

ISTANBUL BILGI UNIVERSITY
INSTITUTE OF SOCIAL SCIENCES
CLINICAL PSYCHOLOGY MASTER'S DEGREE PROGRAM

ATTACHMENT SECURITY AND THE LEVEL OF MATERNAL
REFLECTIVE FUNCTIONING CAPACITY AMONG CHILDREN WITH
BEHAVIORAL PROBLEMS

DENİZ ŐENTÜRK

114639004

Asst. Prof. SİBEL HALFON

ISTANBUL

2018

Attachment Security and the Level of Maternal Reflective Functioning Capacity among
Children with Behavioral Problems

Davranış Problemleri olan Çocuklarda Güvenli Bağlanma ve Anneye ait Zihinselleştirme
Kapasitesi

Deniz Şentürk
114639004

Sibel Halfon, Yrd. Doç. Dr. (İstanbul Bilgi Üniversitesi)
Elif Akdağ Göçek, Yrd. Doç. Dr. (İstanbul Bilgi Üniversitesi)
Hale Ögel Balaban, Yrd. Doç. Dr. (Işık Üniversitesi)

Tezin Onaylandığı Tarih: 02.01.2018

• Toplam Sayfa Sayısı: **121**

Anahtar Kelimeler (Türkçe)

- 1) Anneye ait Zihinselleştirme Kapasitesi
- 2) Bağlanma
- 3) Davranış Problemleri
- 4) Nicel Araştırma

Key Words (English)

- 1) Maternal Mentalization Capacity
- 2) Attachment
- 3) Behavioral Problems
- 4) Quantitative Research

ABSTRACT

Children's perceptions of the attachment figure as being accessible and sensitive, and this figure's mentalizing abilities to perceive the child as having mental states; such as beliefs, feelings, desires, intentions were two fundamental features in a child's development. Both the child's attachment security and higher parental mentalizing capacities were found to be protective factors from developing psychopathology in children. This study explored the association between children's attachment security and mothers' reflective functioning capacity on total, externalizing and internalizing behavioral problems. 66 mother-child pairs who were applied for the Istanbul Bilgi University Counseling Center participated in the study. Mothers were interviewed for their reflective functioning capacity by using Parent Development Interview (PDI), children were assessed for attachment security by using Attachment Doll-Story Completion task (ASCT) and Kerns Security Scale, and children's behavioral problems were assessed by using Child Behavior Checklist (CBCL). The association between variables were tested by hierarchical multiple regression analysis. Results indicated that for the total and internalizing behavioral problems maternal representations and attachment security demonstrated a linear relationship. However, for the externalizing behavior problems, maternal representations demonstrated a more quadratic relationship and attachment security demonstrated a linear relationship. In three of the behavioral problems, children's sense of security was the most important factor and mothers' reflective functioning capacity was the second most important factor associating with behavioral problems. Findings demonstrated that for the externalizing behavior problems higher reflectivity could not necessarily prevent the child from developing the behavior problem and the mother's inconsistent and fluctuating nature of reflectivity might be an important factor. Findings were discussed in terms of their implications; suggestions were made for the future research and clinical applications.

ÖZET

Çocukların, bağlanma figürünün ulaşılabilir ve duyarlı olacağına dair inançları ve ayrıca bu figürün çocuğun duygular, düşünceler ve isteklerden oluşan zihin durumlarını algılayabilme becerileri gelişim sürecindeki iki temel öğedir. Çocuğun güvenli bağlanma temsillerine sahip olmasının ve ebeveynlerin yüksek zihinselleştirme becerilerinin davranış problemlerinin ortaya çıkışını önlemede önemli faktörler olduğu bilinmektedir. Bu çalışmada çocukların güvenli bağlanma temsilleri ve annelerin zihinselleştirme kapasitelerinin toplam, dışa dönük ve içedönük davranış problemleri üzerindeki etkisi araştırılmıştır. Araştırmaya İstanbul Bilgi Üniversitesi Psikolojik Danışmanlık Merkezi'ne başvurmuş olan 66 anne- çocuk ikilisi katılmıştır. Anneler, zihinselleştirme kapasitelerinin ölçüleceği bir görüşmeye katılmış, çocuklar ise bağlanma temsillerinin ölçüleceği öykü tamamlama ve ölçek doldurma şeklinde iki uygulamaya katılmış, son olarak çocukların davranış problemleri de bir çeşit davranış listesi üzerinden ölçülmüştür. Değişkenler arasındaki ilişki hiyerarşik çoklu regresyon analizi ile incelenmiştir. Analizlerin sonuçlarına göre toplam ve içedönük davranış problemleri ile bağlanma temsilleri ve zihinselleştirme becerileri arasında doğrusal bir ilişki bulunmuş, fakat dışa dönük davranış problemleri ile annenin zihinselleştirme kapasitesi arasında ikinci dereceden (quadratic) bir ilişki bulunmuştur. Üç çeşit davranış problemi ile ilişkilendirildiklerinde; çocuğun güvenli bağlanma temsilleri en önemli, annenin zihinselleştirme kapasitesi ise ikinci en önemli unsur olarak bulunmuştur. Bulgular, dışa dönük davranış problemleri söz konusu olduğunda annenin yükselen zihinselleştirme kapasitesinin her zaman koruyucu bir faktör olmayabileceğini ortaya koymuştur. Buna göre; zihinselleştirmenin örneklemdeki annelerde görüldüğü gibi tutarsız ve değişken bir şekilde çocuğa yansıtılması davranış problemlerinin seviyesini arttırabilmektedir. Sonuçlar tartışılmış, gelecek araştırmalar ve klinik uygulamalar için öneriler sunulmuştur.

ACKNOWLEDGEMENTS

First of all, I would like to thank a lot to my thesis advisor Sibel Halfon since she was the one who introduced me to special concepts such as mentalization that was studied in this thesis. She was always there for my questions, guidance, encouragement and support from the very beginnings and till the end of this process. Besides, I am grateful to my second committee member Elif Göçek and my third committee member Hale Ögel Balaban for their precious contributions and comments.

I would like to thank every single one of my friends who listened to my concerns, gave emotional support, and motivated me. Especially Elif and Tunç; who knows me very well, always there to talk to me and discuss problems till I feel comforted, thank you for being there for sharing ups and downs with me.

I would like to thank Burak for his love, patience, his belief and trust in me in the whole Master's and also in this thesis process. Thank you so much for motivating and supporting me every time it felt very hard to continue.

I am very grateful to my mother Neşe and my brother Ender who made a great effort as much as I do, who always believed in me and understood me. I am very lucky to have you and your deep love.

Lastly, I would like to express my gratitude to my grandfather İlhan; I am considering myself very lucky to felt your unconditional love, delicateness, and sensibility. Thank you for making the whole process possible. I learned a lot from you and you will always be an inspiration for me.

TABLE OF CONTENTS

Title Page.....	i
Approval.....	ii
Thesis Abstract	iii
Tez Özeti	iv
Acknowledgements.....	v
Chapter 1: Introduction	1
1.1 Attachment: A Theoretical Background	4
1.2 Children’s Representations of Attachment.....	6
1.3 Explaining Attachment Security by “Optimum Midrange Model”	12
1.4 Adult Attachment Patterns	14
1.5 Intergenerational Transmission of Attachment and Mentalization.....	17
1.6 Reflective Functioning	20
1.6.1 Reflective Functioning in Parents.....	22
1.7 Maternal Representations, Child Attachment and Behavioral Problems.....	33
1.8 The Current Study.....	40
Chapter 2: Method	42
2.1 Participants	42
2.2 Measures.....	42

2.2.1 Parent Measures	42
2.2.1.1 Parent Development Interview (PDI)	42
2.2.2 Child Measures	44
2.2.2.1 Child Attachment Measures	44
2.2.2.1.1 Attachment Doll Story Completion Task (ASCT)	44
2.2.2.1.2 Kerns Security Scale (KSS).....	47
2.2.2.2 Child Symptom Measure	48
2.2.2.2.1 The Child Behavior Checklist (CBCL).....	48
2.2.2.3 Measures of Child Intelligence and Verbal Abilities	49
2.2.2.3.1 Raven’s Colored Progressive Matrices (CPM).....	49
2.2.2.3.2 Turkish Expressive and Receptive Language Test (TIFALDI)	49
2.3 Procedure.....	50
2.4 Data Analysis Plan.....	51
Chapter 3: Results.....	53
3.1 Descriptive Analysis	53
3.2 Hypothesis Testing.....	57
3.2.1 Inferences on CBCL Total Behavioral Problems	58
3.2.2 Inferences on CBCL Externalizing Behavioral Problems	60
3.2.3 Inferences on CBCL Internalizing Behavioral Problems	62
Chapter 4: Discussion	64
4.1 Maternal reflective functioning capacity, child attachment security	

and behavioral problems in the current sample	64
4.2 Hypothesis: Exploring linear and quadratic relationship between independent and dependent variables	65
4.3 Limitations and Future Research.....	74
4.4 Conclusion and Clinical Implications.....	76
References.....	79
Appendix.....	98

LIST OF TABLES

1. Descriptive statistics for the maternal measure of Parent Development Interview (PDI), child measures of Child Behavior Checklist (CBCL) Total Problem, Internalizing Problems and Externalizing Problems, Kerns Security Scale and secure rating of Attachment Story Completion Task.....	54
2. Pearson Correlation between demographic variables and measures.	57
3. Results of the hierarchical multiple regression analysis for variables predicting CBCL Total behavioral problems.....	59
4. Results of the hierarchical multiple regression analysis for variables predicting CBCL Externalizing behavioral problems	61
5. Results of the hierarchical multiple regression analysis for variables predicting CBCL Internalizing behavioral problems	63

LIST OF FIGURES

1. Mean values of CBCL T-scores on the mother PDI scores 55
2. Mean values of CBCL T-scores on the ASCT Secure Rating Scores 56

LIST OF APPENDIX

Appendix A. Parent Development Interview (PDI).....	99
Appendix B. Attachment Story Completion Task (ASCT).....	103
Appendix C. Kerns Security Scale	106
Appendix D. Child Behavior Checklist (CBCL).....	108

Chapter 1: Introduction

Attachment is a fundamental construct in human development that sets ground for how the social and emotional relationships will be experienced across the entire life span. Children starting from the age of six months show apparent signs of attachment behavior to sustain proximity with the caregiver such as making eye contact, crying and touching (Prior & Glaser, 2006). In case the child needs caregiving, soothing or bolster; the child shows these signs of attachment behavior to keep the attachment figure around. Children who perceive the main caregiver as accessible, sensitive and warm are more comfortable with exploring the outer world by using the other as a safe base (Bowlby, 1988). In case there is a perceived threat, frightening or anxiety-provoking situation, these children readily expect their caregivers to comfort and protect them. This sense of safety leads to a more positive internal working model; which consist of the representations about the self and the others that are shaped by the repetitive early relationship experiences. The attachment figure's capacity to perceive the child as having a separate mind with mental states; such as beliefs, feelings, desires, intentions determines this figure's mentalizing abilities (Fonagy et al., 1998). As a result of the attachment figure's mentalizing abilities, the child can recognize his own inner experiences too (Gergely & Watson, 1996). Mentalization abilities make behavior of other people predictable, aid affect regulation in both sides, allow making a distinction between perceived and actual reality, and the last but not the least, support attachment security (Fonagy et al., 1998). Mentalization capacity of the mother allows her to create psychological and physical environment that can lead to the development of a secure base for the infant (Fonagy & Target, 2005). Thus, both higher parental mentalizing capacities and the child's attachment security are protective factors from developing psychopathology in children. However when the caregivers' reference to the child's mental state is absent, or distorted by the projections; his sense of self will be fragmented. As the primary caregiver cannot perceive the child's overt behaviors as a signal of what is happening in his emotional world, then she is not able to reflect back this understanding to the

child, or she will reflect insensitively. Afterwards, the child loses the opportunity to recognize and consequently regulate his affects. Besides, on an attachment viewpoint, parents who are less able to reflect upon their child's mental states and unavailable in times of need, have children who perceive themselves as unlovable, others as unreliable and the world as an unsafe place; namely who are insecurely-attached. As a result, the child's affects reach to excessive amounts when he cannot handle and regulate his affective world, which are mostly presenting characteristics of behavioral problems (Ensink et al., 2017).

Behavioral problems of internalizing and externalizing ones mainly have features and pathways distinctive from each other. Internalizing problems of children were generally rooted in parental disrespectfulness to limits, overprotection, insensitivity, giving less support when the child is in need (Shamir-Essakow et al. (2004), child's unfavorable view of himself (Goodman et al., 2012), and having negative expectations on self, others and the world around him (Warren et al., 2000). However externalizing disorders derived mostly from parental harsh punishment, hostility, unavailability (Stadelmann, 2007), absence of or distorted maternal "emotion talk" (Farrant et al., 2013), and maternal intrusiveness, negativity, using of role reversals with the child and disorganized parental behaviors (Madigan et al., 2007).

The aim of this study is to exhibit the impact of maternal reflective functioning capacity and child attachment security on both internalizing and externalizing behavioral problems. There are many studies clarifying the relationship between maternal reflective functioning capacity and child attachment (Fonagy, 1997a; Fonagy & Target, 2005), child attachment and psychopathology (Kerns & Brumariu, 2014; Warren, Huston, Egeland, & Sroufe, 1997) or the maternal reflective functioning capacity and psychopathology (Ha et al., 2011; Madigan et al., 2007; Sharp et al., 2006). However the literature lacks empirical studies that examine associations between maternal reflective functioning and child attachment on behavioral problems, examined in the same research.

This study attempted to provide a more holistic view about contributors of internalizing and externalizing behavioral problems. Specifically, associations between the maternal reflective functioning capacity, the child's attachment security and the severity of behavioral problems will be explored.

At the literature review section, firstly the attachment theory, internal working models, the development of the concept of mentalization, adult attachment and its measurement with the Adult Attachment Interview (AAI) will be summarized. After that, Parental reflective functioning, its measurement with Parent Development Interview (PDI) and the term "reflective functioning" will be explained from the different points of view. The association between maternal reflective functioning and child attachment will be explained afterwards. At last lower maternal reflective functioning, insecure child attachment, behavioral problems in children and the interrelations of these concepts will be summarized according to the related research.

1.1 Attachment: A Theoretical Background

As John Bowlby graduated from Cambridge University, with developmental psychology training, he started to examine maladjusted children. These children shared a common developmental history of adoption or the loss of the mother. Bowlby then came to a conclusion that early family environment and mostly the traumatic ones shape personality development (Bretherton, 1992). Despite the fact that he was trained under the psychoanalytic school, he separated his ideas from the basic psychoanalytic tenet and combined different fields such as ethology, developmental psychology and evolution theory. During his training in British Psychoanalytic Institute, Bowlby was under the supervision of Melanie Klein, who was known for object-relations theory. According to Klein (1932), problems occur because of the internal conflicts and children shouldn't be interviewed with the family members since it might interfere with the internal world of the child, and that kind of an interview was the only way to reveal phantasies. However, Bowlby (1940) objected to this notion; he desired to look into the genuine relationship in the mother-child dyad to fully grasp the current experiences of the child. He conducted his first empirical study in London Child Guidance Clinic; observed 44 cases, which were characterized by stealing and showing not any affect (Bowlby, 1944). Bowlby linked those symptoms with early maternal deprivation and prolonged separation. The fact that some of these children later cared well, cannot eliminate the problem behaviors and these results led Bowlby to conclude that satisfying the needs (e.g. feeding) of the child is not enough to form an attachment, forming a healthy bonding requires more than this: a continuous physical and emotional caregiving relationship (Hazan & Shaver, 1994).

Around 1950's, Mary Ainsworth moved to London and joined Bowlby's research team, years after finishing graduate school in Toronto, where she was familiar with security theory introduced by William Blatz (Blatz, 1940). At about the same time, starting from 1948, Bowlby and its research group made observations on hospitalized children. His great interest in ethology and

observations from a developmental psychology perspective led to the demonstration of three pioneering articles about attachment theory (Bowlby, 1951). The first one was published in 1958, titled “The Nature of the Child’s Tie to his Mother”, in sum investigated the instinctual attachment behaviors (e.g. clinging, smiling, crying) that maintain the proximity of the attachment figure. Bowlby refuted psychoanalytically based drive theory in this paper as well. On the second paper named “Separation Anxiety” (1960), Bowlby revealed what happened as children separated from their attachment figures by stating 3 phases, which were protest, despair, and detachment. As the child protests the separation and so as to end the separation from the mother, the main emotions that occurred in child were fear, distress and then anger. On the following phase, despair; the child gives up hope about mother’s return and is in a deep mourning state. At the last phase, in order to deal with this sorrow, the child detaches from the attachment figure, because attachment is too painful to bear. In that case defense mechanisms like repression come into play. This state is so apparent at the times of prolonged separations changing from 12 days to 21 weeks (Heinicke & Westheimer, 1966). On the last paper, “Grief and Mourning in Infancy and Early Childhood” (1960), Bowlby dissented from Anna Freud’s claim that when children are separated from the attachment figure, they don’t mourn because of their underdeveloped ego functions (Bretherton, 1992). According to Bowlby, children also go through phases of mourning such as numbness, protest, disorganization, and reorganization (Bowlby & Parkes, 1970).

Long before the publication of these articles, Ainsworth went to Uganda in order to observe mother-infant bonding in an ethological perspective and had carried out the first empirical study about attachment, known as Ganda Project (Ainsworth, 1963; 1967). Ainsworth worked with 26 families for 9 months, in which babies were aged between 1 to 24 months. She investigated particularly the infants’ vigorous efforts to keep the mother close to them, and mothers’ reactions to these efforts. As she came back from Uganda at 1955, she shared her observations with Bowlby, before “The Nature of the Child’s Tie to the

Mother”(1958) was published, and it had a great impact on both Bowlby’s perspective on attachment and Ainsworth’s way of processing Ganda data. Investigations of the Ganda data revealed that while some of the mothers couldn’t have detailed perceptions about deviations in their child’s behaviors, others were sensitive enough to give detailed information about it; therefore maternal sensitivity emerged as a pivotal concept. Children whose mothers were more sensitive to the child’s signals were more likely to be connected to the mother, calmed easily and could get away from the mother to explore. On the other hand, mothers who were less sensitive to the child’s behaviors were more likely to have children who couldn’t be soothed even by the mother and couldn’t explore easily. Lastly, Ainsworth indicated “not-yet-attached” children as a third category. These children didn’t perceive the mother as a special figure (Ainsworth, 1963; 1967).

This work was followed by another significant observational project in 1963: Baltimore Project. Families in Baltimore with 1 month to 54 weeks old babies were observed in terms of feeding conditions, crying, body contact of the infant-mother dyad, face-to-face interaction and the exploration capacity of the infant. The data revealed that mothers differ greatly with regard to their responses of the nuances in their infants’ behaviors, accessibility, acceptance, and cooperation. Infants having sensitive mothers, could later developed a sense of control about what would happen to them, cried less as they communicated through use of facial expressions, and did not need to show elevated emotions to keep the attachment figure around (Bell & Ainsworth, 1972).

