UNDERSTANDING THE IMPACT OF PARENTAL QUALITY, MARITAL ADJUSTMENT AND FAMILY FUNCTIONING ON BEHAVIOR PROBLEMS OF ADOLESCENTS

ELİF NUR YAZICI
112637002

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Understanding The Impact of Parental Quality, Marital Adjustment and Family Functioning on Behavior Problems of Adolescents

Ebevyn Niteliği, Evlilik Uyumu ve Aile İşlevseliğinin Ergenlerin Davranış Problemlerine Etkisinin Anlaşılması

Elif Nur Yazıcı

112637002

Tez Danışmanı: Yadun Akyıl

Jüri Üyesi: Ümit Atkinson

Jüri Üyesi: Aylin Tiden Koçhar Aşkinsden

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4) aile işlevselliği	4) family functioning
5) aile gelir düzeyi	5) family income level

ABSTRACT

The present study aims to increase understanding of the impact of parental quality, marital adjustment of parents and family functioning on adolescents' behavior problems. Previous studies have shown that higher levels of parental care and lower levels of parental overcontrol are associated with adolescent psychosocial well-being. It is also revealed that marital adjustment of parents is linked to behavior problems in childhood and adolescence. Moreover, family functioning is an important component for parental quality, marital adjustment and adolescents' mental health. It was hypothesized that perceived parental overcontrol and family functioning would be negatively associated with behavior problems of adolescents while parental care and marital adjustment would be positively associated with adolescents' behavior problems. Besides, differential impacts of several family income levels on adolescents' behavior problems were explored. 242 adolescents between ages 12 to 18 and their parents were participated in the study. Adolescents completed Brief Problem Monitor-Youth Form (BPM-Y), Family Assessment Device (FAD) and Parental Bonding Instrument (PBI). Mothers and fathers completed Dyadic Adjustment Scale (DAS) and a socio-demographic information form. Results suggested there was no difference between genders in terms of attention, internalization, externalization and total behavior problems. Moreover, adolescent from low-average income level reported higher internalization and total behavior problems, lower parental care, higher parental overcontrol and unhealthier problem solving, communication, affective responsiveness, affective involvement and general family

functioning. It was found that there were negative correlations between parental care and positive correlations between parental overcontrol and behavior problems. Adolescents with behavior problems reported unhealthier family functioning. There were positive correlations between mother's dyadic adjustment subscales and father's dyadic adjustment subscales. While marital adjustment increased, perceived parental care was increased and perceived parental overcontrol was decreased. Limitations and directions for future research are discussed.

Keywords: adolescence mental health, parent-adolescent relationship, marital adjustment, family functioning, family income level

ÖZET

Bu çalışmada ebevyn niteliğinin, ebevynlerin evlilik uyumunun ve aile işlevselliğinin, ergenlerin davranış problemlerine etkisinin araştırılması amaçlanmıştır. Önceki çalışmalar yüksek seviyedeki ebevyn ilgisinin ve düşük seviyedeki ebevyn aşırı kontrolünün ergenlerin psikososyal iyilik hali ile ilişkili olduğunu göstermektedir. Ayrıca ebevynlerin evlilik uyumunun çocuk ve ergenlerdeki davranış problemleri ile bağlantılı olduğu ortaya çıkmıştır. Bununla birlikte, aile işlevselliği, ebevyn niteliği, evlilik uyumu ve ergenlerin ruh sağlığı açısından önemli bir bileşendir. Algılanan ebevyn aşırı kontrolü ve aile işlevselliğinin ergenlerin davranış problemleri ile negatif, algılanan ebevy ilgisi ve evlilik uyumunun ergenlerin davranış problemleri ile pozitif yönde ilişkili olacağı varsayılmıştır. Bunun dışında, çeşitli aile gelir seviyelerinin ergenlerin davranış problemleri üzerindeki ayırıcı etkisi incelenmiştir. Çalışmaya 12-18 yaş arası 242 ergen ve anne babaları katılmıştır. Ergenler Kısa Semptom Envanteri- Ergen Formu, Aile Değerlendirme Ölçeği ve Anne Babaya Bağlanma Ölçeği'ni tamamlamıştır. Her bir ebevyn Çift Uyum Ölçeğini ve bir demografik bilgi formunu tamamlamıştır. Sonuçlar erkek ve kız ergenler arasında içselleştirme, dışsallaştırma, dikkat ve toplam davranış problemleri açısından fark olmadığını işaret etmektedir. Ayrıca düşük ortalama gelir seviyesindeki ergenlerin daha yüksek içselleştirme ve toplam davranış problemleri, daha düşük ebevyn ilgisi, daha yüksek ebevy aşırı kontorlü ve daha sağlıksız problem çözme, iletişim, duygusal tepki verebilme, gereken ilgi gösterme ve genel aile işlevselliği bildirmiştir. Davranış problemleri ile ebevyn ilgisi arasında negatif, ebevyn aşırı kontorlü arasında pozitif ilişki bulunmuştur.

Annenin çift uyumu alt ölçekleri ile babanın çift uyumu alt ölçekleri arasında pozitif ilişki vardır. Ebevyn uyumu arttıkça algılanan ebevyn ilgisi artmakta ve ebevyn aşırı kontrolü azalmaktadır. Sınırlıklar ve gelecek çalışmalar için öneriler tartışılmıştır.

Anahtar Kelimeler: ergen ruh sağlığı, ebevyn-ergen ilişkisi, evlilik uyumu, aile işlevselliği, aile gelir düzeyi

I dedicated this thesis to the loving memory of my grandfather

Mustafa Korkmaz

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List of Abbreviations

BPM-Y	Behavioral Problem Monitor-Youth
INT	Internalization Problems
EXT	Externalization Problems
ATT	Attention Problems
TP	Total Problems
PBI	Parental Bonding Instrument
M-CA	Perceived Care from Mother
F-CA	Perceived Care from Father
M-OC	Perceived Overcontrol from Mother
F-OC	Perceived Overcontrol from Father
DAS	Dyadic Adjustment Scale
SAT	Dyadic Satisfaction
CON	Dyadic Consensus
COH	Dyadic Cohesion
AE	Affective Expression
FAD	Family Adjustment Device
GF	General Functioning
PS	Problem Solving
COM	Communication
ROL	Roles
AR	Affective Responsiveness
AI	Affective Involvement
BC	Behavioral Control

1. INTRODUCTION

From the viewpoint of the developmental psychology, the phases of human development require comprehensive examination in terms of cognitive, social, emotional and physical growth and change. The adolescence as being in the middle of childhood and adulthood gets a special attention to understand the premises of being independent, mature and well-functioning throughout life. Autonomy, socialization with peers and partners, identity formation and egocentrism, abstract reasoning and mood switches are some of the concepts that have an impact on an adolescent daily life. Besides the changes that every adolescent experience going through this stage, there is a group that suffers from psychological problems such as depression, anxiety, phobias, suicide attempt, aggressive behavior and delinquency, substance abuse and risky behavior.

Researchers focus on different factors affecting adolescent well-being in order to understand what factors are responsible for healthy/unhealthy development. On the one hand, there are individual differences such as temperament, gender, IQ or genetic factors. Furthermore, there are environmental factors such as culture, SES, peers and the family. Past studies have documented that the link between parental behaviors and adolescents psychological well-being (Bornstein & Bornstein, 2007; Rohner & Khaleque, 2005; Steinberg, 2001; Yavuz, Erensoy, Karamustafalıoglu & Gundogar, 2015). Moreover, the association between marital adjustment and marital conflict and children's behavior problems

were addressed (Davies & Lindsay, 2004; Grych & Fincham, 1990; McCoy, Davies & Cummings, 2009; Oh, Lee & Park, 2011). However, there are limited studies that related marital problems with adolescent's well-being (Gurmen & Rohner, 2014; Kızıldag & Sendil, 2006).

Transformation from childhood to adulthood is also a transformation of the parents into the midlife and family structure is changing during this transformation period (Preto, 1989). The family functioning is one of the important components of family systems. The relationship between healthy family functioning and better adjustment of adolescence has been shown (Kalyencioglu & Kutlu, 2010; Karaca, Gul, Barlas, Onan & Oz, 2013; Shek, 1997). It is seen that several family-related factors as parental behavior, marital adjustment of parents and family functioning was found to be related with children and adolescent psychological adjustment. Besides, these different factors have close and interrelated ties with each other since all of them are basic features of the family system. The family is described as 'an interconnected unit or system wherein the actions of one family member affect all members in the family system' (Minuchin, 1993). It was a well-known fact that family subsystems between individual members, couples and the entire family influence each other and the entire family.

As it was mentioned above, past studies implied the relational pattern between different familial variables and children and adolescent psychological adjustment. On the other hand, several family variables are studied in separate studies and all aspects of family cannot be seen in a

complete picture. In the present literature, it was not encountered studies who explained the differences between parent-adolescent relationship in relation with several familial variables among Turkish sample. Considering the gap in the literature, the present study focuses on four layers of familial factors in relation to adolescents' behavior problems: parental quality, marital adjustment of parents, family functioning and family socioeconomic status. It is aimed to examine the interplay among marital adjustment and family functioning and their influence on specific parental behaviors and adolescent's behavior problems. The relationship between study variables is aimed to be explained in the scope of attachment theory and adolescent-parent attachment pattern. Related literature will be presented in the following sections.

1.1 Study Rationale

The present study aims to investigate the associations between marital adjustment of parents, perceived family functioning by adolescents, perceived parental care, perceived parental overcontrol and adolescents' behavior problems. This study also aims to investigate individual pathways of the antecedents and consequences of parental quality among girls and boys separately. The impact of family income on adolescents' behavior problems is also examined. Specifically, it is required to identify the relationship between main study variables (i.e. perceived marital adjustment of mothers and fathers, perceived family functioning of adolescents, perceived maternal care and overcontrol and perceived paternal care and

overcontrol, internalization, externalization, attention and total behavior problems) among different family income level families with girls and boys. In the present study, multiple sources of informants, including mothers, fathers and adolescents will be used to test these assumed links.

In the present study, the research questions below are investigated.

1. What is the relationship between adolescents' behavior problems and perceived maternal and paternal care/ overcontrol, dyadic adjustment of parents and perceived family functioning?

2. Are main study variable scores (i.e. adolescent behavior problems, perceived parental behaviors, perceived family functioning) different for different age groups and gender?

3. Do main study variables differ with respect to family income?

2. REVIEW OF THE LITERATURE

2.1 Mental Health in Adolescence

Adolescence is a transitional period in which biological, cognitive and social changes occur (Moretti & Peled, 2004). Adolescents eat more and sleep longer. Their chests expand, their trunks lengthen and their voices deepen. Girls add more fat while boys add more muscle (Berk, 2010). Parents need to adapt to these physical changes too (Preto, 1989). Adolescents experience peer pressure in social environment. For example, being beautiful can be a factor for pressure among adolescent girls while being strong and athletic is important for boys. Eating disorders can be seen

during this period. The development of secondary sexual changes occurs in the adolescence. It is marked by menarche for girls while by the experience of ejaculations for boys. Girls tend to reach menarche by age 12 while boys tend to reach puberty by age 14 (Males, 1996). Mood switches and tendency to negative mood can be seen during adolescence with higher hormone levels and negative life events (Berk, 2010).

Although it is known that change is the essential characteristic of adolescence, it is also important to fully understand the scope of these changes. Adolescence is also a period which various mental health problems can be seen. These problems include depression, anxiety problems, school problems, risky and antisocial behaviors, eating disorders and substance abuse (Moretti & Peled, 2004).

The behavior problems during adolescence are conceptualized by internalization, externalization and attention problems. Internalization problems mean emotional or mood problems such as depressive symptoms, anxiety symptoms, withdrawal and somatic complains (Bernstein, Borchardt & Perwien, 1999; Birmaher et al., 1996; Egger, Costella, Erkenli & Angold, 1999; Taylor, Szatmari, Boyle & Offord, 1999) while externalization problems mean dysregulation in behavior including conduct problems, aggressive behavior and rule-breaking behavior (Cairns et al., 1989; Frick et al, 1993). Attention problems mean persistent developmentally inappropriate levels of inattention, hyperactivity and impulsivity (Cantwell, 1996).

When the factors related to depression is considered the combination of biological and environmental factors have been observed (Berk, 2010). It was revealed that heredity has an important role in adolescent depression (Glowinski et al, 2003). Having a parent with depression disorder increase the risk of depression during adolescence. Depressed adolescents usually have a learned helpless attribution style (Graber, 2004).

The suicidal rate increases from childhood to adolescence (Berk, 2010). Higher family poverty, lower academic achievement, substance abuse, stressful life events and depression, parental divorce, frequent parent-adolescent conflict, abuse and neglect are risk factors for suicide attempt (Beautrais, 2003; Preffer, 2006). Moreover, gay, lesbian and bisexual youths are at higher risk for suicide. Individual, family and group psychotherapy can be effective in treatment for depressed and suicidal adolescents.

Laird and colleagues (2005) showed that difficult temperament, low intelligence, lower academic achievement, problems with peers and engaging with antisocial peers are risk factors for adolescent delinquency. Barnes and colleagues (2006) found that families of delinquent adolescents show lower warmth, higher conflict and exhibit harsh, inconsistent discipline and low monitoring. Adolescent with divorced parents are also tend to have delinquent behavior (Farrington, 2004). It was revealed that positive parenting style, involvement in school activities, higher economic

and social conditions are effective components of treatment for adolescent delinquency (Berk, 2010).

Besides, there are plenty of protective factors: positive physical development, high academic achievement, easy temperament, high self-esteem, ability to regulate emotion, resiliency and problem solving abilities, engagement in social activities, positive family relationships, support and caring by parents, positive parental monitoring, peer relations and higher economic condition for adolescent psychological adjustment (Beck, 2010). Overall, adolescence is a transition period which various mental health problems can be seen. Internalization, externalization and attention problems are very common among adolescents and different individual and environmental risk and protective factors are associated with these problems.

From a systemic perspective, we need to look at the mental health of the adolescents considering other relationships in the family system and the family functioning as a whole. In this study, we considered the relationships in the primary circle of the adolescent life: Parent with adolescent, parent with parent and the family as a whole. Last but not the least, we will need to look at the effects of demographic variables such as age, gender and income level affecting these relational patterns. It is important to note that although we will examine the literature regarding the role of these variables separately, we are aware that they all influence each other in a circular way.

2.2 Relational Factors in Psychological Adjustment in Adolescence

2.2.1 Parent-Child Interaction and Psychological Adjustment in Adolescence

Parent-child interaction, including verbal and nonverbal communication and physical behaviors, plays an important role in the development of the child. During the early years of life, parents are important for children because the relationship with the parents is the predominant interaction in the child's microsystem, occurring on a regular basis, over extended periods of time (Bronfenbrenner, 2001). Their parenting practices have both immediate and long term effects on children's functioning in many areas such as behavioral development, peer relationships and academic achievement (Bornstein & Bornstein, 2007).

'The parenting styles' is a conceptualization that explains parental behaviors are constellation of attitudes toward the child and create an emotional climate between parent and children. Baumrind (1991a) explained that three types of parenting styles: the authoritarian, the permissive and the authoritative in respect to concepts of responsiveness and demanding. Parents with authoritarian parenting style try to shape, control and evaluate the behavior and attitudes of their children with firm limits. These parents are detached, controlling, less warm, highly demanding and non-responsive (Baumrind, 1991a). A permissive parenting style is conceptualized by being tolerant and accepting toward their

children's impulses. These parents have lack of control, are non-demanding and relatively responsiveness (Baumrind, 1991a). Parents with authoritative parenting style have a clear expectation of mature behavior from their children and set obvious standards. These parents show a combination of high control and positive encouragement (Baumrind, 1991a).

Previous studies have shown the link between parenting style and adolescent psychological and behavioral adjustment (Baumrind, 1991b; Steinberg, Lamborn, Dornbush & Darling, 1992). Most studies revealed that positive associations between authoritative parenting and self-control, self-esteem, more responsible behavior, higher academic achievement and lower problem behaviors (Buri, Lourselle, Misukanis & Mueller, 1988; Spera, 2005; Steinberg, Dornbusch & Brown, 1992) while authoritarian parenting and irresponsible behaviors, higher anxiety and externalization behaviors (Lamborn, Mounts, Steinberg & Dornbush, 1991). Permissive parenting was linked to lower self-control, selfishness and higher expectation of attention (Lamborn et al., 1991).

Nebi and colleagues (2010) was reviewed the Turkish studies on parenting style and children and adolescent well-being. Results showed that there was an overall negative impact of authoritarian parenting style on children and adolescents' behavior problems while authoritative parenting style had a positive impact. Children with authoritative parents exhibited lower anxiety, depression, substance abuse and delinquency while higher secure attachment, positive social behaviors, higher cognitive abilities and

academic achievement. It is also seen that children with permissive parents were more disadvantageous in respect to children with authoritative parents.

Research on parent-child interaction is important because it allows the specification of optimal parenting behaviors and effective parenting practices (Bornstein & Bornstein, 2007). Parent-adolescent relationship is one of the main interests of development and family studies for last 25 years. The aim of this research area on adolescent development in the family context is to identify emotional and relational components of healthy development and utilize this knowledge to improve adolescent mental-health (Steinberg, 2001). First of all, it is important to explain what the changes occur during the transition period from childhood to adolescents and how the normative family relationships be established during adolescence period. Secondly it is necessary to understand how family effect adolescence mental health development and describe the specific features of family related with mental health.

In adolescence, the parent–child relationship is restructured even while stable features of the relationship established in childhood endure (Collins & Repinski, 1994). There have been few published longitudinal studies that have investigated how and why the parent–child relationship changes during the transition to adolescence. Kim, Conger, and Lorenz (2001) reported that adolescent negative affect toward parents increased markedly from age 12 through age 15 but decreased thereafter. It is found that the perceived quality of parent-child relationship decreased from age 11

to age 14. 14-year-old adolescents perceived greater parent–child conflict, less parental involvement in their lives, less positive regard for their parents compared with their age 11 ratings (McGue et al, 2005).

The relationship between parental attitudes and depression has investigated in a Turkish high-school population. The findings show that girls reported higher depression scores than boys. Adolescent with depression reported higher maternal protection and lower maternal and paternal interest than adolescents without depression. Furthermore, the study shows higher substance use among boys and higher suicide attempt among girls (Yavuz, Erensoy, Karamustafalıoglu, Bakım & Gundogar, 2015).

The Parental Bonding Instrument (PBI) is a self-report questionnaire that is developed to measure two fundamental parental dimensions of parent-child relationship as perceived parental care versus rejection, and control versus autonomy (Parker, Tupling & Brown, 1979). It is one of the mostly used instruments to measure parental quality in a range of clinical and non-clinical subject groups. Several studies show the relationship between parental bonding assessed by the PBI and mood, anxiety and substance use disorders (Enns et al., 2002; Kendler et al., 2000). There are also studies that documented the associations between parental bonding and personality disorders (Modestein, Oberson &Erni, 1998; Nordahl & Stiles, 1997). It was found that low care and overprotection by both parents related with bipolar personality disorder (Russ, Heim & Westen, 2003).

It is seen that parenting behaviors plays an important in psychological and social well-being of children and adolescents. The quality of parenting also affects the parent-adolescent relationship which is researched deeply in attachment studies. The conceptualization of attachment in adolescence is a significant topic in research since its concepts overlap with parent-adolescent relationship phenomenon. It is necessary to identify which factors distinguish these two conceptualizations and how attachment uniquely predicts adjustment in adolescence (Scott, Briskman, Woolgar, Humayun & O'Connor, 2011). To explain the relation between parenting and attachment, the parenting behavior as availability and emotional responsiveness in infancy can be seen an example. As in infancy, it is assumed that a positive regard and involvement in adolescent daily life is seen as parental behaviors which are associated with secure attachment organization. Oppositely, a negative, angry or dismissive attitude toward adolescent can be associated with insecurity in adolescence. Although, with the socialization of peers and development of autonomy behavior, parents are not an in a position of respond immediately to needs of adolescents as frequently as childhood, adolescents still need to know they can come parents for help when it is necessary (Scott et al., 2011).

