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ASSOCIATIONS BETWEEN CHILDREN INTERNAL REPRESENTATIONS, PLAY CAPACITY AND CLINICAL LEVEL OF ANXIETY

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Associations Between Children's Internal Representations, Play Capacity and Clinical Level of Anxiety

Çocukların İçsel Temsilleri, Oyun Kapasiteleri ve Klinik Kaygı Düzeyi Arasındaki İlişki

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ABSTRACT

Research has shown that pretend play is an in which both cognitive and affective processes are expressed. Children's capacity to play has been linked to their object relational world, particularly maturity of representations and affect tone of internal representations in psychodynamic theory. It has also been shown in the literature that clinical level of anxiety disrupts both object relation and play capacity. It is hypothesized that internal representations have association with cognitive and affective processes in play and as the level of anxiety increases, there would be a decrease in children's play capacity. Participants consisted of 68 children who had applied to Psychological Counseling Center at İstanbul Bilgi University for psychotherapy. While Social Cognition and Object Relations Scale: Global Rating Method (SCORS-G) was used to analyze Thematic Apperception Test (TAT) narratives for six TAT cards to assess children's mental representations, Affect in Play Scale (APS) was used to measure children's cognitive and affective processes in play. Finally, Screen for Child Anxiety Related Emotional Disorders (SCARED and Child Behavior Checklist (CBCL) anxiety scales were used to assess anxiety level. The association between variables was tested by correlation analysis controlling for age, gender and verbal aptitude. The results indicated that an increase in complexity of representations and understanding social causality was associated with an increase in imagination, organization and elaboration of play. However, expression of affects in play was not related to children's mental representations. Yet, follow up exploratory analyses showed that maturity in affective dimensions of object relations was associated with expression of non-primary process affects (i.e. competition), whereas a decrease in SCORS-G dimensions was associated with primary process affect (i.e. aggression). Furthermore, a negative significant correlation was found between expression of negative affect in play, and anxiety scales. Findings were discussed in terms of their clinical and research implications.

ÖZET

Araştırmalar, sembolik oyunun hem bilişsel hem de duygusal süreçlerin ifade edildiği bir süreç olduğunu göstermiştir. Çocukların oyun oynayabilme kapasitesi, onların nesnel ilişkileri ile, özellikle de iç temsillerinin olgunlaşması ve içsel temsillerinin duygu çeşitliliği ile ilişkilidir. Ayrıca literatür, çocuklarda klinik kaygı düzeyinin, onların hem içsel temsillerini hem de oyun kapasitelerini bozduğu göstermektedir. Bu çalışmanın hipotezleri içsel temsiller ile oyundaki bilişsel ve duygusal süreçler arasında pozitif bir ilişki olduğu; fakat çocukların kaygı düzeyi arttıkça, oyun kapasitesinde düşme ve içsel temsillerinde bozulma olacağı yönündedir. Katılımcılar İstanbul Bilgi Üniversitesi Psikolojik Danışma Merkezine psikoterapi için başvuran 68 çocuktan oluşmaktadır. Sosyal Biliş ve Nesne İlişkileri Ölçeği: Çocukların zihinsel temsillerini değerlendirmek için altı adet Tematik Algı Testi (TAT) kullanılmıştır. Öyküleri analiz etmek için Global Derecelendirme Yöntemi (SCORS-G) uygulanmıştır. Ayrıca çocukların bilişsel özelliklerini ölçmek için Oyunda Duygu Ölçeği (APS) kullanılmıştır. Anksiyete düzeylerini değerlendirmek için Çocuklarda Anksiyete Bozukluğu Tarama Ölçeği (ÇATÖ) ve Çocuklar için Davranış Değerlendirme Ölçeği (ASEBA) anksiyete ölçekleri kullanılmıştır. Değişkenler arasındaki ilişki yaş, cinsiyet ve sözel yetenekleri kontrol eden korelasyon analizi ile test edilmiştir. Sonuçlar, temsillerin karmaşıklığı ve sosyal nedenselliğin, oyunun organizasyonu, sembolizasyonu ve detaylandırılması ile ilişkili olduğunu göstermiştir. Fakat, keşifsel analizler, nesne ilişkilerinin duygu boyutlarındaki olgunluğun, ikincil duygu kategorileri (örn. rekabet) ile ilişkiliyken, SCORS-G boyutlarındaki azalmanın birincil duygu kategorileri (örneğin öfke) ilişkili olduğu görülmüştür. Ayrıca, oyundaki olumsuz duygu ifadesi ile kaygı ölçekleri arasında negatif yönde anlamlı bir ilişki bulunmuştur. Bulgular klinik ve araştırma sonuçları açısından tartışılmıştır.

Table of Contents

Table List

Appendix List

Introduction
Chapter: 1

Pretend play is essential both in child development and in child psychotherapy (Russ, 2004). Fein (1987) describes pretend play as "one thing is playfully treated as if it were something else" (282, as cited in Russ, 2004). While pretend play can be considered as a way for children to miniaturize their experiences (Christian et al., 2011; Singer, 1995), Singer also (1995) claimed that another benefit of pretend play is to enable children to express their affect in an imagined world.

There are indicators of both affective and cognitive processes in pretend play. The use of comfort, enjoyment in the play and expression of emotions are indicators of affective processes. Cognitive processes, on the other hand, include the ability to generate different ideas, imagination, quality of phantasy, creativity and organization of play (Russ, 2004).

Developmental theories state that such affective and cognitive processes in pretend play are connected with interpersonal functioning in several ways (Emde, 1989; Sroufe, 1989; Strayer, 1987; Russ, 2004). For instance, using imagination in play may be linked to the cognitive ability to take the perspective of others (Nannis, 1988; Russ, 2004) and affective sharing in play may relate to the quality of infant-parent attachment (Pederson & Moran, 1996; Russ, 2004; Waters, Whippman & Scroufe, 1979).

The studies, focusing on symbolic play, also reveal a relationship between the cognitive and emotional processes in play and interpersonal functioning (Russ, 2004). In one of these studies, for instance, Niec and Russ (1996) found that children, who expressed a wide variety of affect and a high quality of fantasy in play, told more interpersonal themes in projective stories than their peers.

Mental representations are also related to play processes and interpersonal functioning (Niec & Russ, 2002; Russ, 2004). It is argued in psychoanalysis and

cognitive developmental psychology that children have transformed their interactions with primary caregivers into cognitive-affective representations of self and other (Blatt & Auerbach, 2001). These mental representations have conscious and unconscious components and develop over the life cycle (Blatt & Auerbach, 2001). Furthermore, they structure how one thinks and feels in interpersonal relations (Niec & Russ, 2002).

Some children; however, have deficits in mental representations that cause problems with interpersonal functioning and such children are more likely to suffer from major deficits in cognitive, emotional and interpersonal processes (Russ, 2004). Warren, Oppenheim, and Emde (1996) found that children with higher levels of behavior problems have more anger and injury in their play narratives than their peers, suggesting that aggressive children may have severe and frightening mental representations. Toth, Cicchetti, Macfie, and Emdea (1997) concluded that the play narratives of maltreated children indicate more negative themes such as anger, shame and noncompliance, and more negative mental representations of parents (Warren, Emde & Sroufe, 2000).

There is also a link between mental representations measured by play narratives and anxiety (Warren et al., 2000). Grossman-Mckee (1989) found that children reporting greater state anxiety are less organized in their play narrative and these children express less emotion than their peers. Depending on the degree of anxiety the child possesses, their affective and cognitive processes in play might be lower in quality than their peers, and the play activity may be not yet represented by symbols (Chazan, 2002). Therefore, in the current study, the relation among anxiety, mental representations and cognitive and affective processes in play will be examined.

The next two parts of the introduction will present a review of the theoretical literature about play and representations. In the first part of the introduction, the definition of play and the link between play and internal representations will be analyzed. To this end, the definition of play, internal

representations, early relations between the child and caregiver and the effects of play on intersubjective area will be reviewed. The Social Cognition and Object Relations Scale (SCORS) and Affect in Play Scale (APS) will be introduced at the final part.

1.1. Definition and Function of Play

Melanie Klein (1932) argues in *"Psychoanalysis of children"* that play is an essential activity of children and is similar to the dreams and free associations of adults in the sense that children expresses their unconscious fantasies, wishes and internalized images while playing. According to Klein, if a child does not play, this might be a symptom of deep anxiety that should be cured by interpretation. On the other hand, Anna Freud (1966) states in *"Normality and pathology in childhood"* that play is a function of ego capacity. Such capacity to play would allow the child to control aggressive drives and to use them in constructive ways.

While Melanie Klein and Anna Freud conceptualizes play in relation with internal reality as mentioned above. Piaget (1962) emphasizes play as an act of intelligence to adapt to the outer world. This adaptation begins with sensory motor behaviors and cognitive maturity, which allows the child to use symbols and try to imitate the reality (Piaget, 1962).

Winnicott (1971), on the other hand differs from the above mentioned scholars in his definition of play and views it as a transitional space, a bridge between inner and outer reality. From this point of view, play enables the baby to differentiate what is internal and what is external (Winnicott, 1971).

Both Stern and Brazelton conceptualize play from a cognitive-developmental psychology perspective. Stern (1974) claims that attention, arousal, and expression of affects are critical requirements for social interaction between mother and baby. These developmental skills are integrated in to the activity of play would make the main purpose of play is to interest and delight one another (Stern, 1974). Play does not only provide the infant with new levels of relatedness

and interpersonal sharing of meaning it is also an interpersonal event with a hierarchical structure. Stern (1974) explicates this hierarchical structure as the combination of smaller units of interaction of baby and the mother combine to larger units.

In line with Stern, Brazelton (Brazelton & Cramer, 1990) identifies play as one of the characteristics of parent-infant interaction which strengths the attachment between them and provides the opportunity to learn about each other. Through initiation and modeling one another in play, the baby learns how to gain control over the parent and establish a relationship with her while the mother learns how to maintain the baby's attention (Brazelton & Cramer, 1990).

This is why both, the play definition of Winnicott from object relation's perspective, and the play definition of Stern and Brezolton from a cognitive-developmental perspective emphasizes the early play experiences between the mother and baby. The early play experiences are considered to contribute to the formation and integration of representations (Bergman & Lefcourt, 2000). Such experiences do not only enable baby to internalize interactions with primary caregivers, but they also regulate a wide range of affect and behavior in interpersonal relationships (Blatt & Auerbach, 2001). In the next part, the early play between the baby and mother, and the link between the play and formation of self, other and self with other representations will be discussed.

1.2. Play & Internal Representation

Sandler and Rosenblatt (1962), who elaborated on the representational world of the child, stated that internal representations are subjective and tend to show gradual changes with psychological and physical development (Sandler, 1994). The quality of a child's representational world is related to his/her interpersonal relations (Greenberg & Mitchell, 1983; Kernberg 1976). Therefore, it is of utmost important to examine the early relationship between the baby and caregiver and the place of the play in this relation. Such an analysis would help enhance the understanding of how representations are formed and shaped.

At the beginning of the first year, which Winnicott (1971) calls as primary maternal preoccupation, the mother's primary occupation is the baby. During this period, the mother learns how to contain the baby. While she gives the baby affection and takes care of her, she sets the appropriate limit for the baby's behavior at the same time. If, by doing so, mother accomplishes the separation, the baby will begin to experience the feeling of self (Palmer, 2011; Winnicott, 1965). This process is realized by two main actions: recognizing and managing the child's own inner objects and projecting them in an intervening space between the inner and outer world (Winnicott, 1971) which is an intermediate space is the space where symbolic play takes place and the child's relational skills develop (Palmer, 2011; Winnicott, 1965).

As for the development of this intermediate space, prototypic games played by mother and baby are also believed to have essential contributions to it. (Bergman & Lefcourt, 2000; Mahler, Pine & Bergman, 1975 ; Winnicott, 1971). For instance, when the baby is 5-month age, he/she may like to play with objects that belong to mother such as her jewelry, clothes, and eyeglasses since they are shiny or make sounds. The reason why the baby likes to play with such jewelry is not only for their physical quality, but also for their connection to mother's body. Although they originally belong to the mother, they can be taken and possessed by the baby in the presence of the mother. This leads to the emergence of the mental capacity to invest in an object with feelings. The baby begins to realize both the boundary and the distance between "me" and "not me" consecutively. There are two play areas; the mother's and the child's own areas (Winnicott,1971).

In line with the function of play, each child expresses his/her own inner representational world while playing (Chazan, 2002; Sandler & Rosenblet, 1962). As the child grows, his social interactions expand and become more complex. Such expansion and complexity take place as children start to store other social interactions than prototypic games played by the mother and children in the first

years of the baby. As a result, these interactions become independent representations.

1.3. Play Activity: Representation of the Social World

As the cognitive capacity of the child develops, the child gains the ability to express emotions and thoughts through various symbols and language. This ability interpreted differently by different scholar: According to Winnicott (1971), it allows the child to develop his/ her own self; while Stern (1985), considers it as a factor that would help develop new levels of interpersonal relationships; Finally, for Piaget (1962), such an ability forms the basis of all rational thinking (Slade, 2000).

Along with cognitive, emotional and physical development, the child becomes capable to take on different roles, actions and objects in symbolic play. The child may reflect different social situations, which can be transformed into play in the form of family or school life (Bretherton, 1984). The child may choose to take up a certain role such as being the mother or being the teacher in the play. It is also possible that the child interacts with another person or uses human and animal figures, or takes two roles, directs the other player or animates a toy while playing and representing an event in a symbolic way (Bretherton, 1984). Thus, in a symbolic play, when the child starts to tell a story, emotions begin to emerge in the context of the story (Bretherton & Beeghly, 1982; Drunn, Bretherton & Munn, 1987; Slade, 2000). For instance, the child may have guilty feeling and projecting this to the play character; he/she blames them in the same way he/she feels in the narrative (Sandler, 1962).

1.4. Pretend Play and Anxiety

It is argued that by a number of scholars that children can benefit from symbolic play to cope with their anxieties (Christian et al., 2011; Russ, 2004; Singer, 1995; Watson 2000). Symbolic play achieves such an impact by helping, children can increase positive affect and decrease negative affect while playing (Singer, 1995; Russ, 2004). It enables children to rework negative experiences in

a pretense way (Watson, 2000). Psychoanalytic clinical studies, conducted by Waelder (1933) and Peller (1954) contend that play mainly is a tool for alleviating anxiety as well as for mastering painful experiences (Greenspan & Lieberman, 2000). Waelder (1933) uses an apt metaphor to explicate the impact of play on managing experiences: "play is a method of ……assimilating piecemeal an experience which was too large to be assimilated instantly at one swoop" (p. 218).

Another benefit that symbolic play offers to children is during therapy since it opens up a space to study negative feelings and gives children the opportunity to express themselves regarding relationships with objects (Palmer, 2011). That is they can express and regulate their negative affect in a repetitive and supportive environment (Russ, 2004; Singer, 1995), which in return would help them become more capable to understand their negative affects and try to cope with them (Watson, 2000).