1.2 Children’s Representations of Attachment

As a consequence, the overlapping outcomes of these two projects gave rise to a groundbreaking testing mechanism that suggests a way to examine both Bowlby’s and Ainsworth’s notions about attachment empirically. The Strange Situation procedure is held in a laboratory setting to assess attachment, in which an infant (12 to 20 months) and the primary caregiver-mostly the mother- are in a small room with toys. Attachment and exploratory behaviors are in congruence

with each other. In the Strange Situation, the dyad put in a condition that simulates a separation and reunion by provoking anxiety, which triggers the attachment system. The procedure is composed of 8 episodes; at first, the mother-infant dyad is alone in the room, then the stranger comes and plays with the infant. Later on, the mother leaves the infant and the stranger alone, which is the first separation; then the mother returns, stranger leave and this is the first reunion. After a while, the parent leaves the infant alone and this is the second separation, then the stranger comes to the room, plays with the infant and lastly the mother returns as the stranger leaves which is the second reunion. The separation and reunion phases are of the uttermost importance to score the observations at these stages; whether the infant desires to maintain proximity or resists contact with the mother, whether the infant is willing to explore with or without the stranger and the mother.

As a consequence of the Strange Situation procedure, Ainsworth et al. (1978) suggested 3 attachment classifications; secure, insecure avoidant and insecure resistant or ambivalent. Securely attached infants made up of the 70% of the participants. The characteristics of these infants are, becoming distressed as the mother leaves, a little avoidance to but being friendly to the stranger when with the mother, showing very much of exploratory behavior, being easily soothed and positive towards mother at the reunion.

In contrast to secure ones, insecure avoidant infants constituted 15% of the participants. They showed no signs of distress as the mother leaves and indifferent to the stranger as well. These infants show little interest and minimal affect when the mother returned, looks another way and not welcoming her as if there was no separation. They either didn't actively resist the contact or search for it but could explore at both phases (Ainsworth et al., 1978).

Insecure resistant or ambivalent infants were also constituted 15% of the group. They demonstrated intense distress when the mother leaves, both fears and avoids the stranger and couldn't explore as a result of this. At the reunion, they

approached to the mother but resisted contact angrily (Ainsworth et al., 1978).

Conversely, researchers who replicated the Strange Situation procedure in different samples noticed some attachment characteristics of children that did not fit into either a secure, avoidant or ambivalent attachment type. Main and Weston (1981) suggested another type that is combined with both avoidant and ambivalent attachment. Besides, Egeland and Sroufe (1981b) observed abused and maltreated infants having features in common, which are strikingly different from all three categories. These infants were perceived to be distressed during separation from mother and withdrew themselves from the mother at the reunion, by Spieker and Booth (1985). Afterwards, disorganized/disoriented attachment classification was introduced as the fourth attachment category, by Main and Solomon (1990). These infants lacked a certain kind of attachment strategy and they appeared to use different kinds of attachment behaviors. They mostly freeze with confusion and disorientation. Both separation and reunion puzzled these infants since they are confused about what to expect from the attachment figure and lacked a certain attachment strategy.

As Ainsworth was organizing the data from Ganda and Baltimore Projects, Bowlby has been working on his groundbreaking attachment trilogy. The first volume of the trilogy, "Attachment", was published in 1969 as a declaration that attachment is a psychological bond between mother-child dyad and not derived from instincts. The baby was genetically preprogrammed to form an attachment relationship, which is innate and motivated to sustain biological fitness. In an attachment relationship, babies; are prone to approach to the caregiver, are searching for a safe haven to be soothed by the caregiver in an anxiety-provoking situation and are inclined to form internal representations about attachment relationship. According to Bowlby (1969), the caregiver's tendency to attach is derived from a need to protect the infant from dangerous situations, meaning that it has evolutionary foundations. He also shed light on three developmental phases that infants go through to form an attachment relationship. From birth to 3 months, infants showed "proximity-promoting" signals such as crying or clinging

to make people come closer to him, even though it is not possible to see an evident attachment relationship, he could discriminate his parents from strangers. On the latter three months, till 6 months of age infants start to display features of object permanence to some extent; they may show much more “proximity-promoting” signals to the person who is answering to those signs more, but still lacking the ability to be afraid of strangers. After 6 months of age, according to Bowlby, infants can form an apparent attachment relationship by distinctively using the attachment figure as a “safe base”; with the reassurance of this person he can explore the world. This development is coinciding with the complete form of object permanence. As babies form a full-blown attachment at around 10 months of age, they show separation anxiety and fear of strangers as well. Besides, infants can also use social referencing, as how the other person reacts emotionally became a key to regulate their own responses, even at 1 years they can soothe themselves as observing the caregiver’s soothing reactions (Cole, Martin & Dennis, 2004; Walker-Andrews, 1997).

In the second volume, “Separation”(1973) and the third volume “Loss” (1980a), Bowlby suggested a new term: internal working models (IWM). Repetitive attachment relationships between the child and the caregiver constitute a system about what to anticipate from the self, a certain caregiver in a specific incident, and the world. Whether the main caregiver is responsive, rejecting, inconsistent or chaotic in the attachment relationship, will be translated into attachment patterns by means of IWMs; which are fully developed around the age of 5. When the child is distressed, assuming that there is a soothing and responsive caregiver available, gives the child a sense of security, aids exploration and socialization (Waters & Cummings, 2000); otherwise, the child avoids or protests the caregiver relentlessly. Here, a very significant point is the caregiver’s sensitivity to incoming signals and her ability to adapt to changing situations. The misunderstanding of these signals and misguiding the child about them contain confusing messages and interfere with forming secure IWMs (Bretherton, 1993). Disruptions in an attachment relationship are inevitable yet the caregiver’s desire

to compensate for the disruption is the key point that gives the child reassurance, which is the key feature of secure relationships. On the other hand, very long separations or caregiver unavailability questions the sense of security when it lacks reparations. An available and sensitive caregiver is likely to have a child with secure bonds, who does not hesitate to show negative or positive feelings regarding their attachment needs (Fivush, 2006). This openness provides their caregivers with an opportunity to detect these needs more accurately, the result of which establishes an environment of mutual trust. The ability to expect caregivers' reactions as a result of both child's own behaviors, intentions, needs and external factors gives a huge amount of control over making sense of experiences. However what is unpredictable is eliciting fear, disorganization and chaos that deprive the child from developing an attachment strategy (Main & Cassidy, 1988; Nelson, 1996).

Secure and insecure (avoidant, ambivalent and disorganized) attachment types are contingent upon internal working models about self and attachment relationships. Securely attached children are able to express both negative and positive emotions openly in different situations since the caregiver is accessible, nonjudgmental and warm. At the arrival of the caregiver, distressful situations that arouse fear or anger end as she cares, sincerely attends and tries to look at the problem from the child's perspective and it ends up with the relief of the child. At the anxiety-provoking situations such as separation, the child can hold the caregiver's representations in mind and have a confidence about her permanence and it does not inhibit the exploration. These children are holding IWMs like, 'approaching to a caregiver (also other adults) is safe, I can count on my caregiver, they can solve my problem responsibly and in a warm manner; I am important, worthy of care and attention'. On the other hand, children with insecure attachment styles are having more negative representations about the availability of the caregiver and thus about their self-worth. First of all, children with avoidant attachment style cannot count on the caregiver's presence about solving their problems when there is a threat about the child's feeling of security.

Attachment figures in this style are incapable to be present in the dyadic relationship, distant, punitive, and insensitive to the child's needs or points of view. They left the child alone to solve problems by her/himself. The help from the caregiver is only instrumental but lacks emotional care. George and Solomon (1996) indicated that these caregivers perceive themselves and their children as rejecting and not deserving the caregiving relationship and when asked about the dyadic relation, they mostly specify the negative aspects of it. The caregiver is likely to ignore that the child has an internal world; as though there is only the physical aspect of the child. For this reason, these children are alienated from their emotional world and show a minimal amount of them as if difficult experiences have no impact on them. They are basically standing aloof from emotionally stimulating circumstances (e.g. at times they are afraid or anxious about separation) and refuse to form an intimacy with the caregiver. These children are developing IWMs such as; 'when I am distressed, my caregivers are either distancing themselves from it or they are coming only to give instrumental help, my emotions are being ignored so I have to demonstrate them as little as possible and should deal with difficult situations by myself'. Secondly, children with an ambivalent attachment have an unstable relationship with the caregiver, as the child is either getting too close or drawing away from her. The caregiver is being anxious, weak or doubting her capacity to meet the needs of the child. This uncertainty on the part of the caregiver has an impact on the child's dichotomous feelings (both anger and intimacy seeking behaviors) about her. The child is preoccupied with the relationship with the caregiver, thus exhibits heightened emotions like anger, emotional outbursts, crying or fear manipulatively to attract the attention and to be taken care of. IWMs of these children are like; "I have to exaggerate my positive and negative emotions to make my caregivers fulfill my needs. The only way to do this is to make them anxious about my situation. They may come to help me but then give mixed messages of both helping and punishing me for it. I cannot be soothed by their presence and I feel that I am not deserving care and love". The last category of insecure attachment is appeared to be a mixture of both avoidant and ambivalent attachment types, yet has distinctive

features distinguished from them. Children with disorganized attachment style perceive caregivers as threatening, frightening and abusive or being weak, insufficient, and childish but in either way as neglecting the child and lacking responsibilities of a parent. To handle this situation, the child manipulatively surpasses his ability and reverses roles in parent-child relationship to control it in two ways. He can either be punitive to the caregiver and rejecting her or starts to show a caregiving behavior and protecting the caregiver (Main and Cassidy, 1988). The sense of helplessness is a very apparent feature of these caregivers, which stems from their unresolved attachment-related trauma such as parental loss with the lack of a mourning process (George & Solomon, 1996; Main & Hesse, 1990). Caregivers basically use inappropriate affect as both heightening and minimizing it, that is incompatible with the severity of the situation; as a result of which, children use an emotional expression in this way as well. The world is perceived as unpredictable, chaotic, and dangerous; the child cannot count on the attachment figures who do not provide security or safety at times of need. What is unusual when compared to other attachment styles is that disorganized children cannot form a particular attachment strategy to deal with difficult situations; this is why challenging occasions lack resolutions.

1.3 Explaining Attachment Security by “Optimum Midrange Model”

On communication of mother-child dyad more coordination was suggested to be the most desirable way and withdrawal of the mother was forming the most undesirable attachment relationship, however researchers (Belsky et al., 1984; Sander, 1995) proposed “optimum midrange model” which provides the only way of shaping secure attachment patterns in children. According to this model, at very low levels of coordination (i.e. resulting from maternal depression) the mother is not at all matching but withdrawn with the child (Beebe et al., 2010). The dyad appears to be separate from each other that the child is mostly trying to soothe himself at times of distress and later unable to cooperate with the mother. On the other side, the sameness and synchronicity of the mother’s reactions are not necessarily leads to secure attachment; in fact it is perceived as intrusive (Beebe et

al., 2010). The mother's hypervigilance, which is related to her own anxiety, leads her to match as much as possible with the child to eliminate the vagueness of the situation. At these times the mother presents too much stimulation however fails to react compatible with the situation the child is in; for instance smiling continuously to the child while he is crying or getting intensively upset as well; in either way the child's distress cannot be handled. As a result of this, children become very much aroused by the mother's intertwined way of communication. The very high coordination surprisingly makes nearly the same impact as the very low levels of coordination to the child. On the other hand, the midrange levels of coordination leaves more room to the vagueness and other possibilities while the mother is trying to match with the child on a sufficient degree, by neither too much nor too little monitoring the child, and with giving a chance to failing and its reparations in the communication (Beebe et al., 2010). The midrange model was reminiscent of Winnicott's (1953) term, "good-enough" mother. According to this, being "good-enough" represents the congruence between the child's basic needs and the mother's adaptation to meet them adequately but at the same time not intruding with too much stimulation the times when the child is going through disappointments or loneliness. By the mother's moderate level of responses, the child will experience that the outer world may be unresponsive but he has the chance to deal with this frustration, which process is very fundamental for the child's individuation process. Jaffe et al. (2010) studied the mother-infant dyad's vocal communication with each other and suggested that vocal communication is an important predictor of attachment security. They concluded that the pair's vocal coordination of using silence or one side's voice at 4 months of age was associated with the infant's attachment measured at 12 months of age. Infants who were in dyads that used low levels of coordination were more likely to be categorized as insecure avoidant, while infants who were in dyads with high levels of coordination were more likely to be categorized as insecure anxious or disorganized at 12 months. However pairs whose vocal coordination was in the midrange levels of tracking and timing has infants with secure attachment.

1.4 Adult Attachment Patterns

Early attachment relations have been shaping IWMs in childhood and they are being conveyed to the subsequent relationship patterns in adolescence and adulthood, as well. George, Kaplan, and Main (1984) presented Adult Attachment Interview (AAI) to assess adults' experiences with their caregivers in their childhood. The interview is composed of 20 main and some probing questions. At first, the interviewer gets general demographic information, then the interviewee is asked for 5 adjectives to describe the relationships with the mother and the father as a child and the specific occasions about them, it is followed by the question about what would he/she did when hurt or unhappy, what was the child's and the caregivers' reactions to the first separation, did he/she ever felt rejected, were the caregivers threatening, the impact of caregivers' behaviors on the adult character and why do the parents behave this way, did he/she ever lose a parent or close family member, did they experienced traumatic life events besides the other though ones, whether adulthood changed the way he/she relate to his/her parents, how is their relationship now. At last, some questions were added about the adult's experiences as a parent such as; how would he/she react to the separation from his/her child. Verbatim transcriptions of the interviews revealed that how the childhood experiences were being told gave broader information than the experience itself. The discourse of the interviewees were analyzed in four characteristics; quality (telling the believable stories without contradictions and illogical endings), quantity (neither too much nor very little information should be given), relevance (answering the exact question asked rather than distraction), manner (using clear language rather than jargons or odd words). In addition to this, scale scores (level of coherence and state of mind about attachment security) and relevance to attachment classifications are considered. As a consequence, 3 types of adult states of mind occurred which is reminiscent to Strange Situation classification (Main et al., 1985). Early attachment relationships and representations about them are being activated by the AAI questions. Being exposed to these memories is comfortable for "Secure-autonomous" adults, thus

they are more coherent in their responses whether they are telling troublesome stories or not, have consistent and clear memories about caregiver's general availability, high in metacognition (thinking about own thinking and feeling processes), do not seek for dependence but comfortable with closeness too (Main & Goldwyn, 1989). On the other hand, "Dismissing" adults' childhood memories were missing reliance on the attachment figure for security or soothing, and lacking a coherent caregiver representation. Memories are overly activated and distressing for these adults, this is the reason why they lack coherent answers and memories about childhood. Dismissing adults are more likely to cut the answers on the half, give very short answers, in other words they are avoiding questions, as the avoidant children reject the caregiver at the Strange Situation (Ainsworth et al., 1978). "Preoccupied" adults are more likely to give very long and detailed stories, violate discourse characteristics of relation as they wander off the different and irrelevant topics, express anger towards the attachment figure since the attachment representations are intertwined. On the succeeding years, two more classifications were added as "unresolved/disorganized" and "cannot classified" (Hesse, 1996; Hesse & Main, 2000). Adults with "unresolved/disorganized" states of mind are most likely to have unresolved trauma or loss, in which overwhelming memories spoil reasoning and the discourse. The stories are being told in an unprocessed manner, the past and present are not integrated, as they lack a certain attachment strategy to work through these memories (Main and Goldwyn, 1998).

Finding that adults' states of mind about attachment relationships impact and predict their children's attachment classifications is replicated in several studies (van Ijzendoorn, 1995). Main et al. (1985) investigated whether the 1-year olds' reactions to reunion phase at the Strange Situation procedure was stable at the age of 6, on an application similar to Strange Situation but adapted for young children. At the separation phase, caregivers were also interviewed by using AAI. To summarize, attachment security at the reunion phase were revealed to be stable over the 5-year period. Secure children were more open communicating emotions

and a secure state of mind of caregivers assessed in AAI correlated with the child's security. However, insecure-avoidant infants were found to be avoidant in reunion at age 6, as they avoided contact with the caregiver and gave minimal or superficial answers when communicating emotions. Disorganized infants were found to be controlling the caregivers by role reversals (either by punishing or caregiving) at age 6. In terms of AAI discourse, undoubtedly, giving a coherent form of old attachment memories is an indication of adult security. Caregivers of secure children can integrate the memories from the past (even the negative ones) in a consistent way, yet the caregivers' discourse of insecure children is inconsistent and disintegrated, as they are focused on negative memories repeatedly. Caregivers' rejection, ambivalence or disorganization about their own attachment related memories have an impact on how they reconstruct attachment cues in their children.

On the other hand, Hazan and Shaver (1987) proposed a new way of looking at the adult attachment. They suggested that the adult attachment has the same characteristics and underlying motivations as the child forms it with the caregiver. Adults are also making use of the romantic partners as a safe base to discover novelties, seeking intimacy and demanding for sensitivity or availability, feeling longing when the other is absent. Hazan and Shaver (1987) requested adults to put themselves in one of the three attachment classifications. Secure adults claimed that they are comfortable with both getting close and depending on other people and other people to get close to them, besides not being preoccupied with abandonment. Avoidant adults are not comfortable with getting close to other people or do not feel at ease when people want intimacy from them, or they cannot readily count on people. Lastly, anxious-resistant adults seek for too much closeness that is sometimes being overwhelming to others, preoccupied with rejection or question the love of the partner.

Furthermore, Bartholomew and Horowitz (1991) suggested a four-category model to test the adult attachment, which combine aspects of Main et al. (1985) and Hazan and Shaver (1987). The model is composed of two features;

model of self (namely dependence) and model of other (namely avoidance). Being low or high (or both as low-low, high-high) on either model determines the attachment category. Adults who are comfortable with closeness and reliance on self are both low in dependence and avoidance (classified as secure). Low avoidance and high dependence determine “preoccupation” with relationships. Showing high avoidance and low dependence points out a ‘dismissing’ of closeness. Lastly, adults with high dependence and high avoidance are classified as ‘fearful’ of social relationships and closeness.

1.5 Intergenerational Transmission of Attachment and Mentalization

Attachment security had thought to be transmitted by maternal behaviors such as sensitivity and responsiveness, for a long time (Bowlby, 1973). On the other hand, as a result of a meta-analysis of the AAI’s predictive validity, van Ijzendoorn (1995) proposed that there is a “transmission gap” as these qualities fall short to explain the constitution of a secure attachment in child, and the maternal state of mind about attachment did not always in the same direction with the child’s attachment pattern such as insecure parents can also have securely attached children. It was proposed that what is transmitted from the mother to the child and how the representations about the state of mind are conveyed is ambiguous (van Ijzendoorn, 1995).