Attachment theory is one of the most popular and well-known explanation for human behavior as seeking proximity and establishing relationship. Basically, Bowbly (1969) describes the system underlying attachment behavior is keep proximity with primary caregiver, usually the

mother, to provide security. It is claimed that this strong emotional bond between the infant and the caregiver lasts through one's whole life. Bowbly (1969) explains attachment from an evolutionary perspective that the infant increases the chance of survival by having a close relationship with the caregiver who provides protection and safety.

Bowlby (1973) described that children experience their own worthiness by perceptions of caregiver's availability and passion to give protection and care. The intensity of emotion is drawn from the relation between the individual attached and the attachment object. Sooner or later, even in the absence of the caregiver, child can use the symbolic representations of attachment figure to feel safe. The symbolic representations provide the expectations from both attachment figure and other people that child interacts. Bowbly named this explanation as Internal Working Model described as '*Early relationship experience with the primary caregiver leads eventually to generalized expectations about the self, others, and the world.*' These cognitive representations continuously are evolving with the attachment related experience in childhood, adolescence and adulthood. (Bowbly, 1969, 1973, 1977).

Ainsworth (1989) contributed attachment theory framework with elaborating secure-base phenomenon and draw links between the attachment behavior and child's intention to explore environment. The representation of a secure attachment with primary caregiver provides a secure base or a safe

haven for the child that gets comfort and support at the time of distress or need. At this point, individual differences have been observed.

Both the parent-children and inter-parental romantic relationships are attachment relationships and provide a sense of security (Bowbly, 1969). The attachment pattern among couples and its impact on the relational pattern between children and parent should be highlighted. Families are dynamic systems with an organization and dyadic relationships develop within the system. All members influence each other and the family as a whole. Problems in one relationship may influence the other relationships negatively. In respect to this, conflict between parents can influence parent-child relationship (Laurent et al, 2008).

Previous study showed that parents with high marital satisfaction, low conflict and high communication were reported their children as more securely attached to their mothers (Howes & Markman, 1989). Moreover, another study found that parents' problems in marital adjustment was associated with insecure infant-mother attachment (Isabella & Belsky, 1985). Owen and Cox (1997) investigated the link between marital conflict and infant-parent attachment. It was suggested that marital conflict was associated with insecure infant-parent attachment by its influence on parenting behavior as less sensitive, active and accepting behavior. The findings revealed that higher marital conflict was linked with greater disorganized attachment behavior of infants with mother and father. Infants

may be exposed to parents' frightening or frightened behavior and these parents cannot be available for comfort the infant (Owen & Cox, 1997).

The parents' romantic attachment pattern may influence the child's attachment to parents. The link between marital conflict and children's maladjustment has been drawn. It was suggested that the romantic attachment between parents form their experiences of conflict. While partners with anxious attachment were using hyper-activating strategies, partners with avoidant attachment were using deactivating strategies (Mikulicer, Shaver & Pereg, 2003). Lourent and colleagues (2008) investigated the moderator effect of parental conflict and parents' romantic attachment style on child attachment security with each parent. It was found that dyadic conflict styles that were incongruent with partners' attachment related affect regulation strategies were associated with less secure parent-child attachment. In sum, previous studies presented the link between couple's attachment pattern and its influence of children attachment with parents.

Attachment continuously develops from infancy to adulthood. At the developmental stage of adolescence; young children have physiological (puberty and physical growth), psychological (increased autonomy), cognitive and environmental (new schools, new intimate relations, new expectations of parents) changes and the attachment with parents are transforming. One of the pioneers of attachment theory, Ainsworth explained her opinions about shifts in the nature of adolescents' attachment

at 1989 and said '*This development leads the young person to begin a search for a partnership with an age peer…as well as, attachment system, are involved.*' (Ainsworth, 1989)

The attachment pattern between adolescent and parent is quite different. With the increased need of autonomy, adolescents put some level of distancing in the relation with parents (Allen & Land, 1999). Autonomy can be described as being less dependent from parents and have increased opportunity for decision making. Recent research shows that the secure bond which is established long before helps adolescents to develop healthy behavior of autonomy. Become more autonomous while valuing attachment with parents indicates the healthy and secure adolescent attachment style (Allan & Land, 1999).

Like the desire of a secure infant to explore limits of the physical environment, adolescence seeks emotional and cognitive independence from their parents (Schumaker, Deutsch & Brenninkmeyer, 2009). Adolescents expand their social network and intimate relationship so attachment with peers in adolescence gets more attention in the research field. While secure adolescents establish relationships with confidence, safety and acceptability, insecure adolescents (ambivalent or avoidant attachment organization) can feel unpredictability in relationships, fear of abandonment and hostility (Kobak & Duemmler, 1994).

To draw a picture of developmental pattern of attachment in adolescence, it is necessary to consider gender differences as well as the gender of attachment figure. In a cohort-sequential design study, Buist and colleagues (2002) have investigated differences in attachment quality to mother, father and sibling separately and changes in quality in a three years long period. There were five cohorts as 11, 12, 13, 14 and 15 years old adolescents. Adolescent girls reported higher quality in attachment relationship to mother, father and sibling than adolescent boys in all age levels and this difference between girls and boys have been observed continuously in the previous measurements of 2nd and 3rd years of the study. Besides the gender difference in attachment quality to family members, it is observed a difference in quality of attachment to type of attachment figure as mother, father or sibling. Adolescents reported higher quality of attachment to mothers than fathers and siblings. Moreover, it is seen that the quality of attachment to parents decline by the age of adolescent increase (Buist et al, 2002).

Attachment to parents plays a substantial role in children's emotional development and its effect on socio-emotional adjustment continues through life (Kobak, Cassidy, Lyons-Ruth, & Zir, 2006). In a recent review on adolescent-parent attachment, Moretti and Peled (2004) stated that '*Adolescent-parent attachment has profound effects on cognitive, social and emotional functioning*.' Secure attachment is associated with less risky behaviors, fewer mental health problem, higher social skills and handling

with problems. Nada-Raja, McGee and Stanton (1992) found that having lower perceived attachment to parents is associated with having lower psychological well-being scores from assessment of mental health; depression, anxiety, inattention and conduct problems in adolescence. Adolescence with high perceived attachment to parents and also peers has highest score on a measure of self-perceived strengths as being popular, reliable, lively and outgoing. Laible, Carlo & Roesch (2004) found that adolescents with secure parental attachment have a secure attachment with peers too. Additionally, adolescents with secure parental attachment have higher level of empathy, pro-social behavior and self-esteem with lower aggressive behavior.

Cooper, Collins and Shaver (1998) investigated attachment and psychological adjustment / psychological symptomatology with in a community sample of 1,989 Black and White adolescence between ages 13 to 19. The findings showed that adolescents with secure attachment style have more adaptive ways of coping with negative experiences, have superior functioning developmentally. Adolescents with anxious-ambivalent attachment style have highest psychological symptom levels, poorest self-concepts and riskier problem behaviors. Adolescents with avoidant attachment style have high psychological symptoms as anxious-ambivalent adolescents in contrast; have less risky and problem behaviors as secure adolescents. Another study (Atik, 2013) with 568 high school students in

Turkey shows that there is an association between attachment and resilience; attachment has a meaningful influence on resilience.

In the field of attachment research, parenting quality have assumed as primary environmental factor in attachment security. The association between attachment security and psychopathology in adolescence have been addressed (Allen, Porter, McFarland, McElhaney, & March, 2007; Scott, Briskman, Woolgar, Humayun, & O'Connor, 2011). Children with a disorganized attachment representation found to have higher externalizing symptoms scores than secure and avoidant children (Bureau & Moss, 2010). It is argued that caregiver's repeated failure to protect the child and satisfy the attachment needs may direct the child to experience fear, inability to self-regulate and result in vulnerability to internalizing psychopathology. Yet another study displayed that disorganization in attachment was positively correlated with somatic symptoms, social phobia, and school phobia, which are classified under the umbrella of internalizing symptoms of problem behaviors (Brumariu & Kerns, 2010).

Keskin and Çam (2008) conducted a research on the relationship between mental health, parental attitude and attachment style in adolescence. It was found that there is a negative correlation between secure attachment style and pro-social behavior, emotional symptoms, hyperactivity/inattention, peer relationship problems, conduct problems and total difficulties scores while there is a positive correlation between fearful attachment style and emotional symptoms and total difficulties scores;

dismissed attachment style and emotional symptoms, hyperactivity/inattention, pro-social behavior and total difficulty scores. It can be explained that adolescents with secure attachment style has less behavioral and mental difficulties while adolescents with fearful and dismissed attachment style experience more behavioral and mental difficulties.

In another study (Lee & Hankin, 2009) on the relation between insecure attachment, dysfunctional attitudes and low self-esteem and symptoms of depression and anxiety, it was found that anxious and avoidant attachment styles in adolescence predicts increase in depression and anxiety levels; and also anxious attachment and later internalizing symptoms (depression and anxiety) are mediated by dysfunctional attitudes and low self-esteem.

Ozbaran and colleagues (2009) found that over parenting, marital discordancy and authoritarian attitudes contribute to pathogenesis of major depression in Turkish adolescence. Another study among Turkish college students investigated the relation between substance use and parental bonding. It is seen that non-drug users have higher scores in both mother and father care/control dimensions of parental bonding. It is understood that healthy attachment style observed among non-drug users (Gorgun et al, 2010).

A meta-analysis (Hoeve et al, 2012) which includes 74 published and unpublished manuscripts with total number of participants are 55,537; indicated that poor attachment to parents associated with more delinquent behavior. Moreover, they found that in terms of the delinquency; attachment to mother for girls is more important while attachment to father is more important for boys. Finally, the study (Hoeve et al, 2012) suggested that the association between attachment to parents and delinquency gets weaken as age increase. A more recent study, de Vries and colleagues (2015) found that the association between attachment and delinquency was mediated by deviant peer and parental monitoring while the association between attachment and direct and indirect aggressive behaviors was mediated with cognitive distortions.

Aydogdu and Cam (2013) investigated the relationship between substance use and attachment style, parental attitudes and social support. The findings indicated that adolescents diagnosed with substance use disorder are associated with fearful and dismissed attachment and lower family and social support. It is also observed that their family gave them less parental acceptance and involvement, less attitude control, and less psychological autonomy.

Various studies have shown the relationship between psychopathology and the dimensions measured by the Parental Bonding Instrument. Neurotic depressives reported less parental care and greater maternal overcontrol relative to healthy controls, whereas manic-

depressives' scores were similar to those of healthy controls. Depressive experience in a nonclinical group was negatively correlated with parental care, and positively correlated with parental overcontrol (Parker, 1979a). Patients with anxiety neurosis reported less parental care and greater overcontrol (Parker, 1981). Symptom severity of agoraphobics was negatively correlated with maternal care, and symptom severity of social phobias was positively correlated with maternal care and maternal overcontrol. Both groups were lower on maternal care when compared with medical treatment controls, and social phobias were also higher on parental overcontrol, relative to the medical treatment group (Parker, 1979b). Hospitalized schizophrenics rated their parents as less caring and more controlling relative to a control group (Parker et al., 1982). In sum, the evidence suggests a strong link between the dimensions of the PBI and psychiatric conditions.

In conclusion, parent-adolescent relationship has a central role in psychological adjustment of adolescents. Relationship with parents was explained by different theoretical perspectives by emphasizing parenting style as authoritative, authoritarian and permissive and attachment patterns. All different approaches have improved our understanding of relational patterns between parent and child. Several studies showed the impact of parental behaviors on adolescent psychological adjustment and psychopathology. While positive parenting, acceptance by parents and secure attachment with parents was related with healthy development of

adolescents, negative attitudes toward the child, rejection by parents and insecure attachment pattern was related with problem behaviors of adolescents. In addition to the significance of parent-child interaction, another relational factor is mother-father interaction that influence on psychological adjustment of children and adolescents. The next section will be focus on the marital adjustment of couples and its role on both the parent-child dyads and the whole family system.

2.2.2 Parents' Marital Adjustment and Adolescent Psychological Adjustment

In the previous section, literature regarding the impact of parent-child interaction on adolescent psychological functioning has been examined. It is well known that marital adjustment is an important familial variable that affects parent-child interaction and mental health of children and adolescents.

Marriage is an institution that the family is established and the next generation is nurtured so marriage is the most fundamental and important human relationship (Larson & Holman, 1994). Sevinc and Garip (2010) described marriage as a system which involves the cohabitation of two different people regarding to their personality, habits, needs and expectations. In the study marriage is a kind of special relationship that has an effect on personal development and personal realization which is formalized by social norms and law.

Marital adjustment is one of the basic concepts studied in marital researches. To having a harmonious and effective marriage is necessary for all family members' well-being. Happiness, success, satisfaction and rapport have been used to describe adjustment in the marriage (Larson & Holman, 1994). It can be explained that couples who are communicating with each other, making consensus on the topics that related with family and marriage, and solving problems positively have a coherent marital relationship (Erbek, Bestepe, Akar, Eradamlar & Alpkan, 2005). One well identified characteristic of marital adjustment is the high rates of positivity in marital interaction. Happy couples spend more time together, do more mutually enjoyable things together, and behave more positively toward one another, than do unhappily married couples (Halford, Kelly & Markman, 1997). In contrast to well-adjusted marriages, people who determine themselves as unhappy, rarely engage in activities with their spouses, have disagreements often, have a high chance to perceive their relationships as unstable (Amato & Hohmann-Marriott, 2007).

To assess marital adjustment, Spanier (1979) developed Dyadic Adjustment Scale (DAS) that include four subscales as dyadic consensus, dyadic satisfaction, dyadic cohesion and affective expression. The dyadic consensus is 'the degree to which the couples agrees on matters to the relationship', the dyadic satisfaction is 'the degree to which couple is satisfied with their relationship', the dyadic cohesion is 'the degree of closeness and shared activities experienced by the couple' and affective

expression is ‘the degree of demonstrations of affection and sexual relationship’ (Graham, Liu & Jeziorski, 2006).

The dyadic adjustment of couples is a well-researched area in marriage studies. Sendil and Korkut (2008) have been investigated the dyadic adjustment and marital conflict of Turkish married couples in terms of marriage style, duration of marriage, gender, number of children, education and economic status. It is revealed that there was no difference in terms of men’s and women’s marital conflict and marital adjustment scores. It was found that individuals with arranged marriage style have lower marital adjustment than individuals with dating marriage style. There was a positive correlation between education status and marital adjustment. Individuals with low economic status reported lower adjustment in their marriage. Finally, a negative correlation was found between the marital conflict scores, the number of children and marital adjustment. It is seen that arranged marriage style, lower education and economic status, higher marital conflict and number of children predicts lower marital adjustment (Sendil & Korkut, 2008).

Soylu and Kagnici (2015) examined the relationship between marital adjustment and emphatic tendency, communication and conflict resolution styles. It was revealed that couples who have ineffective communication pattern reported lower marital adjustment. There was a negative correlation between negative conflict resolution style while there was a positive correlation between subordination conflict resolution style and marital

adjustment (Soylu & Kagnici, 2015). Another study (Erdogan Taycan & Çepik Kuruoglu, 2014) investigated the relation between marital adjustment and attachment styles among 25 couples who attend to psychiatry clinic for marital problems and 25 couples without marital problems as controls. According to results, couples with marital problems were different in terms of temperament and attachment patterns. The men and women in the study group evaluate each other as less reliable than the controls. The women in the study group have avoidant and anxious attachment style while the men have avoidant attachment style (Erdogan Taycan & Çepik Kuruoglu, 2014).

In the literature, the marital adjustment of spouses and perceived marital conflict by children is examined. Perceived marital conflict by children is explained as how children observe the parents' communication and problems. Grych and Fincham (1990) attribute perceived marital conflict by children on three bases as threat, coping and accusation. In other words, perceived marital conflict include three main questions; 'How does the problem affect me?' (Threat), 'What can I do for this problem' (Coping) and 'Who is responsible for this problem?' (Accusation) in terms of children (Grych & Fincham, 1990). It is suggested that children are tend to blame themselves for the problems between parents. The long term effect of perceived marital conflict might be internalization and externalization behavior problems. Internalization behaviors are introversion, sadness, depression and anxiety while externalization behaviors are aggression and defiance (Cummings & Davies, 1994).

Krishnakumar and Buehler (2000) suggest that systemic approaches assume three possible mechanisms in predicting the relationship between marital and parent-child relationships. The first mechanism implies that couples' reactions to marital stressors will result in disturbed parenting practices and parent-child relationships. In the second mechanism, couples who cannot fulfill their affection and satisfaction needs in their marriages will try to compensate for those needs with their children. By doing so, children are usually caught in the middle of marital tensions and they are openly pressed to ally with one parent against the other. This pattern of interaction between one parent and child is referred to as triangulation and often marked by overindulgence and loose parenting discipline. The last mechanism suggests that, a third factor, an external stressor such as a chronic illness or unemployment will also affect marital and parent-child relationships simultaneously.

Researchers suggest the spillover hypothesis to explore relationship between marital distress and parenting. The marital distress that results from physical, verbal and emotional problems between spouses is described as having a negative influence on the relationship between parents and children. It is explained that the marital distress causes the negative emotions which tend to 'spill over' to the mother-child and father-child dyads (Stroud, Wilson, Durbin & Mendelsohn, 2011). The parenting behaviors of mothers and fathers are interdependent. Hence, triadic relationship between mother, father and children is affected by the marital

distress. Moreover, it was found that mothers with marital problems tend to show more harshness while fathers with marital problems tend to show less warmth toward their children (Schofield et al., 2009). In conclusion, the spillover hypothesis suggests that marital problems tend to interfere with children's psychological well-being through negative parenting behaviors.

Studies show that children who experienced often and disruptive marital conflict have higher risk for developing adaptation and behavior problems (Davies & Lindsay, 2004; Grych & Fincham, 1990; McCoy, Davies & Cummings, 2009; Oh, Lee & Park, 2011; Shelton & Harold, 2007). In a recent study (Guven & Erden, 2014), the relationship between child's perceived conflict of his or her parents' relationship and his or her behavior problems were investigated. There was no difference in girls and boys in terms of perceived marital conflict. It was found that boys reported higher hyperactivity, attention problems and general behavior problems than girls. It is also found that behavior problems that dominated by oppositional defiant problems are positively correlated with perceived marital conflicts as extreme and intense. The children interpreted these conflicts as a threat for entity of the family and blame themselves for those problems (Guven & Erden, 2014). Similar findings were obtained from another study that investigated couples with high or low marital conflict and their children with ages between 9-12 years old. The children who were from high conflict homes showed more adjustment problems and perception of threat than children from low conflict homes (Kızıldag & Sendil, 2006).

Gurmen and Rohner (2014) examined spousal acceptance and psychological adjustment of adolescents among a Turkish sample is mediated by adolescents' perceptions of parental acceptance. There was no difference between adolescents' gender and their perception of parental acceptance and behavior control. As it seen in Figure 1, maternal and paternal acceptance mediated the relationship between the adolescents' psychological adjustment and wives' perceptions of their husbands' acceptance. In addition, husbands' perception of their wives' acceptance was not related with the adolescents' psychological adjustment (Gurmen & Rohner, 2014). These findings were explained with the role of fathers in Turkey. Erkman and Rohner (2006) found that in Turkish families, fathers interact more with mothers than their children in respect to traditional hierarchy. The mothers have a more expressive role in the family systems.