There are three related processes to cope with negative affects in play. First, play enables an environment to organize unfocused affects and display them in a healthy way. Second, by creating imaginative characters and plots, children can express their unfocused fears in a pretend way and can distance themselves from these fears. This would benefit children who may experience anxiety in their daily life but they cannot link their anxiety to a particular reason or event. Third, instead of being a victim, children could enact agency by actively controlling the particular stimuli or event in their pretend play. Hence, in their repetitive play, children may choose to desensitize themselves to the stimuli or event (Watson, 2000).

The literature review also reveals that how children play when they are anxious remains as a theoretical question that needs to be examined empirically (Christian, Russ & Short, 2011; Watson, 2000). Watson (2000) maintained that one major difficulty to address the question is the lack of a standard definition for anxiety, which is considered to be an umbrella term for fear, stress and worry (Lazarus, 1966; Watson, 2000). Studies related to anxiety and pretend play show

differences the assessment tools and type of anxiety levels (Milos & Reis, 1982; Barnett, 1984; Christian, Russ & Short, 2011; Watson 2000). There is, therefore a link between internal representations of children and anxiety symptoms. Warren et al. (1996) described children's play narratives may enable as a window for understanding their internal representations since they can exhibit early life experiences, the images of self and others through play (Warren et al., 2000).

Warren et al. (2000) conducted a longitudinal study so as to further look into the relation between internal representations and signs of internalizing and anxiety problems. They found that the narrative of play at 5 years of age would predict internalizing and anxiety signs at 6 years of age. One possible interpretation of such a result might be that deficits in the internal representations of themselves and others can cause children to develop anxiety symptoms in the future (Warren et al., 2000).

Pass, Arteche, Cooper, Creswell, and Murray (2012) also conducted a longitudinal study to examine the relation between children negativity in play narratives such as negative emotional responses or expectations of hostile reactions from others, and anxious-depressed symptoms. They found that children's negative affects and expectations in play narratives predicted teachers' ratings of anxious-depressed signs and social worries in the school environment after one term (Pass et al. 2012). Such a finding suggests that before the appearance of significant clinical symptoms, the child vulnerability can be determined (Pass et al., 2012).

Christian et al. (2011) also investigated anxious children's play. The study induced an anxious mood group and compared the group with those in a neutral mood group. By measuring play processes with affect in play scale (APS) pre and post-mood induction, they found a negative relation between self-reported state anxiety and the amount of organization in first play assessment. In terms of affect, children in the anxious mood-induction condition were found to have more positive affects in their play than in the neutral condition. Furthermore, their study

revealed that all children show more organization, imagination and expressed affect in their second assessment. This indicated that children's pretend play help them to cope with their anxiety.

Furthermore, Christiano and Russ (1996) found a positive relation between pretend play and coping. Children, who expressed more affect and fantasy in play narratives, used more coping strategies under stress. Barnett and Storm (1981) also examined children's play following an anxious mood induction. They revealed that children's anxiety level decreased after they played. Therefore, there is a link between quality of fantasy and children's ability to think of a number of coping strategies (Russ, 2007). Children can increase positive emotions and reduce negative emotions through play (Russ, 2007; Singer, 1995). In one of the study, Knell (1998) used cognitive behavioral approach in play and showed that the playing out of worries results in gradual extinction of the symptoms.

These studies proved pretend play to be a useful tool for children to deal with anxiety. Children, who expressed more feelings and fantasy as they played, reported less distress and more successful coping strategies during an anxious process (Christiano & Russ, 1996). However, despite these studies in relevant literature, Christian et al. (2011) emphasized the need for further studies in order to investigate the mechanism in symbolic play that reduce anxiety. Thus, in the current study, the relationship between children's symbolic play capacities and anxiety levels will be examined in an attempt to help fill this gap in the literature. In the next section, the scale that will be used in the study and measures the symbolic play of children will be introduced.

1.5. The Assessment of Play Activity

There are standardized instruments that attempt to assess children's play activity such as The Children's Play Therapy Instrument, The Play Therapy Observation Instrument, and the NOVA Assessment of Psychotherapy (Russ, 2004). In the current study the Affect in Play Scale (the APS), assesses cognitive

and affective processes of pretend play with a standardized play task and coding system, will be used (Russ, 2004; Russ, Pearson & Sacha, 2007).

The APS can be applied at ages between 6 and 10. There are 11 affective categories, which are divided into positive and negative affects. While positive categories are happiness, nurturance, competition, oral and sexual, negative categories involve anxiety, sadness, frustration, aggression and oral aggression. In addition, frequency of units of affect expression assesses the amount of affect expression, defined in affective units. These affective units can be one expression by a single puppet. The unit can be expressed verbally or nonverbally such as one puppet-hitting table. The APS also assesses cognitive dimensions such as organization, imagination and quality of fantasy in a 1 to 5 global rating scale. 1 is for lower scores and 5 is for higher score (Russ, 2004).

1.6. Empirical Studies of the Affect in Play Scale

As mentioned above, the scale was developed to meet the need for a standardized tool of affect in pretend play (Russ, 1993). Russ, Grossman-McKee, & Rutkin (1984) conducted pilot studies to examine the appropriateness of the APS for young children. Through these pilot studies, they obtained the scoring criteria and shortened play period from ten minutes to five minutes (Russ, 2004). Later studies focused on the reliability and construct validity for the APS. Interrater reliabilities, using different coders, generally have been in the .80 and .90 (Christiano & Russ 1996; Seja & Russ 1999; Russ, 2004). For the construct validity, studies have been carried out with four main types of criteria such as creativity; coping and adjustment; emotional understanding and interpersonal functioning (Russ, 2004).

Fein (1987) claims that pretend play is a form of creativity. This is why divergent thinking is considered to be a dimension of creativity (Russ, 2004) as it enables children to generate solutions to a problem and includes free association (Runco, 1991; Russ & Schafer, 2006). In the studies, which examine the relation between pretend play and divergent thinking, a positive correlation between

affective expression in play and divergent thinking was found (Russ & Grossman-McKee, 1990; Russ & Peterson, 1990; Seja & Russ, 1999). In a 4 year follow up study, it was also found that quality of fantasy and imagination predicts divergent thinking over time (Russ et al., 1999). Another study by Russ and Schafer (2006), which examined the relationships among the APS, divergent thinking and emotional memories, reveal that affect in play links to emotion in memories and divergent thinking.

In addition, Hoffmann and Russ (2012) examined the relation among pretend play, emotion regulation, divergent thinking and storytelling ability, which is another form of creativity in children. They concluded that pretend play relates to both divergent thinking and storytelling ability. Their study also showed that these two forms of creativity link to emotional regulation. That is, a creative child is able to find ways to solve a problem and to handle her/his emotions in distressing situations (Hoffman & Russ, 2012).

It is important, at this point, to emphasize the relation between play ability and coping ability (Russ, 2004). Play fulfills such a function by allowing children to express their negative effects in a pretend way and resolve their internal conflicts. By doing so, children can generalize their problem-solving ability in daily life (Russ, 2004). As a result, children who express affect and fantasy in their play are recognized as good at coping skills (Christiano & Russ, 1996; Goldstein & Russ, 2001; Christiano & Russ, 2011; Russ, 2012). The distinctive characteristic of such children is their ability to display flexibility and better coping strategies in a stressful situation such as during a dental procedure or the first day of school, compared to those who express less affect and fantasy in their play (Barnett, 1984; Christiano & Russ, 1996). Moreover, play is a useful way for children to cope with distress (Russ, 2004). This is evident when anxious children display more positive affects to handle negative emotions while playing (Christiano & Russ, 2011). Another study by Russ (2012) found supportive evidence that imagination in play is linked to coping abilities over the eighteen-months period.

Imagination and fantasy in play are essential criteria to understand coping skills that children possess. One of the reasons might be that fantasy play enables children to elicit and realize their emotions. There is also a link observed between affective and cognitive processes in fantasy play and emotional understanding (Seja & Russ, 1999). While children play in a pretend way, they take different perspectives. This enables them to both imagine the others' emotional experience and interpret it (Russ, 2004). It is through this emotional understanding that children are able to understand the link among decisions, situations and feelings (Harris, 1985; Seja & Russ, 1999). Harris and Seja (1999) found the relation between dimensions of fantasy play on the APS and emotional understanding, which was measured by the Kusche Affective Interview-Revised. A link is believed to exist between accessing and organizing the fantasy and emotion in play and recalling and organizing memories related to emotional events in children. This is how children who play in a pretend way and organizing their fantasy, also understand others' emotions.

Emotional understanding, therefore, contributes to interpersonal functioning in different ways for children: it allows affective sharing, regulates peer regulation, decreases behavior problems, and gives meaning to interpersonal experiences (Russ & Niec, 1993; Sroufe, 1989; Pederson & Moran, 1996; Wippman & Sroufe, 1979; Sandler & Sandler, 1978; Russ, 2004). From an object relations perspective, interpersonal functioning is considered to have a relation with internal representations. Repeated patterns of interaction between the baby and caregiver are represented on the baby's mind and such a representation lets the child starts to direct his/her own behavior according to expected responses from his/her own caregiver (Niec & Russ, 2002; Scroufe, 2000). In play, children who display their affects more than their peers have proven to have better relationship with others (Niec & Russ, 1996).

Niec and Russ (2002) looked into connection among internal representations, empathy and affective and cognitive process in fantasy play with children. The quantitative method for Thematic Apperception Test, called SCORS-Q, is used to

measure the internal representations such as cognitive structure of representations, affect-tone of relationship schemes, understanding social causality, and emotional investments in values and relationships. In addition, the APS is used to assess the children's affect and cognitive components of fantasy play. Four major scores, which are total frequency of units of affective expression, variety of affect categories, comfort in play and quality of fantasy, are coded. Their study was conclusive in its results, showing that there is a correlation between understanding social causality and the quality of phantasy.

The studies that used the APS show that cognitive and affective processes of play are related to criteria of creativity, coping and adjustment, which can be defined as mental flexibility (Russ, 2004). It is also possible to find studies in the literature that proved a relation between cognitive and affective processes in play and interpersonal functioning (Niec & Russ, 1996; Niec & Russ, 2002; Russ, 2004). In line with these findings, play, from a clinical perspective, is viewed as a tool which enables children to communicate their cognitive and affective understanding of the inner and interpersonal worlds (Niec & Russ, 2002).

Russ and Grossman-McKee (1990) examined the relation between the expression of affects in play and primary process thinking which is unconscious, primitive, illogical and pleasure seeking. Finding a positive correlation between the amount of primary process expression on the Rorschach test and affective expression in children's play. Russ and Grossman-Mckee (1990) concluded that primary process thinking of children comes to surface in their play.

However, more studies are needed to examine the relation between cognitive and affective processes in play and interpersonal functioning (Niec & Russ, 2002) Therefore, the current study focuses on the relation between cognitive and affective processes in play and children's internal representations.

1.7. The Assessment of Internal Representations

In the literature, object relations theory and social cognition theory are two theoretical lines which try to explicate cognitive and affective processes separately from each other. Bases on a clinical perspective, object relations theory pivots around dynamic unconscious and explores deeply into emotional processes with a focus on the child's early relations with his/her caregiver (Greenspan & Lieberman, 2000). Social cognition theory, on the other hand, focuses on rational intelligent thought such as information processing, logic, causality and abstract thinking from an experimental perspective (Greenspan & Lieberman, 2000).

Although object relations and social cognition theories show differences in terms of their theoretical assumptions and approaches, both of them attach substantial importance to mental internal representations (Westen,1991). Assuming that past interpersonal experiences influence current relations (Levine & Tuber; Niec and Russ, 2002), object relation theories emphasize the unconscious representations and therefore they focus on the role of representation of self and others on interpersonal functioning. Unlike object relation theories, social cognition theories study representations, which can be consciously accessible. To this end, their main focus is on how representation or schemes are encoded and retrieved from an experimental perspective (Westen, 1991).

Object relations theoreticians could use projective tests such as Rorschach Inkblot Test and Thematic Apperception Test (T.A.T) to measure affective quality, and cognitive structure of self-representation and object representations (Westen, 1991). One advantage of these test materials is that they can provide an abundant source of knowledge about a person's object relations (Kelly, 2007). However most social cognition researchers are inclined to approach these clinical data as unsystematic, inferential and inappropriate for a scientific psychology (Westen, 1991).

Westen (1991) comments that it can be possible to develop an integrative method to assess mental representations despite certain conflicts between these

two major approaches. He further elaborates that object relations theory could benefit from research methods and developmental results of social cognition research whereas psychoanalytic knowledge of affective and defensive processes and unconscious dynamics of mental representations would be a valuable source for social cognition research (Westen, 1991).

Westen (1991), therefore, combined Object Relations Theory and Social Cognition Research and developed Social Cognition and Object Relations Systems (SCORS) in order to interpret the T.A.T. and other projective test narratives (Kelly, 2007). Providing an integrative approach to examine cognitive and affective processes that mediate interpersonal functioning (Westen, 1991) SCORS has four dimensions, which are Complexity of Representations of People (CR), Affect Tone of Relationship Paradigm (AT), Capacity for Emotional Investment in Relationships (CEI) and Understanding Social Causality (USC).

In the current study, therefore, SCORS Global Rating Method (SCORS-G) will be used to rate participants' T.A.T. narratives (Hilsenroth et. al., 2007). The many different characters in the T.A.T. stories produced by an individual may be viewed as a window into variety of self and object representations (Bellak and Abrams, 1997). Therefore, being one of the reliable and valid SCORS rating scales among SCORS, SCORS-R, SCORS-Q (Hilsenroth et. al., 2007), the SCORS-G enables the capture of a multidimensional picture of a person's cognitive and affective process in interpersonal functioning.

The SCORS-G dimensions are each seven-point anchored rating scales; higher scores (e.g., 6 or 7) are interpreted as greater psychological health scores whereas lower scores (e.g., 1 or 2) would mean psychological dysfunction (Westen, 1995; Hilsenroth et. al., 2007; Stein et al. 2011).

1.8. Empirical Studies of Object Relations and Social Cognition

Studying representational processes of people who have difficulties in interpersonal relations is believed to be one way of answering the question of the relation between mental representations and interpersonal functioning (Westen,

1991). This would allow a comparison between their internal object-relational and cognitive processes with normal population. Hence, Westen et al. (1990) compared adult borderline with major depressive and normal subjects and found borderline patients to show significantly lower mean affect tone, capacity for emotional investment in relationships and moral standards than the other two groups. Their narratives, which exhibit more need-gratifying object relations and inconsistent attributions, indicate a greater tendency toward egocentric and poorly differentiated representations.

Westen et al. (1990) also compared the object relations and social cognition of borderline adult and adolescence patients in order to examine the development of pathological representations. The results revealed that borderline adults seem to gain higher scores on complexity, emotional investment and social causality. Based on these results, Westen (1990) claimed that Object relations are not a unitary development line.