Consequently, “mentalization” emerged as a new term to explain the transition from adult attachment representations to the child’s attachment patterns. In principle, mentalization is an innate capacity of a person to reflect on her own and others’ minds as having intentions, desires, feelings; and perceiving that these mental states underlie a person’s overt behavior (Slade, 2005). This capacity is either improved or inhibited as a result of the early caregiver-child relationship. If the caregiver can notice that the child is having an internal world as having feelings, needs, motivations and reflect it back to the child, then the child can recognize his inner world. Winnicott (1962) proposed that development of a true sense of self is dependent upon the child’s sensation of his caregiver holding his

internal states in her mind. At first, the caregiver forms a representation of the child's mental states in her own mind, and then reflects it back to him. It is necessary to read the mental states properly, after then it is possible to comprehend the underlying reasons for the behavior. Caregiver's apprehensions about a thinking or feeling-child evoke sensations in the child as being an agent capable of thinking or feeling. The child's representations of self as having mental states, impact his acknowledgement that people can have separate minds with both similar and different mental states but still can understand and have influence on each other, which resulted in an idea that by observing other people representing each others' states, one can grasp information about own inner states (Fonagy & Target, 1997).

Mentalization is a very significant concept for several reasons. First of all, with the ability to mentalize, self and others' behaviors are no longer be perceived as complicated and vague but viewed as a result of intentional and causal mental states (Fonagu et al., 1998). It becomes possible to attribute meaning to the behavior and consequently anticipate it on different occasions (Baron-Cohen, 1995). Secondly, mentalizing abilities of the caregivers pave the way for their child's attachment security by promoting self-control (Fonagy et al., 1991) and the child's ability to use mentalization in the interaction with caregivers is a protective factor for developing psychopathology. As a child perceives his representation on the caregiver's mind, he should differentiate between the actual reality and what is in his caregivers' mind, which does not necessarily reflect the reality. This distinction is very significant mostly at the time of traumatic family conditions (Ensink et al., 2015). The uncaring attachment figure might give messages of "not deserving the care" to the child, however dissociating the child's his own actual state and the caregiver's emotional state protects the child from vulnerabilities in his sense of self (Fonagy et al., 1994). Lastly, the reciprocal sharing of mental states leads to a meaningful communication between individuals by combining both external and internal worlds (Fonagy et al., 1998).

Children's understanding of others' thoughts, beliefs, emotions and

behaviors was initially perceived as their Theory of Mind ability (Flavell, 1999) by cognitive and developmental psychologists. At the age of 3 and 4, children develop ToM that they can understand the link between people's thoughts or emotions and their behavior. Between the age of 5 and 7, children can grasp the notion that thought processes were reciprocal in a social relationship. Children's ToM ability is measured by 'false belief tasks', development of which is the prerequisite for the emergence ToM abilities. According to 'false belief principle', the child can perceive a situation from another person's point of view and can discern an erroneous thought of that person which caused the false belief. However unlike ToM, mentalization was a more comprehensive theory since it does not entail a certain developmental or cognitive level for understanding others' minds.

Mentalization is based on two interconnected theories, the latter of which enhanced the former one. Firstly, Gergely and Watson (1996) suggested that at first an infant is not aware of her own internal states but then the sensitization occurs as a result of "contingency detection" and "maximizing". Contingency detection provides a baby with an awareness of inner states, self and other as different agents, self as causing the caregiver to reflect and in the end, self as having a regulation capacity. As the caregiver reflects the infant's internal emotional states in a behavioral way, such as an anxious infant soothed by the caregiver, and caregiver's behavioral reflection measures up to the infant's emotional states, the infant makes an inference that he generates a causal relationship. With the notion that the infant can control the caregiver for emerging reflective behaviors, which in turn decreases her own anxiety, ends up with an understanding that the infant perceives himself as a self-regulating being. The caregiver mirrors all the feelings, intentions or desires of the infant as external states (an animated version of an abstract inner state), which ensures the infant as having a recognizable inner world. Gergely and Watson (1996) called this process "social feedback training", in which caregivers must read the internal states of the infant as accurate as possible and then the infant perceives the reflected versions

of these inner states. The coherency between the reflection and the inner state is significant so that the infant can discern the caregiver as a representation. According to Gergely (1996), affect mirroring of the caregiver provides the infant with an access to emotions and regulation of them. The infant's access to his emotions is possible with "marking" of the experience; the infant is experiencing and communicating to him through it. The caregiver marks not the complete form of it, but as how she perceives it to be, which is the basis of a perception of having two separate minds. When marking is absent, non-reflected and not reciprocated internal world is perceived by the infant as unattainable and absent altogether. Another theory that formed a basis for mentalization was by Fonagy and Target (1996); which was the theory of psychic reality. According to this, one has to integrate three modes: psychic equivalence, pretend and teleological mode, to develop skills of mentalization. In the psychic equivalence mode, the child cannot differentiate between the external and internal reality, yet they are perceived as identical, and mental representations cannot be perceived as having roots in the internal world. On the pretend mode, mental and external realities are separated from each other, which is observable in pretend play, however the internal world is demonstrated without a link to reality. Lastly, on the teleological mode, only the physical external reality is taken into consideration and the internal world is counted if only it can be represented in actions. In the normal development of mentalization, these modes merge as assuming internal and external world as complementing each other (Fonagy & Target, 1997).

1.6 Reflective Functioning

On making sense of mentalization theory, In 1991 Fonagy, Steele, and Steele presented the research outcome of London Parent-Child Project in which mothers' and fathers' AAI was assessed in terms of adult attachment classifications when expecting a baby and at one year of age, their children's attachment was measured by using Strange Situation. Even if this was appeared to be a replication of the Main's (1985) study, prenatal assessment of the adult state of mind and its coherency with the infant attachment styles was impressive.

Adults who have secure AAI narratives without distortions, understanding the underlying motivations of own parents, integration of past experiences and conveying it during the interviews without using defenses; namely, the autonomous adults are more likely to have infants with secure attachment classification as assessed in Strange Situation at the age of one. The finding that adults' state of mind about attachment relationships is transferred even before getting in touch with their infants, proposed that there are further factors influencing attachment security other than an actual physical contact, sensitivity or responsiveness.

As the Adult Attachment Interview transcripts in London Parent-Child Project was interpreted, a striking difference was observed in secure and insecure adults' representations of mental states. Fonagy et al. (1991; 1998) suggested a new way to assess different representations on AAI, called this "reflective-self", which is later named as Reflective Functioning scale (RF), an operationalized form of mentalization. The scale is used for measuring the level of awareness on; mental states, their impact on forming behaviors, their developmental level, and the interviewee's recognition of mental states in the interviewer. Some AAI questions are more powerful to awake reflective responses such as which parent the adult feels closer to, feelings of rejection or disruptions on the attachment relationship, the parents' impact on adult character, why the parents might have behaved that way, any experience of trauma or loss, the changes on the attachment relationship from childhood to adulthood, and the impact of past relationship with parents to the current general relationships. Reflective functioning (RF) measurement on the AAI revealed a great difference between parents' understanding of their own parents' behaviors and affects. Adults who have higher reflective functioning capacity could perceive that their parents' behaviors had underlying reasons for differing feelings or intentions, however adults low in reflectiveness were more likely to attribute their parents' behaviors to their character and take these behaviors at face value without consisting of internal states (Fonagy et al., 1991). Moreover, by using the same data of London

Parent-Child Project, Fonagy et al. (1994) demonstrated that all mothers with a childhood story of high deprivation (experiences of neglect, rejection, and lovelessness) had securely attached children if only they had high reflective functioning (RF) capacities; on the other hand, only 6% of the children were secure when mother's deprivation was combined with low RF scores. In addition to this, RF was proven to be a protective factor in transmitting attachment security much more significantly for disadvantaged mothers than the advantaged ones (Fonagy et al., 1994). A related study showing the impact of intergenerational transmission of attachment even on a child's apprehension of affect, was conducted by Steele et al. (1999). The findings showed that the secure state of mind about attachment measured at the mother's pregnancy (via AAI) and child's security of attachment (measured via Strange Situation at age 1) predicted children's apprehension of social and emotional dilemmas at age 6 (Steele et al., 1999).

1.6.1 Reflective Functioning in Parents

As reflective functioning capacity was suggested as a very significant concept, meanwhile an entirely new definition of attachment security was being made (Fonagy et al, 1991). In this way, security can be explained as the caregiver's capacity to form a mindful environment for the child in which mental states of his own and others' are discovered openly. In this condition, caregivers are aware and less defensive of their own child's mental states and reflect their understanding of these states to the child properly (Fonagy et al., 1998). On the other hand, the reflective functioning capacity of parents measured by using AAI is necessary but not sufficient to explain the representations about their children since a parent's reflections on child's mental states are much more significant than reflecting on themselves' and their parents' states, in the intergenerational transmission of attachment (Fonagy et al., 1998). AAI is assessing an adult's state of mind about parenthood and attachment security in relation with parents, in which representations are mostly established long ago, however measuring an adult's representations of current and developing relationship with her child as a

parent is much more indicative of her mentalizing capacity. Meins et al. (1999) explicated the mothers' capacity to admit that her child's mind is containing mental states, in which he practices affective and thoughtful experiences, as "mind-mindedness". This capacity is a prerequisite for thinking about the child's mental life reflectively however; a full-blown reflective functioning ability must include a perception of the interconnected nature of mind and behavior (Slade, 2005).

Parent Development Interview (PDI) enables measuring the RF capacity of the parent in terms of her child, herself being a parent, and the parent-child relationship (Aber et al., 1985; Slade et al., 2004). PDI questions are much more distinctive in arising vivid, actual and growing representations since it is focused on the relationships of current ones or of the recent past. The interview consists of 45 demand (specifically demands reflection over the mental states) and permit questions, most of them are reminiscent of AAI questions, and some probing items that are following them. PDI questions enable the interviewer to perceive whether the parent is aware of child's mental states and what to expect from his developmental level, impacts of her mental states on the child, and her capacity to reflect deeply and causally on the parent-child relationship (Slade, 2005).

In order to assess the level of reflective functioning on PDI narratives, the RF manual that was developed for coding mentalization on AAI by Fonagy et al. (1998) was adapted. Verbatim transcriptions of each interview question were assessed in terms of mentalization capacity and then a global RF score is given (Fonagy et al., 1998). On the negative RF, interviewees generally reject most of the demand questions angrily, refuse to answer defensively or give bizarre answers. When reflective functioning is altogether absent in the narrative, interviewees still may reject the question but this time without hostility, give very short answers, lack mental state words. "Disavowal" takes place as parents give very general or superficial answers, only depicts the physical aspects of the child without his mental states, or parents may give "self-serving" responses that the child's actions are relied hugely or only on parents by putting much more

emphasis on themselves as the child is lacking a separate state of mind about his actions. On the scores of low reflective functioning, the narrative includes mental state words but parents does not work through these states, even if she does it is not stated apparently in the interview. Narratives might be too simple, including stereotypic attribution to the mental states such as assigning the behavior to a personality characteristic or a diagnosis, or perceived as if parents are making a complex inference about the situation but that is “overly-analytical”; at both cases, lacking a sophisticated understanding of mental experiences. On a moderate level of reflective functioning, parents are aware of the child’s mental states, appreciate it and express this awareness openly yet the link between mental states and behaviors are very limited or absent (Fonagy et al., 1998). This is reminiscent of what Meins et al. (1999) called “mind-mindedness”. However, this understanding may diminish at the conflictual situations in the parent-child relationship. Interviewees who score high on reflective functioning take this understanding a step further and are being aware of their own and child’s mental life’s impact on behavior, can give detailed explanations about feelings and thoughts in a consistent way. They can observe both internal and external indicators and the nature of a behavior and then reflect it back to the child comfortably (Slade, 2005).

There are additional features specifically apparent in the moderate to high reflective functioning. The first one is the ‘awareness of the nature of mental states’. According to this feature, one cannot know a mental state of another for sure, another person may hide his mental states and keep it private, one may try to infer from another’s mental states but at the same time being aware of the constraints of understanding another’s mind, one has to be aware that mental states should be taken into consideration in accordance with the developmental level of the child, and mental states can be adapted or transformed so as to decrease emotional weight of a negative incident (Fonagy et al., 1998) . The second feature is “the explicit effort to tease out mental states underlying behavior”. According to this one, it is possible to interpret the behavior by

scrutinizing mental states, sometimes mental states may not be in accordance with the external reality, the same incident may arise distinct mental states on both sides, one's mental states or behavior might have impact on own or others' mental states or behavior (Fonagy et al., 1998) The third feature is "recognizing developmental aspects of mental states" which refers to the awareness that one's own or the child's mental states are influenced by the past and can evolve as a result of new experiences, and the state of mind of the world is open to change from childhood to adulthood. The parent needs to understand the impact of her own childhood experiences to interpret her parenting and her state of mind at the present time. Besides, according to this feature, the child's experience and expression of a mental state differ greatly in accordance with his developmental level and the parent's understanding of this is very significant characteristic of mentalization. As a part of this, the parent's awareness of the fact that the pair is mutually influencing each other in terms of both their mental states and behavior, also the awareness that the parent's own affect regulation abilities have a direct influence on the child's capacity for regulation are of utmost importance (Fonagy et al., 1998). Grasping the reason why some sort of behavior occurs as a result of certain mental states decreases tension and gives relief to both sides, that kind of prediction, therefore aids affect regulation (Fonagy et al., 2002).

Research on mentalization of non-clinical parents mainly covers the connection between their representations, parental or/and child attachment, and parent-child relationship. Slade et al. (1999) investigated mothers' PDI and AAI scores and observed their parenting on some periods of time, between their firstborn sons' 12 to 21 months of age. They factor analyzed PDI codes and ended up in three factors: "Joy-Pleasure/Coherence, Anger, and Guilt-Separation Distress" (Slade et al., 1999). By doing this, it was made possible to correlate AAI classifications with PDI factors, autonomous mothers were found to be much more coherent, report more "Joy-Pleasure" in their representations and show more positive mothering than any other group. Besides, dismissing mothers reported more "Anger" and tended to show negative mothering. However, "Guilt-

Separation Distress” did not correlate with a certain parental attachment style or mothering. On another study, representational variations of mothers on these three PDI factors in 13-months (when the toddlers were 15 and 28 months old) examined, Aber et al., (1999) revealed that mothers’ Joy-Pleasure/Coherence, and Guilt-Separation Distress levels did not change over the period while the Anger level raised. On the other hand, the mothering practices and experienced hardships during the day had a significant impact on mothers’ representations (hardships elevated the level of anger as ‘positive mothering’ came up with elevated levels of Joy-Pleasure/Coherence).

In order to clarify the link between intergenerational transmission of attachment and maternal reflective functioning, Slade et al. (2005) measure the maternal state of mind about attachment via AAI on pregnancy, maternal representations via PDI on the infants’ 10th month, and infant attachment via Strange Situation on the 14th month. They found that higher levels of RF scores belonged to mothers with secure attachment and the lower levels belonged to the unresolved ones, as the RF level of dismissing and preoccupied mothers were in between. Besides, mothers who could give coherent answers to the AAI questions were having higher levels of reflective functioning scores as well. This outcome took results of Fonagy et al. (1991)’s London Parent-Child Project a step further since the way the mother makes sense of her history also has an impact on the way she perceives the child as having a separate emotional world. Lastly, while the highest maternal RF scores belonged to securely attached and avoidant children, mothers of resistant and disorganized children had the lowest RF scores. The finding that RF scores of secure and avoidant attachment were so similar suggested that children with avoidant attachment could adjust to the conditions much more easily than children with other insecure styles (Slade et al., 2005). In another related study conducted by Zeanah et al. (1994), they worked with mothers of 12 month-olds (assessed for attachment via Strange Situation Procedure) via The Working Model of the Child Interview (Zeanah & Benoit, 1995; Zeanah et al., 1994), which measure parental perceptions very akin to PDI.

WMCI transcripts were rated in terms of “Richness of Perceptions, Openness to Change, Intensity of Involvement Coherence, Caregiving Sensitivity, Acceptance”; and the narrative was coded in terms of being “balanced, disengaged, distorted” (Zeanah et al., 1994). Findings indicated that mothers’ rich perceptions, openness to change, sensitivity and coherence predict security of attachment in children; in addition to this, mothers’ narratives that were disengaged linked to avoidant, balanced linked to secure and distorted to resistant attachment styles in children.

Likewise, one of the latest researches about maternal reflective functioning by Rostad et al. (2016) revealed important notions. Researchers screened mothers on a variety of factors by using different measures; Parental Reflective Functioning Questionnaire which include subcategories of “pre-mentalizing modes, certainty of mental states, and interest and curiosity in mental states” (Luyten et al., 2009), Parent-Child Relationship Inventory which includes subcategories of “parental support, satisfaction with parenting, involvement, communication, limit setting and autonomy” (Gerard, 1994), Experience in Close Relationships Questionnaire (Fraley et al., 2000), The Parental Acceptance and Rejection Questionnaire (Rohner and Khaleque, 2005), measures on substance use and child maltreatment, and The Patient Health Questionnaire-8 (Kroenke et al., 2009) to screen depression. As a result, it was demonstrated that among RF factors, pre-mentalizing, which is the active effort of mother to perceive the child’s mental states, is the one mostly related to mother-child relationship, limit setting, giving support, and autonomy. Mothers who reported having a hard time understanding the child’s mental states were also less satisfied and less communicative in their relationship. On the other hand, mothers who excelled in understanding the child’s mental states were more satisfied and perceived themselves as a good parent in this role. Thus, researchers proposed that higher levels of RF was followed by mother’s being more involved and communicative, using positive limit setting and discipline, being attuned to and sensitive to child’s needs, mother’s satisfaction in the relationship as a parent. All these features

contributed to secure attachment in children in a meaningful fashion (Rostad et al., 2016).