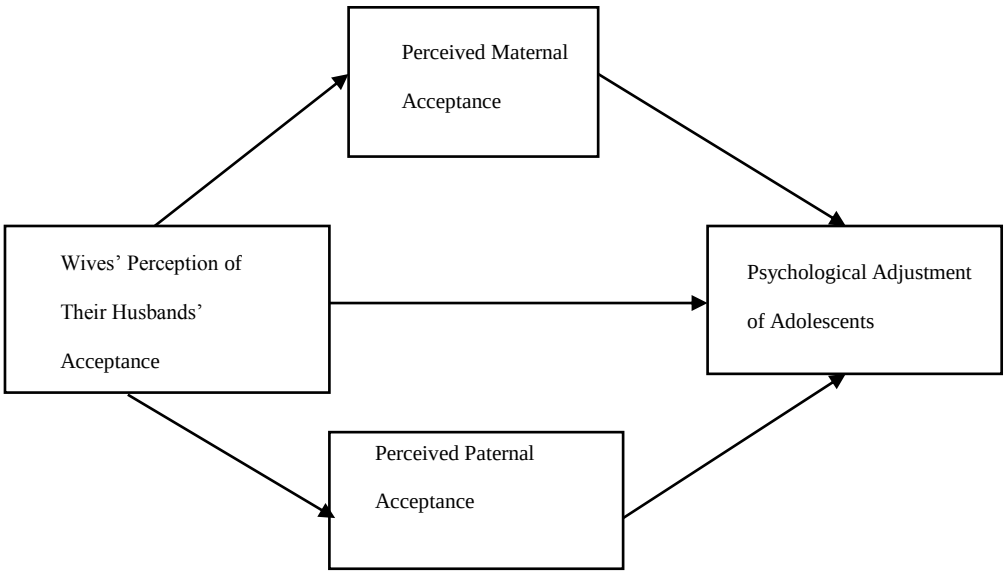

Figure1. Mediation model of associations between marital distress, adolescent adjustment, perceived maternal adjustment and perceived

paternal acceptance. (Source: Gurmen & Rohner, 2014, p. 1160, *Copyright (2016) by the title of publisher*.)

Mann and MacKenzie (1996) examined the effects of marital variables and parenting variables on oppositional behavior problems in 50 intact families with boys who were in elementary school age. Marital dissatisfaction and overt marital conflict were found as contributing to maternal rejection and either lax and/or inconsistent discipline practices by the mothers. They also found that marital dissatisfaction is directly related to fathers' emotional negativity directed to their children, and which is in turn directly related to child's oppositional behaviors. Father's marital satisfaction and overt marital conflict did not reveal as contributing to the variations in their disciplinary practices.

Marital conflict is not only related with negative parenting practices but it affects the family functioning as a whole. Thus, marital conflict has an impact on adolescent mental health through affecting the system that the adolescent lives in. Kitzmann (2000) studied indirect effects of marital conflict on children through disruptions in family alliances and parenting. In her experimental design, couples engaged in two discussions, one of which was pleasant and the other was conflictual, and parents were observed interacting with their children immediately after each discussion. Children had no direct exposure to the discussions of their parents. After a conflictual discussion, a significant number of parents engaged in disrupted parenting, yet the same parents' showed democratic parenting after a pleasant

discussion. Fathers' supportive parenting toward their children was significantly lower after a conflictual discussion. Couples' negativity during the discussions was found to be significantly related to the negativity in family interactions. When mothers' satisfaction with their marital quality was high, families showed higher cohesion and warmth after the pleasant marital discussion than families in which the mothers were dissatisfied with their marital quality.

The marriage subsystem has an important role for the whole family system. It was suggested that marital dissatisfaction of parents may influence other family members because of the interdependent and reciprocal nature of family relationships. Briefly, the marital maladjustment may lead forming maladaptive relationships between spouses and other family members in terms of the systems perspective. The normal coalitions and power hierarchies can be disturbed under the influence of marital problems for both parents and children. It is seen that marital dissatisfaction can affect psychological adjustment of children and the whole family (Madanes, 1981; Minuchin, 1974; Teyber, 1983a, 1983b). Feldman and colleagues (1990) investigated marital satisfaction of couples and its relation with family and children functioning. It was found that the quality of marital relationship was significantly associated with both family and children functioning. The perceived marital satisfaction by mothers was associated with overall family functioning while the perceived marital satisfaction by fathers was associated with school achievements of adolescents. It was

explained that the organization and overall functioning of the family was maintained mostly by mothers that had a central place in family systems.

There is a growing body of evidence that links marriage satisfaction and family functioning. A study showed that couples with happy marriage relate with their children in a warmth and less conflictual way and showed more cooperation with each other (Cowan & Cowan, 1987). It was also found that couples with happy marriage behave more sensitive and supportive in family interactions than couples with unhappy marriage (Cowan, Cowan, Schultz, & Heming, 1994; McHale, 1997). Another study (Katz & Woodin, 2002) examined the associations between patterns of marital communication, child adjustment, and family functioning among families with preschool children. It was revealed that the couples with hostile-detached communication pattern reported more negative discipline methods over children, ineffectiveness in co-parenting and unhealthy family functioning as being less cohesive, less playful and more conflictual family relationships. Moreover, children in these families with hostile-detached communication patterns among parents reported more behavior problems (Katz & Woodin, 2002). These findings supported the central role of marital problems on children and family functioning.

In conclusion, the previous studies have shown the importance of marital adjustment as having communication and healthy interaction between couples, expressing feelings and showing affect, solving problems effectively and positively and caring for each other on offspring

psychological well-being. On the other hand, perceived marital conflict and distress influences the adjustment of children and adolescents negatively. The spillover hypothesis explains this situation by emphasizing the negative influence of marital distress on parenting behavior that related with children's behavior problems. Furthermore, marital conflict might be perceived as a threat to family entity, children can have difficulty to cope with marital problems of their parents and blame themselves for those problems and these three bases are also related with children's behavior problems. Studies showed that marital conflict influence both child and family functioning. The following section will be focus on another relational factor that family relationships and adolescent psychological adjustment.

2.2.3 Family Functioning in Adolescence

While young children transform to a new stage of life and encounter with adult responsibilities and commitments in adolescence period, family also transforms from a new structure and organization that protects and nurtures adolescents (McGoldrick, 1982). The relationship patterns between adolescent and parents change with adolescents' physical and psychological growth. Moreover, this period brings changes in parents as they enter midlife. Parents may be struggling with unresolved issues as a couple and reevaluating their marriage. Also, the conflict between adolescent and parents can negatively affect the marital relationship of parents. In addition, other midlife problems like career issues and caring of their own parents can be seen. Parents can feel reduction in their personal satisfaction under these

heavy responsibilities. The families need to adapt to all these changes (Preto, 1989).

In today's society, parents need to work for long hours because of economic reasons and may not spend much time at home with their children. Additionally, the relationship with expanded family members reduced thus parents need to use external support systems like schools to educate their children and set limits. On the other hand, adolescents still need emotional support from their parents during this transition period (Preto, 1989).

Preto (1989) suggests that renegotiating rules and limit is very important during adolescence period. Parents need to hear the adolescents and understand their need for independence while they still set proper limits and flexible boundaries. It is also emphasized that support of couples toward each other and support of expanded family helps the family during this developmental stage of family's life cycle. In conclusion, family still plays in an important role in adolescent life and family functioning is required for a better understanding for adolescents' well-being.

Family functioning is a complex phenomenon. Lewis (2004) defines family function as the core responsibilities that are needed for sustaining or enhancing relationship among family members, helping individuals develop and managing the health of all members. It was pointed out that that there are five purposes that must be fulfilled by all members for family function

to work effectively and these are adaptability, partnership, growth, affection, and resolve.

McMaster Model of Family Functioning was aimed to distinguish healthy and unhealthy families by addressing structural and organizational features of the family (Epstein, Sigal & Rakoff, 1962). McMaster Family Assessment Device (FAD) which is composed based on this model identifies six problem areas that are related to transactional and systematic properties of the family system (Epstein, Baldwin & Bishop, 1983). Problem Solving is the ability of the family to solve problems among them. Communication is the ability of exchange information among family members directly and clearly. Roles means family members maintain several family functions as provision of resources, providing nurturance, supporting personal development and provide gratification. Moreover, roles assess if tasks in the family are clearly and equitably assigned to members and carried out responsibly. Affective responsiveness means any members of the family are able to experience welfare and emergency emotions from others as appropriately to the situation. Affective Involvement means family members show interest to others and concerns their activities. Finally, behavior control means family members can express their behaviors that are flexible, rigid, laissez-faire and chaotic (Epstein, Bishop & Baldwin, 1981).

In a recent study, it was revealed that gender, parent's education and family income influences the perception of family functioning among adolescents who are between 16 to 20 age (Karaca, Gül, Barlas, Onan & Oz,

2013). Adolescent girls perceived their families as negatively in terms of behavior control and general functioning than adolescent boys. Adolescents who have mothers with lower education level perceived their families as more negatively in terms of communication and appropriateness in family roles. In terms of family income; problem solving, roles and affective involvement were perceived lower by adolescents in families with low income level. It was also found that adolescent with higher family functionality score which means unhealthy family relationships have lower feeding relationship style score from Interpersonal Relationship Scale and higher poisonous relationship style score (Karaca et al., 2013). It is interpreted that family functionality has a crucial role in adolescents' relationship style and it changes accordingly to several family-related socio-economic factors like mothers' education and family income.

A study was conducted among 275 Turkish high school students who completed Hacettepe Personality Inventory and Family Assessment Device (FAD) (Kalyencioglu & Kutlu, 2010). The relationship between adjustment levels of adolescents and their perceptions of family functioning was investigated. It was found that 16% of adolescents had low adjustment while 84% of adolescents had relatively higher adjustment levels. The study shows that there was a negative correlation between the adjustment level and family functioning. It means that adolescents who have higher adjustment level perceive their families as healthier. The effect of parent-

adolescent relationship and family relationship is important for personal and social adjustment of adolescents (Kalyencioglu & Kutlu, 2010).

In a Chinese study (Shek, 1997), it was found that the association between family functioning and adolescent adjustment was established. The findings showed that a close link between family functioning and adolescent psychological adjustment which include general psychiatric morbidity, life satisfaction, purpose in life, hopelessness, self-esteem, school adjustment and problem behaviors (Shek, 1997).

Research on family functioning has also interested in adolescents with several mental health problems. The relationship between substance abuse, suicide attempt, delinquency problems, depression and anxiety and family functioning has been investigated. Atar and colleagues (2016) compared adolescents with or without substance abuse. They reported that adolescents with substance abuse had lower parental acceptance, psychological autonomy and supervision from parents and also it was found that dyadic adjustment of these adolescents' parents was lower too in compare to parents of adolescents without substance use. Furthermore, family functioning subscales as problem solving, communication, roles, affective responsiveness, affective involvement, behavior control and general family functioning was unhealthier among adolescents with substance abuse. These findings show that the family functions, dyadic adjustment of parents and parental attitudes were risk factors and need to be

addressed in clinical evaluations (Atar, Yalcin, Uygun, Demirci & Erdogan, 2016).

Another study was revealed a statistically significant correlation between the adaptive coping strategies of positive reinterpretation and growth, mental disengagement, the use of instrumental social support, active and humor and suicidal behavior in adolescence. Moreover, it was found that adolescents who had suicide attempt reported lower scores in subscales of Family Assessment Device (FAD) as problem solving, communication and general functioning. The significant difference between coping strategies and family functioning means that adolescents with suicide attempt had difficulty with decrease the emotional stress and overcome the stress-causing problems and also had problems in terms of problem-solving, communication and general functioning within their families (Fidan, Ceyhun & Kırkpinar, 2011).

In a recent study, it was revealed that adolescents with delinquent behavior reported unhealthy family functioning while adolescents without delinquent behavior reported healthier family functioning. In addition, the adolescents who have got low quality of life tend to have more delinquent behavior (Ates & Akbas, 2012). Kapci and Hamamci (2010) have been investigated the relationship between family dysfunction and psychological symptomology. It was found that university students who reported unhealthy family functioning had more psychological symptoms. Additionally, regression analyses showed that unhealthy family functioning

predicted emotional isolation, impaired limits, insufficiency and anxiety (Kapci & Hamamci, 2010).

2.2.4 Demographic Variables and Adolescent Psychological Adjustment

Socioeconomic factors. Studying family relationships and adolescent mental health from a systemic perspective, socioeconomic factors cannot be disregarded. According to the family stress perspective, low-income families face significant economic pressure which elevate environmental stressors. The stress extends beyond the family environment (Conger et al., 1992). Families who come from disadvantaged socioeconomic backgrounds may be exposed more to threatening, destabilizing life events and environmental stressors such as poor working conditions, low wages, and family conflict (Ackerman, Brown & Izard, 2004). Hence, socio-economic risks may lead to heightened stress in families (Conger et al., 1992). It was conceptualized that the stressors which related with economic hardship influence children's behavioral development both directly, through stress physiology, and indirectly, through interactions with caregivers.

Wadsworth and colleagues (2008) suggested that poverty affects children and families largely through poverty-related stress factors. The financially disadvantageous families frequently encounter with stressors that are exposure to violence, economic hardship, dysfunctional family relations and discrimination. It was also explained that the family-related economic stressors may contribute to poor psychological functioning (Wadsworth et al., 2008). Constant exposure to stress may result in sustained demands on

neuroendocrine systems that influence how children respond to stress and regulate their behaviors and emotions. This may directly deteriorate children's self-regulatory competence, and also may relate to undesirable emotional expressions and behavioral problems (Evans & Kim, 2013). Furthermore, socioeconomic status has had another factor to have a significant relation with depression and anxiety. Higher rates of depression and anxiety is found among adolescents in families from lower socioeconomic status (Mendelson, Kubzansky, Datta & Buka, 2008). Low socioeconomic status predicts higher levels of depressive and anxiety symptoms among adolescents (McLeod & Owens, 2004).

Children from low income families are at higher risk for developing conduct problems such as aggression, disruptiveness, and/or compositionality, as well as emotional problems such as depression, anxiety, and/or fear- fullness (Carter et al., 2010). In addition, adolescents from low income family are more likely to engage in problematic behavior such as substance abuse, criminality, and early pregnancy (Farrington & Loeber, 2000) and have lower academic achievement (McLoyd, 1998).

It was suggested that economic hardship shapes children's behavioral development through its impact on parental psychological well-being. Specifically, low family income is linked to heightened parental depressive symptoms, greater parental conflict and elevated chaos in the home that are related to children's behavioral problems. Elevated psychological distress is linked to parenting behaviors that are more

punitive, harsh, inconsistent, chaotic, and detached, as well as less nurturing, stimulating, and responsive to children's needs. Such lower quality parenting is in turn related to higher levels of child emotional and behavioral problems. Shelleby and colleagues (2014) found that family income and child conduct problems were positively associated and this relation was mediated by higher rates of maternal depressive symptoms and greater parental hassles. Moreover, the links between family income and child emotional problems operate through higher rates of maternal depressive symptoms, which in turn are associated with higher parenting hassles and higher chaos in the home. It was explained that the effects of income on child functioning occur indirectly through parental psychological well-being and parenting behaviors (Shelleby et al., 2014).

The negative consequences of economic distress for families are well-established. Specifically, economic vulnerability is often assumed to impact family functioning through lifestyle restrictions, lack of choice, daily stress and familial conflict (Denny et al., 2014). It was suggested that low income that was associated with stress and conflict arising from economic hardship was also related with emotional distress, family conflict, violence, and family dissolution. Previous study has shown the positive relationship between wealth and optimal family functioning (Byles, Byrne, Boyle, & Offord, 1988; Roelofse & Middleton, 1985).

In Mandala and Murray's study (2000) with African American adolescents, it was found that adolescent with higher family income

reported higher levels of self-esteem. It was explained that parents with more income can satisfy adolescent needs more appropriately compared to parents with lower income. This study was also showed the relationship between family income and perceived family functioning. It was found that adolescent boys with high income families reported higher family activities, family cohesion and affective expression among family members. It was seen that parents with higher income have more opportunities for joining outside activities together than parents with lower income (Mandala & Murray, 2000). Another study indicated that low-income families reported higher distortion in family communication (Banovcinova & Levicka, 2015).

In addition, previous researches have focused on the relation between household chaos and family socioeconomic status (SES). There was a positive association between family income and household chaos. The factors such as cumulative stress, lack of resources, shifting work schedules of parents and single parenthood were related with higher levels of chaos in low-income households compared to high-income households (Ackerman & Brown, 2010; Evans et al., 2010; Wachs & Evans, 2010). In summary, it was explained that financial difficulties may increase the amount of environmental stressors and this would affect both children and family functioning.

Gender. Another demographic variable which is necessary to consider is gender of the adolescent. In Archenbach study (1991) with 11-18-year-old adolescents, it was found that gender influences behavioral and

emotional problems are greater than age effect. It was depicted that emotional disturbances are more prevalent among adolescent girls (Domènech, Subirà & Cuxart, 1996). It was explained that the increase in emotional disturbance among girls can be related to girls turning their attention more to their emotional experience (Compas, Orosan & Grant, 1993). Abad and colleagues (2002) investigated the prevalence of emotional and behavioral problems among adolescents between 11 to 16 years old and age and gender differences in these problems. It was found that adolescent girls reported more internalization problems while adolescent boys reported more externalization problems. It was also seen that girls reported more behavior problems than boys.

Anxiety problems such as social phobia and generalized anxiety are quite common in adolescence. No consistent gender or age differences have been observed in terms of anxiety symptoms (Bernstein et al., 1996; Bell-Dolan, Last & Strauss, 1990). On the other hand, it was found that adolescent girls tend to have depression symptoms more frequently than boys (Angold, Costello & Worthman, 1998; Cohen et al., 1993). It was found that depression among adolescents is associated with lower psychological and social adjustment, lower academic achievement, higher risk for substance abuse, bipolar disease and suicide attempt (Birmahler et al, 1996). Moreover, it was revealed that girls have more somatic complains than boys. Previous studies showed that boys express more physical and verbal aggression than girls (Cairns & Cairns, 1984; Silverthorn & Frick,

1999). It was found that boys exhibited more attention problems than girls. Girls have more inattention problems than hyperactivity or impulsiveness when compared to boys (Skogli, Teicher, Andersen, Hovik & Øie, 2013).

Age. Previous studies showed an increase in self-reported adjustment problems throughout adolescence (11-18 years) (Achenbach, Bird, Canino, Phores, Grould & Rubio-Stipec, 1990; Lemos, Fidolgo, Colvo & Menéndez, 1992). Another study found that there was a positive association between adolescent age and behavior problems (Abad, 2002). It was seen that the increased self-perceived problems with increased age was higher for adolescent girls and this could be related to a greater capacity for reflective thought and self-criticism that appeared earlier in girls.

Psychosis and depression often have onset during adolescence or early adulthood and the rate of mental disorders in youth has been estimated to be between 20–27% (Farrer et al, 2008). A longitudinal study assessed the prevalence and development of psychiatric disorders from age 9 through 16 years. A representative population sample of 1420 children aged 9 to 13 years at intake were assessed annually for *DSM-IV* disorders until age 16 years. It was revealed that during the study period 36.7% of participants (31% of girls and 42% of boys) had at least 1 psychiatric disorder. Some disorders (social anxiety, panic, depression, and substance abuse) increased in prevalence, whereas others, including separation anxiety disorder and attention-deficit/hyperactivity disorder (ADHD), decreased (Farrer et al, 2008).

Another study documented the early onset of major classes of mental disorders. Among adolescents, 50% of disorders had their onset by age 6 for anxiety disorders, by age 11 for behavior disorders, by age 13 for mood disorders and by age 15 for substance use disorders (Costello et al, 2003). Prospective studies have also shown that the average age of onset of major depression and dysthymia is between 11 and 14 years (Merikangas et al, 2010). It was found that depression is more prevalent among adolescents than children.

