayan) …… ……..…… …….	0	1	2
81. İnatçı, somurtkan ve rahatsız edicidir.	0	1	2	**94.** Geceleri sık sık uyanır.	0	1	2
82. Duyguları değişkendir, bir anı bir anını tutmaz.	0	1	2	**95.** Alıp başını gider.	0	1	2
83. Çok sık küser, surat asar, somurtur.	0	1	2	**96.** Çok ilgi ve dikkat ister.	0	1	2
84. Uykusunda konuşur, ağlar, bağırır.	0	1	2	**97.** Sızlanır, mızırdanır.	0	1	2
85. Öfke nöbetleri vardır, çok çabuk öfkelenir korkar (açıklayınız)…… …….…… ……..	0	1	2	**98.** İçe kapanıktır, başkalarıyla birlikte olmak istemez.	0	1	2
86. Temiz, titiz ve düzenlidir	0	1	2	**99.** Evhamlıdır.	0	1	2
87. Çok korkak ve kaygılıdır	0	1	2	**100.** Çocuğunuzun burada değinilmeyen başka sorunu varsa lütfen yazınız. …… …. …… …..	0	1	2

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