Alternatively, Meins and her colleagues suggested a different way of looking at mentalization capacity: “mind-mindedness, the mind related comments of the parent” (Meins, 1999). Meins et al. (1998) focused on the predictability of child’s mentalizing and symbolizing abilities via attachment security and mothers’ ability to perceive their child as a “mental agent” (Meins et al., 1998) on a longitudinal study. They studied with children from 11 months to 5 years. Assessments were made; on 11-13 months about attachment security via Strange Situation Procedure, on 31 months about abilities in symbolic play, on 37 months with their mothers and their sensitivity on tutoring on a box construction task made together with child, mothers were asked to describe their children in an interview, and at 5 years for false belief principle. Results demonstrated that mothers of securely attached children were much more sensitive in their tutoring and described their children with more mind-related (using mental states in interaction as well) rather than physical or behavioral words. Together with these features and also when the security of attachment taken into consideration; executive abilities of the child during the play were strongly predicted and these children excelled in false belief assessment at age of 5, meaning that these features contributed to the perception of others’ minds as well. However, with the following study done by Meins et al. (2001), it was demonstrated that not only the mind-related comments done by the mother but also its appropriateness makes the difference for the security of attachment. 71 mother-infant pairs were tested twice on 6th and 12th months in free playtime. Infants were assessed in terms of vocalization, object-oriented actions and the direction they look at. Mothers were assessed on maternal sensitivity (measured by Ainsworth et al.’s (1971) 5-point scale of sensitivity) and mind-mindedness (in terms of “maternal responsiveness to change in infant’s direction of gaze; maternal responsiveness to infant’s object-directed action; imitation; encouragement of autonomy; and appropriate mind-related comments, (Meins et al., (2001)) at the first phase. Then the infant

attachment was measured with Strange Situation at 12th month. The results showed that maternal sensitivity predicted secure attachment and mothers who used mind-related comments at 6 months were more likely to have securely attached children at 12 months. Indeed, finding that the mother's use of mind-related interpretations that have appropriate fit to the certain situation the child in, was the most significant predictor to security among other mind-mindedness factors (Meins et al., 2001). Besides, using mind-related comments (assessed from mothers when their children were 6 months old) in general, predicted children's understanding of theory of mind (ToM) (Flavell, 1999) at 45-48 months of age (Meins et al., 2002). Another longitudinal study carried out in 2012 by Meins et al. focused on the predictive power of mind-mindedness on different attachment classifications. The group of mother-infant pairs with low SES was assessed at 8th month on maternal mind-mindedness and sensitivity in a free play session, and at 15th month on attachment security by using Strange Situation Procedure. Maternal mind-mindedness was measured on a different type of assessment in which mother's 'comments about thought and knowledge, on mental processes, emotions, on child's manipulations of others and on mother's speaking in behalf of child' were coded and then later assessed in terms of its appropriateness. Results indicated that mothers of disorganized attached children used mind-related comments that were not attuned more than children with organized attachment styles since these parents were not able to detect and act on child's mental states properly. Mothers of resistant children found to use more non-attuned comments than of avoidant children. Also, high maternal sensitivity was mostly related to appropriate mind-related comments and security in attachment. Lastly, lower levels of maternal sensitivity and insecurity of attachment was a threat especially for dyads in low SES. Another study conducted by McMahon and Meins (2012) showed that mind-minded comments of the mother were connected to her stress level and behaviors. Mothers of 4-year-old children were requested to describe their children for mind-mindedness evaluations, filled Parenting Stress Index form (PSI: Abidin, 1995) and observed for their behavior towards the child in a free play session which is measured in terms of "sensitivity,

structuring, non-intrusiveness, and non-hostility” via Emotional Availability Scale (Biringen et al., 1998). Results indicated that mothers who presented mental state descriptions that are in large numbers and positive had lower scores in PSI, had higher “non-hostility” scores in EA scale. This finding was also revealed by Demers et al. (2010b), that mothers who have positive representations of their child’s mental states, also engaged in a more positive parenthood rituals and expressed more warmth.

In a similar vein, Oppenheim proposed the term “maternal insightfulness” (Oppenheim et al., 2002) to explain a parent’s capacity to perceive and reflect upon mental states of the child. Koren-Karie et al. (2002) studied the connection between maternal insightfulness, infant attachment, and sensitivity. In Insightfulness Assessment (IA; Oppenheim et al., 2001), mothers were watched videotaped sessions of themselves and their child interacting and asked about her own and the child’s thoughts and affects in this video. There were three main constructs for Insightfulness; apprehension and acting upon the motivation under the behavior, perceiving the child as a psychological being, and openness to possible changes in the child. What hinders proper ways of perceiving are anger, worry and mother’s unacceptance. The assessment resulted in four possible categories: “positively insightful, one-sided, disengaged, and mixed type” (Oppenheim et al., 2001). Researchers concluded that mothers who fit into the positively insightful type in IA were more likely to have securely attached children and be more sensitive (Biringen et al., 1993) in terms of appropriateness, ability to deal with conflicts, timing or using affect. On the other hand, having a mother with a one-sided type of perceiving was linked to ambivalent, and a mixed type linked to disorganized attachment (Koren-Karie et al., 2002; Oppenheim et al., 2001). Besides, it was observed that mothers suited to the mixed type were not necessarily low in sensitivity; thus it was suggested that it was the confusion and the high discrepancy between the messages given by the mother that damages formation of an organized attachment strategy (Koren-Karie et al., 2002; Oppenheim et al., 2001).

On the other hand, apart from the literature stated above significant amount of studies demonstrate the impact of maternal depression, trauma and adverse life conditions on maternal representations. Splaun et al. (2010) studied mothers' perceptions of themselves, perceptions about the child (using PDI), the child's internal working models of the attachment relationship (using Attachment Story Completion Task (ASCT); Bretherton et al., 1990). ASCT composed of five story-stems to be completed by the child, including a conflictual attachment-related situation. Child's perceptions about attachment relationship, his belief in the attachment figure to be present, soothing and mindful in conflictual situations and the child attachment security were assessed as a result of child's stories. According to the results, children who perceived their mother as accepting and supportive could reach a safe resolution in the story, securely attached, and could regulate their distressful affect. Also these children had mothers who had positive perceptions of the child, expressed higher joy and lesser anger in turn. Borelli et al. (2016) also revealed that the level of child-focused reflective functioning was predictive of the child's security, but not the mother's attachment security.

On the impact of maternal depression, Toth et al. (2009) showed that if the child was classified insecure in both of the successive assessments of attachment security (via Strange Situation), when assessed longitudinally through 20 to 36 months, mother's high levels of depression accounted for the child's attachment security on a significant level. Also it was stated that insecurity of attachment at age 3 mediates the level of maternal depression and negative way of perceiving parents and self at the age of 4. However, Trapolini et al. (2007) found no direct relationship between child attachment and maternal depression; but still, children of mothers who were depressed at the time children were assessed for attachment representations (when they were 4-years old), were less likely to express and regulate negative emotions such as anger but demonstrate it in a physical way. Moreover, cognitive changes as a result of depression linked to low sensitivity and had a negative impact on mothers' representations on the child, since depressive mothers were incapable of looking at things from the child's point of

view (Trapolini et al., 2008). In terms of the insightfulness of depressed mothers, Quitmann et al. (2012) elucidated that mothers with depression were categorized more in one-sided and disengaged type (one sided type has the highest occurrence rate among three categories), less in 'Positively Insightful' when compared to the ones who did not diagnosed with depression.

Maternal anxiety is another factor effecting attachment and maternal representations (Schechter et al., 2008). Mothers' having moderate or high level of anxiety decreases maternal sensitivity, and this lowered sensitivity combined with high anxiety led to insecurity of attachment in children; especially mothers of children with ambivalent attachment, were much more fault-finding than securely attached children (Stevenson-Hinde et al., 2013).

Schechter et al. (2005; 2008) demonstrated different levels of maternal representations as mothers exposed to trauma with a higher PTSD degree. Mothers who scored higher for PTSD symptoms also had distorted, destructive representations in the WMCI; however regardless of PTSD level, higher reflection capacity was a protective factor over the mother's balanced narrative on WMCI and disengaged narratives were lowest in reflection. Researchers added that a certain child who is reminding the trauma that the mother experienced, decreases the mother's ability to perceive this child reflectively (Schechter et al., 2005). Berthelot et al. (2015) conducted another study of great importance on the impact of mother's RF capacity in terms of her own trauma. Researchers measured infant attachment at 20 months, mothers' experiences of neglect and abuse and whether their memories were still intact about them, when they were pregnant. Mother's reflection upon the traumatic event, but not the reflection upon the child, having a more significant explicative power; lower reflective capacity on the traumatic event was linked to mother's inability to invest in a close relationship and parenthood (Ensink et al., 2014). Therefore, not the fact that the mother is having an traumatic experience but her incapacity to reflect upon these memories and the unresolved nature of it make her child vulnerable to having a disorganized attachment (Berthelot et al., 2015).

1.7 Maternal Representations, Child Attachment and Behavioral Problems

As demonstrated on previous sections, mother's capacity to reflect upon both her and the child's mental states, her sensitivity resulted in her ability to perceive the child's needs and respond to these needs appropriately. Under these circumstances the child develops a secure IWM of attachment as the child forms a belief that attachment figures are sensitive, not judgmental, responsive and safe to count on at times of distress. As a result of this, the child can be open to these figures emotionally at any time; any conflict or problem can be explicated by using a verbal language and without a need to express them physically, on a behavioral level. However when attachment figures are not available and reflective as expected because of their own experiences such as trauma, depression or the hardships of life conditions, their RF capacity decreased that their representations are generally not appropriate, twisted, or inconsistent (Fonagy et al., 2002). This resulted in a damaged and false sense of self in child, which makes it hard to apprehend mental states of self and others properly, and to develop a secure IWM's of relationships (Slade, 2005). All these factors make these children more prone to develop both internalizing (i.e. anxiety, depression, and somatization) and externalizing (i.e. overt aggression, conduct disorder, and opposition) behavior problems. The literature review that was presented below exemplified the theoretical points about maternal representations, child attachment and behavioral problems.

Dollberg et al. (2010) presented essential information on differing maternal behaviors (assessed via CIB; Coding Interactive Behavior; Feldman, 1998) and representations (assessed via PDI) in clinical and non-clinical groups of infants' mothers. A striking difference was reported that, in the clinical group, mothers were characterized with negativity, hostility, incoherencies in PDI, low sensitivity, and inability to support autonomy on problem solving tasks when compared to the non-clinical group; and clinical infants were distinctively having more difficulty in controlling negative affects and engaging in the activities with their mothers. Similarly, Oppenheim et al. (2006) demonstrated that as the

mother's insightfulness scores raised at the end of 7-month mother-child therapy, children's behavioral problem (both internalizing and externalizing) scores decreases, however if there was no change in the mother's insightfulness score in a positive manner, behavior problems of the children showed an elevation.

In terms of social competency, Sharp et al. (2006) assessed 7 to 11 year-olds' attributional style on a task including scenarios with distressing social conflicts in it and asked; if you were the protagonist in the story what would others think about you. Children answered with either of three responses; "overly positive", "overly-negative" or "rational, neutral". Later on, mothers were asked to guess their children's answer to the previous question. They found that mother's inability to predict their child's answer was linked to "overly positive" and "overly negative" answers in children, poor social skills (Sharp et al., 2007).

According to Shamir-Essakow et al. (2004), mothers of 3-4 year old, behaviorally inhibited children generally perceive them as being uncomfortable during separations and requiring protection. Despite the fact that inhibited children were perceived to be hard to deal with, mothers of securely attached inhibited children were reported being more reflective, prone to perceive things from the child's point of view, this in turn researchers suggested, make children feel that their mental states were visible, and so they perceive themselves as an active agent. On the other hand, mothers of insecurely attached inhibited children were more prone to ignore child's negative emotions. Especially mothers of children with both inhibition and ambivalent attachment were more likely to be disrespectful to the child's limits. These mothers were likely to be overprotective, which impedes children from engaging in a trial-error kind of learning and children became more vulnerable to developing anxiety symptoms when compared to children with other insecurity categories.

On a longitudinal study investigating the impact of maternal depression and child's representations of their mothers on child's depressive symptoms, Andreas et al. (2017) assessed children's caregiver representations on a story-stem

procedure, child's and mother's level of depression when the children were aged between 4-6 years. Later on, the children's depressive symptoms were assessed when they were aged between 6-8 years too. Researchers concluded that only for girls, maternal depression has an impact on child's depressive symptoms on the latter assessment, however by having a general positive representation for the mother, the presence of a maternal depression did not have a negative aggravating effect on the child's depression. The moderation of a positive representation for the mother was not present in boys. For boys the depressive symptoms in the first assessment were the only factor contributing to their symptoms at the latter one. Likewise, Miljkovitch et al. (2007) pointed out that 3 year-olds positive representations (assessed via ASCT) of caregiver's supportiveness were negatively correlated with parents' reports of internalizing behaviors in children. They suggested that this finding was in line with the Bowlby's (1973; 1982) views of children who cannot perceive the caregivers' support and care during times of distress or danger were more prone to show symptoms of depression or anxiety.

Examining preadolescents' story-stem responses to reveal attachment patterns and various categories of anxiety variables such as behavioral inhibition, somatic/panic, generalized anxiety, separation anxiety, social and school phobia, Brumariu et al. (2010) concluded that children with avoidant attachment were not likely to express social anxiety, somatic complaints and separation anxiety. Suggested that they underestimate the necessity of an attachment figure, which might leave these children susceptible to depression, not anxiety. On the other hand, disorganized children were more likely to experience school phobia, somatic/panic kind of anxieties. Goodman et al. (2012) presented similar results that; children between ages 5 to 10 with ambivalent and disorganized attachment classifications (as assessed by ASCT) were more prone to have a separation anxiety disorder than children with avoidant attachment. They suggested that both the minimizing strategy in avoidance and their unwillingness to share symptoms might be the cause. Also there was a significant link between children's story

completions characterized by disorganization and self-reported depression with an unfavorable view of self (Goodman et al., 2012). Inadequate coping strategies with a disturbed reality principle ended up in a very inconsistent way of reviewing the emotional states of self (Brumariu et al., 2012). Dallaire et al. (2005) elucidated that infant attachment classification assessed at 15 months was the most significant factor explaining self-reported separation anxiety at age 6. It was demonstrated that ambivalence classification was most significantly associated with separation anxiety (Dallaire et al., 2005), social anxiety (Brumariu et al., 2008), and anxiety disorders in general (Warren et al., 1997). Lastly, researchers concluded that the child's unfavorable representations on what to anticipate about himself, others and his experiences on story-stem narratives significantly impacts later formation of internalizing disorders, mostly anxiety disorder and separation anxiety (Warren et al., 2000).

Esbjørn et al. (2013) measured parental representations, both parental and child's anxiety level; and found that in terms of reflectivity, maternal RF capacity was significantly higher than paternal one. Fathers' anxiety scores, their avoidant attachment and maternal RF capacity were much stronger factors explaining the child's own reports of exceeding levels of anxiety symptoms.

Gray et al. (2015) emphasized the importance of maternal sensitivity especially for children between 3-5 years with a past of violence-related trauma. Children who were both exposed to trauma and had a caregiver with low insightfulness levels were found to be rated significantly higher in internalizing, externalizing behavior problems and had a negative use of emotions during the interview. However traumatized children having a mother with high levels of insightfulness developed significantly less behavioral problems; and surprisingly caregiver insightfulness did not make the same impact for children without an exposure to trauma, as insightfulness was not linked to behavioral problems of these children.

In the context of child sexual abuse, children between 7 to 12 years with or

without a sexual abuse history were assessed by using Child Reflective Functioning Scale (CRFS; Ensink et al., 2013) to measure child's reflections on themselves, on others and in general. Child Attachment Interview (CAI; Shmueli-Goetz et al., 2008) transcripts were later coded for child's RF capacity. The group of children with a sexual abuse history was divided later in two as; intrafamilial or extrafamilial abuse. Results indicated that children with a sexual abuse history showed lower RF scores for both self and other categories, but especially being exposed to an intrafamilial abuse had a much more significant impact on child (Ensink et al., 2015). It was suggested that since it impedes from forming an appropriate sense of self and the caregiver figure, mother's RF level could no longer be a contributor of the child's RF in the presence of abuse (Ensink et al., 2015). However sexual abuse history alone did not explain middle-aged children's developing a behavioral problem. Ensink et al. (2017) demonstrated that when the low levels of maternal RF capacity was taken into account in the case of child sexual abuse, it was the strongest factor predicting child's developing behavioral problems. Besides, if the mother had a sexual abuse history too, their capacity to reflect upon their child's behaviors and affects dropped significantly when compared to mothers without a sexual abuse history. Child's RF capacity was another significant contributor explaining his developing externalizing behaviors and depressive symptomatology in the case of sexual abuse. Even if maternal reflectivity was still being a protective factor from externalizing behavioral problems (Ensink et al., 2017); there is no direct impact of maternal RF and child's depressive symptoms as much as child RF did (Ensink et al., 2016).

Children's representations of their parents were demonstrated to explain child's developing externalizing behavior problems. Stadelmann et al. (2007) studied on 5-year olds positive or negative representations of parents by using story-stem technique and assessed behavioral problems and the pro-social behaviors at age 5 and 6. It was demonstrated that negative representations such as parental punishment, hostility, or unavailability were linked to the increase in conduct problems; however, positive representations such as being present at

times of distress with a helpful and warm manner linked to a more pro-social behavior at 6-years of age. Independent of representations of parents, emotional problems and hyperactivity/inattention at age 6 were predicted solely by their levels at age 5. Laible et al. (2004) reached similar findings that parental sensitivity was linked to child's use of more pro-social behavior, while insensitive parenting linked to the child's use of disruptive externalizing behaviors to overcome a conflictual situation. According to Farrant et al. (2013), the mother's security of attachment is linked to her engagement in more emotion talk with the child, which in turn leads to the child's apprehension of and responding back to other's emotions appropriately. All of which decrease the occurrence of the conduct problem in 5-year olds. Besides, 7 to 11 year olds self-representations as being unrealistically over-positive was reported to be another factor affecting the occurrence of a conduct disorder (Ha et al., 2011).

Furthermore, it was pointed out that maternal representations and the quality of interactions with the child determine how the child experiences anger (Feldman et al., 2011); as mothers' intrusive interaction style and demonstration of more anger and incoherency in PDI narratives were linked to child's expression of more overt aggression and his inability to regulate it, however mothers whose PDI narratives were characterized by coherence and joy were more likely to have children who used aggression less in distressing situations, could use a better strategy to convert it into another affect, and also use the representation of a figure to soothe themselves when the figure was not around.

Externalized behavioral problems of 2-year olds reported by mothers were found to be linked to unresolved maternal attachment status assessed in AAI at 6-months, child's disorganized attachment status assessed by Strange Situation and maternal atypical behavior of "affective communication errors, role or boundary confusion, disorganized behavior, intrusiveness or negativity, withdrawal" as assessed by AMBIANCE (Bronfman et al., 1999) at 12 months. In addition, child's disorganized attachment status mediated the link of maternal atypical behavior and child's externalizing behavior (Madigan et al., 2007). On the other

hand, Goodman et al. (2013) pointed out that disorganized attachment classification of children between 5-10 years and mother's identity diffusion (incoherency in parenting practices) with a use of primitive defense mechanisms impacts the formation of externalizing behaviors in different ways; as maternal identity diffusion was the leading cause in the delinquency behavior of children, however disorganized attachment classification mainly determined aggression. It was suggested that mothers of children with disorganized attachment couldn't help their children to develop stable attachment representations. Children's mental states and emotional world were not identified and held properly by the caregiver paved the way for externalizing behaviors (Goodman et al., 2013). As also shown by Green et al. (2007), atypical maternal practices and demonstration of emotions as frequent critical comments, hostility or intrusiveness were significantly linked to child's disorganized attachment classification but these maternal behaviors did not provide a direct explanation for child externalizing disorders.

Wan et al. (2010) worked on story-stem narratives of a clinical sample of 4-11 year old children. They revealed that story themes including a role reversal, injured mother figure or depicted by mother's unhappy affect, death and general severe injuries happened to characters were seen very often in children with behavior problems; the frequency of occurrence of these themes determines the level of the problem. Moreover, a gender difference emerged on the narratives, as girls who were having a depressed mother were not likely to describe these negative themes in their stories whereas boys' use of these themes directly linked to maternal depression. Von Klitzing et al. (2000) obtained parallel results that in a non-clinical sample of preschool children, girls' story narratives were characterized by more integrity and having less aggressive themes than those of boys, girls' themes that included more anger resulted in behavioral problems, and as Wan et al. (2010) revealed frequent use of aggression in a disorganized narrative in both boys and girls led to behavioral problems, while the themes containing violence were especially linked to externalized behavior (Warren et al., 1996). In their story-stem narratives boys with disruptive behaviors between 5 to

8 years tended to show themes of aggression more and were unable to perceive intentions behind the behavior especially in the distress-producing stories (Hill et al., 2007).