In this literature review, attachment theory and systemic theory were our guiding frameworks. Literature presents several mental health problems of adolescents are related with relational factors such as parent-adolescent relationship, parent-parent relationship and the family functioning as a whole. Socio-demographic variables such as SES, gender and age are also undeniable factors influencing all these relationships in the family. Adolescent behavior problems were found significantly related with insecure attachment style, conflictual relationship of his or her parents, a dysfunctional family structure and lower socioeconomic status. Moreover, internalization and emotional disturbances were more prevalent among adolescent girls while attention and externalization problems were more common among adolescent boys. Self-reported behavior problems increase with the adolescent age increase. In the light of previous literature, the present study aims to investigate the relation between these relational factors and adolescents' behavior problems in a Turkish sample. We mainly

focus on perceived parental care and overcontrol, dyadic adjustment of parents, perceived family functioning by adolescents, and adolescents' behavior problems as internalization, externalization, attention and total behavior problems. We also examined how these relationships differ for different age groups, gender and socioeconomic status.

3. METHODOLOGY

3.1 Participants

Participants for the study were adolescents and their parents who live in Istanbul. A total of 242 adolescents between the ages of 12 and 18 participated in the study. Mean age of adolescents was 16.02 *(SD = 1.81)*. Of the participants, 152 were girls (62.8 %) and 90 were boys (37.2 %). Adolescents were attending secondary or high school (5^{th} to 12^{th} grades). 55 adolescents were at the secondary school (22.7) and 187 adolescents were at the high school (77.3).

The age range of adolescent's mothers was between 28 and 58 with a mean age of 41.23 *(SD = 5.37)*. Mothers reported their education level as following; 4.5 % with no education, 50.8 % with primary school, 13.6 % with secondary school, 21.5 % with high school and 9.5 % with collage and above education. While 209 mothers (86.4%) were housewife, 33 mothers (13.6 %) were working in a job. The age range of adolescent's father was between 35 and 63 with a mean age of 44.81 *(SD = 5.62)*. Fathers reported their education level as following; 2.5 % with no education, 33.5 % with

primary school, 22.3 % with secondary school, 27.3 % with high school and 14.5 % with collage and above education. While 8 fathers (3.3 %) were unemployed, 234 fathers (96.7 %) were working in a job.

All parents in the present study were married and living together. According to the marriage type, 143 (59.1 %) parents got in their marriage in an arranged setting and 99 (40.9 %) parents had a marriage from a dating setting. Parents were asked to describe their family type as nuclear, extended and traditional (living in the same apartment with close relatives like uncles, aunts and grandparents). 80.2 % percent of families were nuclear while extended families were 14 % and traditional families were 5.8 %. Table 1 (see Appendix H) summarizes other demographic information reported by the participants.

3.2 Design and Procedure

The present study was a cross sectional research design. It includes the analysis of data collected from a population, at a single point in time. It is a type of observational study. It can be used to describe characteristics that exist in a population, but not to determine cause-and-effect relationships between different variables. Although, the associations between variables can be assessed.

A convenience sampling method was used to select participants among normally developed adolescents from public and private schools in Istanbul, Turkey. We also reached the parents of these adolescents via

school personnel. The participants meeting the study requirements have recommended their classmates or acquaintances for joining in the research.

All the adolescent participants met the criteria: (1) living with their parents who are both alive and married, (2) continuing obligatory education, (3) do not have any disability that could affect the understanding of the questions. The approval from Istanbul Bilgi University, Human Subjects Ethic Committee has been obtained before data collection (See Appendix G). The questionnaire sets were distributed to total 350 families, 118 forms were eliminated from the data because of empty or incomplete forms and/or missing responses. It is observed that mostly father forms returned incomplete in the questionnaire sets.

Adolescents and their parents are given information about research by the researcher via face to face or telephone interviews. The written consent form is signed by one of the parents and verbal consent for study is asked for the adolescent. The participants responded to the measures in their homes and all members of the family completed forms separately from each other. It took 10 to 15 minutes to complete forms for each parents and 20 to 30 minutes to the adolescent participant. Only participants who completed all the measures were included in the analysis.

3.3 Measures

Three types of questionnaires were used for the collection of data from the adolescents. Two types of questionnaires and a demographic form were used to collect data from parents. (All questionnaires can be seen at the Appendices.) A questionnaire set included seven separate forms.

3.3.1 Demographic Information Form

Demographic Information Form included the questions that were developed by the researcher to get information about the adolescent participants and their parents. The demographic form included questions about adolescent's gender, date of birth, the school that he or she is attending and level of class from 5th to 12th in Turkish education system. The information of age, education status, occupation and working status of both mother and father had been gathered. The number of siblings, the adolescent participant's rank of birth, the type of marriage as arranged or dating, the family structure as nuclear family, extended family and traditional family and the family monthly income as low, low-average, average and high-average were collected to draw a concrete picture of the family environment among the sample population in the present study.

3.3.2 Parental Bonding Instrument (PBI)

It is a self-report questionnaire developed to measure the subjective experience of being parented to the age of 16 years (Parker, Tupling and Brown, 1979). There are two dimensions as 'care' and 'overprotection' or

‘overcontrol’. There are 25 item questions, including 12 ‘care’ items (scores between 0-36) and 13 ‘overcontrol’ items (scores between 0-36). Higher scores in care dimension mean warmth, understanding and acceptance in parenting while lower scores mean emotional coldness and neglectful parenthood. The higher scores in overcontrol dimension means controlling and overprotection in parenting while lower scores mean allowance of independence and autonomy. Each item is rated as 0= very unlike, 1= moderately unlike, 2= moderately like and 3= very like. In addition to generating care and protection scores for each scale, parents can be effectively ‘assigned’ to one of four quadrants: ‘affectionate constraint’ = high care and high protection; ‘affectionless control’ = high protection and low care; ‘optimal parenting’ = high care and low protection; ‘neglectful parenting’= low care and low protection”.

Parker, Tupling, & Brown (1979) report good test-retest reliability (Alpha for care is .76 and for overprotection is .63) and split-half reliability (correlation coefficient for care is .88 and for overprotection is .74) of the instrument. There is also concurrent validity of the two scales of the instrument with raters' scores obtained at interview (for care .77, for overprotection .50). The PBI is not held under copyright. Therefore, it is free to use the measure without obtaining permission.

The PBI was adapted to Turkish culture by Kapçı and Küçüker (2006). Overall factor structure was found to be similar with the original scale. Cronbach Alpha coefficient is .87 for the mother form, .89 for the

father form. The internal consistency coefficient for the mother and father forms of overprotection scale is .70. The internal consistency coefficient for the mother form of care scale is .90 for the father form of is .91. The split half correlation coefficient for the mother form is .70 (full scale), .85 (care subscale) and .68 (overprotection subscale). The split half correlation coefficient for the father form is .64 (full scale), .83 (care subscale) and .64 (overprotection subscale). Three weeks' time test-retest reliability coefficients of a subsample with 106 participants revealed acceptable results. The test-retest correlation coefficient for the mother form is .90 (full scale), .91 (care subscale) and .64 (overprotection subscale). The test-retest correlation coefficient for the father form is .89 (full scale), .91 (care subscale) and .78 (overprotection subscale). Chronbach's Alpha of the current sample was .55 for mothers and .63 for fathers.

3.3.3 Brief Problem Monitor-Youth (BPM-Y)

It is a rating instrument for monitoring children's functioning. The items are drawn from the Child Behavior Checklist for Youth Self-Report (YSR) (Achenbach & Rescorla, 2001). Each item is rated as 0 = not true, 1 = somewhat true, or 2 = very true. The BPM includes items for rating Internalizing (INT), Attention (ATT), and Externalizing (EXT) problems and draw a total score of functioning. The t-scores for each participant were calculated by BPM software program. *t* scores > 65 are high enough to be concern.

Piper, Gray, Raber and Birkett (2014) conducted the psychometric studies of the BPM. Internal consistency coefficient .91 (full scale), .78 (Internalizing subscale), .86 (Externalizing subscale), and .87 (Attention subscale). Concurrent validity analysis showed high correlations between the CBCL and BPM total scale (.95) as well as the Internalizing (.86), Externalizing (.93), and Attention (.97) subscales. The Turkish adaptation of the scale is conducted by Erol and Simsek (2010). Internal consistency coefficient .89 (full scale), .80 (Internalizing subscale), .81 (Externalizing subscale), and .89 (Attention subscale). Test-retest reliability was .82 and internal validity was .84.

3.3.4 Family Assessment Device (FAD)

It is a 60 item measure that is used to assess family functioning (Epstein &Bishop, 1983), (Bulut,1990). The general functioning (12 item), Problem Solving (6 item), Communication (9 item), Roles (11 item), Affective Responsiveness (6 item), Affective Involvement (7 item) and Behavior Control (9 item) are subscales. Each item is rated as 1= strongly agree, 2=agree, 3=disagree and 4= strongly disagree.

Psychometric properties of the FAD are reported by Epstein, Baldwin and Bishop, 1983). Chronbach Alpha coefficients range between .83 - .90. Correlations between subscales are between .40 - .60. The device showed good discriminant validity ($p< .001$) The Turkish adaptation of the scale is conducted by Bulut (1990). Internal consistency coefficients range

between .38 - .86 for subscales. Construct validity was conducted for married and divorced couples' scores and the scale could discriminate two groups statistically meaningfully. Chronbach's Alpha of the current sample was .91.

3.3.5 Dyadic Adjustment Scale (DAS)

Dyadic Adjustment Scale which is a mostly used scale for measure of relationship quality is a 32-item measure. A total dyadic adjustment score is ranging from 0-151, with higher scores indicating more positive dyadic adjustment. It also includes four subscales; Dyadic Consensus (13 items), Dyadic Satisfaction (10 items), Dyadic Cohesion (5 items), and Affective Expression (4 items). Content validity has been decided to be satisfactory. The internal consistency coefficient of the DAS is .96 for the full scale and between .73 - .94 for subscales. Graham and colleagues (2006) conducted a reliability generalization meta-analysis to examine the internal consistency of DAS scores across 91 published studies. It was found that total and Dyadic cohesion, Consensus, and Satisfaction scores of acceptable internal consistency, although lower than those originally reported by Spanier (1976). Reliability estimates of these scores did not differ by the sexual orientation, gender, marital status, or ethnicity of the sample.

The Turkish adaptation of the scale is conducted by Fışıloğlu and Demir (2000). Internal consistency coefficient is .92 (full scale), .83

(satisfaction subscale), .84 (consensus subscale), .82 (cohesion subscale) and .61 (affective expression subscale). The split-half reliability coefficient was .86. Concurrent validity scores were acceptable. Chronbach's Alpha of the current sample was .93 for mothers and .92 for fathers.

3.4 Data Analysis

The data were collected and then processed to answer the research questions. Several descriptive statistics include Pearson coefficient correlations between main variables and demographics and inferential statistics including independent sample t-tests for understanding gender differences among study variables, Pearson coefficient correlations to see relationship between all study variables and One-Way ANOVAs to observe differences in terms of family income and grade groups. The significance threshold was set at .05 in the data analyses.

BPM software program was used to get *t* scores of subscales in BPM-Y. All analyses in the first phase were conducted with SPSS (Statistical Package for the Social Sciences v.17).

Finally, it is necessary to identify that higher scores in family functioning state means unhealthier family functioning while lower scores in family functioning means healthier family functioning.

4. RESULTS

A series of correlation analyses were conducted which compared main demographic variables (see Table 2). Pearson product-moment correlation coefficients were computed to assess the relationship between the adolescent age and adolescent's behavior problem sub-scales and total behavior problem score. There was no correlation between the adolescent age and adolescent's attention ($r(240) = .04$, $p = .559$), internalizing ($r(240) = .02$, $p = .806$) and externalizing ($r(240) = .08$, $p = .209$) behavior problem sub-scales and total behavior problem scale score ($r(240) = .06$, $p = .395$).

The relationship between adolescent variables and main outcome variables of problem behavior total score and subscale scores were analyzed. There was no significant correlation between the adolescent class and adolescent's attention, internalizing, externalizing behavior problem and total behavior problem scale score.

Another demographic variable was number of siblings that participant adolescent has. There was no correlation between number of siblings and adolescent's attention ($r(240) = .12$, $p = .062$) and externalizing ($r(240) = .03$, $p = .640$) behavior problem sub-scales. Nevertheless, there was a significant positive correlation between number of siblings and adolescent's internalizing behavior problem subscale score ($r(240) = .16$, $p = .015$) and total behavior problem scale score ($r(240) = .14$, $p = .029$).

Table 2
Correlations between Behavior Problems, Age, Class and Number of Siblings

	1	2	3	4	5	6	7
1. AGE	-						
2. ATT	.04	-					
3. INT	.02	.49**	-				
4. EXT	.08	.44**	.29**	-			
5. TP	.05	.81**	.76**	.71**	-		
6. CLA		.05	.01	.07	.05	-	
7. SIB		.12	.16*	.03	.14*	.22	-

*p<.05 **p<.01

A series of independent sample *t*-tests were conducted to analyze any gender differences of main study variables as stated (see Table 3). However, since comparison of gender on three subscales and total scale scores might increase the Type I error, which is incorrectly rejecting a null hypothesis, a Bonferroni correction was applied. The new alpha coefficient was .05/4=.0125. An independent sample *t*-test was conducted to compare attention behavior scores for girls and boys. The attention scores for boys (M = 57.26, SD = 7.03) was similar to attention score for girls (M = 59.43, SD = 6.99); $t(240) = -2.39$, $p > .0125$. Similarly, the externalization score for boys (M = 56.50, SD = 6.69) was not statistically different from externalization score for girls (M = 58.50, SD = 6.67); $t(240) = -2.19$, $p > .0125$. There was no significant difference in the internalization score for girls (M = 56.60, SD = 6.11) and boys (M = 57.90, SD = 7.31); $t(240) = -1.43$, $p > .0125$). Overall behavior problem score for boys (M = 59.60, SD =

7.03) was also indifferent from overall behavior problem score for girls (*M* = 57.50, *SD* = 6.88) as well; *t*(240) = -2.23, *p* >0125.

None of the parental bonding subscale scores differed for girls and boys. Specifically, girls' (*M* = 2.24, *SD* = 0.59) and boys' (*M* = 2.18, *SD* = 0.63) perceived mother care score (*t*(240) = 0.68, *p*> .05) were not significantly different. Girls' (*M* = 1.19, *SD* = 0.49) and boys' (*M* = 1.21, *SD* = 0.46) perceived mother overprotection score (*t*(240) = -0.36, *p*> .05) were not significantly different. Girls' (*M* = 2.09, *SD* = 0.63) and boys' (*M* = 2.03, *SD* = 0.69) perceived father care score (*t*(240) = 0.69, *p*> .05) were not significantly different. Girls' (*M* = 1.12, *SD* = 0.48) and boys' (*M* = 1.16, *SD* = 0.50) perceived father overprotection score (*t*(240) = -0.68, *p*> .05) were not significantly different.

As for family functioning scores, since there were multiple comparisons a Bonferroni correction procedure was applied. The new alpha level was .05/8=.00625. None of the family functioning subscale was found to differ between genders. The general functioning subscale score for girls (*M* = 1.95, *SD* = 0.59) was similar to the general functioning subscale score for boys (*M* = 2.12, *SD* = 0.68); *t*(240) = -1.94, *p* < . 00625. Girls' (*M* = 1.99, *SD* = 0.59) and boys' (*M* = 2.05, *SD* = 0.58) problem solving scores (*t*(240) = -0.71, *p* > . 00625) were not significantly different. Girls' (*M* = 2.18, *SD* = 0.47) and boys' (*M* = 2.20, *SD* = 0.49) communication scores (*t*(240) = -0.38, *p* > . 00625) were not significantly different. Girls' (*M* = 2.02, *SD* = 0.63) and boys' (*M* = 2.16, *SD* = 0.67) role scores (*t*(240) = -

1.63, $p > .00625$) were not significantly different. Girls' (M = 2.42, SD = 0.41) and boys' (M = 2.35, SD = 0.45) affective responsiveness scores ($t(240) = 1.20$, $p > .00625$) were not significantly different. Girls' (M = 2.18, SD = 0.39) and boys' (M = 2.16, SD = 0.43) affective involvement scores ($t(240) = 0.39$, $p > .00625$) were not significantly different. Girls' (M = 1.89, SD = 0.62) and boys' (M = 1.98, SD = 0.61) behavior control scores ($t(240) = -1.14$, $p > .00625$) were not significantly different.

Table 3
Behavior Problems, Perceived Parental Behaviors and Family Functioning Means for Girl and Boy Adolescents

	Gender				
	Girls		Boys		
	M	*SD*	*M*	*SD*	*T*
Attention	57.26	7.03	59.48	6.99	-2.39
Internalization	56.6	6.11	57.9	7.31	-1.43
Externalization	56.5	6.69	58.5	6.67	-2.19
Total Behavior Problem	57.5	6.88	59.6	7.03	-2.23
Perceived Mother Care	2.24	0.59	2.18	0.63	0.68
Perceived Mother Over-control	1.19	0.49	1.21	0.46	-0.36
Perceived Father Care	2.09	0.63	2.03	0.69	0.69
Perceived Father Over-control	1.12	0.48	1.16	0.50	-0.68
The general functioning	1.95	0.59	2.12	0.68	-1.94
Problem Solving	1.99	0.59	2.05	0.58	-0.71
Communication	2.18	0.47	2.20	0.49	-0.38
Roles	2.02	0.63	2.16	0.67	-1.63
Affective Responsiveness	2.42	0.41	2.35	0.45	1.20
Affective Involvement	2.18	0.39	2.16	0.43	0.39
Behavior Control	1.89	0.62	1.98	0.61	-1.14

Note. M= Mean. *SD*= Standard Deviation. *N*=242. Degree of freedom (df) is 240 for all variables at the table.

A one-way ANOVA was conducted to compare effects of family income on main study variables (see Table 4). Multiple comparisons were made with Bonferroni correction. It was found that the effect of family income on attention problems of adolescent was not significant, $F(2, 238) = 1.15$, $p = .317$. The effect of family income on internalization problems of adolescents was statistically significant, $F(2, 238) = 7.09$, $p = .001$, $\eta^2 = .06$. Adolescents from families with high-average income reported lower internalization behaviors ($M = 54.61$, $SD = 5.48$) than adolescents' families with low-average income ($M = 59.16$, $SD = 7.36$) ($p = .001$) and adolescents' families with average income ($M = 57.7$, $SD = 6.9$) ($p = .021$). The difference between adolescents' families with low-average income ($M = 59.16$, $SD = 7.36$) and average income ($M = 57.7$, $SD = 6.9$) was not statistically different ($p = .364$).

The effect of family income on externalization behaviors of adolescent was not significant, $F(2, 238) = 2.79$, $p = .063$). The effect of family income on total problem behaviors of adolescent was significant, $F(2, 238) = 4.55$, $p = .012$, $\eta^2 = .04$. Pairwise comparisons revealed that the only significant difference was between families with low-average income and high-average income. Adolescents from families with low-average income reported higher total problem behaviors ($M = 60.34$, $SD = 7.13$) than adolescents from families with high average income ($M = 56.56$, $SD = 6.48$) ($p = .012$). Adolescent from families with average income ($M = 58.90$, $SD = 7.00$) reported statistically non-significant total problem behaviors than

adolescents from families with high- (M = 56.56, SD = 6.48) (p = .121) and low-average (M= 60.34, SD= 7.13) (p = .390) income.

Possible effects of income on parental bonding scores were analyzed. Results of a 1-way between subject's ANOVA revealed that the effects of family income on perceived mother care scores were significant, $F(2, 238) = 6.84$, $p = .001$, $\eta^2 = .05$. Perceived mother care scores of adolescents from families with low-average income (M = 2.00, SD = 0.68) were significantly lower than perceived mother care scores of adolescents from families with average (M = 2.24, SD = 0.53) (p = .030) and high-average (M= 2.38, SD= 0.61) (p = .002) income. Perceived mother care scores of adolescents from families with average (M = 2.24, SD = 0.53) and high-average (M= 2.38, SD= 0.61) income were statistically indifferent, p = .326.