Using T.A.T. responses, Westen, Klepser, Silverman, Ruffins, Lifton and Boekamp (1991) conducted two different studies in order to investigate the developmental differences in object relations and social cognition in children and adolescents. One of these studies assessed 2nd and 5th graders, while the other one assessed 9th and 12th graders. The results of the two studies show that representations seem to develop beyond preoedipal times. All variables, with the exception of affect tone of relationship paradigms, have continued to mature. Shifrin (2012) also found that children and adolescents, diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), scored higher on SCORS-G variables than younger non-ADHD children. This finding highlights the significance of age as a predictor of performance on SCORS variables except affect tone of relationships. In order for a person to score a higher score on the affect tone of relationships scale, he or she must have positive object relations, which is the basis of the relational experience (Palmer, 2011).

There are also studies that investigated the validity of SCORS. Inslegers et al. (2012), for instance, examined the reliability and convergent validity of the data related to psychiatric symptomatology and psychotherapy transcripts. They concluded that SCORS from different sources can be reliable but the convergence between the two sources is limited. They further argue that SCORS-TAT brings out implicit and unconscious dynamics while interview-based version of SCORS examines autobiographic memory such as beliefs and memories about significant others (Inslegers, Vanheule, Meganck, Debaere, Trenson, Desmet and Roelstraete,, 2012). In addition, Stein et al. (2015) articulate that SCORS-G dimensions correlate with life event variables such as self-harming behavior, drug/alcohol abuse, trauma, and education level. Low SCORS-G scores, on the other hand, may signify current or past experiences, life difficulties, and management of distress.

Whipple and Fowler (2011) conducted a study in order to examine the quality of affect, object representations and social cognition of psychiatric patients who engage in non-suicidal self-injury. To this end, they compared two groups, which involved the case group and the control group. The case group consisted of female borderline patients who exhibit non-suicidal self-injury while the control group consisted of female borderline patients without non-suicidal self-injury. Patients with self-cutting showed not only greater expectations of malevolence than others, but also less investment, hostility and aggression in relationship narratives (Whipple & Fowler, 2011). On the other hand, Conway, Lyon and McCharty (2014) examined the Object relations of hospitalized children who engage in non-suicidal self-injury. They compared their internal representations to those their peers who do not exhibit non-suicidal self-injury. The results showed that adolescents engage in non-suicidal self-injury scored higher in complexity of representation and social causality and also showed lower emotional investment in values and moral standards. Although adolescents in the case group are older than those in the control group, difficulties in affect regulation might be considered as one of the reasons for non-suicidal self-injury. The child might have

represented the self and others in a complex way. However, the content of the representation might cause the difficulty in self regulation (Convey at al., 2014). The early relationship with caregivers is known to influence how individual perceives himself/herself and others. The early interaction becomes internalized and shapes the content of representations (Stein, Siefert, Stewart & Hilsenroth, 2011).

That is why the relation between internal representations and social functioning has been inferred from studies examining individual differences in early attachment patterns and subsequent self regulation (Niec & Russ, 2002). Stein et al. (2011), who conducted their study at a university-based outpatient treatment clinic, examined how attachment patterns relate to cognitive and affective aspects of object relation representations. They found out that Self Esteem variable of SCORS was significantly positively related to secure attachment and negatively related to anxious attachment. Moreover, Emotional Investments in Relationships and Affective Quality of Representations were significantly positively related to secure attachment and negatively related to preoccupied attachment. Finally, the results revealed a positive relation between the secure attachments and positive internalized representation for self and others have a positive relation.

Palmer (2011) investigated mothers' depression and their children's social and object relations. He used SCORS on children's play narratives. He found that there is a positive relation among affective perception, social complexity and ages rather than mothers' depression. Palmer (2011) further inferred that presence of other adults at home who take the responsibility of the child would diminish the adverse effect of the mother's depression on the child's development of object relations. He also underscored the importance of the cognitive development of the child as a contributing factor to his/her ability to cope with the adverse effects of his mother's depression.

In summary, SCORS of Westen (1985) is considered as one of the reliable measures of internal representations as it could assess multiple dimensions of internal representations by using T.A.T narratives. It is also a valid and reliable tool to assess children's and adolescents' internal representations (Westen et al., 1991; Niec & Russ, 2002; Conway et al., 2010; Shifrin, 2012). Niec and Russ (2002) found that there is a positive relation between the SCORS-Q and the APS. As the scores of children's quality of fantasy in play scale increase, they increase in points that they get from Understanding of Social Causality (Niec & Russ, 2002).

1.9. The Aim of the Study

The ability to engage in symbolic play is essential to the development of self as stated by Winnicott (1971) and the development of cognitive abilities defined by Piaget (1962). Furthermore, individual differences can be observed in children's play (Chazan, 2002; Niec & Russ, 2002; Russ, 2004). From a clinical standpoint, play can be thought of as a way that children can communicate their emotional and cognitive understandings of inner and interpersonal worlds (Chazan, 2002; Niec & Russ 2002; Russ, 2004; Stern, 1985). According to Winnicott (1971), children with positive maternal relationships and self-esteem would be expected to demonstrate creativity as well as to represent both threats and defenses in the content of their symbolic play. These children are able to see relational tensions and use play to help resolve these tensions they are experiencing internally (Palmer, 2011). Therefore, assessing causality is important to resolving issues. This process can be seemed in children's play session through fantasy situations or narratives involving play objects (Palmer, 2011). Niec & Russ (2002) conducted a quantitative study that shows the association between causality and fantasy play. They revealed a positive correlation between the understanding of social causality in projective materials and quality of fantasy in play. The result of the study showed that pretending in play requires a logical understanding and "Understanding Social Causality" assesses children's ability to

assign causes. In addition, there is a high correlation between "Complexity of Representations" and "Understanding Social Causality" (Palmer, 2011). It can be assumed that these two dimensions of SCORS-G assess almost the same features in the T.A.T narratives. Both of them examine the level of complexity in relationships (Palmer, 2011). For these reasons, it is expected that:

> Hypothesis 1: Maturity of complexity of representations of self and other, and understanding social causality would be positively and significantly correlated to quality of fantasy play. That is children whose play are organized, elaborated and imaginative, have complex representations of self and others; and logical understanding of the relationships among affects, thoughts and behavior on the SCORS-G.

Children may have positive or negative attitudes toward relations. They can express such attitudes in their pretend play (Russ, 2004). Winnicott (1971) stated that if parenting is good enough, then children would feel safe in their relationships with others and have a positive attitude towards them. They could also feel safe enough to internalize them (Palmer, 2011; Winnicott, 1971). In addition, in Westen's scale, Affective Tone of Relationships and the Capacity for emotional investment in Relationships are conceptually related to how children perceive relationships and how they emotionally relate to relations (Westen, 1995; Palmer, 2011). Therefore, it is expected that;

> Hypothesis 2: Affect tone of relationship and emotional investment in relationships and emotional investment in values in T.A.T narratives would be positively and significantly correlated to the expression of affects in symbolic play.

Studies show that there is a relationship between anxiety and emotional expression (Barnett & Storm, 1981; Barnett, 1984; Christiano & Russ, 1996; Christian, Russ & Short, 2011; Grossman-Mckee, 1989). Christiano and Russ

(1996) found that children who expressed more affect were inclined to report less distress in a stressful situation. In addition, Hudson, Leeper, Strcikland and Jessee (1987) found that children who told negative stories displayed significantly showed higher anxiety level and poorer adjustment in a stressful situation like hospitalization. Thus, in the current study;

Hypothesis 3: As the level of anxiety increases, there will be decrease in total positive affect and increase in total negative affect in symbolic play.

Hypothesis 4: As the level of anxiety increases, there will be decrease Affect Tone of relationship (AT) in T.A.T narratives.

Hypothesis 5: As the level of anxiety increases, there will be decrease Emotional Investment in Relationships (EIR) in T. A.T. narratives.

Chapter 2: Method

2.1. Participants

The participants of the study were 68 children whose parents applied to the Psychological Counseling Center at İstanbul Bilgi University to get therapeutic help for their children. The research sample included female and male children. The age range of the participants ranged from 6 to 10 years, with a means age of 7,8 years. Most of the participants were going to elementary school (n=57) and one who is going to kindergarten. There were participants who are in the middle school (n=10). The socio-economic levels of the participants were low (n= 10), middle low (n=19), middle (n= 26) middle high (n=11) and high (n=2).

Participants referral reasons were behavior problems (n=25), cognitive problems (n=16), anxiety (16), separation anxiety (n=3), relational problems (n=3), and other (n=5) including somatic problems, loss someone, adjustment problems. A trauma history was reported for one-third of the participants by their families, including domestic violence/conflict/divorce, sexual abuse, physical abuse, early separation, illness/hospitalization. Only small number of participants was referred to psychiatrist *(n=2).*They were diagnosed with ADHD and prescribed medication.

2.2. Setting

Data was collected in the Psychological Counseling Center on Istanbul Bilgi University campus. Families of the participant applied to the department to get therapeutic help for their children. When parents refer to the center, the children go through psychological assessment before being treated. The examiners who were the second and third year students administered the assessment. They were continuing their clinical practicum at Istanbul Bilgi MA, Clinical Psychology program.

2.3. Measures

2.3.1. Social Cognition and Object Relations Scales-G (SCORS-G)

Content themes in T.A.T narratives were measured using the SCORS-G, which is a new version of the SCORS. It was developed by Hilsenroth et al.,(2007) in order to increase the advantage of the original SCORS which was developed by Westen (1995). In the current study, the scale was used to measure relational themes in narratives that children tell in response to the TAT cards, which provide meaningful material about children's internal worlds.

The nature of T.A.T. cards elicits stories that translate into rich and clinically informed material about the child's interpersonal world (Kelly, 2007). Bellak and Abrahams (1997) recommended to be administered T.A.T. cards in the following order: 1, 2, 3BM, 4, 6BM, 7GF, 8, 9 GF, 10 and 13 MF. For these cards' sequence, there is a consensus to both girls and boys (Bellak and Abrahams, 1997). These ten pictures appear to illuminate powerful emotions and basic human relationships (Bellak and Abrahams, 1997). However, clinicians and researchers may add or delete certain cards. For instance, Cramer (1996) stated that Card 12M tends to elicit themes that often presage responses to treatment and home in on victim-victimize themes and Card 13BM provides information about the emotional availability of care-givers. Therefore, Cramer suggested giving 12M and 13BM in administering the T.A.T. to the children (Kelly, 2007). Therefore, in the current study, six TAT cards (1, 2, 3BM, 13MF and 12 M) were administered which give depth information about children's interpersonal relations and their self and others representations (Bellak and Abrahams, 1997; Cramer, 1996; Kelly, 2007).

Children were expected to make up a story in response to a TAT card. The story included what happened before, what is occurring now, the outcome, and what the people are thinking and feeling (Kelly, 2007; Mamat, 1997). All responses and comments were audio or video recorded to be encoded. The stories were analyzed by SCORS-G in 5 categories including complexity of representations, affective quality of representations, emotional investment in relationships, emotional investment in moral values, and understanding of social causality. The SCORS scales are qualitative and require comprehensive training

of coders that assign values for each scale (Palmer, 2011). The scales were scored on a 7-point Likert scale where lower scores (e.g., 1, 2) indicate more pathological responses and higher scores (e.g., 5, 6) indicate healthy responses.

Complexity of Representations of People (CR) has a developmental characteristics and it assesses the richness and differentiation of a person's representations of self and other (Inslegers et al., 2012). This topic has appealed to both object relation theorists and social cognition researchers (Kernberg, 1976; Linville, 1985, Westen, 1991). Based on extensive clinical research, object relation theories claim that the quality of a child's representational world is critical for personality development and interpersonal functioning (Sandier & Rosenblatt, 1962). With the age, while object representations of children become more integrated, their mental representations of self and others begins to differentiate from others. Becoming more capable of understanding psychological motives to organize people's actions, feelings and thoughts, children can combine different and incongruent feelings about self and others. However counter-evidence against object relations theorists' assumption has been put forth by empirical studies into mental representations' structure, development, and affective quality, conducted by social cognition researchers, who found different timetables that object relations assume. For instance, object relations theory advocates that children face difficulty in combining representations of people, which include positive and negative attributes. However empirical studies show that children can integrate the splitting representation when they are age 5 refute this claim (Westen, 1990a; Stein, Hilsenroth, Slavin-Mulford, and Pinsker, 2011).

At the higher level of the scale, subjects display a complex understanding of the nature, expression and context of personality and subjective experience. They can make distinctions of people's feelings from each other.

As an example of a T.A.T answer, which is a 5 level, is below.

" *There is a family here and the family is interested in agriculture. They have horses and there are a few men working on their fields. The mother looks like she*

is selfish and self-confident, but as the girl does not like her mother, and according to the books she holds, maybe she wants to go to a school, but she can not. Later, maybe her mother might get angry with the girl because the girl thought she is selfish, and then one day the mother thought she was wrong and apologized to her daughter and said she could register her to the school. Well, the girl went to the school……The girl was upset but then she was happy. Maybe she learned that her mother could not be that bad."

At the lower of the scale; on the other hand, there is no distinction between self and other representations. Subjects have difficulty differentiating their own perspective from the perspectives of others. They failure to define any character, describe the characters as an undifferentiated "they", with a single set of thoughts, or feelings (Kelly, 2007; Palmer, 2011). In addition, the answer may include confuses thoughts, feelings, or attributes of the self and others (Kelly, 2007; Stein et al., 2011; Westen, 1995). Example of a level 2 answer:

"There is a mother and father,..their child grows. They took the child from the school because the father saw the skeleton, then there were a lot of monsters…there is one helicopter, and the helicopter landed and then took them. Then flew. Then they threw an arrow…..I do not want another story."

The second dimension of the scale is the affect-tone of relationship paradigms (AT) which assesses the affective quality of representations of people and relationships (Inslegers et al., 2012; Kelly, 2007).Object relation theories conceptualize affect-tone of relationships as the affective variability of mental representations. According to these theories, the child and adolescence experiences relationships ranging from malevolent to benevolent. At the beginning of life, the infant starts to experience anxiety. The primitive ego of the infant splits the object, and interjects good and gratifying object while it projects bad and frustrating object in order to be able to cope with anxiety. This is why the infant needs a supportive environment to diminish paranoid fears from the beginning of her/his life (Mitchell & Black, 1995; Reubins, 2014).

Unlike Object Relation Theories, Social Cognition Theories conceptualize the affect tone of relationship as the affective quality of interpersonal expectancies and they explicate that a person's expectation of relationships can be destructive and threatening (Stein et al., 2011). Children with disorganized and anxious attachment, narcissistic and borderline personality disorders and children who have been abused and maltreated, children with severe personality such as narcissistic and borderline tend to define relationships as unpleasant, indifferent and unhappy in their T.A.T narratives (Kelly, 2007; Omdulf, 1997).

The answer at the low level may include malevolent representations of people and interaction, violence and aggression with little hope of comfort between people (Stein et al., 2011; Westen, 1995). An example of a low level answer is below. The answer got 2 points,

"Here the father is crying, because he made him angry ... because his father made him angry and then he beat his son. Because he ruined it. He pissed him off."