1.8 The Current Study

The literature revealed that maternal availability, sensitivity and responsivity were linked to the child's formation of secure IWM's of attachment relationships and a secure attachment style (Bretherton, 1992). Similarly, maternal reflective functioning capacities on both her parenting and the child's mental states were found to be very significant sources of child's understanding of both his psychological world and the others' (Fonagy & Target, 2005). Both security of attachment and a higher capacity of reflective functioning were revealed to be protective factors over the severity of behavioral problems (Ensink et al., 2017). However, the mother's inability to reflect on the child's mental states resulted in a damaged and false sense of self in the child, which makes it hard to apprehend states of self and others properly, and to develop a secure IWM's of relationships (Slade, 2005). All these factors make these children more prone to develop both internalizing and externalizing behavior problems (Feldman et al., 2011; Madigan et al., 2013; Sharp & Fonagy, 2008).

The aim of the current study was to investigate the association between maternal reflective functioning capacity and child attachment security on the children's internalizing and externalizing behavioral problems. By examining the relation between these two very fundamental concepts simultaneously, this study intended to broaden an understanding about the occurrence of children's different types of behavioral problems. Outcomes of this study may enable researchers and clinicians to think about behavioral problems from two complementary points of view, and to use mentalization and attachment based interventions to work on child behavioral problems. The association will be investigated in clinic-referred children and their mothers, who were applied to the Istanbul Bilgi University Psychological Counseling Center to get therapeutic help for the children's

behavioral problems and volunteered to participate in the study. Various interviews and measures were used to assess reflective functioning, attachment and behavioral problems in a within-subject design.

In this current study; (1) associations between maternal reflective functioning capacity, child attachment security and severity of behavioral problems will be explored and since this relationship is not always linear, in the light of former studies the present study aimed to (2) investigate both linear and quadratic relationship between maternal reflective functioning capacity and child attachment security on severity of behavioral problems.

Chapter 2: Method

2.1 Participants

Participants were 66 mother and child (% 39.4 female) pairs; all of which applied to the İstanbul Bilgi University Psychological Counseling Center to get therapeutic help. Exclusion criteria to the research were child's age being younger than 2 and older than 10 years, and cases with an adoption history. Children were aged between 3 to 10 ($M=6.67$, $SD=1.12$), and the mothers were aged between 24-53 ($M=36.01$, $SD=5.13$). The income levels of the participants were low (% 22.7), low-middle (%30.3), middle (%27.3), and middle-high (%19.7). 59 (%89.4) of the mothers were married and 7 (%10.6) of them were divorced. %47 of the mothers were working and %53 of them did not. Maternal education levels were; %33.3 ($n=22$) had elementary and middle school degree, %22.7 ($n=15$) had high school degree, and %40.8 ($n=27$) had a higher education degree. Children were going to kindergarten (%24.2), elementary school (%68.3), or middle school (%3). Also %27.3 ($n=18$) of the children did not have any siblings, %59.1($n=39$) of them have 1, %12.1 ($n=8$) of them had 2 siblings, and %1.5 ($n=1$) of them has 3 siblings.

Parents mostly applied to the center for their child's behavioral problems ($n=29$), problems related to anxiety ($n=12$), school-related and learning problems ($n=11$), separation anxiety ($n=4$) and other problems including relationship problems, loss, somatization and adjustment ($n=10$). Besides, % 3 ($n=2$) of the children were diagnosed with ADHD, the rest of the participants had no diagnosis, and %50 of children ($n=33$) referred to psychological or psychiatric help before applying to the center.

2.2 Measures

2.2.1 Parent Measure

2.2.1.1 Parent Development Interview (PDI)

Maternal Reflective Functioning was measured by using Parent Development Interview (PDI; Aber et al., 1985) which enabled to measure mothers' representations of self as a parent, of their children and the relationship between them (Slade et al., 2004). PDI includes 45 items of demand and permit questions, lasted for nearly 1 to 1,5 hour. The interview was recorded and then a verbatim transcription was made. The PDI questions were also presented in the Appendix. At the beginning of the interview, the parent was asked to describe her child with three adjectives and the incidents reminding these adjectives, then she was asked to define what she like the most and least about her child. This section was followed by questions as the parent's views about the parent-child relationship, three adjectives depicting the relationship and the relevant incidents about them, a moment where they could and could not get along well in a week, were asked. On the latter part, in the affective experiences of parenthood, the parent was asked to describe herself as a parent with the most enjoyable and painful memories containing them, when the parent might feel angry, guilty, needy and as a result, the feelings evoked in both the parent and the child. Towards to the end of the interview, the parent was asked about her family history, relationships with her own parents and adjectives to describe them, the impact of being parented by them and the affects of it to her own parenting. Lastly, the interviewer asked about the child's dependency/independency to the parent, and effects of separations or unavailability to both sides. On interpreting and coding the transcripts, the RF manual that was developed for coding mentalization on PDI narratives by Fonagy et al. (1998) was used. On the interview demand questions, which specifically requires the mother to reflect upon the child's mental states, were coded for mentalization. To give an overall RF score, the interview was coded on an 11-point continuous scale where -1 was the lowest and 9 was the highest overall RF score. Scores up to 5 were stated as negative or low reflective function. On the lowest scores from -1 to 3, interviewees typically rejected questions and give bizarre, simple or too general answers with aggression however on the higher scores from 5 to 9, interviewees referred to the mental states and try to grasp the underlying reasons of behavior

(Fonagy et al., 1998). Inter-rater reliability for PDI was measured on the reliable raters' agreement on the scoring of demand questions and giving an overall reflective functioning (RF) score. PDI was shown to have a good inter-rater reliability for both overall RF and RF on single questions of .78 to .95 (Slade et al., 2005). PDI was rated by a reliable coder who was blind to the information of mothers in this study. Inter-rater reliability was calculated on 20% of protocols from a total of 25 randomly selected transcribed interviews and showed adequate inter-rater reliability (ICC (2,1) = 0.79).

2.2.2 Child Measures

2.2.2.1 Child Attachment Measures

2.2.2.1.1 Attachment Doll Story Completion Task (ASCT)

The story completion task was developed by Bretherton, Ridgeway and Cassidy (1990) to assess children's secure or insecure representations of the attachment relationships; on the belief that whether attachment figures are available or unavailable, sensitive or insensitive at times of distress, pain or hardship. Granot and Mayseless (2001) adapted the task for the children up to 12 years and ended up five story-stems to assess it. Five story-stems awoke attachment representations and a warm-up story (the warm-up story was not included to the coding); in which the administrator told the story stem and asked the child to tell what happens next in the story. There were four tiny and wooden family figures (mother, father, child and the grandmother) and other objects related to each story (i.e. a dinner setup, a bed, a car) that the child used to tell the story. At the beginning of the administration, the child was made to give a name to the child figure, and the other three figures were introduced. On the first story-stem, named "spilled juice", four family figures were sitting in a dinner setup, the child dropped his glass as he was trying to reach it, and his mother told that he spilled the juice. On the second story-stem named "monster in the bedroom" the child went to his bedroom alone and shouting with fear that there was a monster in his room. On the third story-stem named "hurt knee" the mother, the father and

the child went to the park and the child climbed to a high rock, after that he felled and shouted with pain that his knee was hurting. On the fourth story-stem called “departure” the mother and the father were going to a one-week vacation and the child had to stay at home with his grandmother. And lastly on the fifth story-stem called “reunion”, the mother and the father returned after a one-week vacation to the home. Two clinical psychology master students, who were blind to the information of children and reliable raters, coded videotaped stories by using the coding manual of the ASCT (Granot & Mayseless, 2001) making decisions on each story’s fit to the security or insecurity criteria and on each story’s fit to attachment prototypes in terms of four criteria, as mentioned below. Only 4th and 5th stories were coded for other features as well. On the 4th story, the story was also coded on a 5-point Likert scale for the child’s coping with the parents’ departure (extremely secure to extremely insecure) and the relationship with the grandmother when the parents were absent (well distinguished to a disturbed relationship). On the 5th story, the additional coding was made on a 5-point Likert scale for the child’s coping with the reunion with parents (extremely secure to extremely insecure). So as each story to be coded as secure; stories had to end with a resolution, parental figures needed to be sensitive, available; not giving a harsh punishment as a result of the child’s mistake and could comfort the child by normalizing the situation (in the first story), looking from the child’s perspective and could offer a soothing solution to the child’s problem without dismissing it as a result of which the child could sleep with relaxation (in the second story), parents were available with both an emotional and instrumental help that the child needed at that moment and the parents’ presence helped the child to soothe (as in the third story), the child could both resist a little and cope well with the departure, continued to function and had a good relationship with the other caregiver figure (this time the grandmother as in the fourth story), both the child and the parents were happy that they rejoined again and the child could cope with this reunion well too (at the last story). Besides, features of secure stories were that children were open in their communication with parents in terms of emotions, needs, desires, and parental figures are perceived as caregiving, soothing, and

present. Nevertheless, the parental features of insensitivity, rejection, unavailability, not giving emotional help, inability to soothe the child, instability, abusive or unpredictable nature and the child features of distancing, inability to cope with or did not impressed by departures or reunions, using minimal or/and exaggerated forms of emotions were signs of insecurity in the stories. Three or more insecure stories out of five was resulted in an insecure, one or two insecure stories out of five was resulted in a fairly secure and five secure stories was resulted in a secure overall attachment classification. The level of security was also coded for the specific attachment strategies the child uses. Each story was examined in terms of four criteria; types of revealing emotions, the child's relationship with the parental figure, the child's representation of the attachment behaviors and the way the child tells the whole story. The rater decided whether the strategy used in each story resembled the secure, avoidant, ambivalent or disorganized prototype. If four criteria were present representing an attachment prototype in all the stories, it was coded as 5 or 4 as being very akin to the prototype. If all four criteria were present in some of the stories, it was coded as 3. If one or two criteria were present in one or two stories, then it was coded as 2 and 1 point was given if there was no criterion present in the stories akin to the prototype. Stories representative of a secure prototype in terms of four criteria were distinguished by explicitness in emotional expression, a mutual relationship distinguished by trust, problems resolved with child's relaxation and the story was told in a logical and appropriate manner. Stories representative of an avoidant prototype in terms of four criteria were distinguished by "minimizing" the emotional content, parents not being present emotionally at times of need or offering only instrumental help, child's representation of the situation as if it was having no impact on the child and the storytelling was filled with the downplaying of events without details. Stories representative of ambivalent prototype in terms of four criteria were distinguished by exaggerating the emotional importance of events, an either very close or distant relationship with caregivers, the only way to excite caregivers' attention was to elevate emotions yet not reassured by the caregivers' help, the story as logical but filled with irrelevant details. Stories

representative of disorganized prototype in terms of four criteria were distinguished by the child's using of both negative and positive affects divergent with the situation, parents perceived as either ineffective, weak or as abusive, reality which was perceived as a chaos that neither the parents' presence or the child could find a proper way for soothing and the stories without resolutions, the child or parents generally being harmed in chaotic events. Granot and Mayseless (2001) found an inter-rater reliability of .78 to .85 in the attachment classifications for each story and of .91 for the general attachment classification. Uluç (2005) made the Turkish adaptation of the task and found an inter-rater reliability of .83 for the general classification and of .81 for the classifications on each story. On the present study, the inter-rater reliability was satisfactory and found to be .87 on the whole ratings of the task.

2.2.2.1.2 Kerns Security Scale (KSS)

The KSS (Kerns et al., 1996) composed of 15 questions examining the children's belief of their caregivers' availability, accessibility, sensitivity and openness to communication. The scale covers questions about one parent (either maternal or paternal) at a time and the form composed of maternal questions was used in this study. Each question was presented in a "some children... but, some children..." form that the child had to choose from two opposing sides (i.e. for some children it is easy to believe that their mothers will help, but for some children it is hard to believe that their mothers will help). After choosing one side, then the child had to select whether this situation represented him/her a little or very much on a Likert scale. The scale was also presented in the Appendix. The minimum total score is 15 and the maximum total score is 60, as higher scores point to security of attachment and lower scores point to the insecurity of attachment in a continuous scale. Kerns et al. (1996) demonstrated that the scale has highly reliable in terms of internal consistency (Cronbach's $\alpha=.84$) and test-retest reliability ($r = .74$). Besides, Sümer et al. (2009) adapted the KSS to the Turkish middle-aged children and showed that test-retest reliability was .84 ($p<.05$) for mother forms.

2.2.2.2 Child Symptom Measure

2.2.2.2.1 *The Child Behavior Checklist (CBCL)*

Children's total behavior problem levels were assessed by using The Child Behavior Checklist (CBCL; Achenbach, 1991) which is a 113-question checklist investigating the emotional, behavioral, social problems of the school-aged children. In this study the parent form of the CBCL for children between 6 to 18 years was used for all the children (both below and above the age of six) in the present study. The administration of CBCL took nearly 15-20 minutes. Parents or the primary caregivers were asked to answer each question (e.g. he/she cries a lot; he/she acts childish) which includes statements to describe the children and which are present at the time of the investigation or in the 6-month time. Parents have to choose whether this description fit the child not at all (0), sometimes (1) or frequently (2) on a Likert scale. The scale was also presented in the Appendix. Results of the scoring exhibited a "Total Problem" score, which includes "internalizing problems" (anxious/depressed, withdrawn/depressed, and somatic complaints), "externalizing problems" (rule-breaking behavior, aggressive behavior), "social problems", "thought problems" and attention problems. Total problem scores also contain DSM-oriented scales, which are consistent with DSM-5 categories. The six DSM-oriented scales are: depressive problems, anxiety problems, somatic problems, attention deficit/hyperactivity problems, oppositional defiant problems and conduct problems. CBCL raw scores and T-scores were calculated by the use of scoring software of ASEBA. Cutting points were identified by using a T-score; as below 60 points demonstrating a normal, 60 to 63 points a borderline, above 63 points a clinical range for internalizing, externalizing and total problem scores, as 100 points were the maximum score possible. CBCL is shown to have a high reliability level, as test-retest reliability for the total problem scores was .97, for the internalizing problem scores was .90 and for the externalizing problem scores was .94 (Achenbach & Rescorla, 2001). The adaptation and standardization study of the CBCL for the Turkish population was conducted by Erol et al. (1995) and the test-retest reliability was found to be

.84 for total problem scores and the internal consistency of the examination was .88 (Erol et al., 2000).

2.2.2.3 Measures of Child Intelligence and Verbal Abilities

2.2.2.3.1 *Raven's Colored Progressive Matrices (CPM)*

Raven's Progressive Matrices, was developed by Raven in 1938, yet undergone some modifications over the years, which was used widely to measure intelligence and visual-spatial perception without a demand to use verbal abilities. In this study Colored Progressive Matrices (Raven, 1958; Raven et al., 1998) were used for describing the intellectual properties of the children, that includes 36 items with three sets, three of them progress from easier to harder items. On each item, there was a pattern with a missing part. The possible parts were presented below the item and the participant was made to choose the one fit to the blank space. A number of each correct answer was summed up, as 36 was being the highest possible score. The participant's score corresponds to a percentile in his/her age group; as the rank being below the 25th percentile was equal to a performance of below the average, between 25th and 75th percentile was to average and above the 75th percentile was to above the average. Raven's colored progressive matrices were adapted to the Turkish population of 4 to 6 years (Bildiren & Korkmaz, 2014) in which, total test scores were associated positively and significantly with test-retest scores ($r=0.55$; $p<.01$) and total scores were demonstrated a moderate level of significant relationship between WISC-R total scores ($r=0.625$; $p<.01$).

2.2.2.3.2 *Turkish Expressive and Receptive Language Test (TİFALDİ)*

TİFALDİ (Berument & Güven, 2010) was developed for examining the language abilities of the Turkish-speaking children between 2-12 years, and in this study, it was used to describe the language skills of the child participants. The test has two subscales measuring expressive and receptive language. Each testing starts from the appropriate question determined by the child's chronological age and items progressed from easier to harder ones on both subtests. The expressive

part composed of 80 questions, where the administrator shows one card at a time with a black-white picture on it and demands an answer from the child of naming what is the picture on the card is. The expressive subtest was found (Berument & Güven, 2010) to have a very high reliability across the age groups, ranged between .97 to .99 and in terms of its validity the subtest's standardized scores were significantly related to the WISC-R verbal scale ($r = .521$; $p < .001$). Besides, the receptive part composed of 104 words and quartered cards with a black-white picture on them. The administrator tells the word and asks the child to point the pictorial form of it the word. This subtest also revealed (Berument & Güven, 2010) to have a very good reliability, as ranged between .97 to .99 and being a valid tool to measure vocabulary skills as it has a significant relationship with WISC-R verbal scale scores ($r = .447$; $p < .001$). For both of the subscales, a standardized score ($M = 100$, $SD = 15$) was given to each child by using the chronological age and the raw score.

2.3 Procedure

In İstanbul Bilgi University Psychological Counseling Center, therapists who were master level clinical psychology students in their practicum year were assigned to children and their parents to run regular psychotherapy sessions. 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 the assessments or not. A written consent from the parents and an oral consent from the children were taken and the research was approved by the İstanbul Bilgi University Ethics committee. Besides, this research was funded by TUBITAK Project number 215K180.

During the intake process, therapists carried out the Parent Development Interview with both parents on separate times and transcribed the interviews. Patients, who were volunteered to participate in the study, were later assessed

before the child's treatment begins by research assistants (who were also master level clinical psychology students and trained for the implementation of testing materials) who was blind to the patients' history since children were registered by their initials and a number assigned to them. The administration took place at a private and quiet room, which was located in the Counseling Center and equipped with recording devices. Assistant's administration of the testing materials was changing according to the child's age. For the children under six years, the administration order was; Raven's Progressive Matrices, Attachment Story Completion Task, Turkish Expressive and Receptive Language Test (both expressive and receptive vocabulary tests). For the children above six years, the administration order was; Raven's Progressive Matrices, Kerns Security Scale, Attachment Story Completion Task, Turkish Expressive and Receptive Language Test (both expressive and receptive vocabulary tests). All the instructions and questions were read aloud to the children and their answers were recorded by the interviewer also these applications were recorded on video (with audio) or just audio, according to the parents' allowance of the recording type. Administration of testing materials to the children took approximately an hour. During the child's administration, mothers filled up forms of The Child Behavior Checklist in a separate room by reading to themselves.

2.4 Data Analysis Plan

In the following section, data analyses were made by using SPSS version 23. First of all, preliminary analyses were conducted to test the children's verbal abilities and intelligence in TİFALDİ and Raven's Colored Progressive Matrices to exclude very low scorers from the data to be sure that children's verbal abilities and intelligence did not impact the way they took the instructions and met the optimal requirements for responding to the measures. After that, the descriptive analysis will be presented for all the mother and child variables. The associations between gender, age of the child and maternal education were tested using correlation and t-test analyses. In case of significant associations, demographics will be included to the hypothesis testing. In the hypothesis testing section, the

relationship of independent variables that were child attachment security (assessed by using Kerns Security Scale and ASCT) and maternal reflective functioning capacity (assessed by using PDI) on each of the dependent variable of CBCL Total, CBCL Externalizing, CBCL Internalizing behavioral problems will be investigated by using Hierarchical Multiple Regression Analysis.