The effects of family income on perceived mother overprotection scores were significant, $F(2, 238) = 12.16$, $p < .001$, $\eta^2 = .09$. Perceived mother overprotection scores of adolescents from families with low-average income (M = 1.40, SD = 0.47) were significantly higher than perceived mother overprotection scores of adolescents from families with average (M = 1.20, SD = 0.42) (p = .012) and high-average (M= 1.00, SD= 0.50) (p< .001) income. Perceived mother overprotection scores of adolescents from families with average (M = 1.20, SD = 0.42) were higher than adolescents from families with high-average income (M= 1.00, SD= 0.50) as well, p = .029.

The effects of family income on perceived father care scores were significant, $F(2, 238) = 4.40$, $p = .013$, $\eta^2 = .04$. Perceived father care scores of adolescents from families with low-average income ($M = 1.85$, $SD = 0.70$) were significantly lower than perceived father care scores of adolescents from families with average ($M = 2.10$, $SD = 0.62$) ($p = .047$) and high-average ($M= 2.18$, $SD= 0.70$) ($p = .028$) income. Perceived father care scores of adolescents from families with average ($M = 2.10$, $SD = 0.62$) and high-average ($M= 2.18$, $SD= 0.70$) income were statistically indifferent, $p = .795$. The effects of family income on perceived father overprotection scores were significant, $F(2, 238) = 8.45$, $p< .001$, $\eta^2 = .07$. Perceived father overprotection scores of adolescents from families with low-average income ($M = 1.32$, $SD = 0.48$) were significantly higher than perceived father overprotection scores of adolescents from families with average ($M = 1.13$, $SD = 0.46$) ($p = .036$) and high-average ($M= 0.96$, $SD= 0.53$) ($p< .001$) income. Perceived father overprotection scores of adolescents from families with average ($M = 1.13$, $SD = 0.46$) and high-average ($M= 0.96$, $SD= 0.53$) income were statistically similar, $p = .795$.

Any effects of income on family adjustment scores were analyzed with a series of 1-way between subject's ANOVA. Results revealed that the effects of family income on problem solving scores were significant, $F(2, 238) = 4.18$, $p = .016$, $\eta^2 = .03$. Problem solving scores of adolescents from families with low-average income ($M = 2.23$, $SD = 0.70$) were significantly higher than problem solving scores of adolescents from families with

average (M = 1.95, SD = 0.60) income, p = .017. Problem solving scores of adolescents from families with high-average (M = 2.07, SD = 0.70) were statistically similar with problem solving scores of adolescents with average (M= 1.95, SD= 0.60) (p = .519) and low-average (M = 2.23, SD = 0.70) income (p = .380).

The effects of family income on communication scores were significant, $F(2, 238) = 7.10$, p = .001, η^2 = .06. Communication scores of adolescents from families with low-average income (M = 2.23, SD = 0.57) were significantly higher than communication scores of adolescents from families with average (M= 1.97, SD= 0.52) (p = .007) and high-average (M = 1.90, SD = 0.59) income (p = .004). Communication scores of adolescents from families with high-average (M = 1.90, SD = 0.59) were statistically similar with communication scores of adolescents with average (M= 1.97, SD= 0.52) income (p = .737). The effects of family income on role scores were nonsignificant, $F(2, 238) = 1.07$, p = .343.

The effects of family income on affective responsiveness scores were significant, $F(2, 238) = 6.96$, p = .001, η^2 = .06. Affective responsiveness scores of adolescents from families with low-average income (M = 2.33, SD = 0.65) were significantly higher than affective responsiveness scores of adolescents from families with average (M= 2.08, SD= 0.64) (p = .042) and high-average (M = 1.90, SD = 0.64) income (p = .001). Affective responsiveness scores of adolescents from families with high-average (M = 1.90, SD = 0.64) were statistically similar with affective

responsiveness scores of adolescents with average (*M*= 2.08, *SD*= 0.64) income (*p* = .229).

The effects of family income on affective involvement scores were significant, $F(2, 238) = 3.46$, $p = .033$, $\eta^2 = .03$. Affective involvement scores of adolescents from families with low-average income (*M* = 2.48, *SD* = 0.45) were significantly higher than affective involvement scores of adolescents from families with average (*M*= 2.31, *SD*= 0.40) income (*p* = .033). Affective involvement scores of adolescents from families with high-average (*M* = 2.37, *SD* = 0.45) were statistically similar with affective involvement scores of adolescents with average (*M*= 2.31, *SD*= 0.40) (*p* = .657) and low-average (*M*= 2.48, *SD*= 0.45) (*p* = .384) income. The effects of family income on behavior control scores were not significant, $F(2, 238) = 2.45$, $p = .089$.

The effects of family income on general functioning scores were significant, $F(2, 238) = 5.36$, $p = .005$, $\eta^2 = .03$. General functioning scores of adolescents from families with low-average income (*M* = 2.16, *SD* = 0.66) were significantly higher than general functioning scores of adolescents from families with average (*M*= 1.88, *SD*= 0.55) (*p* = .011) and high-average (*M* = 1.86, *SD* = 0.65) income (*p* = .030). General functioning scores of adolescents from families with high-average (*M* = 1.86, *SD* = 0.65) were statistically similar with general functioning scores of adolescents with average (*M*= 1.88, *SD*= 0.55) income (*p* = .991).

The effects of income on dyadic adjustment of adolescent's parents were analyzed. A 1-way between subject's ANOVA showed that the effects of income on mother's satisfaction ($F(2, 238) = 0.46$, $p = .635$), consensus ($F(2, 238) = 0.39$, $p = .676$), cohesion ($F(2, 238) = 2.16$, $p = .118$) and affective expression ($F(2, 238) = 0.28$, $p = .760$) were insignificant. The effects of income on father's satisfaction ($F(2, 238) = 0.96$, $p = .390$), consensus ($F(2, 238) = 0.54$, $p = .586$), cohesion ($F(2, 238) = 1.68$, $p = .188$) and affective expression ($F(2, 238) = 0.21$, $p = .814$) were insignificant.

Table 4.
Family Income Differences on Main Study Variables

	Low-Average (N = 67)		Average (N = 119)		High-Average (N = 55)			
	M	*SD*	*M*	*SD*	*M*	*SD*	*F*	η^2
ATT	59.18	6.87	58.86	7.08	57.36	7.22	1.15	.01
INT**	59.16	7.36	57.7	6.9	54.61	5.48	7.09	.06
EXT	59.15	7.37	57.55	6.23	56.31	6.78	2.79	.02
TP*	60.34	7.13	58.9	7	56.56	6.48	4.55	.04
M-C**	2	.68	2.24	.53	2.38	.61	6.84	.05
M-OC**	1.4	.47	1.2	.42	1	.5	12.16	.09
F-C*	1.85	.7	2.1	.62	2.18	.7	4.40	.04
F-OC**	1.32	.48	1.13	.46	.96	.53	8.45	.07
PS*	2.23	.7	1.95	.6	2.07	.7	4.18	.03
COM**	2.23	.57	1.97	.52	1.9	.59	7.10	.06
ROL	2.27	.49	2.18	.45	2.16	.54	1.07	.01
AR**	2.33	.65	2.08	.64	1.9	.64	6.96	.06
AI*	2.48	.45	2.31	.4	2.37	.45	3.46	.03
BC	2.21	.42	2.19	.41	2.06	.4	2.45	.02
GF**	2.16	.66	1.88	.55	1.86	.65	5.36	.04
SAT-M	3.72	.77	3.75	.8	3.85	.75	.46	<.01
CON-M	3.96	.76	3.93	.84	3.83	.85	.39	<.01
COH-M	2.38	1.07	2.67	1.02	2.7	.95	2.16	.01
AE-M	2.35	.54	2.40	.72	2.33	.61	.28	<.01

SAT-F	3.87	.67	3.96	.65	4.04	.63	.96	<.01
CON-F	4.03	.8	4.05	.67	3.93	.69	.54	<.01
COH-F	2.67	1.04	2.92	.95	2.72	.94	1.68	.01
AE-F	2.36	.69	2.41	.62	2.42	.57	.21	<.01

Note. *p < .05, **p< .001

A series of correlation analyses were conducted to investigate the relationships between outcome variables and main study variables that were reported by adolescents (see Table 5). Adolescent's age was not related with attention problems (r(240) = .04, p> .05). Adolescent's attention problems were positively correlated with subscales of behavior problems. Attention problems were also positively correlated with mother's perceived overcontrol, father's perceived overcontrol, problem solving, communication, role, affective responsiveness, affective involvement and general functioning subscales of family adjustment. Attention problems were negatively correlated with perceived mother's (r(240) = -.24, p< .01) and father's (r(240) = -.22, p< .01) care. Behavior control was not related with attention problems.

Adolescent's age was not related with internalizing problems (r(240) = .02, p> .05). Adolescent's internalizing problems were positively correlated with externalizing and total behavior problems, mother's perceived overcontrol, father's perceived overcontrol, problem solving, communication, roles, affective responsiveness, affective involvement and general functioning subscales of family adjustment. Internalizing problems were negatively correlated with perceived mother's (r(240) = -.28, p< .01)

and father's ($r(240) = -.35$, $p < .01$) care. Behavior control was not related with internalizing problems.

Adolescent's age was not related with externalizing problems ($r(240) = .08$, $p > .05$). Adolescent's externalizing problems were positively correlated with total behavior problems, mother's perceived overcontrol, father's perceived overcontrol, problem solving, communication, roles, affective responsiveness, affective involvement and general functioning subscales of family adjustment. Externalizing problems were negatively correlated with perceived mother's ($r(240) = -.28$, $p < .01$) and father's ($r(240) = -.29$, $p < .01$) care. Behavior control was not related with externalizing problems.

Adolescent's age was not related with total behavior problems ($r(240) = .05$, $p > .05$). Adolescent's total behavior problems were positively correlated with mother's perceived overcontrol; father's perceived overcontrol, problem solving, communication, roles, affective responsiveness, affective involvement and general functioning subscales of family adjustment. Adolescent's total behavior problems were negatively correlated with perceived mother's ($r(240) = -.36$, $p < .01$) and father's ($r(240) = -.36$, $p < .01$) care. Behavior control was not related with total behavior problems.

As seen in Table 5, different dimensions of parental behaviors were related with subscales of family functioning. Maternal care was positively correlated with paternal care ($r(240) = .48$, $p < .01$). Maternal care was

negatively with maternal overcontrol ($r(240) = -.44$, $p < .01$), paternal overcontrol ($r(240) = -.29$, $p < .01$) and subscales of family functioning. Similar pattern was found for the associations between high paternal care and low family functioning. High maternal overcontrol is found to be associated with high paternal overcontrol and low paternal care. Paternal care is associated with low levels of unhealthy family functioning and parental overcontrol is associated with high levels of unhealthy family functioning. In sum, parental care is associated with healthy family functioning while parental overcontrol is associated with unhealthy family functioning. Furthermore, the bivariate correlations between family functioning subscales were moderately and positively correlated.

Table 5.
Bivariate Correlations between Main Study Variables for Adolescents, N=242

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**
1.AGE	-															
2.ATT	.04	-														
3.INT	.02	.49**	-													
4.EXT	.08	.44**	.29**	-												
5.TP	.05	.81**	.76**	.71**	-											
6.M-C	-.14*	-.24**	-.28**	-.28**	-.36**	-										
7.M-OC	.11	.25**	.26**	.34**	.36**	-.44**	-									
8.F-C	-.13*	-.22**	-.35**	-.29**	-.36**	.48**	-.25**	-								
9.F-OC	.07	.27**	.35**	.28**	.39**	-.29**	.63**	-.37**	-							
10.PS	.14*	.16*	.23**	.20**	.25**	-.43**	.13*	-.47**	.16*	-						
11.COM	.11	.13*	.32**	.26**	.30**	-.46**	.27**	-.49**	.28**	.55**	-					
12.ROL	.15*	.20**	.27**	.29**	.31**	-.45**	.22**	-.49**	.20**	.46**	.55**	-				
13.AR	.3**	.19**	.31**	.29**	.33**	-.52**	.25**	-.51**	.19**	.5**	.68**	.57**	-			
14.AI	.1	.14*	.09*	.20**	.18**	-.37**	.2**	-.19**	.13*	.08	.28**	.41**	.38**	-		
15.BC	.22**	.08	.05	.09	.10	-.19**	.3**	-.20**	.15*	.69**	.71**	.7**	.77**	.36**	-	
16.GF	.17**	.25**	.34**	.36**	.39**	-.59**	.10	-.63**	.28**	.26**	.26**	.36**	.33**	.17**	.37**	-
M	16.02	58.65	57.42	57.8	58.8	2.2	1.21	2.05	1.14	2.05	2.03	2.2	2.11	2.38	2.17	1.95
SD	1.81	7.08	6.9	6.73	7.03	.61	.47	.67	.49	.65	.56	.48	.66	.44	.42	.61

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

A series of correlation analyses were conducted to investigate the relationships between dyadic adjustment scores of mothers and fathers (see Table 6). Mothers' age was positively correlated with fathers age ($r(240) = .84$, $p < .01$). Mother's satisfaction was negatively correlated with mother's age. Mother's satisfaction was positively correlated with mother's consensus, mother's cohesion, mother's affective expression, total dyadic adjustment of mother, father's satisfaction, father's consensus, father's cohesion, father's affective expression and total dyadic adjustment of fathers. Mother's consensus was negatively correlated with father's age ($r(240) = -.14$, $p < .05$). Mother's consensus was positively correlated with mother's cohesion, mother's affective expression, total dyadic adjustment of mother and subscales of fathers' dyadic adjustment.

Mother's cohesion was positively correlated with mother's affective expression, total dyadic adjustment of mother and subscales of fathers' dyadic adjustment. Mother's affective expression was negatively correlated with mother's age ($r(240) = -.16$, $p < .05$) and father's age ($r(240) = -.15$, $p < .05$). Mother's cohesion was positively correlated with total dyadic adjustment of mother ($r(240) = .79$, $p < .01$) and subscales of fathers' dyadic adjustment. Mother's total dyadic adjustment was positively correlated with father's satisfaction, father's consensus, father's cohesion, father's affective expression and total dyadic adjustment of fathers.

Father's satisfaction was positively correlated with father's consensus, father's cohesion, father's affective expression and total dyadic adjustment of fathers. Father's consensus was positively correlated with father's cohesion, father's affective expression and total dyadic adjustment of fathers. Father's cohesion was not correlated with mother's age and father's age. Father's cohesion was positively correlated with father's affective expression ($r(240) = .34$, $p < .01$) and total dyadic adjustment of fathers ($r(240) = .71$, $p < .01$). Father's affective expression was positively correlated with total dyadic adjustment of fathers ($r(240) = .70$, $p < .01$).

Table 6.
Bivariate Correlation between dyadic adjustment scores of mothers and fathers, N=242

	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
1.Mother Age	-											
2.Father Age	.84**	-										
3.SAT-M	-.14*	-.11	-									
4.CON-M	-.12	-.14*	.69**	-								
5.COH-M	-.04	-.04	.54**	.54**	-							
6.AE-M	-.16*	-.15*	.66**	.69**	.52**	-						
7. TA-M	-.13*	-.13*	.87**	.92**	.73**	.79**	-					
8.SAT-F	-.08	-.06	.77**	.54**	.49**	.52**	.70**	-				
9.CON-F	-.70	-.12	.52**	.74**	.45**	.54**	.70**	.54**	-			
10.COH-F	-.03	-.08	.45**	.45**	.71**	.42**	.58**	.50**	.45**	-		
11.AE-F	-.22*	-.20**	.54**	.52**	.41**	.62**	.60**	.53**	.60**	.34**	-	
12.TA-F	-.09	-.12	.71**	.74**	.63**	.64**	.82**	.82**	.88**	.71**	.70**	-
M	41.23	44.81	3.77	3.92	2.6	2.37	3.47	3.96	4.02	2.81	2.4	3.61
SD	5.38	5.62	.78	.82	1.02	.65	.7	.65	.71	.98	.62	.59

Note. *p< .05, **p< .01, M= mother, F= father, TA= total dyadic adjustment score of mother or father.

Correlations between mothers' perception of dyadic adjustment and fathers' perception of dyadic adjustment and main study variables were analyzed with Pearson product moment coefficients as stated in the fifth research question (see Table 6). Adolescent's attention problems were negatively correlated with mother's consensus scale scores ($r(240) = -.13$, $p < .05$). No other dyadic adjustment scale correlated with adolescent's attention scores. Adolescent's internalizing problems were negatively correlated with mother's satisfaction ($r(240) = -.17$, $p < .01$) and total ($r(240) = -.14$, $p < .05$) scale scores No other dyadic adjustment scale correlated with adolescent's internalizing scores.

Adolescent's externalizing problems were negatively correlated with mother's satisfaction ($r(240) = -.13$, $p < .05$) and total ($r(240) = -.13$, $p < .05$) scale scores No other dyadic adjustment scale correlated with adolescent's externalizing scores. Adolescent's total behavior problems score were negatively correlated with mother's satisfaction ($r(240) = -.13$, $p < .05$) and total ($r(240) = -.14$, $p < .05$) scale scores No other dyadic adjustment scale correlated with adolescent's total behavior problem scores.

Perceived mother's care scores were positively correlated with mother's satisfaction, cohesion, affective expression, total scale and subscales of fathers 'dyadic adjustment. Mother's ($r(240) = .10$, $p > .05$) and father's ($r(240) = .09$, $p > .05$), consensus scores were not related with

perceived mother's care scores. None of dyadic adjustment scale scores was found to be correlated with perceived mother's overprotection scores.

Perceived father's care scores were positively correlated with subscales of mothers' dyadic adjustment and subscales of fathers' dyadic adjustment. Perceived father's overprotection scores were not correlated with mother's satisfaction, consensus, cohesion, affective expression, total scale and father's satisfaction, consensus, cohesion, affective expression and total scale scores.

Adolescent's perception of problem solving were negatively correlated with subscales of mothers' and fathers' dyadic adjustment scores. Adolescent's perception of communication scores was negatively correlated with subscales of mothers' and fathers' dyadic adjustment. Adolescent's perception of role scores was negatively correlated with subscales of mothers' and fathers' dyadic adjustment. Adolescent's perception of affective responsiveness scores was negatively correlated with subscales of mothers' and fathers' dyadic adjustment. Adolescent's perception of affective involvement scores was negatively correlated with subscales of mothers' and fathers' dyadic adjustment. Behavior control scale scores of adolescents negatively correlated with dyadic adjustment of mothers' and fathers' dyadic adjustment. Adolescent's general functioning scores were negatively correlated with subscales of mothers' and fathers' dyadic adjustment.