However, at the higher level of the scale, the answer may include positive and negative descriptions of people and relationships. The person expects to like being with other people, to be liked by them (Stein et al., 2011; Westen, 1995). The answer got 5,5 points,

"Melisa and her family are poor and they work on a farm. One day her mother got pregnant and she needed the money for the doctor's fees. Melisa decided to help her family and she began to read her old books……She entered medical school. After that, she became a doctor and earned a lot of money. She gave the money to her family and they bought a house. The mother gave birth at hospital. They lived happily ever after… Melisa is very upset at first. Melisa said at first, "My parents need me." I think if I do something like working hard, I can help them. And I succeeded…..I thought my brother is so sweet, my family is so sweet, and I love them. ...Finally, happiness and peace have come together."

The third dimension of the scale is Capacity for Emotional Investment in Relationships and Morals (CEI) assesses the affective investment in relationships

and values, which serve as the moderators of interpersonal functioning. In the SCORS-G, the "Emotional Investment in Relationship and Moral" dimension is separated into two dimensions, which are "Emotional Investment in Relationships (EIR)" and "Emotional Investment in Moral Standards (EIM)".

"Emotional Investment in Relationships" scale measures the extent to which others and relationships are experienced as meaningful and committed (Stein et al. 2011; Kelly, 2007). Object relation theorists hold the view that there is a need-gratifying pattern of emotional investment at the beginning of life and early childhood. The relationship with others is, therefore, important for the gratification of needs. As the child grows older, mutual love, respect, and concern for significant others become valuable (Westen, 1991). It is argued by object relations theories argues that there are three criteria for the development of mature arrangement of emotional investment in relationships. These are the capacity to regulate emotional investment (not to invest affects into an intense relationship totally), the capacity to invest to significant others, the capacity to, invest in moral values, prohibitions and values (Stein et al., 2011). However, object relation theories and social cognition research are in disagreement about the development times of these three capacities. Object relation theories claims that emotional development occur when the child is at six, that is, by the end of the oedipal period. According to social cognition research, however, children make friends and play together in a mutual and supportive way before age 6. There are studies on friendship, which show that emotional development starts to develop before age 6 (Stein et al., 2011). Needless to say, these studies support social cognition researchers' view on when children develop mature arrangement of emotional investment in relationships.

High level of answers of the scale hold friendship, caring, love and empathy. The participant is interested in the development and happiness of both self and other and try to achieve autonomies selfhood as well as investment in others (Stein et al., 2011). The answer at a 5-point level is below.

"This could be a man. His mother might be sick, or she might have died a long time ago. He could not get her to the hospital because he had no money…. she might have died. He may be very upset and crying about it. But after that, he might have won his money. He may think that if I were rich before, my mother would not die."

At low level answers, the subject's main concern is his/her own gratification. Others may be seen existing only in relation to oneself. The answers may include the person's own needs without concern or interest in others' needs (Kelly, 2007; Stein et al., 2011). The answer at low level (1,5) is below:

"*This woman and the man are getting married, they are kissing at home. The woman also kills the man first and then kills herself. Then they stay home without food. They went to hospital, the woman shot them again. After that, the house was also held by someone else, the thief. They cut him off. The woman thinks "I wish I was a man too…."*"

Furthermore, research on children's conceptions of justice, convention and authority reveals signs for the development of emotional investment in relations and values (Damon, 1977; Stein et al., 2011). Younger children define justice from their own point of view, while the older children define it in terms of the motives underlying the act (Crain, 2003; Piaget, 1932). In Kohlberg's theory (1969), good and bad for a younger child depends on the consequences of the act in terms of rewards and punishment. Then the child internalizes moral standards and seeks the approval of authorities, which Kohlberg calls conventional moral reasoning. The child believes that rules are fixed and absolute. In the final stage, the child and adolescence start to question standard rules realizing that rules are relativistic and they can be changed if agreed unanimously (Crain 2003; Stein et al., 2011).

In this scale, at the higher points, the child internalizes and questions values in an abstract form. Figures express concern for others and answers may include social norms and being nice. As an example, for level 4,5:

"Once upon a time, there were two young men…They went to war. They were soldiers and they were fighting. While one of them would be hurt by a bullet, his friend protected him. He jumped in front of the bullet. But he got wounded. The other one took his friend to the hospital…"

At the lower points, the child and adolescent do not show moral values and concern for needs of others. The child and adolescent's narratives tend to include selfish behaviors and thoughtless, hedonistic or aggressive manners without any sense of remorse or guilt (Stein et al., 2011).

"*This man is killing the woman. The man then loves the woman, eats food, drinks tea and goes around. The man then kills her again. Then she got up again and ate, healed, drank tea again, and killed again. Then the soldiers came first, took the woman to the funeral and then killed the man. Then they all died. Nobody stayed….The man thinks that "if I were a soldier, I would have killed all of them with guns.""*

Understanding Social Causality (SC), which is used to interpret social reasons for interpersonal events, the last dimension of the scale. There is a correlation observed between cognitive maturity and understanding social causality (Westen, 1991; Stein et al., 2011). Yet, object relations theorists tend not to differentiate cognitive and affective processes at developmental stages. Based on their clinical experiences, they specify that certain personality disorders lead to interpretation of interpersonal relations in a distinctive and malevolent way. To illustrate, the patients with borderline disorder could make egocentric, inaccurate and illogical attributions (Westen, 1991). On the other hand, social-cognitive researchers have conducted studies on the development of understanding of social causality in children (Piaget, 1926, 1970; Shantz, 1983; Selman 1980; Stein, 2011; Whiteman, 1967). One of the results of such studies can be traced in Piaget's (1923) claims that children before age 7 are unable to differentiate their own perspectives from that of others. In line with Piaget's claims, Crain (2003) articulates that children cannot understand the fact that the others' interest can be

different from his/her own. Therefore they interpret interpersonal events from their own perspective. However, when hypothetical thinking increases with the cognitive maturity, children are able to interpret the events from different vantage points (Crain 2003).

At the highest level of scale, children and adolescents can understand psychological processes of others and make inferences about them. In addition, they can tell coherent narrative accounts of interpersonal events (Kelly, 2007; Stein 2011).

"The child is going to a music lesson. but he was bored because he could not play. He just sit here like this. He was upset, he gave up. But then the teacher helped him. He play and he is happy now. He said "I wish I had tried more. Then I could be successful.""

At the lowest level, the child and adolescent do not understand the reasons under social events. Such children and adolescents are not only understood why behaviors, feelings or situations emerge, their narratives are also grossly inconsistent. Interpersonal experiences, explanations of people's behavior in the narratives are disorganized and inconsistent (Stein et al., 2011). The example of a level 1 is below:

"This man has just woken up, stole books, cried, then murdered the woman. Then he ran away. The window was broken. The woman got up, shot and killed the man. Then the man got up again and killed her. Then they healed and had a beautiful, nice meal."

In sum up, the scales assess "working representations" which shape information processing and behavior momentarily and with the exception of affect tone, they show correlation with the development. As the child grows, she/he gets higher points from the scales (Kelly, 2007; Westen, 1991).

Multiple scorers constructed the scales, with all raters' scores being averaged to get a more valid and reliable result (Niec &Russ, 2002; Westen, 1995). Westen

(1995) has suggested that when two raters score a protocol, the uncorrected reliability coefficient must be .67 or higher before the average of the scores is taken (Niec& Russ, 2002). Interrater reliability for the categories, using the SCORS manual, has been found to range from .80 to .90 (Westen, 1995). Internal consistency measures (Cronbach's alpha) have also been shown to range from . 80 to .90 (Huprich & Greenberg, 2003; Palmer, 2011).

The TAT responses were coded using SCORS-G Manual (Stein, et al. 2011) by 13 students or graduates in MA clinical psychology program. Prior to beginning the coding process, they received training, which was provided by Dr. Sibel Halfon, who is the clinical director. At the end of this training, they had coded 15 practice protocols, using SCORS-G Manual. The inter-rater reliability of the trainees was over .70. Upon completion of training, coders were randomly separated into groups of 3 and scored TAT protocols independently. In each group, coders met to identify and resolve differences more than one scale point.

2.3.2. Affect in Play Scale

The Affect in Play Scale measures the pretend play (Russ, 2004). The scale assesses cognitive and affective play processes with a standardized play task, instructions and coding system. It can be administered between the ages between 6 to 10. The task includes two human puppets and three blocks. The instructions are as follows:

> *"I'm here to learn about how children play. I have here two puppets and would like you to play with them any way you like for five minutes. For example, you can have the puppets do something together. I also have some blocks that you can use. Be sure to have the puppets talk out loud. The video camera will be on so that I can remember what you say and do. I'll tell you when to stop. Go ahead, put the puppets on, and start."* (Christian et al, p. 183, 2011)

When there is one-minute left with the instruction, the examiner said *"You have one minute left."* (Christian et al,, 2011, p. 183).

It is expected that the child plays with them for 5 minutes. The play is videotaped and rated on dimensions of organisation of play, comfort, imagination, amount of affect and variety of affects in a 1-5 Likert scale. 1 is for lower scores and 5 is for higher scores (Russ, 2004). Organization, as its name suggests, assesses the organization of play. It also rates the quality of the plot and complexity of the narrative. Elaboration assesses the amount of coloring in the play. Imagination assesses the divergent thinking the play and ability to pretend. Quality of fantasy is acquired by the mean of the organization, elaboration and imagination scores. Moreover, there is a comfort dimension, which measures the involvement in the play activity (Russ, 2004).

In addition, there are 5 positive affective categories, which are happiness, nurturance, competition, oral, sexual while there are 6 negative affective categories which are anxiety, sadness, frustration, aggression, and oral aggression (Russ et al. 2007). Russ (2004) was developed a coding manual. Interrater reliabilities, using different coders, generally have been in the α=.80 and α=.90 (Christiano, & Russ 1996; Seja & Russ 1999; Russ, 2004).

In the study, the 5 minutes plays were videotaped. The videos were coded by 3 of clinical psychology graduate students. Before beginning the coding process, they read the Affect in Play Scale Manual (Russ, 2004). Then they rated one practice protocol. After encoding the application protocol, they were scored 15 play assessment protocols independently. One of them computed their interrupter reliability. They came together with Dr. Sibel Halfon to compare their coding and determine inconsistencies in their codings. After ensuring consistency, 2 continued to codify the rest of the play evaluation videos. Interrater reliabilities for 68 participants were as follows: total frequency of affect, r= .89; negative frequency of affect, r= .90; positive frequency of affect, r= .97; imagination, r= .92; organization, r= .91; elaboration, r= .92; comfort, r=. 92.

In order to give a sense of the play, the play dialogue for two children are given below. The first child is a six years-old male. Reason for referral was behavioral problems. The quality of fantasy score is 1, which is the mean of the organization, elaboration and imagination ratings. On the other hand, the second child is a six years-old female. Reason for referral was also behavioral problems but her quality of fantasy rating is 4. These two children differ in affective expression.

Child #1 Low Quality of Fantasy Play	**Type of Affect**
"Oh, no Again?"	Frustration/Disappointment
"Oh no (The puppet's glasses came out)"	Frustration/Disappointment
"I want to go out."	Frustration/Disappointment
"Oh, no, I want to go"	Frustration/Disappointment
(The child took the puppet's hand, shook it and	Aggression
then hit the table)	Aggression
"No, no", (he throws the puppet)….	Aggression
"I am so bored"	Frustration/Disappointment
"Death". (Puppets are hit each other,	Aggression, Aggression
then are hit the table by the child)	Aggression
"Uh no.." (the child stacks the blocks,	Frustration/Disappointment
then hit the girl puppet with the blocks)	Aggression

“Oh no,” (the child shook the girl puppet,	Frustration/Disappointment
hit the wall with the puppet	Aggression,Aggression
and throw it at the dummy)	Aggression
“She was died”	Aggression
(the puppets begin to hit each other,	Aggression
anda block falls on the girl puppet)	Aggression
(The child throws the girl puppet to the researcher)	Aggression
(The child goes out of the room	Aggression
even the time has not finished yet.)	

Child # 2 High Quality of Fantasy Play	**Type of Affect**
“These children have a beautiful house”	Happiness/Pleasure
“They get bored at home”	Frustration/Dislike
“ Let’s go out brother”	Nurturance/Affection
“I was also too bored”	Frustration/ Dislike
(Singing happily while the puppet walks)	Happiness/Pleasure
“Let's play hide-and-seek”	Competition
“Let’s play tag”	Competition
“I like to play”	Happiness/Pleasure
“But then they started to fight each other”	Aggression
“I am older than you”	Competition
“They start to get angry and not talk to each other”	Aggression

“The boylef the puppet house(started to walkangrily)”	Aggression
“The girl puppet becomes upset”	Sadness/Hurt
“She called his brother home. because she likes her brother”	Nurturance/Affection
“The brother came back and they hugged each other”	Nurturance/Affection
“We would play the game that you want”	Nurturance/Affection
The boy puppet said “let’s play tag”	Competition
“The girl said that I am going to beat you”	Competition
“The boy puppet said that I win”	Competition
“Let’s play hide and seek”	Competition
“You hide and I seek”	Competition
“I seek you, I win”	Competition
“Oh, no, it's time to go home”	Frustration/ Dislike

The second child became less constricted in her expression of affect over the session. She became freer in expressing aggression and sadness in play. She also used play to show internal conflicts.

Anal 2.3.3. The Child Behavior Checklist/6-18 (CBCL/6-18)

CBCL/6-18 is a checklist developed by Achenbach (1991) to measure children’s functioning, competence and problem behaviors. The scale includes eight-syndrome dimension, which are grouped fewer than two main clusters, Internalizing behavior problems and externalizing behavior problems. Externalizing behavior problems consist of delinquent and aggressive behavior problems while internalizing problems consist of behavior problems include, social withdrawal, social problems, somatic complaint and anxiety/depression (Achenbach, 1991). The scale also includes total behavior problems for children. Beyond behavior problems, the scale measures children’s competencies in three main dimensions, which are Social, Activity and School (Achenbach, 1991).

There is a cut-off score in order to report the severity of the symptoms. The scores mitt be at borderline, clinical or non-clinical level. The items in the scale were scored by the parents according to the three Likert scale ranging from 0= not true, 1= somewhat true, 2= very true (Achenbach, 1991). CBCL/6-18 is a highly reliable measure with test-retest reliability of a=. 90 for internalizing, a=. 94 for externalizing and a=. 97 for total problem categories (Acenbach& Rescorla, 2001). The scale was used in the study for the assessment of anxiety in children. The anxious depressed of the scale of the school age version has been shown to have a=. 84 and test re-test reliability a=. 82. Furthermore Erol, N., Arslan, B.L., and Akçakın, M. (1995) was developed Turkish standardization of the scale with internal consistency of a= .88 and test-retest reliability of a.=84 for the Total Behaviour Problems category.