Chapter 3: Results

In this section, the descriptive analysis of the data and analysis to test the hypothesis will be presented. Before the analysis begun, preliminary tests were made to reveal the measures of child intelligence and verbal abilities. The mean TIFALDI Expressive Language subscale score in the data ($M=114.34$, $SD=16.63$) and the mean TIFALDI Receptive Language subscale score in the data were ($M=113.78$, $SD=16.04$) in the normal range. On the Raven's Colored Progressive Matrices, participants performed between the 25th and 75th percentile ($M=63.00$, $SD=26.18$), which was also located in the average; meaning that it was assumed that child measure scores were free of the impact of participants' intelligence and verbal abilities.

3.1 Descriptive Analysis

Before the analyses started, it was revealed from the frequency analysis that highest scores of two variables had a very low sample size (PDI score of '6'; ($N= 4$), ASCT Secure Rating of '5'; ($N=2$)). Because of that, these scores were recoded into a one lower value that PDI score of '6' was recoded into '5' and ASCT Secure Rating score of '5' was recoded into '4'. The following demonstration of descriptive statistics and calculations of correlations, t-test, and regression analyses were made based on the recoded data.

Descriptive statistics for the maternal measure of Parent Development Interview (PDI), child measures of Child Behavior Checklist (CBCL) Total Problem, Internalizing Problems and Externalizing Problems, Kerns Security Scale and secure rating of Attachment Story Completion Task were presented in the Table1, demonstrating minimum, maximum values, means, and standard deviations.

Table 1. *Descriptive Statistics for the maternal measure of Parent Development Interview (PDI), the child measures of Child Behavior Checklist (CBCL) Total Problem, Internalizing Problems and Externalizing Problems, Kerns Security Scale and secure rating of Attachment Story Completion Task.*

Measures	Minimum	Maximum	Mean	SD
PDI	2.00	5.00	3.53	1.05
CBCL Total Problem	25.00	86.00	61.10	11.70
CBCL Externalizing Problem	33.00	86.00	60.25	11.82
CBCL Internalizing Problem	33.00	81.00	61.15	10.94
Kerns Security Scale	22.00	60.00	49.97	8.27
ASCT Secure Rating	1.00	4.00	2.39	1.14

Note: CBCL scores were based on *T*-scores.

On the Figure 1, mean values of CBCL Total, Externalizing and Internalizing T-scores on PDI scores, were presented. According to the figure, on the lowest PDI scores, behavior problem scores were at the clinical level. On moderate levels of PDI scores, behavior problem scores demonstrated a slight increase, yet CBCL scores were on the normal range.

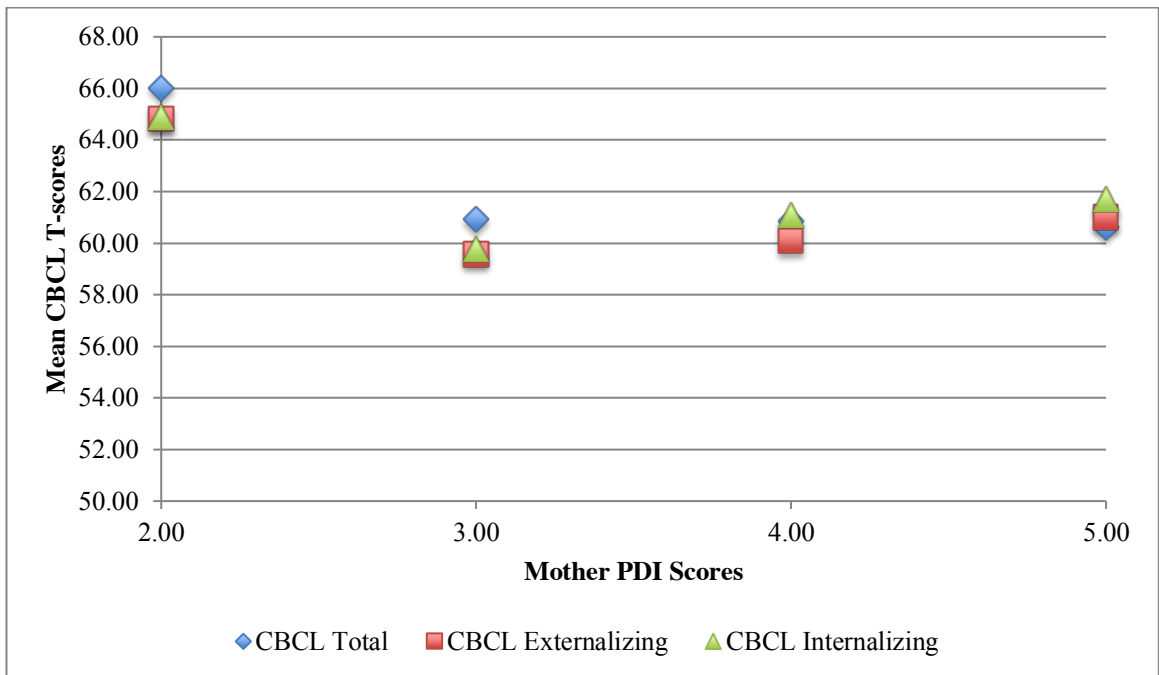


Figure 1. Mean values of CBCL T-scores on the mother PDI scores.

On the Figure 2, mean values of CBCL Total, Externalizing and Internalizing T-scores on ASCT Secure Rating scores, were presented. According to this, ASCT Secure Rating scores demonstrated a quadratic trend on behavior problem scores. On the lowest Secure Rating scores, behavior problem scores were at the clinical range. CBCL scores started to decrease to a normal level as the Secure Rating scores were at the midrange level whereas when the Secure Rating scores were in the high-range an increase in behavior problem scores was observed.

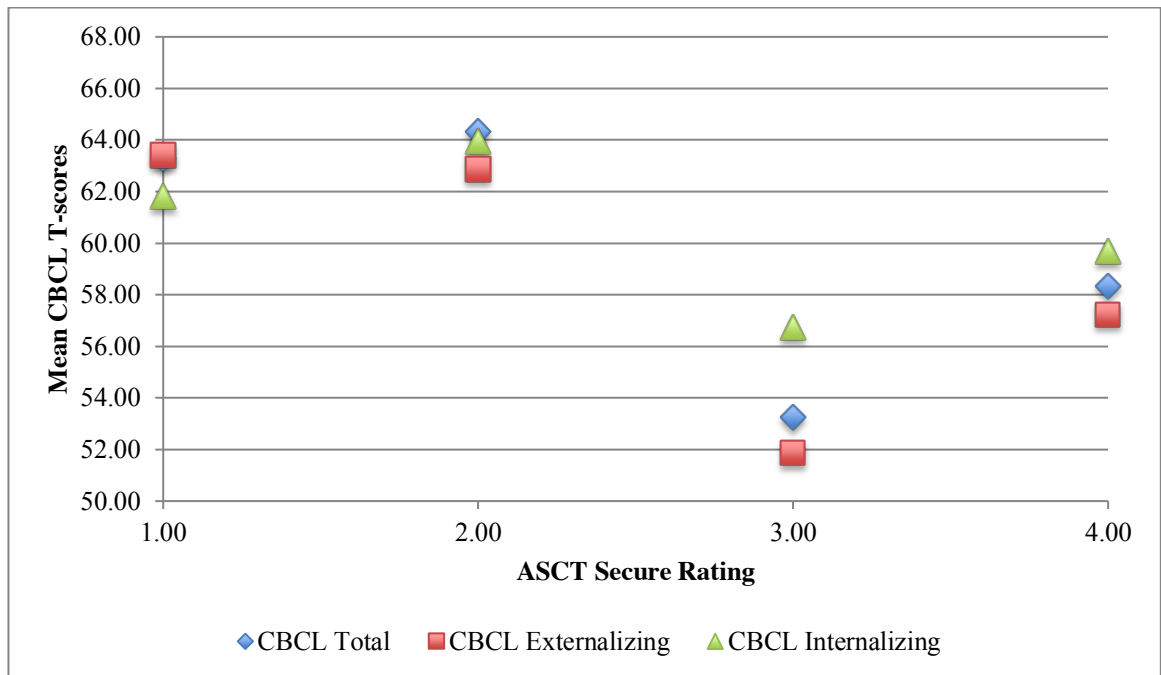


Figure 2. Mean values of CBCL T-scores on the ASCT Secure Rating Scores.

Correlational analysis was conducted for preliminary analysis so as to reveal the possible associations between demographic variables and measures. Pearson Correlation coefficients were presented in Table 2. According to this, a demographic variable of child’s age in years was negatively associated with CBCL externalizing behavior problem ratings ($r= -.31, p< .05$) and positively associated with ASCT secure rating ($r= .40, p< .01$). Another demographic variable of maternal education was significantly associated with PDI scores ($r= .26, p< .05$) in a positive direction.

Table 2. *Pearson Correlation between demographic variables and measures.*

Measures	Age	Maternal Education
1. PDI	.03	.26*
2. CBCL Total	-.10	-.01
3. CBCL Externalizing	-.31*	.04
4. CBCL Internalizing	-.02	.01
5. ASCT Secure Rating	.40**	-.15
6. Kerns Security Scale	-.07	-.07

Note: *Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed).

An independent samples t-test was conducted for comparing the means of maternal and child measures for child gender. The t-test indicated that mean scores were significantly differed only for CBCL externalizing scores and ASCT secure rating. According to the t-test, males ($M=18.82$, $SD=11.70$) scored significantly higher than females ($M= 12.34$, $SD=9.17$), on CBCL externalizing raw scores; $t(64) = -2.38$, $p<.05$. Besides, males ($M=2.12$, $SD=1.15$) scored significantly lower than females ($M=2.83$, $SD=1.01$) on ASCT secure rating; $t(62)=2.48$, $p<.05$. Consequently, as a result of significant correlation and t-test results, age and gender were used as a controlling variable in the hypothesis testing.

3.2 Hypothesis Testing

In this section, linear and quadratic relationship between maternal reflective functioning capacity and child attachment security on severity of behavioral problems were investigated. A four stage hierarchical multiple regression analysis was conducted for CBCL total, externalizing and internalizing problems. On the model 1, controlling variables of age and gender were entered. On the second model, measures of PDI, ASCT Secure Rating and Kerns Security Scale were entered. On the third model, squared PDI scores were entered and on

the fourth model squared ASCT Secure Rating scores were entered. It was decided, whether to retain squared PDI scores or ASCT Secure Rating Scores in explaining behavior problems, based on the R square change on the models.

3.2.1 Inferences on CBCL Total Behavioral Problems

A four stage hierarchical multiple regression analysis was conducted for CBCL total behavior problems. Results were demonstrated in Table 3.

The hierarchical multiple regression revealed that at the first model, age and gender's contribution to the regression model was not significant, $F(2,41) = .517$, $p = .60$ and accounted for 2.5% of the variation in CBCL Total behavioral problems. Introducing the PDI, Kerns Security Scale and ASCT Secure Rating explained an additional 15.5% of variation and this change in R square was significant on trend level, $F(3,38) = 2.398$, $p = .083$. Adding the variable of squared PDI to the regression model explained an additional 7.4% of the variation in CBCL Total behavioral problems and this change in R square was significant on trend level, $F(1,37) = 3.664$, $p = .063$. Lastly, adding squared ASCT variable to the regression model explained an additional 0.2% of the variation and this change in R square was not significant, $F(1,36) = .085$, $p = .773$. As a result of this, it was apparent that adding squared ASCT variable did not account for the explained variance but the variable of squared PDI did. For this reason squared PDI was retained and model 3 was the most optimal one to examine the significant contribution of coefficients. According to the model 3, a trend-level significance was found for the model; $F(6,37) = 2.097$, $p = .077$, $R^2 = .254$. It was revealed that Kerns Security Scale scores were ($\beta = -.332$, $p = .028$) significantly associated with CBCL Total behavioral problem scores while maternal PDI scores ($\beta = -2.288$, $p = .056$), squared maternal PDI scores ($\beta = 2.226$, $p = .063$) and ASCT Secure Rating scores ($\beta = -.285$, $p = .065$) had a trend-level significance on associating with CBCL Total behavioral problem scores.

Table 3. Results of the hierarchical multiple regression analysis for variables predicting CBCL Total behavioral problems.

Variables	Model 1			Model 2			Model 3			Model 4		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β
(Constant)	24.82	24.43		101.93**	39.78		208.75**	67.76		196.17	81.08	
Age	2.71	3.01	.13	2.82	2.91	.14	2.65	2.82	.13	2.84	2.93	.14
Gender	4.18	8.86	.07	1.84	8.74	.03	2.12	8.45	.03	2.78	8.85	.04
PDI				-2.22	3.93	-.08	-60.54	30.70*	-2.28	-60.52	31.09	-2.28
Kerns				-1.02*	.53	-.28	-1.18	.52**	-.33	-1.14	.54	-.32
ASCT				-6.32	3.81	-.25	-7.03	3.70*	-.28	.50	26.16	.02
PDI ²							8.11	4.24*	2.22	8.15	4.29	2.23
ASCT ²										-1.43	4.91	-.31
F		.51			1.66			2.09			1.76	
R ²		.02			.18			.25			.25	
ΔR^2		.02			.15			.07			.002	
F for change in R ²		.51			2.39*			3.66*			.77	

Note: N=43. ** $p < .05$, * $p < .09$

3.2.2 Inferences on CBCL Externalizing Behavioral Problems

A four stage hierarchical multiple regression analysis was conducted for CBCL externalizing behavior problems. Results were demonstrated in Table 4.

The hierarchical multiple regression revealed that at the first model, age and gender's contribution to the regression model was not significant, $F(2,41) = .960$, $p = .391$ and accounted for 4.5% of the variation in CBCL externalizing behavioral problems. Introducing the PDI, Kerns Security Scale and ASCT Secure Rating explained an additional 12.5% of variation and this change in R square was not significant, $F(3,38) = 1.901$, $p = .146$. Adding the variable of squared PDI to the regression model explained an additional 7.3% of the variation in CBCL externalizing behavioral problems and this change in R square was significant on trend level, $F(1,37) = 3.543$, $p = .068$. Lastly, adding squared ASCT variable to the regression model explained an additional 0.4% of the variation and this change in R square was not significant, $F(1,36) = .186$, $p = .669$. As a result of this, it was shown that adding squared ASCT variable did not account for the explained variance but the variable of squared PDI did. For this reason squared PDI was retained and model 3 was the most optimal one to examine the significant contribution of coefficients. According to the model 3, a trend-level significance was found for the model; $F(6,37) = 1.968$, $p = .095$, $R^2 = .242$. It was revealed that Kerns Security Scale score was ($\beta = -.325$, $p = .033$) significantly associated with CBCL externalizing behavioral problem scores while squared maternal PDI scores ($\beta = 2.206$, $p = .068$), maternal PDI scores ($\beta = -2.144$, $p = .075$) and ASCT Secure Rating scores ($\beta = -.256$, $p = .99$) had a trend-level significance on associating with CBCL externalizing behavioral problem scores.

Table 4. Results of the hierarchical multiple regression analysis for variables predicting CBCL Externalizing behavioral problems.

Variables	Model 1			Model 2			Model 3			Model 4		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β
(Constant)	11.11	8.31		32.85**	13.77		69.27**	23.50		75.73**	28.08	
Age	.04	1.02	.01	.02	1.01	.00	-.03	.97	-.01	-.13	1.01	-.20
Gender	4.17	3.01	.21	3.56	3.02	.18	3.66	2.93	.18	3.33	3.06	.04
PDI				.37	1.36	.04	-19.51	10.68*	-2.14	-19.52	10.76*	-2.14
Kerns				-.34*	.18	-.27	-.40	.18**	-.32	-.42	.18**	-.34
ASCT				-1.93	1.32	-.22	-2.17	1.28*	-.25	-6.04	9.06	-.71
PDI ²							2.76	1.47*	2.20	2.74	1.48*	2.19
ASCT ²										.73	1.70	.46
F		.96			1.55			1.98			1.67	
R ²		.04			.16			.24			.24	
ΔR^2		.04			.12			.07			.00	
F for change in R ²		.96			1.90			3.54*			.18	

Note: N=43. ** $p < .05$, * $p < .09$

3.2.3 Inferences on CBCL Internalizing Behavioral Problems

A four stage hierarchical multiple regression analysis was conducted for CBCL internalizing behavior problems. Results were demonstrated in Table 5.

The hierarchical multiple regression revealed that at the first model, age and gender's contribution to the regression model was not significant, $F(2,41) = 2.122$, $p = .133$ and accounted for 9.4% of the variation in CBCL internalizing behavioral problems. Introducing the PDI, Kerns Security Scale and ASCT Secure Rating explained an additional 12.5% of variation and this change in R square was not significant, $F(3,38) = 2.022$, $p = .127$. Adding the variable of squared PDI to the regression model explained an additional 5.5% of the variation in CBCL internalizing behavioral problems and this change in R square was significant on trend level, $F(1,37) = 2.796$, $p = .103$. Lastly, adding squared ASCT variable to the regression model explained an additional 2.1% of the variation and this change in R square was not significant, $F(1,36) = 1.051$, $p = .312$. As a result of this, it was shown that adding squared ASCT variable did not account for the explained variance but the variable of squared PDI did. For this reason squared PDI was retained and model 3 was the most optimal one to examine the significant contribution of coefficients. According to the model 3, a significant regression equation was found; $F(6,37) = 2.321$, $p = .053$, $R^2 = .273$. It was revealed that Kerns Security Scale scores ($\beta = -.299$, $p = .044$) and age ($\beta = .297$, $p = .044$) were significantly associated with CBCL internalizing behavioral problem scores while maternal PDI scores ($\beta = -1.986$, $p = .091$) had a trend-level significance on associating with CBCL internalizing behavioral problem scores.

Table 5. Results of the hierarchical multiple regression analysis for variables predicting CBCL Internalizing behavioral problems.

Variables	Model 1			Model 2			Model 3			Model 4		
	B	SE	β	B	SE	β	B	SE	β	B	SE	β
(Constant)	- .60	7.49		21.69*	12.35		50.97	21.26		37.26	25.11	
Age	1.86	.92	.30	1.89	.90**	.30	1.86	.88**	.29	2.05	.90**	-.05
Gender	-1.12	2.71	-.06	-1.75	2.71	-.09	-1.68	2.65	-.09	-.96	2.74	.33
PDI				-.72	1.22	-.08	-16.71	9.63*	-1.98	-16.68	9.63	-1.98
Kerns				-.29	.16*	-.25	-.34	.16**	-.29	-.29	.16*	-.25
ASCT				-1.73	1.18	-.22	-1.93	1.16	-.24	6.28	8.10	.80
PDI ²							2.22	1.33	1.91	2.26	1.33	1.95
ASCT ²										-1.56	1.52	-1.06
F		2.12			2.12			2.32			2.14	
R ²		.09			.21			.27			.29	
ΔR^2		.09			.12			.05			.02	
F for change in R ²		2.12			2.02			2.79			1.05	

Note: N=43. ** $p < .05$, * $p < .09$

Chapter 4: Discussion

This study aimed at exploring possible associations between maternal reflective functioning capacity, child attachment security, and severity of behavioral problems.