Table 7.
Bivariate Correlations between Adolescent Reported and Parent Reported Main Variables

	SAT-M	CON-M	COH-M	AE-M	TA-M	SAT-F	CON-F	COH-F	AE-F	TA-F
ATT	-.09	-.13*	-.05	-.07	-.11	-.03	-.06	-.05	-.06	-.06
INT	-.17**	-.1	-.12	-.06	-.14*	-.09	-.07	-.08	-.07	-.1
EXT	-.13*	-.09	-.12	-.09	-.13*	-.09	-.02	-.11	-.11	-.08
TP	-.13*	-.12	-.12	-.09	-.14*	-.07	-.07	-.09	-.09	-.09
M-C	.23**	.1	.19**	.14*	.19**	.16*	.09	.18**	.17**	.17**
M-0C	-.09	.02	-.11	-.03	-.05	-.12	-.00	-.09	.00	-.06
F-C	.35**	.32**	.28**	.32**	.37**	.31**	.25**	.28**	.29**	.34**
F-OC	-.06	.03	-.08	.01	-.02	-.05	.00	-.05	.03	-.02
PS	-.39**	-.30**	-.25**	-.28**	-.37**	-.39**	-.26**	-.30**	-.29**	-.38**
COM	-.29**	-.16**	-.29**	-.20**	-.27**	-.23**	-.13**	-.24**	-.17**	-.23**
ROL	-.32**	-.23**	-.29**	-.22**	-.31**	-.23**	-.18**	-.24**	-.21**	-.26**
AR	-.33**	-.17**	-.25**	-.21**	-.28**	-.21**	-.08**	-.21**	-.20**	-.20**
AI	-.12	-.05	-.13*	-.12*	-.11	-.06	-.08	-.06	-.14*	-.10
BC	-.16*	-.07	-.13*	-.15*	-.13*	-.11	-.06	-.12	-.14*	-.12
GF	-.47*	-.33**	-.38**	-.35**	-.45**	-.40**	-.25**	-.37**	-.33**	-.40**

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

5. Discussion

The purpose of the present study was to understand the relationship between parental quality, marital adjustment of parents, family functioning and behavior problems of adolescents. It was also aimed to examine the effects of family income, gender and age differences among main study variables. Firstly, it was revealed that parent-adolescent relationship was an important indicator of adolescents' mental health. Adolescents who perceived lower parental care and higher parental overcontrol exhibited more behavior problems. Secondly, the relationship between parents was also found as a significant component of psychological adjustment of adolescents. Adolescents whose mothers perceived higher marital satisfaction and cohesion, reported lower levels of behavior problems. Thirdly, family relationship was considered as an important indicator of adolescent's behavior problems. Unhealthy family functioning was positively associated with behavior problems of adolescents. Finally, family income was found as positively associated with adolescent's psychological adjustment. It can be explained that both dyadic relationships between parent-adolescent and parent-parent and familial factors as family functioning and family income were important indicators of behavior problems of adolescents. Following is a discussion of each findings and a general conclusion.

5.1 Parent-Adolescent Relationship

The previous literature has shown the link between parent-adolescent relationship and mental health of adolescents. In the present study, results revealed that attention, internalization, externalization and total behavior problems of adolescents were positively associated with parental overcontrol and negatively associated with parental care. While parental care increases, adolescent-reported behavior problems decreases. In contrast, adolescent who perceive higher parental overcontrol exhibited higher levels of behavior problems. In addition, there was a negative relationship between parental care and overcontrol. Adolescents who received more parental care, perceived relatively lower parental overcontrol in compare to adolescents who got lower levels of parental care. Parker, Toppling and Brown (1979) clarified parental care as being more warmth, understanding and acceptance in parenting while parental overcontrol as controlling and overprotection in parenting. Our findings supported that parents who satisfy emotional needs of adolescents adequately, also apply moderate levels of behavioral monitoring and allow adolescents to develop required autonomy ability.

Parent-child interaction is one of the important relational factors that influences children's psychological well-being through parenting behaviors and attachment security between parent and children. The long-term influence of parenting behaviors on children's psychological functioning has been investigated widely. Mostly behavior problems were found to be related with authoritarian parenting while authoritative parenting was connected to better psychological adjustment and emotional regulation

(Buri, Lourselle, Misukanis & Mueller, 1988; Lamborn, Mounts, Steinberg & Dornbush, 1991; Spera, 2005; Steinberg, Dornbusch & Brown, 1992). Authoritarian parents were described as overcontroling, critical and applying firm limits. These parents were less warmth and acceptance in parenting at the same time (Baumrind, 1991a). Adolescents who have authoritative parents would feel emotionally rejected and/or neglected by parents and also their self-esteem would be decrease by the extensive use of parental overcontrol. Those adolescents do not have enough opportunity to develop autonomy and social relationships which are main characteristics of adolescence period. Studies with Turkish sample revealed similar findings that authoritarian parenting style negatively influences children's and adolescents'' psychological functioning (Nebi et al., 2010).

Moreover, Yavuz and colleagues (2015) revealed that adolescents with depression perceived higher parental protection and lower parental interest in compare to adolescents without depression. Several studies revealed the link between parental care and overcontrol and mood, anxiety, substance use and personality disorders (Enns et al., 2002; Kendler et al., 2000; Modestein, Oberson &Erni, 1998; Nordahl & Stiles, 1997). Our findings supported the link between parental behaviors and behavior problems of adolescents by highlighting the role of higher parental care and lower parental overcontrol on adolescents' psychological well-being.

In addition to parental behaviors, it is necessary to consider the changes between parent-child interaction during adolescence period. With

the increase need of autonomy, adolescents put some level of distancing between s/he and their parents. Adolescents start with socialization with their peers more often and they put an increase interest on their peers' opinions. On the other hand, studies showed that the conflicts between children and parents markedly increase during adolescence. (Collins & Repinski, 1994; Kim, Conger, and Lorenz, 2001; McGue et al, 2005). Although adolescents try to behave more independently and develop own opinions, values and relationships, they still need the positive encouragement and support from their parents.

At this point, the theoretical perspective of attachment is need to be considered to understand the emotional security of adolescents. Attachment theory emphasized the importance of emotional bond between the infant and the primary caregiver and explained that securely attached children could engage in more exploratory behaviors. In Internal Working Model, Bowbly (1969, 1973, 1977) explained that early relationship pattern between infant and parent would lead generalized expectations about the self and the others and these cognitive representations would influence future attachment related experiences of the child. As seen in infancy, attachment security has also influence adolescent behaviors and it was found that securely attached adolescents could engage in more positive relationships with their peers and romantic partners, establish higher self-esteem and could regulate their emotions easily.

Furthermore, the attachment security in parent-adolescent relationship is an important component of adolescents' well-being. It was found that having lower perceived attachment is associated with having lower psychological well-being scores from depression, anxiety, inattention and conduct problems in adolescence (Nada-Raja, McGee & Stanton, 1992). Previous studies have indicated the link between insecure attachment pattern and psychological dysfunction, increased externalization problems (Bureau & Moss, 2010), depression, somatic symptoms, anxiety problems, school problems (Lee & Hankin, 2009; Brumariu & Kerns, 2010), pro-social behavior, emotional symptoms, hyperactivity/inattention, peer relationship problems (Keskin and Çam, 2008; Ozbaran and colleagues, 2009), substance abuse (Gorgun et al, 2010; Aydogdu and Cam 2013) and delinquent behaviors (Hoeve et al, 2012; de Vries et al, 2015). It can be concluded that adolescents who are insecurely attached to their parents were at higher risk of developing behavior problems. The findings in the present study supported that parents' positive engagement in adolescents' life by expressing care and positive monitoring would accompany with feeling of security and more positive behavioral adjustment by adolescents. On the other hand, emotional distance and overcontroling behaviors of parents would influence the behavior problems of adolescents.

Finally, attachment pattern between parents and how this would influence children's attachment to their parents should be considered. The relational patterns between family members could influence other members of family since families are dynamic systems. Previous studies showed that

marital conflict negatively influence parent-child relationship (Howes & Markman, 1989; Isabella & Belsky, 1985; Laurent et al, 2008). Owen and Cox (1997) was showed that marital conflict was associated with insecure infant-parent attachment by its influence on parenting behavior as less sensitive, active and accepting behavior. The next section would be focus on the parents own relational pattern and its influence on functioning of children and family.

5.2 Parent-Parent Relationship

The previous studies have shown the link between the marital adjustment of spouses and behavior problems of children and adolescents. In the present study, results illustrated that there was a negative association between attention problems of adolescents and perceived dyadic consensus of mothers. Adolescents who live with mothers that perceived their dyadic consensus lower, reported higher attention problems. Moreover, the negative relationship between internalization problems of adolescents and perceived dyadic satisfaction by mothers have been found. It can be explained that adolescents who live with mothers with lower satisfaction in their marriage, exhibited higher internalization problems such as depression, anxiety, withdrawn and somatic symptoms. Our findings were similar with previous studies showed that children who experienced often and disruptive marital conflict have higher risk for developing adaptation and behavior problems (Davies & Lindsay, 2004; Grych & Fincham, 1990; McCoy,

Davies & Cummings, 2009; Oh, Lee & Park, 2011; Shelton & Harold, 2007).

According to the spillover hypothesis, the marital distress may have a negative impact on the relationship between parents and children. The negative emotions that were caused by marital distress tend to 'spill over' to the mother-child and father-child dyads. The marital distress can cause disruptions in parenting behaviors which would influence the child negatively (Elder & Caspi, 1988; Stroud, Wilson, Durbin & Mendelsohn, 2011). Another study showed that dissatisfaction in marriage influence mothers' parenting behavior as being show more harshness while fathers' parenting behaviors as being less warmth toward their children (Schofield et al., 2009). Mann and MacKenzie (1996) showed that marital conflict and dissatisfaction were associated with disturbed maternal parenting behaviors and contribute to children's behavior problems.

In the present study, findings also showed that perceived dyadic adjustments of parents were positively associated with adolescents' perception of parental care. Adolescents who live with parents that perceived their relations more positive, reported higher care from mother's and father's. Neither perceived mother's nor father's overcontrol scale correlated with parents' dyadic adjustment. Although the relationship between dyadic adjustment and parental care established, parental overcontrol was not related with marital adjustment of parents. Our findings were in the same direction with previous studies that demonstrated the

impact of marital satisfaction on positive parenting behaviors. Furthermore, these findings supported Krishnakumar and Buehler (2000) hypothesis that couples' reactions to marital stressors will result in disturbed parenting practices. By decreasing the marital adjustment of couples, perceived parental care from parents was also decreased. It can be interpreted as adolescents who live with parents that were not happy in their marriages, got lower interest and acceptance by their parents and tend to develop more behavior problems.

Studies among Turkish sample reported also the link between marital adjustment and child's psychological adjustment. Gurmen and Rohner (2014) examined spousal acceptance and psychological adjustment of adolescents among a Turkish sample was mediated by adolescents' perceptions of parental acceptance. It was found that maternal and paternal acceptance mediated the relationship between psychological adjustment of adolescents and perceived marital acceptance of mothers. In addition, perceived martial acceptance of fathers was not related with psychological adjustment of adolescents (Gurmen & Rohner, 2014). Similarly, the present study showed that while there were negative associations between mother's dyadic adjustment and adolescent's behavior problems, no significant relationship was found between father's dyadic adjustment and none of the behavior problems. These findings were explained with the role of fathers in Turkey. Erkman and Rohner (2006) found that fathers interact more with mothers rather than their children in Turkish families. On the other hand,

mothers were more expressive in the family. The role of mother in the family system could be interpreted as they involve with more emotional investment on family relationships and thus take more responsibility in terms of family functioning.

Among a Turkish sample, it was also found that oppositional defiant problems were positively correlated with perceived marital conflicts as extreme and intense (Guven & Erden, 2014). Similar findings from another Turkish study indicated that children with parents that had higher marital conflict showed higher adjustment problems (Kızıldag & Sendil, 2006). These findings supported Grych and Fincham's (1990) hypothesis that how children perceive parental conflict and the long-term effect of this conflict on children's adjustment. According to this hypothesis, children would perceive parental conflict as a treat to family entity and this would increase the risk of having behavior problems. Our findings were also supported the negative influence of marital conflict on adolescent's behavior problems.

At this point, it is necessary to emphasize that the opposite relation between marital conflict and behavior problems of adolescents is also possible. It should be also considered that the interactions among familial variables and adolescents' behavior problems is a complex and reciprocal relationship which is hard to be explained by linear relations. Previous studies showed the link between child maladjustment and marital problems (Belsky & Rovine, 1990; Leekes & Crockenberg, 2002; Papousek & von Hofacker, 1998) and parents psychological problems (Ge, Cogner, Lorenz,

Shanahan & Elder, 1995). For instance, a study showed that parental conflict was associated with depressive symptoms and delinquency of adolescents and in turn adolescent problems aggravated parental conflicts. It was found that marital dissatisfaction and adolescent adjustment problems were reciprocally interrelated (Cui, Brent Donnellan & Cogner, 2007). It was suggested that children maladjustment could lead marital problems (Befera & Barkley, 1985; Earls, 1994). It can be explained that behavior problems of children may influence marital adjustment and the quality of marital dyad. Ambert (2001) illustrated the impact of adolescent delinquency on the marital relationship. It was suggested that adolescent problems lead problems over child rearing practices between couples and then the overall marital quality decreases (Ambert, 2001).

Another finding from the present study revealed that perceived family functioning by adolescent as problem solving, communication, role, affective responsiveness and general functioning scale scores negatively correlated with dyadic adjustment subscales of both parents. Moreover, affective involvement negatively correlated with mother's cohesion, affective expression and father's affective expression. Behavior control negatively correlated with mother's satisfaction, cohesion, affective expression, total adjustment and father's affective expression. It can be explained that while parents' dyadic adjustment increases, perceived unhealthy family functioning by adolescents' decreases. The similar findings that the negative relation between marital adjustment and unhealthy

family functioning, were also found in the literature (Basharpoor & Sheykholeslami, 2015).

Family relationships are interdependent and reciprocal in the nature and the marriage subsystem is an important part of the family systems. It was suggested that marital conflict among couples may influence whole family functioning negatively (Madanes, 1981; Minuchin, 1974; Teyber, 1983a, 1983b). According to systemic perspective, the relationships between family members such as normal coalitions and power hierarchies could be disturbed by the maladaptive relationships between spouses. It was suggested that adolescent mental health would be influenced by marital conflict through its impact on the family system. Our findings supported the relation between lower marital adjustment and higher disruptions in family functioning and higher behavior problems of adolescents.

Both family and children functioning was found linked to marital satisfaction of couples (Feldman et al., 1990). Previous studies showed that couples with higher marital satisfaction, demonstrated more warmth toward their children and higher cooperation and consensus in parenting (Cowan & Cowan, 1987), behaved more sensitive and supportive in family interactions (Cowan, Cowan, Schultz, & Heming, 1994; McHale, 1997) while unsatisfied couples reported more negative discipline methods, lower cooperation in parenting and unhealthy family functioning. (Katz & Woodin, 2002). Family functioning is an important component of family systems and the following section would be highlight the relationship between family functioning and psychological adjustment of adolescents.

Finally, in the present study, results revealed a positive association between perceived dyadic adjustment of mothers and perceived dyadic adjustment of fathers. This finding was similar with Sendil and Korkut's (2008) study that revealed no difference in terms of men's and women's perception marital adjustment. On the other hand, other studies have found that women have lower total dyadic adjustment than men's (Bernard,1982; Fışıoglu & Demir; Weishaus & Field, 1988; Uluyol, 2014). It was explained that the social norms that influence gender roles and impose more responsibility for woman in the marriage system may influence woman's perception of marital adjustment (Uluyol, 2014).

5.3 Family Relationships

Adolescent reported family functioning scores showed positive correlations with each other, in general. It means that while problem solving scores increase, the other subscales of family functioning; communication, roles, affective responsiveness, affective involvement, behavior control and general family increase. The same positive relationship between subscales of family functioning was found. It was interpreted that families with problems in one particular area in family functioning were tend to have problems in other areas too.

Findings revealed the link between behavior problems of adolescents and perceived family functioning by adolescents. It was found that internalization, externalization, attention and total behavior problems of adolescents were positively associated with family functioning subscales; problem solving, communication, role, affective responsiveness, affective

involvement and general family functioning subscales. Adolescents who reported higher behavior problems perceived unhealthier family functioning.

The relationship between family functioning and adolescent adjustment has been also addressed in the previous studies. Our findings were similar with that healthy family functioning was associated with lower problem behaviors whereas unhealthy family functioning was associated with higher problem behaviors such as substance abuse, suicide attempt, delinquency problems, depression and anxiety (Atar, Yalcin, Uygun, Demirci & Erdogan, 2016; Ates & Akbas, 2012; Fidan, Ceyhun & Kırkpinar, 2011; Kapci & Hamamci, 2010; Kalyencioglu & Kutlu, 2010; Shek, 1997). The effective parenting with the quality relationship between parent and adolescent positively influences the adolescent adjustment, self-esteem, academic performance, social abilities and peer relationships. As being the primary social environment, the family that fulfills the healthy family functioning by establishing a supportive and positive reciprocal communication between family members, has a critical role in healthy development of adolescents (Kocayuruk, 2010).

Positive family bonding, parental interest, clear family rules and applying those rules properly were some of the components of family functioning that provide a protective environment for psychological well-being of adolescents. Children who cannot learn effective problem solving in family environment, tend to develop more behavior problems in the face of stressful events. On the other hand, those problematic behaviors of

children would lead distortions in parent-child relationship dyads. At the the end, the reciprocal interaction could result in increase of children's adjustment problems (Kalyencioglu & Kutlu, 2010).

Karaca and colleagues (2013) suggested that adolescents who live in healthy functioning families express themselves clearly, have better communication with others and are more respectful in their relationships. Kapcı and Hamamcı (2010) investigated the mediated role of early maladaptive schemas in the relationship between family dysfunction and psychological symptomatology. It was hypothesized that family dysfunction predicted emotional isolation, impaired limits, insufficiency and fair-responsible-anxious sub-schemas and in turn, these four schemas were found to predict psychological symptoms. Only the emotional isolation subscale was found to serve as a mediator variable between the family dysfunction and psychological symptomatology. According to early schemas perspective, understanding, acceptance and satisfaction of emotional needs contribute to development of early adaptive schemas. Individuals in families with unhealthy family functioning can develop maladaptive schemas as social isolation, emotional deprivation, emotional inhibition and vulnerability (Kapcı & Hamamcı, 2010).

The McMaster Family Model is based on a systems theory. The crucial assumptions of systems theory are; *'All parts of the family are interrelated.'* and *'A family's structure and organization are important factors that strongly influence and determine the behavior of family members.'* (Miller et al, 2000). It is obvious that adolescent behaviors are

influenced by the general family functioning. Our findings were supported this approach by indicate the positive association between unhealthy family functioning and behavior problems of adolescents.

These findings in the present study can be explained by family hierarchies in Turkey. Although a general hierarchy between parents and children can be observed universally, in Turkish families, a strong gender hierarchy as male superiority is also accepted. Fisek (1991) have reported family hierarchy over generations, expressed in the strength of control and nurturance by parents regardless of the different social subgroups. It was found that in Turkish families, mothers interact with children and express parental control over children more than fathers while fathers interact with mothers more than they interest with their children (Fisek, 1991). Previous study showed that paternal behavior was more affectionate and playful toward infants and toddlers whereas fathers were getting more authoritarian with child's growth (Sunar & Fisek, 2005). The display of obedience by children got more importance and disobedience toward authority was not tolerated (Sever, 1985). In the adolescence period, the communication between father and adolescent was decreasing.

In a recent study, it was revealed that adolescents reported higher emotional closeness to their mothers than their fathers (Sunar, 2002). Moreover, it was found that adolescents tended to communicate with their mothers rather than their fathers (Hortaçsu, 1989). Furthermore, adolescents shared their ideas and process decisions with their fathers while they shared their feelings and express physical closeness with their mothers (Fisek,

1991). Adolescents' mothers monitored their children more than fathers do thus it was suggested that mothers were primary caregivers who provide parental monitoring (Cetin Gündüz & Cok, 2015).

5.4 Socio-demographic Variables

Family income was one of the socio-demographic variables whose effects on main study variables were inquired in the present study. Adolescents with high-average family income had lower internalizing scores than adolescents with low average and average income. Adolescents with high-average family income had lower total problem behaviors than adolescents with low average family income. The family stress perspective highlighted economic hardship which increases the risk of encountering with environmental stressors like poor working conditions, low wages, family problems, exposure to violence and discrimination for low-income families. (Conger et al., 1992). The extended level of poverty-related stress could contribute to poor psychological adjustment of children (Conger et al., 1992, Wadsworth et al., 2008). Adolescents from low income families are at higher risk for developing internalization problems as emotional problems, social problems (Carter et al., 2010; Gottman & Notarius, 2000), depression and anxiety (McLeod & Owens, 2004; Mendelson, Kubzansky, Datta & Buka, 2008) and externalization problems as conduct problems, substance abuse, criminality, and early pregnancy (Farrington & Loeber, 2000).