2.3.4. Screen for Child Anxiety Related Emotional Disorders (SCARED)

The SCARED was developed to screen children with anxiety disorders (Birmaher, Khetarpal, Brent, and Cully, 1997). The scale is a 38 item self-report questionnaire, which assesses child anxiety symptoms with a 3-point scale. This measure rates children on 5 categories, which are somatic pain, generalized anxiety disorder, separation anxiety, social phobia, and school phobia. Raw scores, which meet or exceed the cut-off threshold of 15 on the overall anxiety scale, indicate the possible presence of anxiety symptoms. There are cut-off thresholds for the panic/somatic (9), general anxiety (8), separation anxiety (4), social anxiety (4), and school phobia (3) scales respectively. A score, which falls at or above the cut-off threshold on each of the scales, indicates the possible presence of significant anxiety symptoms. The scale has been shown to have good internal consistency (α = .93) and test-retest reliability (α = .86; Birmaher et al., 1997). Karaceylan (2004) was developed Turkish Standardization of the scale with the internal consistency of α=. 88 and test-retest reliability of α=. 91.

2.3.5 .Turkish Expressive and Receptive Language Test (TIFALDI)

TIFALDI was developed by Kazak-Berument and Güven (2013) to measure the expressive and receptive vocabulary skills of children in Turkey. There are two sub-scales and these are Receptive and Expressive. Receptive sub-scales have 104 items to measure 2 to 12 years old children's receptive vocabulary. The scale has been shown to have good internal consistency ($\alpha = .99$) and test-retest reliability ($\alpha = .97$; Kazak-Berument & Güven, 2013). On the other hand, expressive sub scale has 95 items to measure 2 to 12 years old children's expressive language.

2.4. Procedures

The assessment sessions were conducted at the Psychological Counseling Center on Istanbul Bilgi University Campus, Eyüp, İstanbul. During the intake session parents were informed about the research carried out in the child-adolescent unit, the purpose of which was to investigate the effectiveness of psychotherapy process, and they were also informed that it was voluntary to get into the research, they were free to leave the process and they can decide on whether to allow recording during assessment or not. A written consent from the parents and an oral consent from the children were taken. The research was approved by the Istanbul Bilgi University Ethics committee and was funded by TUBITAK Project number 215K180.

Children, as well as parents, filled out questionnaires. While parents filled out Children Behavioral Checklist 6/18, children completed protocols individually which included six cards of the TAT, Affect in Play Scale, a self-report measure of Anxiety, SCARED. The administration with children took place at a private and quiet room, which was located in the Counseling Center and equipped with recording devices. The examiners who were research assistant, master level clinical psychology students and trained for the implementation of testing materials read the self-report measure to prevent reading difficulties from interfering with responses. To control verbal ability Turkish Expressive and Receptive Language Test (TIFALDI) was also administered. Affect in Play Scale

and TAT protocols were recorded by camera, then they were transcribed. Finally, the raters, clinical psychology graduate students or voluntary clinical psychologists, coded Affect in Play Scale and TAT protocols.

Chapter 3: Results

3.1. Data Analysis

Both descriptive and quantitative analyses were performed to analyze the data set. In the first part of this section, means and standard deviation of the scales are given. Pearson Correlations are calculated to explore the SCORS-G and the APS sub-scale correlations. Age and verbal ability are found to be important predictors of performance on SCORS and the APS scale variables (Russ, 2004; Westen, 1995). Therefore, the relations between the SCORS-G and age; SCORS-G and verbal ability are also examined. As for significant associations, these are included as control variables. In the final part of the results section, partial correlations are performed in order to test the hypotheses.

3.2. Descriptive Analysis

In Table 1, the descriptive analysis for sub-scales of SCORS-G and the APS is presented.

Table 1 Descriptive statistics for SCORS-G and Affect in Play scale Dimensions

	N	Mean	Minimum	Maximum	SD
Complexity of representations (CR)	68	2.86	1.8	4.6	0.55
Affective tone (AT)	68	3.35	1.27	5	0.76
Emotional investment in relationships (EIR)	68	2.73	1.33	4.33	0.59
Emotional investment in moral standards (EIM)	68	3.56	1.27	4.25	0.59
Understanding social causality (SC)	68	2.66	1.33	4.9	0.60
APS Positive Affect	68	6.67	0	26	7.42
APS Negative Affect	68	9.03	0	39	8.16

APS Total Affect	68	15.35	0	41	10.49
Imagination Pretense	68	2.76	1	5	1.21
Organization Coherence	68	2.69	1	5	1.34
Elaboration Complexity	68	2.63	1	5	1.27
Interest Involvement	68	2.90	1	5	1.34
Fantasy Play	68	2.70	1	5	1.25

Table 2 shows the correlation between SCORS-G scale and age; SCORS-G and Verbal Ability. Unlike previous studies, there was no significant correlation between age and EIM. Table 2 also shows correlations between the dimensions of Affect in Play Scale and Age and; Verbal Ability. There was no significant relationship between the APS dimensions and age; or the APS and Verbal Ability.

Table2 Correlations Between Dimensions of SCORS-G, Affect in Play Scale and Age; and Verbal Ability

Scale	Age	Receptive Language	Expressive Language
CR	.50**	.50**	.48**
AT	.08	.17	.25*
EIR	.27*	.35**	.34**
EIM	-.01	.13	.15
SC	.40**	.48**	.47**
Positive Affect	-.01	.00	-.04
Negative Affect	-.03	-.12	-.12

Table2 Correlations Between Dimensions of SCORS-G, Affect in Play Scale and Age; and Verbal Ability

Total Affect	-.04	-.10	-.15
Imagination	.21	.18	.01
Organization	.20	.20	-.00
Elaboration	.19	.21	.04
Interest	.11	.17	-.10
Fantasy	.21	.20	.01

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

3.3. Results

Hypothesis 1: *Maturity of complexity of representations of self and other, and understanding social causality would be positively and significantly correlated to quality of fantasy play.*

The first hypothesis assumed a significant positive correlation between complexity of representations and understanding social causality that were assessed by Social Cognition and Object Relation Scale (SCORS-G) and quality of fantasy play that was measured by Affect in Play Scale.

When controlled for age and verbal ability, significant partial correlations were found between complexity of representation and fantasy play and social causality and fantasy play. Therefore, the hypothesis was supported. The correlations between complexity of representations and affect in play scale (r= .33, p <. 01) and understanding social causality and affect in play scale (r=. 27, p <. 01) are shown in Table 3. In addition, a significant correlation was found between emotional investment in relationships and fantasy play.

Table 3 Partial correlations between complexity of relationship (CR) and fantasy play; understanding social causality (SC) and imagination, organization, elaboration, fantasy play

	Imagination	Organization	Elaboration	Fantasy Play
CR	.30**	.34***	.32***	.33***
SC	.24**	.29**	.27**	.27**

****p< .01, **p<.05, *p<.09*

Hypothesis 2: *Affect tone of relationship (AT), emotional investment in relationships (EIR) and emotional investment in moral (EIM) in T.A.T narratives would be positively and significantly correlated to the expression of affects in play.*

A negative correlation is found (r= -.25, p<. 05) was found between emotional investment in values and expression of negative affects in play. Table 4 shows the correlations between SCORS-G dimensions and the APS scales for participants.

Table 4 Partial correlations between SCORS-G scales such as affect tone of relationship (AT), emotional investment in relationships (EIR), emotional investment in values (EIM), The APS scales such as positive affect, negative affect, total affect, primary affect, non-primary affect, competition and aggression in play and anxiety scales

	AT	EIR	EIM	CBCL Anxiety	SCARED
Positive Affect	.15	.21	.04	-.06	.20

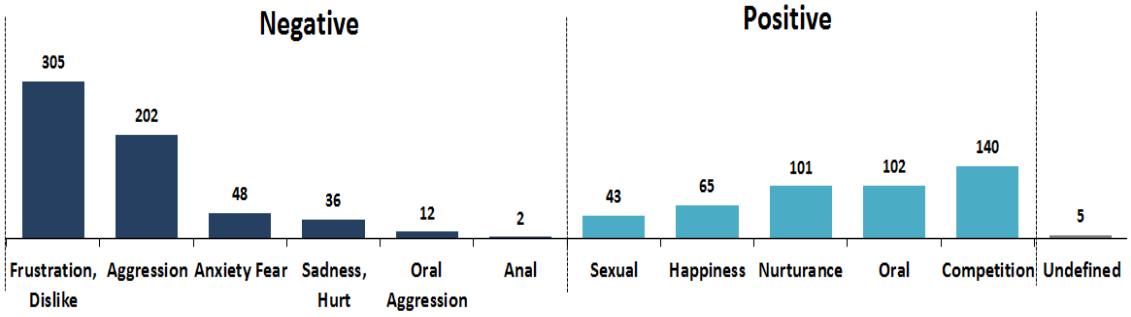
Table 4 Partial correlations between SCORS-G scales such as affect tone of relationship (AT), emotional investment in relationships (EIR), emotional investment in values (EIM), The APS scales such as positive affect, negative affect, total affect, primary affect, non-primary affect, competition and aggression in play and anxiety scales

Negative Affect	-.15	-.15	-.27**	-.23*	-.22*
Total Affect	-.01	.04	-.19	-.17	.01
Primary Affect	-19	-21*	-.22*	-.22*	-.22
Nonprimy Affect	.22*	.22*	-.03	-.02	-.04
Competition	.32***	.24**	.14	-.02	.15
Aggression	-.21*	-.21*	-.25**	-.17	-.09

****p< .01, **p<.05, *p<.08*

Significant partial correlations were, however found between SCORS-G variables and Affective Categories such as Competition and Aggression as shown in 4. In addition, Figure 1 below shows as below, frequency of affect categories that participants showed. Russ (2004) also introduced another classification, which includes primary process affect (aggression, oral, oral aggression, sexual and anal) and non-primary process affect (happiness, sadness, anxiety, frustration, competition, and nurturance). Table 4 shows the correlations between SCORS-G dimensions and the APS primary and non-primary affective categories for participants.

Figure 1. Affect Categories



Hypothesis 3: *As the level of anxiety increases, there will be decrease in total positive affect and increase in total negative affect in play.*

The results also indicated negative correlations between negative affect and CBCL-Anxiety (r=-.23, p<.05); negative affect and SCARED (r=-.22, p< .08).

Hypothesis 4 & 5: *As the level of anxiety increases, there will be decrease Affect Tone of relationship (AT) variable in T.A.T. narratives.*

As the level of anxiety increases, there will be decrease in Emotional Investment in Relationships (EIR) variable in T.A.T. narratives.

It was assumed by the last two hypotheses that there would be significant negative correlations between quality of mental representations that were assessed by affect tone of relationships (AT) and emotional investment in relationships (EIR) and anxiety level that were measured by children behavioral checklist (CBCL) and anxiety related emotional disorders scale (SCARED). However, when the relationship between quality of mental representations and anxiety level were examined, no significant partial correlations were found (Affect Tone of Relation and CBCL anxiety, r= -13, p=.30; Affect Tone of Relation and SCARED, r= .00 p=.99; Emotional Investment to Relations and CBCL anxiety,

r=-12, p=.33; Emotional Investment to Relations and SCARED, r=.09, p=.46). Therefore, the hypotheses were not confirmed.

Table 5 Number of words in TAT narratives and Anxiety Scales

	Card1	Card2	Card3BM	Card4	Card13MF	Card12M
SCARED	.11	.20	.11	.12	.25**	.17
CBCL Anxiety	-.09	-.10	-.15	.02	.13	.05

****p< .01, **p<.05, *p<.08*

Furthermore, when the relation between number of words in T.A.T narratives and anxiety scales were examined, a positive correlation (r=.25, p<.05) was found between number of words in card 13 MF and anxiety related emotional disorders scale (SCARED).

3.4. Clinical Section

In this section, children's reactions to the T.A.T. cards and play materials in the Affect in Play Scale are presented. During test sessions, the participant were observed to reveal individual differences when taking the tests.

For T.A.T. cards, all children made responses to the pictures. However, some cards were rejected by some of the participants. Among the participants, 17 % of them rejected card 4. The second most rejected card was 12 M at a rate of 7,4. Furthermore, card 1 and card 3 were rejected by 2.9 % of the participants while cards 2 and 13MF were rejected at a rate of 4,4 %.

While some children interpreted the pictures and created narratives and expressed their feelings, the others gave enumerative responses. They listed objects seen in the pictures. Furthermore, it was observed that some of the children started to tell a story as soon as they took the card, while some of them looked at the card for a long time without talking. In addition, some children began to create a story on the cards as soon as they took them, but they had difficulty in bringing an end

to their stories. Some children said, “I do not understand anything from the picture”, and then twisted and turned the cards, while some children also asked after taking each card, “Is this the last story?”. Some also focused their attention on other objects rather than the pictures. For instance, during the test session one of the participants, did not sit and wanted to play with the camera, showed pictures to the camera, sang a song. He then asked, “Do my parents watch me through the camera?”. Another child started to play with her clothes and sucked her edge of shirt while one of the children did not touch the pictures, tied her hands from her back and gave short answers to the pictures. In sum, for some children these cards might have provoked anxiety, which they expressed in different ways.

In the Affect in Play Scale (the APS), children also showed differences in their narratives and expression of their affects. Some children expressed their affects and showed their internal conflicts in their play narratives. However, some children became more constricted in expression of affects. There was no narrative or a continuous narrative to the play activity. These children in general were silent or talked very little during the play session. Some of them at the beginning of the play said, “I do not want to play”. For example, one of the children said that “I cannot play because I am shy” and for five minutes he did not play. Some of the children began the play with expression of frustration and said, “I do not like these toys” or “I cannot fit the puppet to my hand.” One of the children said, “I cannot play because I am afraid of puppets”. Another child wanted to play immediately. But after he fit the puppet to his hands, he began to wait without playing. Furthermore, some of the children also show interest in other materials in the room rather than play materials. For instance, one of the children found a band in the room and wanted to tape the play materials. In addition, some children started to play but stopped to play before the time expired.

Furthermore, it was observed that when children expressed more negative affects in their play, their imagination, organization, elaboration and comfort scores became lower. Table 6 showed the relation between expression of affects in play and cognitive dimensions of play which are imagination, organization,

elaboration and comfort. Significant positive correlations were found between positive affects and imagination (r= .57, p<.01), positive affects and organization (r= .61, p< .01), positive affects and elaboration (r=.64, p< .01) and positive affect and comfort (r= .60, p<.01). However, no significant correlation was found between negative affects and cognitive processes in play.

Table 6. The correlations between affective processes such as positive affects, negative affects, primary affects and non-primary affects and cognitive dimensions such as imagination, organization, elaboration and comfort

	Positive Affects	Negative Affects	Primary Affects	Non-Primary
Imagination	.57***	.13	.33***	.43***
Organization	.61***	.07	.29**	.47***
Elaboration	.64***	.09	.27**	.54***
Comfort	.60***	.09	.26**	.50***

****p< .01, **p<.05, *p<.08*

Chapter 4: Discussion

The aim of the study was to investigate the relationship between the complexity and emotional tone of mental representations, cognitive and affective processes in play and level of anxiety experienced by the child.