Findings demonstrated that an increase in PDI scores and attachment security scores were associated with a decrease in behavior problem scores to a certain extent, but as the PDI and security scores increased on higher scores, a different kind of relationship was observed. For the total and internalizing behavior problems, maternal representations and attachment security demonstrated a more linear relationship. However, especially for the externalizing behavior problems, maternal representations demonstrated a more quadratic and attachment security demonstrated a linear relationship. In three of the behavioral problems, children's belief of their caregivers' availability, accessibility, and sensitivity, which could also be named as a sense of security, was the most important factor in making inferences for total, externalizing and internalizing behavioral problems. Moreover, mothers' representations of the child, on parenting and on the parent-child relationship were the second most important factor associating with total, externalizing and internalizing behavioral problems.

4.1 Maternal reflective functioning capacity, child attachment security and behavioral problems in the current sample

The research data were collected from the clinical sample, the majority of which made referrals for the children's behavioral problems. This situation reflected the participants' reports on the three of the variables. First of all, maternal reflective functioning capacity was in the low to moderate range on average, in reflecting on their parenting, parent-child relationship and child's mental states. Secondly, child attachment security was on the medium levels on ASCT secure rating and medium to high levels on Kerns Security Scale, on average. It was found that ASCT and Kerns Security Scale might have measured

different constructs which were present at the correlation results that ASCT Secure rating was negatively associated with CBCL Total and CBCL Externalizing behavioral problems while Kerns Security Scale was negatively associated with CBCL Internalizing behavioral problems. Kerns Security Scale measures child's "felt security" about their attachment figure's availability, while ASCT is a more projective method in measuring child's internal working models of attachment relationships (Dwyer, 2005). Granot and Mayseless (2001) found that ASCT was better able to detect secure and avoidant attachment but it could fall short to identify ambivalent attachment. It was also known that ambivalent attachment has strong links with internalizing behavioral problems, which was stated in a meta-analysis by Colonnese et al. (2011). According to this, one may infer that ASCT's deficiency in detecting ambivalent attachment may give rise to Kerns Security Scale's better detection of internalizing symptoms in this study. Lastly, as a result of the sample's clinical features, total, externalizing and internalizing behavioral problems were in the borderline range as assessed by Child Behavior Checklist (CBCL), on average. High behavioral problem scores in the study will be discussed in the light of maternal reflective functioning scores and child attachment security levels, in the following section.

4.2 Hypothesis: Exploring linear and quadratic relationship between independent and dependent variables

Previous studies provided an important amount of information that there was a significant linear relationship between maternal reflective capacities and children's behavioral problems; lower reflectivity of mothers were linked to higher total, externalizing and internalizing behavior problems in children (Dollberg et al., 2010; Ensink et al., 2017; Feldman et al., 2011; Oppenheim et al., 2006; Sharp et al., 2006). Besides, it was demonstrated on the attachment literature that children with an insecure attachment classification or having lower levels of security ratings were more prone to have higher levels of behavioral problems as well (Brumariu et al., 2010; Goodman et al., 2012; Stadelmann et al., 2007; Wan et al., 2010). This study intended to examine a linear and/or quadratic association

between maternal reflectivity and child attachment security on behavioral problems based on the previous findings in the literature. In other words, an inverse relationship between maternal reflective capacities, child attachment security, and behavioral problem scores was expected primarily. This was partly confirmed that an increase in PDI scores and attachment security scores are associated with a decrease in behavior problem scores to a certain extent, but as the PDI and security scores increased on higher scores a different kind of relationship was observed for different behavioral problems. On the total and internalizing behavioral problems, a more linear association between maternal reflective functioning capacity and child's attachment security was observed. According to this, an increase in maternal reflectivity and child's attachment security resulted in the lower total and internalizing behavior scores or vice versa. Mother's capacity to reflect upon the child's mental states resulted in her ability to perceive the child's needs and respond to these needs appropriately (Slade, 2005). Also, the mentalization capacity of the mother allows her to create a psychological and physical environment that can lead to the development of a secure base for the child (Fonagy & Target, 2005). On the other side of the spectrum, when the caregivers' reference to the child's mental states was absent, distorted by the projections or too accurate; the child's sense of self will be fragmented. As the primary caregiver couldn't perceive the child's overt behaviors as a signal of what was happening in his emotional world, then she was not able to reflect back this understanding to the child or reflected insensitively. Afterwards, the child lost the opportunity to recognize and consequently regulate his affects. He couldn't form an understanding that his mental states were perceived to be comprehensible by caregivers, so it was much harder for these children to believe that attachment figure would readily be in there to help, understand or regulate at times of overwhelming emotions. Besides, on an attachment viewpoint, parents who were less able to reflect upon their child's mental states, less responsive and unavailable in times of need, had children who perceive themselves as unlovable, others as unreliable and the world as an unsafe place; namely who were insecurely-attached. As a result, the child's affects

reached to excessive amounts when he couldn't handle and regulate his affective world, which was mostly presenting characteristics of behavioral problems from an external perspective (Ensink et al., 2017).

Moreover on total, externalizing and internalizing behavioral problems, a significant linear relationship between child's attachment security and behavior problems were observed. The fact that a child could develop more secure internal working models of attachment relationships by the belief that attachment figures are sensitive, not judgmental, responsive and safe to count on at times of distress, resulted in a child's openness to these figures emotionally at any time; any conflict or problem can be explicated by using a verbal language and without or a lessened need to express them on a behavioral level (Fivush, 2006). This openness provides their caregivers with an opportunity to detect these needs more accurately, the result of which establishes an environment of mutual trust. The ability to expect caregivers' reactions as a result of both child's own behaviors, intentions, needs and external factors gives a huge amount of control over making sense of experiences. However what is unpredictable is eliciting fear, disorganization and chaos that deprive the child from developing an attachment strategy (Main & Cassidy, 1988; Nelson, 1996). Securely attached children are able to express both negative and positive emotions openly in different situations since the caregiver is accessible, nonjudgmental and warm. At the arrival of the caregiver, distressful situations that arouse fear or anger end as she cares, sincerely attends and tries to look at the problem from the child's perspective and it ends up with the relief of the child. At the anxiety-provoking situations such as separation, the child can hold the caregiver's representations in mind and have a confidence about her permanence and it does not inhibit the exploration. These children are holding IWMs like, 'approaching to a caregiver (also other adults) is safe, I can count on my caregiver, they can solve my problem responsibly and in a warm manner; I am important, worthy of care and attention'. It was revealed that mothers differ greatly with regard to their responses of the nuances in their children's behaviors, accessibility, acceptance, and cooperation. Children having

sensitive mothers, could later developed a sense of control about what would happen to them, cried less as they communicated through use of facial expressions, and did not need to show elevated emotions to keep the attachment figure around (Bell & Ainsworth, 1972). On the other hand, children with insecure attachment styles are having more negative representations about the availability of the caregiver and thus about their self-worth.

On the other hand, in externalizing behavioral problems a quadratic-like relationship was observed between the maternal reflective functioning capacities and the behavioral problem. According to this, while very low PDI scores were linked to high behavior problem scores, contrary to expectations higher PDI scores did not necessarily acted as a protective factor and did not linked to lower behavior problem scores. A slight increase in externalizing behavioral problem scores on higher RF scores was observed. This picture was reminiscent of the “optimum midrange model” (Beebe et al., 2010), which proposed that both very few (the pair was withdrawn from each other) or very high (incoherence or intrusion in communication) contingency and coordination in mother-child pair’s behavior towards each other connected to a lower sense of security in child, while midrange levels of coordination gives a chance for failing and its reparations in the communication and proposed a “good-enough” stance against the relationship that is connected to a higher sense of security in child. Sharp et al. (2006) also promoted this view that mothers’ accurate predictions of the child’s mental states nearly %50 percent of the time (midrange levels of contingency) was enough for preventing the child from developing behavioral problems. However, very low levels of maternal accuracy in predicting the child’s mental states had a negative impact on the children’s own mentalization process and were linked to emotional and behavioral problem symptoms. Despite mothers’ highly accurate predictions on the child’s mental states, another possible explanation for the link between higher PDI scores and an increase in externalizing behavioral problem scores was the incoherencies in mothers’ PDI narratives in the present data. When examined in detail, maternal PDI scores of children with high externalizing problem scores

were remarkably fluctuating and inconsistent with very high and low scores present in the same narrative. This kind of a case also presented by other researchers (Dollberg et al., 2010; Feldman et al., 2011; Goodman et al., 2013; Sharp et al., 2006) that in the clinical group, mothers were characterized with their incoherencies in PDI narratives, which was linked to child's expression of more overt aggression and externalizing behaviors problems. The following example illustrates the incoherencies in a mother's PDI narrative whose overall score was 5 (highest PDI score in the sample), first question's score was 7, and the second question's score was 3:

Therapist: How do you think your relationship with your child is affecting his/her development or personality?

Mother: I don't like the way she was too attached to me since the thing she fears the most is the possibility that something would happen to me. She doesn't want me to say that I am getting older than she says "no mom never said so, you will never get old". I was both worried about her dependence on me but at the same time, I like it. It was interesting. But as I said, I would love to see that she is able to sleep in her own bed, not much dependent on me. But I supposed that it was because I was working since she was very little, she misses me and the bed is the only place we can be so close, that's why she wants to sleep with me all the time.

Therapist: What gives you the most pain or difficulty in being parent?

Mother: Gods bless them. About their health... That saddens me a lot... God bless them. They are coming from school to home by the bus. I was really scared. Whenever I hear bad news, I think what if it happens to my child too. I have that kind of fears, except this nothing is a difficulty for me; I do everything for them with love.

Here is another example illustrating the incoherencies in a mother's PDI narrative whose overall score was 5 (highest PDI score in the sample), first question's score was 5, and the second question's score was 2:

Therapist: Tell me about a time in the last week or two when you felt really angry as a parent.

Mother: When he doesn't eat... He really eats nothing. When I said "come eat with us in the kitchen", he says, "no I want to eat in front of the TV", then I bring the food there, and he did not eat at that place either. When I closed the TV he starts hitting and yelling at me and not at all eating his food. I feel really bad at those times, I feel really inadequate and desperate. At those times I try to soothe myself by counting numbers silently, it works sometimes. I say to myself, he is a little child and I can handle this situation. I try to soothe both his mood and myself.

Therapist: Describe a time in the last week when you and (your child) really "clicked".

Mother: Believe me we cannot spend any quality time together, when I am home we go sleep, he always obstinate with me, we cannot spend a good time together; he always goes his own way. Believe me, I cannot remember any good time that we spend together.

Mothers' fluctuating way of reflecting on the child's behavior and on their relationship might be puzzling for the child that he couldn't be sure of what was to be found when looking at the mother's mind and he couldn't count on a consistent mindset of the mother. As mentioned before, mother's consistent and sensitive reflections of the child's mental states paved the way for the child's understanding his own mental states and others'. The child who acknowledges his own mind could also be able to regulate his emotions, which were associated with those mental states. Children who are deprived of the mother's ability to perceive the child's behavior as an embodiment of his inner world of emotions, intentions or thoughts are less able to regulate his difficult affects such as aggression (Ensink

et al., 2017). Even if higher overall PDI scores were present in the sample, the inconsistent nature of these narratives might be the reason that merely a higher RF score could not protect the child from developing externalizing behavioral problems.

Smaling et al. (2016) also found a similar association between child's higher externalizing behavior problems and higher maternal reflective capacities. They divided PDI questions into three as 'self-related, child-related and relationship-related', which increased the explanative power of understanding externalizing behavior problems on different types of reflective capacities. Mothers whose self-related RF score was high, also have children with higher externalizing behavior scores; while child-related and relation-related RF scores were negatively associated with externalizing scores. Thus it means that, mothers' higher reflective capacities on their own mental states, when not combined with a reflection on the child and their relationship fall short of preventing a behavior problem to occur. The mother might be too self-absorbed on her own thoughts, affects, behaviors and stops understanding the child's states and the child may start to show externalizing problems to attract the attention to his mental states and behavior.

On understanding the finding that high maternal reflectivity was still linked to higher externalizing behavior problem scores, an additional factor of child's own reflective functioning capacity could help. Ha et al. (2011) proposed that for the children between 7 to 12 years, not maternal reflective capacities but the child's ability to reflect on his own mental states was determining the occurrence of externalizing behavior problems. Before the age of seven, mothers' reflectivity was a much more significant factor associating with behavioral problems; it might lay the ground for the development of a behavioral problem. In preschool years, mothers' ability to perceive the child's behavior, as a reflection of his mental states was the most important first step in the child's understanding and regulating his inner states (Ensink et al., 2017). However after that time her level of reflective capacity only persists the basis of behavioral problem that had

developed before and child's mental states have a more direct impact on the progress of behavioral problems (Ha et al., 2011).

Despite the fact that externalizing and internalizing behavior problems were found to be positively correlated with each other in their occurrence (Achenbach, 1992), in this study a relatively distinct mentalization capacity of mothers were found for two different behavior problems types. As stated before, while internalizing behavior problem scores were tended to decrease in case of higher PDI scores, a slight increase in externalizing behavior problem scores were observed as PDI scores rose. It could be speculated that problem behaviors that were expressed on an overt way were more remarkable that parents were unable to ignore them since these problems were more likely to cause a discomfort, easier to be noticed, more likely to cause a stronger urge to stop the overt behavioral problem immediately. On the other hand, problem behaviors that were directed towards the self, namely internalizing behaviors take a longer time to be noticed and parents were less likely to be activated by an urge to seek psychological help when compared to externalizing behavioral problems. This could also be observed in the application rates that parents who applied for their child's externalizing behavior problems constituted a larger part of the sample. Different natures of two kinds of behavioral problems most probably brought about distinct reactions in mothers. Dollberg et al. (2009) drew attention to the highly intrusive, incoherent, less sensitive, less supportive and emotionally less joyous, anxious nature of clinic-referred mothers. In fact, these features could be either the cause of behavioral problems in children or these behavioral problems resulted in an unfavorable parenting attitude of the mother. Splaun et al. (2010) stated that the challenging nature of externalizing behaviors, which parents found harder to manage, could be the reason for the parents' elevated stress levels. Mash and Johnston (1983) ended up in similar results that mothers of children with hyperactivity were more likely to find fault in themselves about this problem, more depressed and has higher stress levels than mothers of children without a problem of hyperactivity. Mothers' own painful emotions about the child's overt

demonstration of the behavioral problem itself might lead to an inability to reflect deeply on the problem, impede mothers from implementing desirable parenting practices and this situation could increase (or not actively decrease) behavioral problem scores. Apparently, being deprived of self-regulatory skills as a parent could be a much more deterministic factor for mothers of children with an externalizing symptomatology (Crnic & Acevedo, 1995) and children couldn't develop abilities to regulate difficult emotions since the parental figure couldn't contain these emotions as well (Rosenblum et al., 2006). It was demonstrated by Campbell et al. (1991) that mothers of children with externalizing behavioral problems were more likely to concentrate on a solution to stop the recurrent occurrence of the behavior. The strong urge to find a solution to the problematic behavior hence being merely problem-focused might retain mothers from dwelling on the reasons for the problem behavior's occurrence. Even if mothers were trying to understand the underlying causes of the externalizing behavioral problem, when they couldn't be coherent in their understanding of mental states, focusing entirely on the negative and challenging aspects of the child, it impeded them from examining the problem in detail (Sroufe, 2000).

On the attachment perspective, children with externalizing behavioral problems were more likely to have avoidant attachment patterns who were minimizing and less likely to express emotional aspects of a situation (Madigan et al., 2013). This condition might be an extra burden for the parents that these children's emotional world was inaccessible and an extra effort to perceive this world might be necessary. Because of this reason, even higher PDI scores might fall short of associating with a decrease in behavioral problem scores. On the other hand for the children with internalizing behavioral problems (mostly children with anxious attachment type), the attachment figure was present but sending mixed messages of either being too intrusively present or a withdrawal (Manassis, 2011). At the mother's withdrawal, these children were more likely to express exaggerated forms of emotions to keep the attachment figure around. Even if that kind of a coping mechanism was not adaptive, affections of the child

were still overt and detectable by the mother. It could be assumed that affects of children with internalizing symptomatology also caused emotional pain for the mother but not necessarily as stressful to manage and inaccessible as externalizing behavioral problems. Besides, experiencing lower levels of stress about the internalizing symptomatology could give more space to perceive the internalizing problem more deeply for the mothers. Consequently, if a parent was able to perceive a behavior as a reflection of the child's emotion and thought processes, this was also lowering her stress levels and she perceived herself more capable as a parent as well (Fonagy et al., 1998). All these conditions might explain the fact that higher PDI scores of mothers were linked to lower internalizing behavior problem scores in children while externalizing behavior problem scores were on the rise when coupled with higher PDI scores.

Lastly, the significant linear relationship between the child's age and internalizing problems is worth emphasizing. This relationship was present only for this type of behavioral problem in this research. In examining internalizing symptomatology, several other studies searching for the moderating effect of age but could not find significant results (Hodges et al., 1999; Noom et al., 1999). It could be proposed that associations between child attachment security and maternal reflective functioning capacity might be stronger at older ages. Children's views about themselves, representations on self, others and the world, patterns of regulating their emotions were consolidated as they aged. Besides, children might prefer to show internalizing symptomatology rather than externalizing ones on later ages, when showing externalizing problems were linked to exclusion from a social group and isolation.

4.3 Limitations and Future Research

This study has some limitations. First of all, due to the small sample size, there were no equal number of participants in the subcategories of PDI scores and ASCT Secure Rating scores, therefore some subcategories had to be recoded and combined. With a larger sample, it might be possible to interpret significant

results between maternal reflective capacities, child attachment security and total/internalizing behavior problems with more assurance and less significant results occurred in externalizing behavior problems might exhibit stronger associations.

Investigating behavioral problems in a clinical population was already one of the main aims of this research. As an expected consequence of it, PDI and ASCT Secure Rating scores clustered to lower scores, which resulted in a lower variance. Future research can also investigate maternal reflective capacities and child attachment security in the non-clinical population. Observing the variations of maternal reflective capacities and child attachment security in clinical and non-clinical groups, making a comparison between two groups would present a much more comprehensive picture on understanding behavior problems in children.

The qualitative examination of PDI scores revealed that merely looking at the overall scores might not be informative enough to make deductions about behavioral problems, an in-depth analysis of the PDI narratives were suggested. It might be useful to separate the PDI narratives into subcategories to see the association between self, child or relationship-related reflective capacities and behavior problems. Besides, an additional factor of child's own reflective functioning capacity could also be assessed in the future studies.

Lastly, in the future studies a more complex research design can be used that will allow revealing a mediator variable (either maternal reflective functioning or child attachment security), the variance of which has an impact on the relationship of another independent variable and the dependent variable (behavioral problems). Moreover, the use of Structural Equation Modeling (SEM) can reveal the interrelations of maternal reflective capacity and child attachment security on behavioral problems and provides a more comprehensive estimation of them. Both finding a mediator variable and making SEM analyses require a larger sample size, which in turn provides making a more causal association between variables.

4.4 Conclusion and Clinical Implications

This study aimed at investigating the association of two interrelated and very basic concepts as maternal reflective functioning capacity and child attachment security on the child's severity of behavior problems. On examining the associations, revealing a possible linear or quadratic relationship between variables was the main purpose.