Our findings supported the hypothesis that higher poverty-related stress influence on psychological adjustment of family members. It can be

interpreted as families in financial difficulties cannot satisfy physical and emotional needs of adolescents effectively under the pressure of economic problems. Adolescents would feel vulnerable and lonely in those families. These negative feelings could contribute to depressive and/or anxious symptoms. Moreover, adolescents could find themselves in situations that they have to make economic contribution to family by working in part time jobs. This would affect school achievement and social relationships of adolescents. Wadsworth and colleagues (2008) indicated that preadolescent and adolescent's poverty-related stress was more strongly related to internalizing symptoms. It was explained that the development of internalizing behaviors such as anxiety and depression may be more of a product of poverty-related stress, which tends to invoke feelings of uncertainty and demoralization. In summary, adolescents who face with poverty-related stressors could have difficulties in regulating negative emotions and show behavior problems.

In the present study, results revealed that adolescents with low-average family income perceived lower care and higher overcontrol scores from their mothers and fathers compared to adolescents with average and high-average family income. Adolescents with average family income scored higher than adolescents with high-average family income for mother and father overcontrol subscale. The parenting behaviors as parental care and overcontrol was found different in low and high income families. According to the family stress perspective, it was also emphasized that adolescent adjustment would be influenced by family's economic problems

through distortions in parenting behaviors and parental psychological well-being (Bowman et al, 2007). Parents with financial difficulties behave more punitive, harsh, rejected and less warmth and understanding toward their children. The ineffective parenting was associated with lower levels of child psychological adjustment.

The mediated pathways of family's economic problems on adolescent's depression through parental depression and hostility have been showed (Cogner & Elder, 1994). The supportive parenting is getting lower with increased financial problems in the family (Robila & Krishnakumar, 2005). Lee and colleagues (2013) examined the influence of chronic family economic hardship on adolescent mental health through parent's marital conflict and supportive parenting. It was found that chronic economic hardship contributed to mental health problems of adolescents and this influence was mediated through supportive parenting and marital conflict. The economic hardship may influence problems in marriage, and the family dysfunction was negatively related to adolescent mental health through its negative effect on parenting (Lee et al, 2013). A recent study (Shelleby et al., 2014) showed that maternal depression and marital conflict mediated the relation between family income and child conduct problems. In conclusion, parents in families with financial difficulties are at higher risk of applying ineffective parenting and having family conflict which could contribute to lower psychological adjustment of children and adolescents.

In the present study, adolescent-reported family functioning as problem solving, communication, affective responsiveness, affective

involvement and general functioning scores were higher for low-average family income group than average and high-average family income group. Scores of average and high-average family income group did not differ for these subscales. These findings were similar with the previous study that problem solving, roles and affective involvement were perceived lower by adolescents in families with low income level (Karaca, Gül, Barlas, Onan & Oz, 2013). Previous studies showed the link between poverty and low family functioning (Banovcinova & Levicka, 2015; Byles, Byrne, Boyle, & Offord, 1988; Mandala & Murray, 2000; Roelofse & Middleton, 1985). Denny and colleagues (2014) suggested that stressors related with economic hardship affect family functioning through family conflict, violence, lack of communication and lower problem solving abilities. Studies also showed the positive association between family income and household chaos (Ackerman & Brown, 2010; Evans et al., 2010; Wachs & Evans, 2010).

This relationship between low income and perceived lower family functioning may be related with that parents can involve with family members limitedly and also adolescents who have to face with several daily problems because of economic conditions. Parents may be encounter with social and economic problems and have difficulties while satisfying the physical needs of family system.

In the present study, all subscale scores of dyadic adjustment, namely satisfaction, consensus, cohesion and affective expression, were similar for three income groups regardless of parent gender. These findings were similar with that no difference between men's and women's marital

adjustment was found (Sendil and Korkut, 2008). Bestepe and colleagues (2010) found that there was no gender difference in perceived dyadic adjustment among several subgroups as married couples who have sought counseling, those were about to divorce and control group. On the other hand, previous studies indicated that individuals with lower economic conditions reported lower dyadic adjustment than individuals with higher economic conditions. It was suggested that higher environmental stressors that related with economic hardship would negatively influence marital adjustment of couples (Bradbury & Fincham, 2000; Congar, Ructer & Elder 1999; Larson & Wilson, 1994). Our findings could be related with the sample in the present study. The income levels were in close range that were 800-1500, 1500-3000 and 3000 and above groups. Therefore, it did not observe any difference in marital adjustment between three family income groups.

Findings in the present showed there was no gender differences in terms of main study variables. These findings on gender differences in terms of behavior problems are different from previous studies. Briefly, previous studies indicated that externalization problems were higher among adolescent boys whereas internalization problems were higher among adolescent girls (Aneshensel, Rutter & Lanchenbruch, 1991; Broidy et al, 2003; Hagan & Foster, 2003). It was showed that adolescent girls reported more emotional disturbances than boys (Domènech, Subirà & Cuxart, 1996). This can be related with that girls more prone to direct their attention to their emotional experiences (Compas, Orosan & Grant, 1993) Abad and

colleagues (2002) was found that adolescent girls reported more internalization problems while adolescent boys reported more externalization problems. On the other hand, in a Swedish study, it was found that adolescent girls were more prone to have internalization behavior whereas there was no gender difference in terms of externalization behavior (Bask, 2015). The different findings in the present study may be due to sampling differences, specifically the present study had a greater proportion of adolescent girls.

In the present study, none of perceived parental care scores were different for boys and girls. Furthermore, parental overcontrol was perceived similar as well. It is seen that both girls and boys perceives their parents' care and overcontrol similarly. None of the adolescent reported family functioning subscale scores differed between genders. One of the previous study showed that adolescent girls perceived their families as negatively in terms of behavior control and general functioning than adolescent boys (Karaca, Gül, Barlas, Onan & Oz, 2013). This difference can be derived from the different age ranges between two studies. Briefly, in the current study, adolescents between 12 to18 were participated whereas in Karaca and colleagues study (2013), age range was between 16 to 20.

Overcontrol and care were operationalized parental behavior of the study. Parental overcontrol scores were not related with age as well. However, as the age of adolescent increased parental care scores of father's and mother's decreased. As the adolescents' age increase, their need of

autonomy also increase thus they may be receiving lower parental care as it is expected. Steinberg (2001) emphasized that parent-child conflicts grew during adolescence. Previous studies showed that adolescent negative affect toward parents increased with age increase (Kim, Conger & Lorenz, 2001; McGue et al., 2005). Moreover, Loeber and colleagues (2000) reported that positive aspects of parenting decreased markedly through middle adolescence. The increase in parent-adolescent conflict may be lead adolescents' perceptions of lower parental care.

Adolescent reported family functioning was another study variable. As adolescents' age increased, overall scores they gave to problem solving, role, affective responsiveness, behavior control and general functioning of family increased. It is known that family relationships undergo important changes that are often characterized by dramatic increases in intergenerational conflict between parents and children during adolescence. Previous research has indicated that increases in intergenerational conflict can affect the perceptions of the quality of family relationships and adolescents tend to view the family more negatively. With regard to age, younger adolescents tend to have fewer negative views of the family and to report lower levels of intergenerational conflict than older adolescents (Carlson et al., 1991; De Goede, Branje, & Meeus, 2009). Stuart and Jose (2012) was hypothesized that due to the individuation process, younger adolescents would rate positive family dynamics higher than older adolescents. It was found that older adolescents rated family dynamics lower than younger adolescents. Our findings were similar with these

previous findings that indicate adolescents' perception of family functioning is getting unhealthier with the age increase.

Findings revealed that attention, internalization, externalization and total behavior problems of adolescents were not related with age for the sample whose age range is between 12 and 18. Previous studies illustrated an increase in self-reported adjustment problems throughout 11-18 years (Achenbach, Bird, Canino, Phores, Grould & Rubio-Stipec, 1990; Lemos, Fidolgo, Colvo & Menéndez, 1992; Abad, 2002). In addition, 20-27% of adolescent experience mental health problems during adolescence period. The different findings in the present study can be explained that the study examined psychological adjustment among healthy adolescents. Therefore, adolescent behavior problems may distribute equally among different age groups.

6. Conclusion

In the present study, it was aimed to understand the impact of parental quality, marital adjustment of parents, family functioning and family income on adolescents' behavior problems. Adolescent behavior problems increase while parental care decrease and parental overcontrol increase. Adolescents with behavior problems reported unhealthier family functioning. Perceived marital adjustment of mothers and fathers were similar. While parents' dyadic adjustment increased, perceived parental care increased and perceived parental overcontrol decreased. Results suggested that there was no gender difference in behavior problems of adolescents.

Adolescent from low-average income level reported higher internalization and total behavior problems, lower paternal care, higher paternal overcontrol and unhealthier problem solving, communication, affective responsiveness, affective involvement and general family functioning. In conclusion, the present study showed the link between marital adjustment, parental quality, family functioning and adolescent behavior problems.

6.1 Clinical Implications

It is seen that family-related factors as marital adjustment, family functioning, parental quality and family income are significant indicators of adolescent mental health therefore it is suggested that these indicators can improve our understanding of adolescence in clinical assessment and interventions. Specifically, the role of mother in the family context plays an important role in terms of adolescents' well-being. Thus, special attention can be given to mother-adolescent relationship and generally how the family interacts with each other in clinical settings.

In the clinical evaluations, especially the relationship between mother and father could be observed to identify possible problems among the couple and how the adolescent perceives these problems. It is possible that adolescent would be influenced negatively by the present conflict between parents. In this situation, the clinician may evaluate the potential positive effect of couple therapy and may refer the parents to seek psychotherapy as a couple. By decreasing the distress of marital conflict, the adolescent could receive more parental care and positive monitoring and this would increase the adolescent's psychological well-being.

Moreover, the general functioning of the family should be assessed to evaluate if the family system works effectively or not. If adolescents cannot receive enough support and care from the family and or is triangulated in the marital conflict, he or she may exhibit more problem behaviors. Adolescence is a critical period and major changes for all physical, cognitive, emotional and social development occur during this period. Therefore, adolescents need an understanding and encouragement by other family members. However, since the family as a whole goes through significant changes during this period, the therapist, even if he or she works with the adolescent individually, need to consider how the family members are affected by these changes. In the clinical setting, the clinician can set up psycho-educational sessions to entire family for inform them about the nature of adolescence and possible difficulties for both the family and the adolescent.

Previous study illustrated the usefulness of attachment research for family-based therapy with adolescents (Diamond & Liddle, 1999; Diamond et al., 2010; Liddle & Schwartz, 2002). These therapies use knowledge about research-established risk and protective factors to inform assessment and intervention. Specifically, multidimensional family therapy and attachment-based family therapy have examined the adolescent attachment research which have been used to create prevention interventions for adolescent's behavior problems.

Multidimensional family therapy addresses attachment problems in three ways. First, specialized engagement and alliance building strategies

help both adolescents and parents to develop secure attachment to the therapist. Second, particular techniques help to build secure attachment relationships between parents and adolescents. Finally, shift interventions are used to solve parent-adolescent conflict. This treatment protocol aims to repair damaged attachment relationships and promote the development of a secure family base (Liddle & Schwartz, 2002).

Attachment-Based Family Therapy (ABFT) focuses on strengthening parent-adolescent attachment to create a protective and secure base for adolescent development. This model is a process oriented, emotion focused treatment, guided by a semi-structured treatment protocol with five tasks. Firstly, Relational Reframe Task conducted with family members, and aims to strengthen and repair family relationships. Secondly, the Adolescent Alliance Task identifies main family conflicts with the adolescent and prepares the adolescent to discuss these with parents Thirdly, the Parent Alliance Task aims to amplify parental love and empathy, and to teach emotionally focused parenting skills. Fourthly, the Reattachment Task applies for to discuss identified problems and practice new communication, problem solving, and affect regulation skills. Finally, Competency Task promotes adolescent autonomy while maintaining family connection (Diamond et al., 2010).

Lower income level is another risk factor for having more behavior problems. In the clinical evaluations social and economic conditions should be considered and the family should be oriented to the social support systems if it is necessary. For example, extra-curriculum activities are a

protective factor for adolescents. There are many opportunities of the municipality social programs or school courses of sport, art and music. The family can be given information about the importance of socialization during adolescence and it can be suggested to join one of the available social activities. Moreover, the clinician could also explain the need of autonomy and how the parents can monitor their child without being overcontrolling. The positive parenting skills can be effective for adolescent in establishing self-esteem and self-control. In conclusion, individual therapy, couple therapy, family therapy techniques and psycho-education can be used in treatment of adolescent and family problems.

Finally, the scales that have been used in the present can be used as assessment tools in the clinical setting for understanding the process of adolescent and family have been through during the adolescence period. For instance, Parental Bonding Instrument is useful to assess parental care and overcontrol and evaluate how parent and adolescent interact with each other. Moreover, Brief Problem Monitor -Youth Form can gain information about internalization, externalization and attention problems that the adolescents experience. Family Assessment Device is an effective tool to assess perceived family functioning by family members. FAD can be applied to all family members and different opinions can be addressed in the clinical intervention. For example, reported communication problems can be addressed and intervention to develop communication among family members can be practiced in the sessions. Dyadic Adjustment Scale is also functional to assess the relationship between parents and required

intervention to solve problems among the couple can be planned for treatment. In sum, these scales are useful to assess the relational patterns between family dyads and triads and draw conclusions about individual adjustment, marital adjustment and family functioning.

6.2 Limitations

The present study had relatively small number of participants. The girl and boy participants were not equal in terms of participation to the study. There were more girls in the study than boys. Moreover, the distribution of the income levels of the population was not distributed normally. There was just one family who lives in low socioeconomic environment with less than 800 TL monthly incomes. The larger group of participants had low-average and average monthly income in the present study. Furthermore, participants were volunteers and thus were not representative of all adolescents in this age group.

The cross-sectional nature of the study prevents any firm and directional interpretations. The longitudinal studies are required to examine directional relationship between family variables and adolescents' behavior problems. Additionally, all of the measures in the present study were self-report questionnaires thus it is possible that participants predicted the aim of the study and tried to seem more positive than they really are.

6.3 Further Research

For further research it is suggested that the impact of socioeconomic status on dyadic adjustment of parents and family functioning can be assessed. The population can be derived separated socioeconomic

environments and a larger group of population can improve the power of the research.

In addition, in the present research the relationship between dyadic adjustment, family functioning, parental attitude and adolescents' mental health has been investigated among a culturally defined (Turkish secondary and high school students) group who lives all in Istanbul. Sub-cultural group comparisons can gain us an insight of how family variables and adolescents' problem behaviors changes. For example, in Turkey several culturally diverse groups exist and the study population can be examined in terms of this cultural diversity.

Furthermore, the current study was conducted among healthy and normally developed adolescents and their families, the relation between adolescence well-being and family related variables can be examined among clinically diagnosed adolescents and also families who get help from psychologist for their problems. These clinical groups can improve our understanding of the relationship between adolescents' mental health and family variables.

In the present study, dyadic and triadic relationships have been investigated. Additionally, further studies may consider the personal relationship pattern of individual members of family. For instance, mothers' and fathers' attachment pattern can include the study to observe how one's own attachment pattern influence the parent-adolescent relationship, the parent-parent relationship and the relationships among entire family.

The association between adolescent behavior problems and marital problems have been found in the literature. The complex and reciprocal relationship between adolescent mental health and familial factors should be investigated in the future research.

APPENDICES

APPENDIX A

INFORMED CONSENT

ERGEN VE AİLE ARASTIRMA BİLGİ VE ONAY FORMU

Sayın Veli,

İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Psk. Elif Nur Yazıcı, yüksek lisans bitirme tezi kapsamında Yrd.Doç.Dr. Yudum Akyıl danışmanlığında ergenler ve aileleri ile bir araştırma yürütmektedir. Bu araştırma ergenin anne ve babasına bağlanma ilişkisi ile ruhsal sağlığı arasındaki ilişki hakkında daha fazla bilgi edinmek amacıyla tasarlanmıştır. Ayrıca anne ve babanın çift olarak uyumları ve genel aile işlevleri ile ergenin ruh sağlığı arasındaki ilişki değerlendirilecektir. Araştırmanın sonuçlarının ergen ve aileleri ile yapılan psikolojik terapileri geliştirmek için kullanılması amaçlanmaktadır.

Araştırma sırasında elde edilen bilgiler anonim olarak değerlendirilecek ve böyle bir araştırmada yer aldığınız bilgisi hiç kimse ile paylaşılmayacaktır. Kişisel bilgileriniz ile verdiğiniz cevaplar ve doldurduğunuz formlar ayrı olarak saklanacak ve araştırmacı dışında hiç kimse tarafından görülmeyecektir. Kişisel bilgileriniz bu araştırmanın sonuçlarının kullanıldığı herhangi bir sunum ya da yayında yer almayacaktır.

Bu araştırmaya katılımınızın size herhangi bir zarar vereceği öngörülmemektedir. Katılmak gönüllülük esasına dayalıdır ve araştırmaya istediğiniz zaman devam etmemeyi tercih edebilirsiniz. Araştırmanın sonunda, ailelere, bulgularla ilgili bir sunum yapılacaktır.

Araştırma hakkındaki sorularınız için araştırmacı Psk. Elif Nur Yazıcı ile elifnuryazici@yahoo.com adresinden veya 0534 2978561 numaralı telefondan ya da tez danışmanı Yrd Doç Dr Yudum Akyıl ile yudum.akyil@bilgi.edu.tr adresinden iletişime geçebilirsiniz.

Bu araştırmaya katılarak katkıda bulunduğunuz için şimdiden teşekkür ederiz.

Yukarıda belirtilen bilgiler ve koşullar dâhilinde bu araştırmaya katılmayı kabul ediyorum.

Tarih:

Adı Soyadı: **İmza:**

APPENDIX B

DEMOGRAPHIC INFORMATION FORM

DEMOGRAFIK BILGI FORMU

Bu form anne ve/veya baba tarafından doldurulacaktır; lütfen bu forma isim yazmayınız. Tüm soruları cevapladığınızdan emin olunuz.

ARAŞTIRMAYA KATILAN GENCIN:

1. Cinsiyeti: Kız / Erkek

2. Doğum Tarihi:

3: Okulu:

4: Sınıfı:

ANNENIN:	**BABANIN:**
5. Yaşı:	**Yaşı:**
6. Eğitim Durumu:	**Eğitim Durumu:**
7. Mesleği:	**Mesleği:**
8. Anne Çalışıyor mu? Evet / Hayır	**Baba Çalışıyor mu?** Evet / Hayır

9.Anne: Baba ile Evli/Ayrı/Boşanmış/Tekrar Evli

B**aba:** Anne ile Evli/Ayrı/Boşanmış/Tekrar Evli

10.Anne: Öz / Üvey – Sağ / Vefat **Baba:** Öz / Üvey – Sağ / Vefat

11. **Evlenme şekli:** Görücü usulü Anlaşarak/Flört

12.**Kaç çocuğunuz var?**

13.Araştırma katılımcısı kaçıncı çocuğunuz?

14. Varsa Kardeşlerin:

1. Cinsiyeti: Yaşı:
2. Cinsiyeti: Yaşı
3. Cinsiyeti: Yaşı:
4. Cinsiyeti: Yaşı:

15.Evinizde kimler yaşıyor:

a. Çekirdek aile **b.** Geniş aile **c.** Aile apartmanı

16.Aylık toplam geliriniz:

a. 800 TL den az

b. 800-1500 TL arası

c. 1500-3000 TL arası

d. 3000 TL üzeri

APPENDIX C

BRIEF PROBLEM MONITOR-YOUTH

11-18 YAŞ GENÇLER İÇİN KISA

SEMPTOM İZLEME FORMU

(BPM-Y)

Aşağıda, gençleri tanımlayan maddelerin bir listesi bulunmaktadır. Lütfen her maddeyi, şu anda yadageçmiş 30 güniçerisinde sizi tanımlayan durumlara göre değerlendirin. Eğer bir madde, sizin için **çok ya da sıklıkla** doğru ise **2,** bazen ya da **biraz doğru** ise **1, hiç doğru değil** ise **0** sayılarını yuvarlak içine alınız. Lütfen tüm maddeleri, yapabildiğiniz kadarıyla, eksiksiz olarakişaretleyiniz.