The findings showed that an increase in cognitive dimensions of play (imagination, organization and elaboration) was associated with an increase in cognitive dimensions of SCORS-G variables, which are Complexity of Representations (CR) and Understanding Social Causality (SC). Expression of affects in play; however, was not found to be related to children's level of affective quality and level of investment in relationships. Yet, when different affective categories were examined in terms of primary process and non-primary process categories, a relationship was found between affective categories and SCORS-G scales. Furthermore, two affective categories, which are competition and aggression in play, were found to be related to children's level of affective quality and investment in relationships. In addition to these, a negative significant correlation was observed between expression of negative affect in play, anxiety scales, and level of investment in morals.

4.1. Internal Representations and Cognitive Processes in Play

The first hypothesis focused on the relation between complexity of representations and understanding causality scores and cognitive dimensions of play. It was hypothesized that maturity of complexity of representations of self and other, and understanding social causality would be positively and significantly correlated to cognitive dimensions of play which was supported.

Literature shows an association between play activity and complexity of mental representations (Chazan, 2002; Kernberg, Chazan& Normandin, 1998). The structure of the social representational world is critical for the child's play. From a cognitive perspective, it includes the degree to which a child is capable of creating narrative structures to represent relationships (Kernberg et al., 1998). Chazan (2002) stated that child's play activity which is playfulness, uninterrupted

symbolic, and problem-solving focused, includes complex role representations is capable to express how he/she felt about himself/herself within the metaphor of play. Furthermore, Warren et al., (1998), found that anxious children's play narratives have negative expectations about self and others, they do not seek help from others and ending stories negatively.

Cognitive processes also include divergent thinking, to transform one object into another and the organization of narrative (Fiorelli &Russ, 2012; Russ, 2004). Niec and Russ (2002) found that understanding social causality has an association with cognitive processes in play. Harris (1994) added that cognitive aspects of play may also be related to interpersonal functioning due to perspective taking ability. Children's complexity in pretend play may rely upon this skill (Harris& Kavanaugh, 1993; Melzer& Palermo, 2016). Children, whose play is more complex, could interpret other people's emotions and behaviors more than their peers (Harris& Kavanaugh, 1993). Therefore, the child builds a framework with which he/she understands emotional experiences (Harris, 1994).

In the literature, there is very little research investigating the relation between representational capacity and play development. However, it is possible to find research that has looked into cognitive dimensions in play and the capacity to describe emotional experiences. For example, Seja and Russ (1999) found that cognitive dimensions of play was correlated with the ability to describe emotional experiences and understand the emotions of others. Even though this study has not looked directly into this association, it is possible to surmise that as the child builds more complex representations that involve distinctions between feelings and their relations to behavior as indicated in the social causality scale, they are better able to organize the cognitive dimensions of play, which also involve relations between different play characters. This child might then begin to imagine other's affective experiences and mental states while playing (Harris, 1989; Russ, 2004).

This capacity could also be operationalized as empathy. The study by Niec and Russ (2002), which was described above, also revealed that children who have complex representations of self and others and also show the ability to understand social causality, were also considered by teachers as emphatic.

In the current study, it was found that complexity of representations and understanding social causality variables have significant correlations with age. This finding is supported by the literature (Palmer, 2011; Shifrin, 2012; Western, 1990; Westen et al., 1991) and it can be inferred from the results that older children get, the more capable to become to perceive and work with boundaries between self and the other and to understand the social problems (Palmer, 2011).

4.2. Internal Representations and Affective Expression

The second hypothesis was that affect tone of relationship, emotional investment in relationships and emotional investment in values in T.A.T narratives would be positively and significantly correlated to the frequency of positive and negative affect expression in play. This hypothesis was only partially supported. Only a negative correlation at trend level was found between emotional investment in values and negative affecting frequency in play. In the literature, there are, however, mix results. Niec and Russ (1996) used a projective storytelling task, CAST and Affect in Play scale in order to examine the association between affect and object relations. They found that children who demonstrate more access to and comfort with their affect in play are more likely to think in interpersonal ways. However, Niec and Russ (2002) did not find any relation between SCORS-Q and affective processes of play either. They only found a relation between quality of fantasy in play and understanding social causality at trend level. They concluded that access to affect relates to access to interpersonal representations regardless of the quality of those representations (Russ, 2004).

Because there was no significant relation observed between emotional investment in relationship and values and affect tone of representations and

positive or negative aspects of play, another classification of affective categories was used in APS, which divides affect as primary process affect (Aggression, Oral, Oral Aggression, Sexual, Anal) and non-primary process affect (Happiness, Sadness, Anxiety, Frustration, Competition and Nurturance) (Russ, 1987; Russ, 2004).

A positive correlation was found between affect tones of relationship and non-primary affect category at trend level. Secondly, it was observed that emotional investment in relations has a negative relation with primary affect category and a positive relation with non-primary affect category at trend level. Although these correlations are moderate to low, these findings imply that the affective tone of children's representations toward relationships is marginally related to non-primary affect categories. When children view people and relationships as positive and enriching, and describe relations as mutual sharing, they express more non-primary affects in play. In contrast, when they view relations as malevolent, hostile and unpleasant, they express more primary affect and particularly aggression in play. Even though there is no specific research that has looked into this association, there is a body of research that investigated the affective tone of attachment representations and behavioral problems. Warren and Von Klitzing used story-stem battery and coded destructive themes, which were aggression (e.g. destructive gesture), personal injury (e.g. a character being physically hurt by the other one) and atypical negative responses (e.g. the subject says "the building catches on fire and the girl dies") from the play narratives of children. Warren, Oppenheim and Emde (1996) found that children, who express aggressive content in attachment-based play tasks, also have more behavior problems. In addition, Von Klitzing, Kelsey, Emde, Robinson, and Schmitz (2000) showed that children who express dysregulated and incoherent aggressive themes in play tend to show behavior problems. Warren et al. (1996) concluded that children's behavior problems may stem from their negativist views of themselves and their world. These children, for example, might have devastating

fantasies to compensate for feelings of vulnerability (Warren et al., 1996) and thus act out their aggression in play and behavior.

When affective categories were examined separately, it was found that competition has significant correlations with affect tone of relations, emotional investment in relations and emotional investment in morals.

Children who have more positive attitudes toward relations, and who view relations with other more as mutual sharing, also express more competition in their play. The specific criterion for coding of competition is "expression of wanting to win, competitive game-playing, pride in achievement, and striving for achievement" (Russ, 2007, p. 152). This finding is interesting in that even though children show more primary process aggression when they have lower levels of object relations (i.e., low affect tone of relations, emotional investment in relations and emotional investment in morals) as described in the previous finding, an improvement on these dimensions is associated with expression of competition. Even though competition could also be considered to be an aggressive theme, it also requires a higher order capacity than primary process aggression. Primary affect categories, particularly aggression, can be regulated by means of sublimation in the play. Oren (2008) stated that competition requires an internalized authority, recognition of reality, emotional maturity to cope with the frustration and anger, and delay immediate gratification.

On the other hand, aggression implies destruction and children, who express aggression at a high level, may face difficulty to regulate themselves. Such children are more likely to engage in problem behaviors as compared to other children (Engle and Fabes, 2004). Their poor emotion regulation capacities may cause them to make defensive responses and to blame others. If they feel guilt or shame for their problem behaviors, their self-view can be threatened. (Roos and Salmivalli, 2015).

Guilt and shame are self-conscious moral emotions that lead feedback on social behaviors (Roos and Salmivalli, 2015; Tagney, Stuewig, and Mashek,

2007) Feelings of guilt make the self to be responsible for unacceptable behavior and motivate reparative actions to ease the tension created by the act (Tagney at al., 2007). Guilt is negatively associated with aggression (Roos and Salmivalli, 2015). Shame, on the other hand, involves a negative evaluation of the self, leading internal and stable attributions (Tangney and Dearing, 2002). In the context of moral transgression, shame is aroused by evaluations reflecting negative qualities of self (Roos and Salmivalli, 2015; Tangney et al., 1996). The studies in the literature, show that children who display aggression have tendencies to externalize blame (Bandura, Barbaranelli, Caprara, and Pastorelli 1996; Barchia and Bussey, 2011; Gini, 2006; Pornari and Wood, 2010; Roos and Salmivalli, 2015) and by blaming others, the feeling of shame could be minimized (Roos and Salmivalli). Therefore, in the current study, it was also found a negative significant correlation between aggression and Emotional Investment in Values and Moral Standards (EIM). As children displayed more aggression in the play, their responses in T.A.T narratives indicated aggressive behaviors without any sense of remorse or guilt. These children may display preconventional moral reasoning in which the child views good and bad in terms of hedonistic implications of action (Kohlberg, 1964).

4.3. Internal Representations, Pretend Play, Anxiety

The last two hypotheses stated that as the level of anxiety increases, there would be a decrease in total positive affect and an increase in total negative affect in symbolic play and Affect Tone of relationship (AT) and Emotional Investment in Relationships (EIR) in T.A.T narratives. However, the results did not support this hypothesis. It was found that there is a negative correlation between total negative affect in play and anxiety scales at trend level. The children who were low on anxiety expressed more negative affect in their play. One of the reasons might be that pretend play is related to coping style (Barnett & Storm, 1981; Burstein& Meichenbaum, 1979; Christian & Russ, 1996; Christian et al., 2011). Children who were good imaginative players displayed a greater number and variety of cognitive coping strategies.

Anxious children might express more positive affect in order to cope with negative affects. Christian et al. (2011) found that children reporting high anxiety showed more positive affect in their play than non-anxious children. They concluded that anxious children used play to regulate their mood. The findings of the study conducted by Grossman-Mckee (1989) to examine associations between anxiety and affective expression in play with children, revealed that the frequency of affect expression was significantly correlated to anxiety. Anxious children express more affects that non-anxious peers. Christiano and Russ (1996) also examined coping and distress during and after the dental procedure by observer report, dentist report, and child self-report. They found similar results with the previous study in which children who expressed more affect, rated them less anxious.

Play may serve children to distract them from distress and regulate their mood (Christian et al., 2011; Kenealy, 1989). In one of the studies, Burstein and Meichenbaum (1979) showed that children who played stress-related toys such as toy doctor's kit prior to a minor surgery were rated as lower in anxiety than children who rejected playing with stress related toys. They concluded that while playing, children could engage in negative emotions associated with stressful life experiences. Gaensbauer and Siegel (1995) also pointed out that when the child expresses the negative emotions in play, related to traumatic event or a stressful situation, he/she can identify and integrate the emotions in a more adaptive way. That is, play enables the child to organize incoherent experiences and negative affects into meaningful narratives (Russ, 2007).

4.4. Clinical and Research Implications

The results of the study showed that internal representations are related to children's fantasy play. Complexities of representations, understanding social casualty and emotional investment to relations have associations with the cognitive dimensions in play. This leads for further studies to examine therapy interventions geared towards developing mature object relations. In therapy

setting, it is essential to create an “open space” that may allow children to express their inner worlds. These children who are more non-symbolic and disorganized in their play, show limited representations in the playroom. When the child senses the therapists as secure, and available, the child can express his/her inner life through play. Furthermore, for some children who do not talk and are unable to engage in symbolic play, nonverbal mode of experience might be one of the treatment interventions. For these children, psychotherapy may include nonverbal communication such as sounds and smells to make contact with the child (Bonovitz, 2003).

Furthermore, the results of the study provided empirical evidence that giving children the opportunity to play may decrease fears and anxiety. Positive affect displayed in a play may be a coping strategy to deal with anxiety. Anxious child may use play to positively reframe their thinking in order to reduce their anxiety level. Therefore, play therapy might help children to cope with their problems in an effective way. Further studies can investigate the link between specific anxiety disorders, internal representations and play processes. In addition, further studies would also focus on other disorders like depression and conduct disorder. Play interventions for specific problems could also be developed in the future studies.

The findings show that internal representations have an association with competition and aggression. There may be different specific clusters of affect content categories, which are different from positive and negative affect or primary and non-primary process themes. Therefore, determining specific clusters of affect content may help to develop play intervention programs.

The results of the study showed that there were significant associations between negative affects and Emotional Investment in Values and Moral Standards Scale (EIM) and between negative affects and anxiety. However, the study did not find any significant relation between anxiety scales and internal representations. Further studies could be conducted to investigate these associations using advanced statistical techniques.

In addition, this study was the first one to use SCORS-G variable and Affect in Play Scale in Turkish culture. More studies are needed to understand the associations between internal representations and play capacity. Future studies might investigate the mother's internal representations and compare them with their children's internal representations. Such studies would also contribute to the development of therapy interventions.

4.5. Limitations and Future Research

This study has some limitations that must be enhanced in further studies. The first limitation is related to the nature of the study design. The study is a correlational study and therefore the design precludes the interpretation of any causal relationship among the variables. Although mental representations clearly have relation with cognitive and affective processes of pretend play, it is not possible to define the direction of the model. Further studies should also be designed to (1) examine whether changes in internal representations correlates changes in interpersonal functioning (2) understand the direction of the model. Another limitation could be considered as sample size. The sample size is limited, and it may have impacted the potential for significant findings and decrease the generalizability of the results to the overall population. Furthermore, the study was conducted in a clinical setting, and the family applied to the center to get psychological help for their children's symptoms. In the current study, the participants have different psychological symptoms. In further studies, the relation between the symptoms such as externalized problems and internalized problems and internal representation could be examined.

The measures of the study are other important issues that need to be considered. Apart from the cognitive and affective processes in play, there are other two major processes, which are interpersonal and problem solving, in play. There are different coding systems which, measures interpersonal or problem-solving processes. For instance, the Interpersonal Themes in Play System (ITPS) is a coding system, measures interpersonal processes in play narratives. ITPS also has a correlation with SCORS-Q (Russ, 2004). Further studies in this area could

utilize these coding systems. In addition to these, in the current study, no significant relation was found between anxiety scales, cognitive and affective process in play and internal representations. Further studies may use behavioral observations to measure anxiety in children.

4.6. Conclusions

Being an empirical study, the study is essential in showing the association between internal representations, play capacity and anxiety. Results from the present study portrayed important findings for the association between complexity and affective tone of representations, children's play capacity and level of anxiety experienced by the child. Complexities of Representations (CR) and Understanding Social Causality (SC) have significant positive correlation with cognitive dimensions of play that are organization, imagination and elaboration. These findings were in line with the previous empirical findings on mental representations and play capacity (Chazan, 2002; Chazan, 2009; Chazan 2012; Niec &Russ, 1996, Niec &Russ, 2002). However, Affect Tone of Relations (AT) and Emotional Investment in Relations (EIR) were not found to be related to negative or positive affect frequency in play. Therefore, it was opted for classification of affective categories which primary and non-primary affect categories. Although the results indicate moderate to low correlation, the findings imply that affective mental representations also have association with affective processes of play. It was also found that affect categories with mental representations, aggression and competition have associations with Affect Tone of Representations and Emotional Investment. Therefore, the current study shows that the mental representations have association with plays processes of cognitive and affective processes of play. Furthermore, in the current study, it was not found any relation between clinical anxiety and internal representations, but when the level of anxiety increases, children's frequency of negative affect decreases.