0= Doğru Değil 1= Bazen ya da Biraz Doğru 2= Çok ya da Sıklıkla Doğru

0 1 2 **1.** Yaşıma göre daha küçük gibi davranırım.

0 1 2 **2.** Çok tartışırım.

0 1 2 **3.** Başladığım etkinlikleri (oyun, dersler vb.) bitiremem.

0 1 2 **4.** Bir konuya odaklanmakta, dikkatimi toplamakta zorlanırım.

0 1 2 **5.** Yerimde sakince oturmakta zorlanırım.

0 1 2 **6.** Başkalarına ait eşyalara zarar veririm.

0 1 2 **7.** Anneme ve/veya babama karşı gelirim.

0 1 2 **8.** Okulda söz dinlemem.

0 1 2 **9.** Kendimi önemsiz ya da yetersiz hissederim.

0 1 2 **10.** Düşünmeden hareket ederim.

0 1 2 **11.** Çok korkulu ve kaygılıyımdır.

0 1 2 **12.** Kendimi çok suçlu hissederim.

0 1 2 **13.** Çekingen ve utangacımdır.

0 1 2 **14.** Dalgınımdır; dikkatim kolayca dağılır.

0 1 2 **15.** İnatçıyımdır.

0 1 2 **16.** Kolay öfkelenirim.

0 1 2 **17.** İnsanlara zarar vermek için onları tehdit ederim.

0 1 2 **18.** Mutsuz, üzgün ya da çökkünümdür.

0 1 2 **19.** Çok kaygılanırım.

20. Yukarıdaki listede belirtilenlerin haricinde eklemek istediğiniz bir duygu, düşünce, davranış varsa, lütfen yazınız:

0 1 2

0 1 2

0 1 2

Lütfen tüm maddeleri yanıtladığınızdan emin olunuz. Teşekkür ederiz.

APPENDIX D

PARENTAL BONDING INSTRUMENT

ANA-BABAYA İLİŞKIN GÖRÜŞLER ÖLÇEĞI-I

Aşağıda ana babanızın çeşitli tutum ve davranışlarına ilişkin ifadeler yer almaktadır. 16 yaşınıza kadar olan dönemde **ANNENİZİ** hatırlamaya çalışarak her bir ifadede en uygun seçeneğin karşısındaki paranteze **X** işareti koyunuz.

	Tamamen böyledir	**Kısmen böyledir**	**Pek böyle değildir**	**Hiç Böyle değildir**
1. Benimle yumuşak ve arkadaşça bir tarzda konuşuyor.	( )	( )	( )	( )
2. İhtiyaç duyduğum kadar yardım etmiyor.	( )	( )	( )	( )
3. Hoşlandığım şeyleri yapmama izin veriyor.	( )	( )	( )	( )
4. Duygusal olarak bana karşı soğuk görünüyor.	( )	( )	( )	( )
5. Sorunlarımı ve endişelerimi anlıyor görünüyor.	( )	( )	( )	( )
6. Bana karşı sevgi dolu.	( )	( )	( )	( )
7. Kendi kararlarımı vermemden memnuniyet duyuyor.	( )	( )	( )	( )
8. Büyümemi istemiyor.	( )	( )	( )	( )
9. Yaptığım her şeyi kontrol etmeye çalışıyor.	( )	( )	( )	( )
10. Mahremiyetime müdahale ediyor.	( )	( )	( )	( )
11. Olan bitenler hakkında benimle konuşmaktan keyif alıyor.	( )	( )	( )	( )
12. Genellikle bana karşı güler yüzlü.	( )	( )	( )	( )
13. Bana, bebekmişim gibi davranma eğilimi var.	( )	( )	( )	( )
14. İhtiyaçlarımı ve isteklerimi anlamıyor gibi.	( )	( )	( )	( )
15. Kendimle ilgili karar almama izin veriyor.	( )	( )	( )	( )

16. İstenmediğimi hissettiriyor.	( )	( )	( )	( )
17. Üzgün olduğum zamanlarda kendimi daha iyi hissetmemi sağlıyor.	( )	( )	( )	( )
18. Benimle pek fazla konuşmuyor.	( )	( )	( )	( )
19. O'na bağımlı olduğum duygusunu yaşatmaya çalışıyor.	( )	( )	( )	( )
20. Annem yanımda olmadığı zaman kendime bakamayacağımı hissediyorum.	( )	( )	( )	( )
21. İstediğim kadar özgürlük tanıyor.	( )	( )	( )	( )
22. İstediğim zaman dışarı çıkmama izin veriyor.	( )	( )	( )	( )
23. Bana karşı aşırı koruyucu.	( )	( )	( )	( )
24. Beni övmüyor.	( )	( )	( )	( )
25. İstediğim gibi giyinmeme izin veriyor.	( )	( )	( )	( )

ANA-BABAYA İLIŞKİN GÖRÜŞLER ÖLÇEĞI-II

Aşağıda ana babanızın çeşitli tutum ve davranışlarına ilişkin ifadeler yer almaktadır. 16 yaşınıza kadar olan dönemde **BABANIZI** hatırlamaya çalışarak her bir ifadede en uygun seçeneğin karşısındaki paranteze **X** işareti koyunuz.

	Tamamen böyledir	**Kısmen böyledir**	**Pek böyle değildir**	**Hiç Böyle değildir**
1. Benimle yumuşak ve arkadaşça bir tarzda konuşuyor.	( )	( )	( )	( )
2. İhtiyaç duyduğum kadar yardım etmiyor.	( )	( )	( )	( )

3. Hoşlandığım şeyleri yapmama izin veriyor.	( )	( )	( )	( )
4. Duygusal olarak bana karşı soğuk görünüyor.	( )	( )	( )	( )
5. Sorunlarımı ve endişelerimi anlıyor görünüyor.	( )	( )	( )	( )
6. Bana karşı sevgi dolu.	( )	( )	( )	( )
7. Kendi kararlarımı vermemden memnuniyet duyuyor.	( )	( )	( )	( )
8. Büyümemi istemiyor.	( )	( )	( )	( )
9. Yaptığım her şeyi kontrol etmeye çalışıyor.	( )	( )	( )	( )
10. Mahremiyetime müdahale ediyor.	( )	( )	( )	( )
11. Olan bitenler hakkında benimle konuşmaktan keyif alıyor.	( )	( )	( )	( )
12. Genellikle bana karşı güler yüzlü.	( )	( )	( )	( )
13. Bana, bebekmişim gibi davranma eğilimi var.	( )	( )	( )	( )
14. İhtiyaçlarımı ve isteklerimi anlamıyor gibi.	( )	( )	( )	( )
15. Kendimle ilgili karar almama izin veriyor.	( )	( )	( )	( )
16. İstenmediğimi hissettiriyor.	( )	( )	( )	( )
17. Üzgün olduğum zamanlarda kendimi daha iyi hissetmemi sağlıyor.	( )	( )	( )	( )
18. Benimle pek fazla konuşmuyor.	( )	( )	( )	( )
19. O'na bağımlı olduğum duygusunu yaşatmaya çalışıyor.	( )	( )	( )	( )
20. Babam yanımda olmadığı zaman kendime bakamayacağımı hissediyorum.	( )	( )	( )	( )
21. İstediğim kadar özgürlük tanıyor.	( )	( )	( )	( )
22. İstediğim zaman dışarı çıkmama izin veriyor.	( )	( )	( )	( )
23. Bana karşı aşırı koruyucu.	( )	( )	( )	( )
24. Beni övmüyor.	( )	( )	( )	( )
25. İstediğim gibi giyinmeme izin veriyor.	( )	( )	( )	( )

APPENDIX E

FAMILY ASSESSMENT DEVICE

AİLE DEĞERLENDİRME ÖLÇEĞİ

AÇIKLAMA: İlişikte aileler hakkında 60 cümle bulunmaktadır. Lütfen her cümleyi dikkatlice okuduktan sonra, sizin ailenize ne derecede uyduğuna karar veriniz. Önemli olan, sizin ailenizi nasıl gördüğünüzdür. Her cümle için 4 seçenek söz konusudur. **(*Aynen Katılıyorum/ Büyük Ölçüde Katılıyorum/ Biraz Katılıyorum/ Hiç Katılmıyorum*)**

Her cümlenin yanında 4 seçenek için de ayrı yerler ayrılmıştır. Size uygun seçeneğe (X) işareti koyunuz. Her cümle için uzun uzun düşünmeyiniz. Mümkün olduğu kadar çabuk ve samimi cevaplar veriniz. Kararsızlığa düşerseniz, ilk aklınıza gelen doğrultusunda hareket ediniz. Lütfen her cümleyi cevapladığınızdan emin olunuz.

CÜMLELER:	Aynen Katılı-orum	Büyük Ölçüde Katılı-yorum	Biraz Katılı-yorum	Hiç Katılmı-yorum
1.Ailece ev dışında program yapmada güçlük çekeriz, çünkü aramızda	( )	( )	( )	( )

fikir birliği sağlayamayız.				
2.Günlük hayatımızdaki sorunların (problemlerin) hemen hepsini aile içinde hallederiz.	( )	( )	( )	( )
3.Evde biri üzgün ise, diğer aile üyeleri bunun nedenlerini bilir.	( )	( )	( )	( )
4.Bizim evde, kişiler verilen her görevi düzenli bir şekilde yerine getirmezler.	( )	( )	( )	( )
5.Evde birinin başı derde girdiğinde, diğerleri de bunu kendilerine fazlasıyla dert ederler.	( )	( )	( )	( )
6.Bir sıkıntı ve üzüntü ile karşılaştığımızda, birbirimize destek oluruz.	( )	( )	( )	( )
7.Ailemizde acil bir durum olsa, şaşırıp kalırız.	( )	( )	( )	( )
8.Bazen evde ihtiyacımız olan şeylerin bittiğinin farkına varmayız.	( )	( )	( )	( )
9.Birbirimize karşı olan sevgi, şefkat	( )	( )	( )	( )

gibi duygularımızı açığa vurmaktan kaçınırız.				
10.Gerektiğinde aile üyelerine görevlerini hatırlatır, kendilerine düşen işi yapmalarını sağlarız.	( )	( )	( )	( )
11.Evde dertlerimizi üzüntülerimizi birbirimize söylemeyiz.	( )	( )	( )	( )
12.Sorunlarımızın çözümünde genellikle ailece aldığımız kararları uygularız.	( )	( )	( )	( )
13.Bizim evdekiler, ancak onların hoşuna giden şeyler söylediğimizde bizi dinlerler.	( )	( )	( )	( )
14.Bizim evde bir kişinin söylediklerinden ne hissettiğini anlamak pek kolay değildir.	( )	( )	( )	( )
15.Ailemizde eşit bir görev dağılımı yoktur.	( )	( )	( )	( )
16.Ailemizin üyeleri, birbirlerine hoşgörülü davranırlar.	( )	( )	( )	( )

17.Evde herkes başına buyruktur.	( )	( )	( )	( )
18.Bizim evde herkes, söylemek istediklerini üstü kapalı değil de doğrudan birbirlerinin yüzüne söyler.	( )	( )	( )	( )
19.Ailede bazılarımız, duygularımızı belli etmeyiz.	( )	( )	( )	( )
20.Acil bir durumda ne yapacağımızı biliriz.	( )	( )	( )	( )
21.Ailecek, korkularımızı ve endişelerimizi birbirimizle tartışmaktan kaçınırız.	( )	( )	( )	( )
22.Sevgi, şefkat gibi olumlu duygularımızı birbirimize belli etmekte güçlük çekeriz.	( )	( )	( )	( )
23.Gelirimiz (ücret, maaş) ihtiyaçlarımızı karşılamaya yetmiyor.	( )	( )	( )	( )
24.Ailemiz, bir problemi çözdükten sonra, bu çözümün işe yarayıp yaramadığını tartışır.	( )	( )	( )	( )

25.Bizim ailede herkes kendini düşünür.	( )	( )	( )	( )
26.Duygularımızı birbirimize açıkça söyleyebiliriz.	( )	( )	( )	( )
27.Evimizde banyo ve tuvalet bir türlü temiz durmaz.	( )	( )	( )	( )
28.Aile içinde birbirimize sevgimizi göstermeyiz.	( )	( )	( )	( )
29.Evde herkes her istediğini birbirinin yüzüne söyleyebilir.	( )	( )	( )	( )
30.Ailemizde, her birimizin belirli görev ve sorumlulukları vardır.	( )	( )	( )	( )
31.Aile içinde genellikle birbirimizle pek iyi geçinemeyiz.	( )	( )	( )	( )
32.Ailemizde sert-kötü davranışlar ancak belli durumlarda gösterilir.	( )	( )	( )	( )
33.Ancak hepimizi ilgilendiren bir durum olduğu zaman birbirimizin işine karışırız.	( )	( )	( )	( )
34.Aile içinde birbirimizle	( )	( )	( )	( )

ilgilenmeye pek zaman bulamıyoruz.				
35.Evde genellikle söylediklerimizle, söylemek istediklerimiz birbirinden farklıdır.	( )	( )	( )	( )
36.Aile içinde birbirimize hoşgörülü davranırız.	( )	( )	( )	( )
37.Evde birbirimize, ancak sonunda kişisel bir yarar sağlayacaksak ilgi gösteririz.	( )	( )	( )	( )
38.Ailemizde bir dert varsa, kendi içimizde hallederiz.	( )	( )	( )	( )
39.Ailemizde sevgi ve şefkat gibi güzel duygular ikinci plandadır.	( )	( )	( )	( )
40.Ev işlerinin kimler tarafından yapılacağını hep birlikte konuşarak kararlaştırırız.	( )	( )	( )	( )
41.Ailemizde herhangi bir şeye karar vermek her zaman sorun olur.	( )	( )	( )	( )
42.Bizim evdekiler sadece bir çıkarları olduğu zaman birbirlerine	( )	( )	( )	( )

ilgi gösterir.				
43.Evde birbirimize karşı açık sözlüyüzdür.	( )	( )	( )	( )
44.Ailemizde hiçbir kural yoktur.	( )	( )	( )	( )
45.Evde birinden bir şey yapması istendiğinde mutlaka takip edilmesi ve kendisine hatırlatılması gerekir.	( )	( )	( )	( )
46.Aile içinde, herhangi bir sorunun (problemin) nasıl çözüleceği hakkında kolayca karar verebiliriz.	( )	( )	( )	( )
47.Evde kurallara uyulmadığı zaman ne olacağını bilmeyiz.	( )	( )	( )	( )
48.Bizim evde aklınıza gelen her şey olabilir.	( )	( )	( )	( )
49.Sevgi, şefkat gibi olumlu duygularımızı birbirimize ifade edebiliriz.	( )	( )	( )	( )
50.Ailede her türlü problemin üstesinden gelebiliriz.	( )	( )	( )	( )
51.Evde birbirimizle pek iyi	( )	( )	( )	( )

geçinemeyiz.				
52.Sinirlenince birbirimize küseriz.	( )	( )	( )	( )
53.Ailede bize verilen görevler pek hoşumuza gitmez çünkü genellikle umduğumuz görevler verilmez.	( )	( )	( )	( )
54.Kötü bir niyetle olmasa da evde birbirimizin hayatına çok karışıyoruz.	( )	( )	( )	( )
55.Ailemizde kişiler herhangi bir tehlike karşısında (yangın, kaza gibi) ne yapacaklarını bilirler, çünkü böyle durumlarda ne yapılacağı aramızda konuşulmuş ve belirlenmiştir.	( )	( )	( )	( )
56.Aile içinde birbirimize güveniriz.	( )	( )	( )	( )
57.Ağlamak istediğimizde, birbirimizden çekinmeden rahatlıkla ağlayabiliriz.	( )	( )	( )	( )
58.İşimize (okulumuza) yetişmekte güçlük çekiyoruz.	( )	( )	( )	( )

59.Aile içinde birisi, hoşlanmadığımız bir şey yaptığında ona bunu açıkça söyleriz.	( )	( )	( )	( )
60.Problemimizi çözmek için ailecek çeşitli yollar bulmaya çalışırız.	( )	( )	( )	( )

APPENDIX F

DYADIC ADJUSTMENT SCALE

Sample questions from DAS can be seen below.

	Her zaman	Hemen hemen her zaman	Zaman zaman	Ara sıra	Nadiren	Hiçbir zaman
16. Ne sıklıkla boşanmayı, ayrılmayı ya da ilişkinizi bitirmeyi düşünür ya da tartışırsınız?						
17. Ne sıklıkla siz veya eşiniz kavgadan sonra evi terk edersiniz?						
18. Ne sıklıkla eşinizle olan ilişkinizin genelde iyi gittiğini düşünürsünüz?						
19. Eşinize güvenir misiniz?						
20. Evlendiğiniz (ya da birlikte yaşadığınız) için hiç pişmanlık duyar mısınız?						
21. Ne sıklıkla eşinizle münakaşa edersiniz?						
22. Ne sıklıkla birbirinizin sinirlenmesine neden olursunuz?						

APPENDIX G

THE APPROVAL FROM ETHIC COMMITTEE

ETİK KURUL DEĞERLENDİRME SONUCU/RESULT OF EVALUATION BY THE ETHICS COMMITTEE

(Bu bölüm İstanbul Bilgi Üniversitesi İnsan Araştırmaları Etik Kurul tarafından doldurulacaktır /This section to be completed by the Committee on Ethics in research on Humans)

Başvuru Sahibi / Applicant: Elif Nur Yazıcı

Proje Başlığı / Project Title: Ergenlerin Ruhsal Sağlığını Etkileyen Faktörler; Bağlanma, Anne-Baba İlişkisi, Aile İşlevi ve Sosyal Ekonomik Durum

Proje No. / Project Number: 2016-20024-005

1.	Herhangi bir değişikliğe gerek yoktur / There is no need for revision	XX
2.	Ret/ Application Rejected Reddin gerekçesi / Reason for Rejection	

Değerlendirme Tarihi / Date of Evaluation: 22 Şubat 2016

Kurul Başkanı / Committee Chair

Yrd. Doç Dr. Itır Erhart

Üye / Committee Member

Prof. Dr. Aslı Tunç

Üye / Committee Member

Prof. Dr. Hale Bolak

Üye / Committee Member

Prof. Dr. Turgut Tarhanlı

Üye / Committee Member

Doç. Dr. Koray Akay

Üye / Committee

Yrd. Doç Dr. Uğur Kevenk

Üye / Committee Member

Doç Dr. Ayhan Özgür Toy

APPENDIX H

Table 1.

Demographic Characteristics of the Adolescents and Their Families

	Girls		Boys		Total	
	n	%	n	%	n	%
Number of Siblings in the Family						
1	10	52.6	9	47.4	19	7.9
2	35	51.5	33	48.5	68	28.1
3	48	58.5	34	41.5	82	33.9
4	34	79.1	9	20.9	43	17.8
5	15	78.9	4	21.1	19	7.9
6	7	87.5	1	12.5	8	3.3
7-8-9	3	100	0	0	3	1.2
Birth Order of the Adolescent Participant						
1	62	59.9	47	43.1	109	45
2	39	63.9	22	36.1	61	25.2
3	29	67.4	14	32.6	43	17.8
4	11	68.8	5	31.3	16	6.6
5	6	85.7	1	14.3	7	2.9
6	2	66.7	1	33.3	3	1.2
7-8-9	3	100	0	0	3	1.2
Family Structure						
Nuclear	119	61.3	75	38.7	194	80.2
Extended	24	70.6	10	29.4	34	14
Traditional	9	64.3	5	35.7	14	5.8
Family Income						
Low	1	100	0	0	1	.4
Low-Average	43	64.2	24	35.8	67	27.7
Average	74	62.2	45	37.8	119	49.2
High- Average	34	61.8	21	38.2	55	22.7

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