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APPENDIX

Appendix A. Social Cognition and Object Relations Scale-Global Rating Method Manual

Complexity of representation of people: 1= is egocentric, or sometimes confuses thoughts, feelings, or attributes of the self and others; 3= tends to describe people's personalities and internal states in minimally elaborated, relatively simplistic ways, or splits representations into good and bad; 5= representations of the self and others are stereotypical or conventional, is able to integrate both good and bad characteristics of self and others, has awareness of impact on others; 7= is psychologically minded, insight into self and others, differentiated and shows considerable complexity

1 2 3 4 5 6 7

Affective quality of representations: (i.e., what thw person expects from relationships, and how s/he tends to experience significant others and describe significant relationships): 1= malevolent, abusive, caustic; 3= largely negative or unpleasant, but not abusive; 5= mixed, neither primarily positive or nor primarily negative, (needs to have some positive to be scored); 7= generally positive expectations of relationships (but not Pollyannaish), a favorable and affirmative view of relationships **Note: where affective quality is absent, bland, or limited, code 4**

1 2 3 4 5 6 7

Emotional investment in relationships: 1= tends to focus primarily on his/her own needs in relationships, has tumultuous relationships, or has few if any relationships; 3= somewhat shallow relationships, or only alludes to others; 5= demonstrates conventional sentiments of friendship, caring, love, and empathy; 7= tends to have deep, committed relationships with mutual sharing, emotional intimacy, interdependence, and respect, positive connectedness and appreciation of others **Note: where only one character is described and no relationship is depicted, code2.**

1 2 3 4 5 6 7

Emotional investment in values and moral standards: 1= behaves in selfish, inconsiderate, self-indulgent or aggressive ways without any sense of remorse or guilt; 3= shows signs of some internalization of standards (e.g.avoids doing "bad" things because knows will be punished for them, thinks in relatively childlike ways about right or wrong etc.), or is morally harsh and rigid toward self or others; 5= is invested in moral values and tries to live up to them; 7= thinks about moral questions in a way that combines abstract thought, a willingness to challenge or question convention, and genuine compassion and thoughtfulness in actions (i.e., not just intellectualized) **Note: where no moral concerns are raised in a particular story, code 4.**

1 2 3 4 5 6 7

Understanding of social causality: 1= narrative accounts of interpersonal experiences are confused, distorted, extremely sparse, or difficult to follow, limited awareness and coherence; 3= understands people in relatively simple, but sensible ways, or describes interpersonal events in ways that largely make sense but may have a few gaps or incongruities; 5= tends to provide straightforward narrative accounts of interpersonal events in which people's actions result from the way they experience or interpret situations; 7= tends to provide particularly coherent narrative accounts of interpersonal events, and to understand people very well, understands the impact of their behavior on others and others behavior on them. **Note: where subject describes interpersonal events as if they just happen, with little sense of why people behave the way they do (i.e., alogical rather than illogical stories that seem to lack any causal understanding), code 2.**

1 2 3 4 5 6 7

Appendix B: The Affect in Play Scale

Specific Criteria for Affect Categories	
Aggression	Expression of anger; fighting , destruction, or harm to another character or object; or reference to destructive objects (guns, knives) or action
Anxiety/Fear	Expression of fear and anxiety. Content such as school anxiety, doctors visits, fears, concern about punishment and, worry. Action of fleeing and hiding, agitation
Sadness/Hurt	Expression of illness, physical injury, pain, sadness, loneliness.
Frustration/Disappointment	Expression of disappointment and frustration with activities, objects, and limitations (e.g. "math is boring,", "This is a rotten day", "I can't do this".)
Oral Aggression	Expression of oral aggressive themes such as biting or food that has negative affect associated with it.
Oral	Expression of oral content of food, eating and drinking. Affect expressions are positive about oral content
Anal	Expression of anal content including dirt and making a mess
Nurturance/Affection	Expression of empathy or sympathy with another character; affection; helping and support
Happiness/Pleasure	Expression of positive affect that denotes pleasure, happiness, having a good time, enjoyment, and contentedness.
Competition	Expression of wanting to win, competitive game-playing, pride in achievement, and striving for achievement.
Sexual	Expression of sexual content such as reference to boyfriend or girlfriend, sexual content with feeling state (e.g. "I like to kiss")
Quality of Fantasy	
Organization	measures the quality of the plot and complexity of the story.
Elaboration	Measures the amount of embellishment in the play. One could consider theme, facial expression, voice tones, character development
Imagination	Measures the novelty and uniqueness of the play and the ability to pretend use fantasy. Ability to transform the blocks and pretend with them
Comfort	Measures the involvement of the child in the play and the enjoyment of the play

Appendix C: An Screen for Child Anxiety Related Emotional Disorders (SCARED)

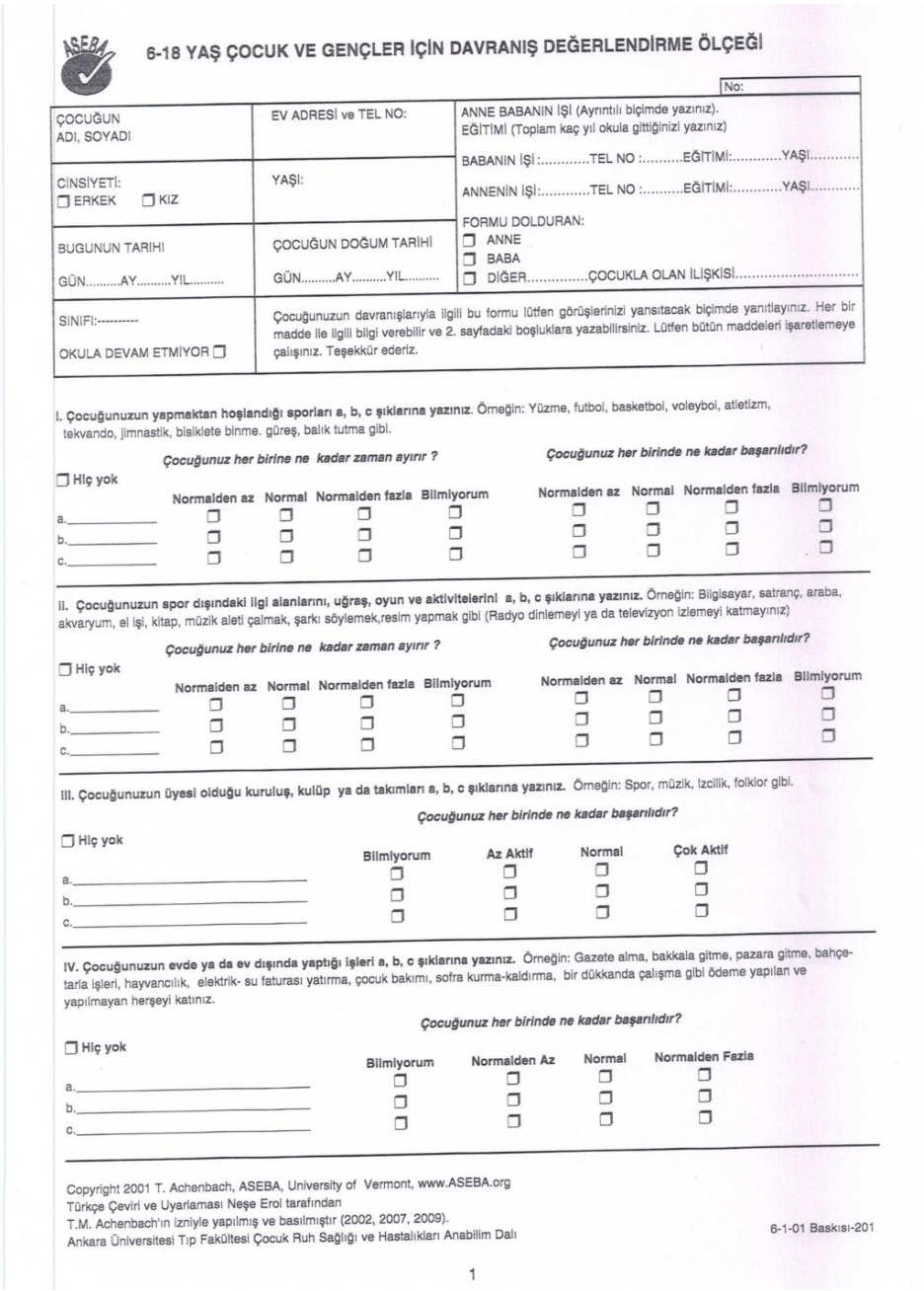
Aşağıda, insanların kendilerini nasıl hissettiklerini tanımlayan maddeler bulunmaktadır. Her madde için; eğer madde sizin için **doğru ya da çoğu zaman doğru** ise **2'y**i, **biraz ya da bazen doğru** ise **1'i**, **doğru değil ya da nadiren doğru** ise **0'ı** işaretleyin. Bazı maddelerin size uygun olmadığını düşünseniz de boş bırakmayınız. **Lütfen eksiksiz doldurduğunuzdan emin olunuz**. Teşekkürler.

0: Doğru değil ya da nadiren doğru
1: Biraz ya da bazen doğru
2: Doğru ya da çoğu zaman doğru

1	Korktuğum zaman nefes almam zorlaşır.	**0**	**1**	**2**
2	Okuldayken başım ağrır.	**0**	**1**	**2**
3	İyi tanımadığım insanlarla birlikte olmaktan hoşlanmam.	**0**	**1**	**2**
4	Evden uzak bir yerde uyursam korkarım.	**0**	**1**	**2**
5	Başka insanların beni sevip sevmediğinden endişelenirim.	**0**	**1**	**2**
6	Korktuğum zaman bayılacak gibi hissederim.	**0**	**1**	**2**
7	Huzursuzum.	**0**	**1**	**2**
8	Nereye giderlerse gitsinler annemin ve babamın peşinden giderim.	**0**	**1**	**2**
9	Birçok insan bana huzursuz göründüğümü söyler.	**0**	**1**	**2**
10	İyi tanımadığım insanların yanında kendimi huzursuz hissederim.	**0**	**1**	**2**
11	Okuldayken karnım ağrır.	**0**	**1**	**2**
12	Korktuğum zaman aklımı kaçıracak gibi hissederim.	**0**	**1**	**2**
13	Yalnız yatmaktan endişe duyarım.	**0**	**1**	**2**
14	Diğer çocuklar kadar iyi olmadığımdan endişelenirim.	**0**	**1**	**2**
15	Korktuğum zaman olayları gerçek değilmiş gibi hissederim.	**0**	**1**	**2**
16	Annemin ve babamın başına kötü şeylerin geldiği kabuslar (korkunç rüyalar) görürüm.	**0**	**1**	**2**
17	Okula gitmekten endişe duyarım.	**0**	**1**	**2**

18	Korktuğum zaman kalbim hızlı çarpar.	**0**	**1**	**2**
19	Titrerim.	**0**	**1**	**2**
20	Başıma kötü şeylerin geldiği kabuslar (korkunç rüyalar) görürüm.	**0**	**1**	**2**
21	İşlerim yolunda gitmeyecek diye endişelenirim.	**0**	**1**	**2**
22	Korktuğum zaman çok terlerim.	**0**	**1**	**2**
23	Her şeyi kendime dert ederim.	**0**	**1**	**2**
24	Hiçbir neden olmadığı halde çok korktuğum olur.	**0**	**1**	**2**
25	Evde yalnız kalmaktan korkarım.	**0**	**1**	**2**
26	İyi tanımadığım insanlara konuşmak bana zor gelir.	**0**	**1**	**2**
27	Korktuğum zaman boğuluyormuş gibi hissederim.	**0**	**1**	**2**
28	Birçok insan bana çok endişelendiğimi söyler.	**0**	**1**	**2**
29	Ailemden uzakta olmaktan hoşlanmam.	**0**	**1**	**2**
30	Heyecan nöbetleri geçirmekten korkarım.	**0**	**1**	**2**
31	Annemin ve babamın başına kötü şeyler gelecek diye endişelenirim.	**0**	**1**	**2**
32	İyi tanımadığım insanların yanında utanırım.	**0**	**1**	**2**
33	Gelecekte olacaklar konusunda endişelenirim.	**0**	**1**	**2**
34	Korktuğum zaman kusacakmış gibi olurum.	**0**	**1**	**2**
35	İşlerimi ne kadar iyi yaptığımdan endişelenirim.	**0**	**1**	**2**
36	Okula gitmekten korkarım.	**0**	**1**	**2**
37	Olup bitmiş şeyler hakkında endişe duyarım.	**0**	**1**	**2**
38	Korktuğum zaman başım döner.	**0**	**1**	**2**
39	Başka çocuk ve yetişkinlerle birlikteyken ve onlar benim yaptığım şeyi seyrederken kendimi huzursuz hissederim. (ör: Yüksek sesle okurken, konuşurken, oyun oynarken, spor yaparken)	**0**	**1**	**2**
40	İyi tanımadığım insanların bulunacağı partiye, dansa ya da herhangi bir yere giderken kendimi huzursuz hissederim.	**0**	**1**	**2**
41	Utangacım.	**0**	**1**	**2**

APPENDIX D: The Child Behavior Checklist/6-18 (CBCL/6-18)



6-18 YAŞ ÇOCUK VE GENÇLER İÇİN DAVRANIŞ DEĞERLENDİRME ÖLÇEĞİ

No:

ÇOCUĞUN ADI, SOYADI	EV ADRESİ ve TEL NO:	ANNE BABANIN İŞİ (Ayrıntılı biçimde yazınız). EĞİTİMİ (Toplam kaç yıl okula gittiğinizi yazınız) BABANIN İŞİ :.....TEL NO :.....EĞİTİMİ:.....YAŞI:..... ANNENİN İŞİ:.....TEL NO :.....EĞİTİMİ:.....YAŞI:.....
CİNSİYETİ: ☐ ERKEK ☐ KIZ	YAŞI:	FORMU DOLDURAN: ☐ ANNE ☐ BABA ☐ DİĞER.....ÇOCUKLA OLAN İLİŞKİSİ.....
BUGUNUN TARİHİ GÜN.....AY.....YIL.....	ÇOCUĞUN DOĞUM TARİHİ GÜN.....AY.....YIL.....	
SİNİFİ:---------- OKULA DEVAM ETMİYOR ☐	Çocuğunuzun davranışlarıyla ilgili bu formu lütfen görüşlerinizi yansıtacak biçimde yanıtlayınız. Her bir madde ile ilgili bilgi verebilir ve 2. sayfadaki boşluklara yazabilirsiniz. Lütfen bütün maddeleri işaretlemeye çalışınız. Teşekkür ederiz.	

I. Çocuğunuzun yapmaktan hoşlandığı sporları a, b, c şıklarına yazınız. Örneğin: Yüzme, futbol, basketbol, voleybol, atletizm, tekvando, jimnastik, bisiklete binme. güreş, balık tutma gibi.

	Çocuğunuz her birine ne kadar zaman ayırır ?				*Çocuğunuz her birinde ne kadar başarılıdır?*			
☐ Hiç yok	Normalden az	Normal	Normalden fazla	Bilmiyorum	Normalden az	Normal	Normalden fazla	Bilmiyorum
a._____	☐	☐	☐	☐	☐	☐	☐	☐
b._____	☐	☐	☐	☐	☐	☐	☐	☐
c._____	☐	☐	☐	☐	☐	☐	☐	☐

II. Çocuğunuzun spor dışındaki ilgi alanlarını, uğraş, oyun ve aktivitelerini a, b, c şıklarına yazınız. Örneğin: Bilgisayar, satranç, araba, akvaryum, el işi, kitap, müzik aleti çalmak, şarkı söylemek,resim yapmak gibi (Radyo dinlemeyi ya da televizyon izlemeyi katmayınız)

	Çocuğunuz her birine ne kadar zaman ayırır ?				*Çocuğunuz her birinde ne kadar başarılıdır?*			
☐ Hiç yok	Normalden az	Normal	Normalden fazla	Bilmiyorum	Normalden az	Normal	Normalden fazla	Bilmiyorum
a._____	☐	☐	☐	☐	☐	☐	☐	☐
b._____	☐	☐	☐	☐	☐	☐	☐	☐
c._____	☐	☐	☐	☐	☐	☐	☐	☐

III. Çocuğunuzun üyesi olduğu kuruluş, kulüp ya da takımları a, b, c şıklarına yazınız. Örneğin: Spor, müzik, izcilik, folklor gibi.

	Çocuğunuz her birinde ne kadar başarılıdır?			
☐ Hiç yok	Bilmiyorum	Az Aktif	Normal	Çok Aktif
a._____	☐	☐	☐	☐
b._____	☐	☐	☐	☐
c._____	☐	☐	☐	☐

IV. Çocuğunuzun evde ya da ev dışında yaptığı işleri a, b, c şıklarına yazınız. Örneğin: Gazete alma, bakkala gitme, pazara gitme, bahçe-tarla işleri, hayvancılık, elektrik- su faturası yatırma, çocuk bakımı, sofra kurma-kaldırma, bir dükkanda çalışma gibi ödeme yapılan ve yapılmayan herşeyi katınız.

	Çocuğunuz her birinde ne kadar başarılıdır?			
☐ Hiç yok	Bilmiyorum	Normalden Az	Normal	Normalden Fazla
a._____	☐	☐	☐	☐
b._____	☐	☐	☐	☐
c._____	☐	☐	☐	☐

6-1-01 Baskısı-201

V. 1- Çocuğunuzun yaklaşık olarak kaç yakın arkadaşı vardır? (Kardeşlerini katmayınız)

Hiç yok	1	2 ya da 3	4 ya da fazla
❒	❒	❒	❒

2- Çocuğunuz okul dışı zamanlarda haftada kaç kez arkadaşlarıyla birlikte olur? (Kardeşlerini katmayınız)

1 den az	1 ya da 2	3 ya da daha fazla
❒	❒	❒

VI. Yaşıtlarıyla karşılaştırıldığında çocuğunuzun:

	Kötü	Normal Sayılır	Oldukça İyidir	Kardeşi Yoktur
a. Kardeşleriyle arası nasıldır?	❒	❒	❒	❒
b. Diğer çocuklarla arası nasıldır?	❒	❒	❒	❒
c. Size karşı davranışları nasıldır?	❒	❒	❒	❒
d. Kendi başına oyun oynaması ve iş yapması nasıldır?	❒	❒	❒	❒

VII. 1- Çocuğunuzun okul başarısı nasıldır? Çocuğunuz okula gitmiyorsa lütfen nedenini belirtiniz:_____

	Başarısız	Orta	Başarılı	Çok Başarılı
a. Türkçe / Türk Dili Edebiyatı	❒	❒	❒	❒
b. Hayat Bilgisi / Sosyal Bilgiler	❒	❒	❒	❒
c. Matematik	❒	❒	❒	❒
d. Fen Bilgisi	❒	❒	❒	❒

Diğer derslerde nasıldır? Örneğin: Yabancı dil, bilgisayar. (Beden eğitimi, resim ve müziği katmayınız)

e. _____	❒	❒	❒	❒
f. _____	❒	❒	❒	❒
g. _____	❒	❒	❒	❒

2- Çocuğunuz özel alt sınıf ya da bir özel eğitim kurumunda okuyor mu?
❒ Hayır ❒ Evet- Ne tür bir sınıf ya da okul? _____

3- Çocuğunuz hiç sınıfta kaldı mı?
❒ Hayır ❒ Evet- Kaçıncı sınıfta ve nedeni _____

4- Çocuğunuzun okulda ders ya da ders dışı sorunları oldu mu?
❒ Hayır ❒ Evet- açıklayınız _____

Bu sorunlar ne zaman başladı? _____

Sorunlar bitti mi?
❒ Hayır ❒ Evet- Ne zaman?

Çocuğunuzun herhangi bir bedensel hastalığı ya da zihinsel engeli var mıdır?

❒ Hayır ❒ Evet- açıklayınız _____

Çocuğunuzun sizi en çok üzen, kaygılandıran ve öfkelendiren özellikleri nelerdir?

Çocuğunuzun en beğendiğiniz özellikleri nelerdir?

Lütfen yan sayfaya geçiniz

Aşağıda çocuk ve gençleri tanımlayan maddelerin bir listesi bulunmaktadır. Her bir madde çocuğun **şu andaki ya da son 6 ay** içindeki durumunu belirtmektedir. Bir madde çocuk için **çok ya da sıklıkla doğru ise 2, bazen ya da biraz doğru ise 1, hiç doğru değilse 0** sayılarını yuvarlak içine alınız. Lütfen tüm maddeleri işaretlemeye çalışınız.

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

0 1 2 1. Yaşından çok daha çocuksu davranır

0 1 2 2. Anne babanın izni olmadan içki içer

0 1 2 3. Çok tartışan bir çocuktur

0 1 2 4. Başladığı etkinlikleri (oyunu, dersleri, işleri) bitiremez

0 1 2 5. Hoşlandığı ya da zevk aldığı çok az şey vardır

0 1 2 6. Kakasını tuvaletten başka yerlere yapar

0 1 2 7. Bir şeylerle övünür, başkalarına hava atar

0 1 2 8. Bir konuya odaklanamaz, dikkatini uzun süre toplayamaz

0 1 2 9. Kafasından atamadığı, onu rahatsız eden bazı düşünceleri vardır (mikrop bulaşma, simetri takıntısı, okul sorunları, bilgisayar gibi) (açıklayınız) _____

0 1 2 10. Yerinde sakince oturamaz, çok hareketli ve huzursuzdur

0 1 2 11. Gereken gayreti göstermeden, sırtını tamamen büyüklere dayayıp herşeyi onlardan bekler

0 1 2 12. Yalnızlıktan şikayet eder

0 1 2 13. Kafası karışık, zihni bulanıktır

0 1 2 14. Çok ağlar

0 1 2 15. Hayvanlara eziyet eder

0 1 2 16. Başkalarına eziyet eder, kötü davranır, kabadayılık eder

0 1 2 17. Hayal kurar, hayallere dalıp gider

0 1 2 18. Kendine bilerek zarar verdiği ya da intihar girişiminde bulunduğu olmuştur

0 1 2 19. Hep dikkat çekmeye çalışır

0 1 2 20. Eşyalarına zarar verir

0 1 2 21. Ailesine ya da başkalarına ait eşyalara zarar verir

0 1 2 22. Evde söz dinlemez

0 1 2 23. Okulda söz dinlemez

0 1 2 24. İştahsızdır

0 1 2 25. Başka çocuklarla geçinemez

0 1 2 26. Hatalı davranışından dolayı suçluluk duymaz, oralı olmaz, aldırmaz

0 1 2 27. Kolay kıskanır

0 1 2 28. Ev, okul ya da diğer yerlerde kurallara uymaz, karşı gelir

0 1 2 29. Bazı hayvanlardan, durumlardan (yüksek yerler), ya da ortamlardan (asansör, karanlık gibi) korkar (okulu katmayınız) (açıklayınız):_____

0 1 2 30. Okula gitmekten korkar, okul korkusu vardır

0 1 2 31. Kötü bir şey düşünebileceği ya da yapabileceğinden korkar

0 1 2 32. Kusursuz, dört dörtlük ve her konuda başarılı olması gerektiğine inanır.

0 1 2 33. Kimsenin onu sevmediğinden yakınır

0 1 2 34. Başkalarının ona karşı olduğu, zarar vermeye, ya da açığını yakalamaya çalıştığı hissine kapılır

0 1 2 35. Kendini değersiz, önemsiz ya da yetersiz hisseder

0 1 2 36. Bir yerlerini kaza ile sık sık incitir

0 1 2 37. Çok kavga çıkarır, kavgaya karışır

0 1 2 38. Çok fazla sataşılır, dalga geçilir

0 1 2 39. Başı belada olan kişilerle dolaşır

0 1 2 40. Olmayan sesler ve konuşmalar işitir (açıklayınız):

_____

0 1 2 41. Düşünmeden hareket eder, aklına eseni yapar

0 1 2 42. Başkalarıyla birlikte olmaktansa yalnız olmayı tercih eder

0 1 2 43. Yalan söyler, hile yapar, aldatır

0 1 2 44. Tırnaklarını yer

0 1 2 45. Sinirli ve gergindir

0 1 2 46. Kasları oynar, seğirmeleri ve tikleri vardır (açıklayınız):

_____

0 1 2 47. Geceleri kabus görür

0 1 2 48. Başka çocuklar tarafından sevilmez

0 1 2 49. Kabızlık çeker

0 1 2 50. Çok korkak ve kaygılıdır

0 1 2 51. Başı döner, gözleri kararır

0 1 2 52. Kendini çok suçlu hisseder

0 1 2 53. Aşırı yer

0 1 2 54. Sebepsiz yere çok yorgun hissettiği olur

0 1 2 55. Fazla kiloludur

56. ***Sağlık sorunu olmadığı halde ;***

0 1 2 a. Ağrı ve sızılardan yakınır (baş ve karın ağrısı dışında)

0 1 2 b. Başağrılarından yakınır (şikayet eder)

0 1 2 c. Bulantı, kusma duygusu olur

0 1 2 d. Gözle ilgili şikayetleri olur (Gözlük, lens kullanma dışında) (açıklayınız):

_____

0 1 2 e. Döküntü, pullanma ya da başka cilt hastalığı olur

0 1 2 f. Mide- karın ağrısından şikayet eder

0 1 2 g. Kusmaları olur

0 1 2 h. Diğer (açıklayınız):

_____

Lütfen arka sayfaya geçiniz

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

0 1 2 57. İnsanlara vurur, fiziksel saldırıda bulunur

0 1 2 58. Burnunu karıştırır, derisini ya da vücudunu yolar, saç ve kirpiğini koparır (açıklayınız):

_____

0 1 2 59. Herkesin içinde cinsel organıyla oynar

0 1 2 60. Cinsel organıyla çok fazla oynar

0 1 2 61. Okul ödevlerini tam ve iyi yapamaz

0 1 2 62. El, kol, bacak hareketlerini ayarlamada güçlük çeker, sakardır

0 1 2 63. Kendinden büyük çocuklarla vakit geçirmeyi tercih eder

0 1 2 64. Kendinden küçüklerle vakit geçirmeyi tercih eder

0 1 2 65. Konuşmayı reddeder

0 1 2 66. İstemeyerek de olsa, belli bazı davranışları tekrar tekrar yapar (ellerini defalarca yıkama, kapı kilidini tekrar tekrar kontrol etme gibi) (açıklayınız)

_____

0 1 2 67. Evden kaçar

0 1 2 68. Çok bağırır

0 1 2 69. Sırlarını kendine saklar, hiç kimseyle paylaşmaz

0 1 2 70. Olmayan şeyleri görür (açıklayınız):

_____

0 1 2 71. Topluluk içinde rahat değildir, başkalarının kendisi hakkında ne düşünecekleri ve ne söyleyecekleriyle ilgili kaygı duyar

0 1 2 72. Yangın çıkartır

0 1 2 73. Cinsel sorunları vardır (açıklayınız):

_____

0 1 2 74. Gösteriş meraklısıdır, maskaralık yapar

0 1 2 75. Çok utangaç ve çekingendir

0 1 2 76. Diğer çocuklardan daha az uyur

0 1 2 77. Gece ve/veya gündüz diğer çocuklardan daha çok uyur (açıklayınız):

_____

0 1 2 78. Dikkati kolayca dağılır

0 1 2 79. Konuşma problemi vardır (açıklayınız):

_____

0 1 2 80. Boş gözlerle bakar

0 1 2 81. Evden birşeyler çalar

0 1 2 82. Ev dışındaki başka yerlerden birşeyler çalar

0 1 2 83. İhtiyacı olmadığı halde pek çok şeyi biriktirir (açıklayınız):

_____

0 1 2 84. Tuhaf, alışılmadık davranışları vardır (eşyaların belli bir düzende ve sırada olmasını isteme gibi) (açıklayınız):

_____

0 1 2 85. Tuhaf, alışılmadık düşünceleri vardır (bazı sayıları, sözcükleri tekrarlama ve bunları zihninden atamama gibi) (açıklayınız):

_____

0 1 2 86. İnatçı ve huysuzdur

0 1 2 87. Ruhsal durumu ya da duyguları çabuk değişir

0 1 2 88. Çok sık küser

0 1 2 89. Şüphecidir, kuşku duyar

0 1 2 90. Küfürlü ve açık saçık konuşur

0 1 2 91. Kendini öldürmekten söz eder

0 1 2 92. Uykuda yürür ve konuşur (açıklayınız):

_____

0 1 2 93. Çok konuşur

0 1 2 94 Başkalarına rahat vermez, onlara sataşır, onlarla çok dalga geçer

0 1 2 95. Öfke nöbetleri vardır, çabuk öfkelenir

0 1 2 96. Cinsel konuları fazlaca düşünür

0 1 2 97. İnsanları tehdit eder

0 1 2 98. Parmak emer

0 1 2 99. Sigara içer, tütün çiğner

0 1 2 100. Uyumakta zorlanır (açıklayınız):

_____

0 1 2 101. Okuldan kaçar, dersini asar

0 1 2 102. Hareketleri yavaştır, enerjik değildir

0 1 2 103. Mutsuz, üzgün ve çökkündür (depresyondadır)

0 1 2 104. Çok gürültücüdür

0 1 2 105. Sağlık sorunu olmadığı halde madde kullanır (içki ve sigarayı katmayınız) (açıklayınız):

_____

0 1 2 106. Çevresindeki kişi ve eşyalara kasıtlı olarak zarar verir, zorbalık eder

0 1 2 107. Gündüz altını ıslatır

0 1 2 108. Gece yatağını ıslatır

0 1 2 109. Mızırdanır, sızlanır

0 1 2 110. Karşı cinsiyetten biri olmayı ister

0 1 2 111. İçine kapanıktır, başkalarıyla kaynaşmaz

0 1 2 112. Evhamlıdır, her şeyi dert eder

113. Çocuğun yukarıdaki listede belirtilmeyen başka sorunu varsa lütfen yazınız:

_____

0 1 2 _____

0 1 2 _____

0 1 2 _____