To summarize, findings of the study was that; (1) children's sense of security was the most and the maternal reflective functioning was the second most significant factor associating with behavioral problems, (2) for the total of behavior problems, children's sense of security was the most significant factor associating with the behavior problem and a more linear relationship between mother's reflective functioning capacity and total behavior problems was present that a higher RF scores were linked to less severe behavior problem levels as reported by mothers, (3) for the externalizing behavior problems while children's sense of security was still being the most significant factor associating with the behavior problem, a more quadratic relationship between mother's reflective functioning capacity and externalizing behavior problems was present, (4) for the internalizing behavior problems children's sense of security was being the most significant factor while maternal reflective functioning capacity has a more linear relationship with the behavior problem.

Due to a trend-level significance of maternal reflective functioning capacity factor in three of the behavior problems and the overall trend-level significance of externalizing behavior problems, results of these concepts have to be interpreted with caution. Also, these outcomes applied only to the clinical population, the reader should keep this feature in mind while understanding the findings.

Results of this study could help opening a newer page in the mentalization and attachment research in understanding behavioral problems. It was revealed that the association between maternal mentalizing and behavior problems might

not be linear in all cases. Especially for the externalizing behavior problems a higher reflective functioning capacity of the mother was not always a protective factor over the severity of behavior problems, as very high contingencies in minds act in the same way as a very low contingency, as explained by the “optimum midrange model” (Jaffe et al., 2001). That kind of a result can also be explained with the incoherent and fluctuating nature of mother’s reflection on the child’s mind, which in turn becoming very perplexing for the child that he cannot count on a consistent mindset of the mother. The inconsistency of the mother’s mindset was also linked to the child’s misunderstanding of his own mental states that led to a difficulty in his regulating of difficult emotions. All these factors implied that while attachment security of the child was a much more clear concept, maternal reflective functioning capacity was having a complex structure composed of distinctive features. So as to understand the link between maternal reflective functioning and behavioral problems with a more detail, the future study might have a higher sample size, work also with the non-clinical population, investigate subcategories of PDI (such as self, child and relationship-focused reflective functioning), examine the child’s own reflectivity on his mental states and use a more complex hypothesis testing model to study the associations.

Lastly, these findings could provide an important amount of information for the clinicians working with children and their families. For the total, externalizing and internalizing behavior problems it would be very useful to use the story-stem technique in making thematic observations on the stories. Children with behavioral problems were found to have hard time in regulating their emotions. This situation was also present in story-stem narratives where those children were unable to make a resolution in story themes and having an emotional and a thematic incoherence (Emde et al., 2003). Clinicians might be aware of the less compliance, more aggressive and danger themes, more distress, avoidance; portraying the child doll as a superhero with an inability to resolve problems; and negative representations of the parent dolls especially in the externalizing children’s story themes. On the other hand, in the stories of children

with internalizing behavior problems, dolls were portrayed as not competent; not having the child doll go to the parent doll for help during stressful situations; having the child doll assume the parental role or responsibilities; troubles with separation but denying associated negative feelings; conflictual father-child relationships. Thus, it might be a therapeutic target for the children with behavioral problems to work with biased cognitions in self worth and self-concept, self-competency to increase the ability for both identifying and regulating emotions of self.

Findings demonstrated that increasing the sense of security in children and helping mothers to develop more consistent representations of the child's mental states could be the therapeutic target in working with children's behavioral problems, especially for the externalizing problems. Working with mothers during the child's psychotherapy process so as to develop an understanding that the child's behaviors were a reflection of his mental states, was crucial. Not only very high levels of reflectivity but their orientation towards the child and the mother-child relationship, also the consistency makes the difference. Besides on working with the behavioral problems in middle childhood, examining maternal as well as the child's reflectivity on his own mental states could be more informative. Also changes in the child's attachment representations and maternal reflective functioning capacity could be observed in terms of an impact of the therapists' interventions towards lowering the behavioral problem scores or their severity in psychotherapy process.

REFERENCES

- Aber, J. L., Belsky, J., Slade, A., & Crnic, K. (1999). Stability and change in maternal representations of their relationship with their toddlers. *Developmental Psychology, 35*, 1038 – 1048.
- Aber, J. L., Slade, A., Berger, B., Bresgi, I., & Kaplan, M. (1985). *The Parent Development Interview*. Unpublished manuscript.
- Abidin, R. (1995). *The Parenting Stress Index* (3rd ed.). Odessa, FL: Psychological Assessment Resources.
- Abidin, R. R. (2012). *Parenting stress index* (4th ed.). Lutz, FL: PAR.
- Achenbach, T. M. (1991). *Integrative guide for the 1991 CBCL/4-18, YSR, and TRF profiles*. Department of Psychiatry, University of Vermont.
- Achenbach, T. M. (1992). Manual for the Child Behavior Checklist/2–3 and 1992 profile. Burlington, VT: University of Vermont, Department of Psychiatry.
- Achenbach, T.M., & Rescorla, L.A. (2001). *Manual for the ASEBA School-Age Forms and Profiles*. Burlington: University of Vermont Research Center.
- Ainsworth, M. D. S. (1963). The development of infant-mother interaction among the Ganda. In B. M. Foss (Ed.), *Determinants of infant behavior* (pp. 67-104). New York: Wiley.
- Ainsworth, M. D. S. (1967). *Infancy in Uganda: Infant care and the growth of love*. Baltimore: Johns Hopkins University Press.
- Ainsworth, M. D. S., Bell, S. M., & Stayton, D. J. (1971). Individual differences in Strange Situation behavior of one year olds. In H. R. Schaffer (Ed.), *The origins of human social relations*. New York: Academic Press.
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978), *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Erlbaum.

- Andreas, A., Otto, Y., Stadelmann, S., Schlesier-Michel, A., von Klitzing, K., & Klein, A. M. (2017). Gender Specificity of Children's Narrative Representations in Predicting Depressive Symptoms at Early School Age. *Journal of Child and Family Studies*, 26(1), 148-160.
- Baron-Cohen, S. (1995). *Mindblindness: An essay on autism and theory of mind*. Cambridge, MA: Bradford.
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: a test of a four-category model. *Journal of Personality and Social Psychology*, 61(2), 226.
- Beebe, B., & McCrorie, E. (2010). The optimum midrange: Infant research, literature, and romantic attachment. *Attachment*, 4(1), 39-58.
- Beebe, B., Jaffe, J., Markese, S., Buck, K., Chen, H., Cohen, P., ... & Feldstein, S. (2010). The origins of 12-month attachment: A microanalysis of 4-month mother-infant interaction. *Attachment & Human Development*, 12(1-2), 3-141.
- Bell, S. M, & Ainsworth, M. D. S. (1972). Infant crying and maternal responsiveness. *Child Development*, 43, 1171-1190.
- Belsky, J., Rovine, M., & Taylor, D. G. (1984). The Pennsylvania Infant and Family Development Project, III: The origins of individual differences in infant-mother attachment: Maternal and infant contributions. *Child Development*, 718-728.
- Berthelot, N., Ensink, K., Bernazzani, O., Normandin, L., Luyten, P., & Fonagy, P. (2015). Intergenerational transmission of attachment in abused and neglected mothers: The role of trauma-specific reflective functioning. *Infant Mental Health Journal*, 36(2), 200-212.
- Bildiren, A., Kargin, T., & Korkmaz, M. (2017). Reliability and Validity of Colored Progressive Matrices for 4-6 Age Children. *Türk Üstün Zekâ ve Eğitim Dergisi*, 7(1), 19.

- Biringen, Z., Robinson, J. L., & Emde, R. N. (1993). *The Emotional Availability Scales*. Unpublished manuscript, University of Colorado Health Sciences Center, Denver.
- Biringen, Z., Robinson, J. L., & Emde, R. N. (1998). *The Emotional Availability Scales* (3rd ed.). Unpublished manual for the EAS Training. Retrieved from: www.emotionalavailability.com.
- Birmaher, B., Khetarpal, S., Brent, D., Cully, M., Balach, L., Kaufman, J., & Neer, S. M. (1997). The Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale construction and psychometric characteristics. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 545–553.
- Blatz, W. E. (1940). *Hostages to peace: parents and the children of democracy*. Oxford, England: Morrow.
- Borelli, J. L., St John, H. K., Cho, E., & Suchman, N. E. (2016). Reflective functioning in parents of school-aged children. *American Journal of Orthopsychiatry*, 86(1), 24.
- Bowlby, J. (1940). The influence of early environment in the development of neurosis and neurotic character. *International Journal of Psycho-Analysis*, XXI, 1-25.
- Bowlby, J. (1944). Forty-four juvenile thieves: Their characters and home-life. *The International Journal of Psycho-Analysis*, 25, 19.
- Bowlby, J. (1951). Maternal care and mental health. *World Health Organization Monograph* (Serial No. 2).
- Bowlby, J. (1958). The nature of the child's tie to his mother. *The International journal of psycho-analysis*, 39, 350.
- Bowlby, J. (1960). Rief and Mourning in Infancy and Early Childhood. *The Psychoanalytic study of the child*, 15(1), 9-52.
- Bowlby, J. (1960). Separation anxiety. *The International journal of psycho-analysis*, 41, 89.
- Bowlby, J. (1969), *Attachment and Loss, vol. 1*. New York: Basic Books.

- Bowlby, J., & Parkes, C. M. (1970). Separation and loss within the family. In E. J. Anthony & C. Koupernik (Eds.), *The child in his family: International Yearbook of Child Psychiatry and Allied Professions* (pp. 197-216), New York: Wiley.
- Bowlby, J. (1973). *Attachment and loss: Volume 2. Separation*. New York: Penguin.
- Bowlby, J. (1980a). *Attachment and loss, Vol.3: Loss, sadness sand depression*. New York: Basic Books.
- Bowlby, J. (1982). *Attachment and loss: Volume 1. Attachment*. New York: Basic Books.
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory* London: Routledge.
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28(5), 759.
- Bretherton, I. (1993). From dialogue to representation: The intergenerational construction of self in relationships. In C. A. Nelson (Ed.), *Minnesota Symposia on Child Development: Vol. 26. Memory and affect in development* (pp. 237–263). Hillsdale, NJ: Erlbaum.
- Bretherton, I., Ridgeway, D. & Cassidy, J. (1990), Assessing internal working models of the attachment relationship: An attachment story completion task for 3-year-olds. In: *Attachment In the Preschool Years*, (Ed.) M. T. Greenberg, D. Cicchetti & E. M. Cummings. Chicago: University of Chicago Press, pp. 273-308.
- Bronfman, E., Parsons, E., & Lyons-Ruth, K. (1999). *Atypical Maternal Behavior Instrument for Assessment and Classification (AMBIANCE): Manual for coding Disrupted Affective Communication (1st edn)*. Unpublished manual, Harvard University Medical School.
- Brumariu, L. E., & Kerns, K. A. (2008). Mother–child attachment and social anxiety symptoms in middle childhood. *Journal of Applied Developmental Psychology*, 29(5), 393-402.

- Brumariu, L. E., & Kerns, K. A. (2010). Mother–child attachment patterns and different types of anxiety symptoms: Is there specificity of relations?. *Child Psychiatry & Human Development, 41*(6), 663-674.
- Brumariu, L. E., Kerns, K. A., & Seibert, A. (2012). Mother–child attachment, emotion regulation, and anxiety symptoms in middle childhood. *Personal Relationships, 19*(3), 569-585.
- Campbell, S.B., Pierce, E.W., March, C.L., & Ewing, L.J. (1991). Noncompliant behavior, overactivity, and family stress as predictors of negative maternal control with preschool children. *Development and Psychopathology, 3*, 175–190.
- Çekiç, A., Akbaş, T. & Hamamcı, Z. (2015). Anne Baba Stres Ölçeği'nin Türkçe' ye uyarlaması: geçerlik ve güvenirlik çalışması. *Gaziantep Üniversitesi Sosyal Bilimler Dergisi, 14*(3), 647-667.
- Cole, P. M., Martin, S. E., & Dennis, T. A. (2004). Emotion regulation as a scientific construct: Methodological challenges and directions for child development research. *Child Development, 75*(2), 317-333.
- Colonnesi, C., Draijer, E. M., Jan JM Stams, G., Van der Bruggen, C. O., Bögels, S. M., & Noom, M. J. (2011). The relation between insecure attachment and child anxiety: A meta-analytic review. *Journal of Clinical Child & Adolescent Psychology, 40*(4), 630-645.
- Crnic, K.A., & Acevedo, M. (1995). Everyday stresses and parenting. In M.H. Bornstein (Ed.), *Handbook of parenting: Vol. 4. Applied and practical parenting* (pp. 277–297). Mahwah, NJ: Erlbaum.
- Dallaire, D. H., & Weinraub, M. (2005). Predicting children's separation anxiety at age 6: The contributions of infant–mother attachment security, maternal sensitivity, and maternal separation anxiety. *Attachment & Human Development, 7*(4), 393-408.

- Demers, I., Bernier, A., Tarabulsky, G., & Provost, M. (2010b). Maternal and child characteristics as antecedents of maternal mind-mindedness. *Infant Mental Health Journal, 31*, 94–112.
- Dollberg, D., Feldman, R., & Keren, M. (2010). Maternal representations, infant psychiatric status, and mother–child relationship in clinic-referred and non-referred infants. *European Child & Adolescent Psychiatry, 19*(1), 25.
- Dwyer, K. M. (2005). The meaning and measurement of attachment in middle and late childhood. *Human Development, 48*(3), 155-182.
- Egeland, B., & Sroufe, L. A. (1981). Attachment and early maltreatment. *Child Development, 44*-52.
- Emde, R., Wolf, D.P., & Oppenheim, D. (eds). (2003). *Revealing the Inner Worlds of Young Children: The MacArthur Story Stem Battery and Parent-Child Narratives*. New York : Oxford University Press.
- Ensink, K., Target, M., & Oandasan, C. (2013). *Child reflective functioning scale scoring manual: For application to the Child Attachment Interview*. Unpublished manuscript, London, UK: Anna Freud Centre – University College London.
- Ensink, K., Berthelot, N., Bernazzani, O., Normandin, L., & Fonagy, P. (2014). Another step closer to measuring the ghosts in the nursery: preliminary validation of the Trauma Reflective Functioning Scale. *Frontiers in Psychology, 5*.
- Ensink, K., Normandin, L., Target, M., Fonagy, P., Sabourin, S., & Berthelot, N. (2015). Mentalization in children and mothers in the context of trauma: an initial study of the validity of the Child Reflective Functioning Scale. *British Journal of Developmental Psychology, 33*(2), 203-217.
- Ensink, K., Bégin, M., Normandin, L., & Fonagy, P. (2016). Maternal and child reflective functioning in the context of child sexual abuse: pathways to depression and externalizing difficulties. *European Journal of Psychotraumatology, 7*(1), 30611.

- Ensink, K., Leroux, A., Normandin, L., Biberdzic, M., & Fonagy, P. (2017). Assessing reflective parenting in interaction with school-aged children. *Journal of Personality Assessment*, 1-11.
- Ensink, K., Bégin, M., Normandin, L., & Fonagy, P. (2017). Parental reflective functioning as a moderator of child internalizing difficulties in the context of child sexual abuse. *Psychiatry Research*, 257, 361-366.
- Erol, N., Arslan, B. L., & Akcakin, M. (1995). The adaptation and standardization of the Child Behavior Checklist among 6–18 year- old Turkish children. In J.A. Sergeant (Ed.), *Eunethydis: European Approaches to Hyperkinetic Disorder* (pp. 97-113). Zurich: Fotoratar.
- Erol, N., & Şimşek, Z. T. (2000). Mental health of Turkish children: Behavioral and emotional problems reported by parents, teachers, and adolescents. *International Perspectives on Child and Adolescent Mental Health*, 1, 223-247.
- Esbjørn, B. H., Pedersen, S. H., Daniel, S. I., Hald, H. H., Holm, J. M., & Steele, H. (2013). Anxiety levels in clinically referred children and their parents: Examining the unique influence of self-reported attachment styles and interview-based reflective functioning in mothers and fathers. *British Journal of Clinical Psychology*, 52(4), 394-407.
- Farrant, B. M., Maybery, M. T., & Fletcher, J. (2013). Maternal attachment status, mother-child emotion talk, emotion understanding, and child conduct problems. *Child Development Research*, 2013.
- Feldman, R. (1998). *Coding interactive behavior manual*. Unpublished manual, Bar-Ilan University, Israel.
- Feldman, R., Dollberg, D., & Nadam, R. (2011). The expression and regulation of anger in toddlers: relations to maternal behavior and mental representations. *Infant Behavior and Development*, 34(2), 310-320.

- Fivush, R. (2006). Scripting attachment: Generalized event representations and internal working models. *Attachment & Human Development*, 8(3), 283-289.
- Flavell, J. H. (1999). Cognitive development: Children's knowledge about the mind. *Annual Review of Psychology*, 50(1), 21-45.
- Fonagy, P., Steele, M., Moran, G. Steele, H. (1991). Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year. *Child Dev.*, 62:880-893.
- Fonagy, P., Steele, M., Steele, H., Higgitt, A., & Target, M. (1994). The Emanuel Miller Memorial Lecture 1992 The Theory and Practice of Resilience. *Journal of Child Psychology and Psychiatry*, 35(2), 231-257.
- Fonagy, P., & Target, M. (1996). Playing with reality, I: Theory of mind and the normal development of psychic reality. *International Journal of Psychoanalysis*, 77, 217–233.
- Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology*, 9(4), 679–700.
- Fonagy, P., & Target, M. (1998). Mentalization and the changing aims of child psychoanalysis. *Psychoanalytic Dialogues*, 8, 87 – 114.
- Fonagy, P., Target, M., Steele, H., & Steele, M. (1998). *Reflective-functioning manual, version 5.0, for application to adult attachment interviews*. London: University College London, 161-62.
- Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self*. New York: Other Press.
- Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item- response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology*, 78, 350–365.

- George, C., & Solomon, J. (1996). Representational models of relationships: Links between caregiving and attachment. *Infant Mental Health Journal, 17*, 198 – 216.
- George, C., Kaplan, N., & Main, M. (1984). *Adult Attachment Interview protocol*. Unpublished manuscript, University of California at Berkeley.
- Gerard, A. B. (1994). *Parent–Child Relationship Inventory (PCRI) manual*. Los Angeles: WPS.
- Gergely, G., & Watson, J. (1996). The social biofeedback model of parental affect mirroring. *International Journal of Psychoanalysis, 77*, 1181–1212.
- Goodman, G., Stroh, M., & Valdez, A. (2012). Do attachment representations predict depression and anxiety in psychiatrically hospitalized prepubertal children?. *Bulletin of the Menninger Clinic, 76*(3), 260-289.
- Goodman, G., Bartlett, R. C., & Stroh, M. (2013). Mothers' borderline features and children's disorganized attachment representations as predictors of children's externalizing behavior. *Psychoanalytic Psychology, 30*(1), 16.
- Granot, D., & Mayseless, O. (2001). Attachment security and adjustment to school in middle childhood. *International Journal of Behavioral Development, 25*(6), 530-541.
- Gray, S. A., Forbes, D., Briggs-Gowan, M. J., & Carter, A. S. (2015). Caregiver insightfulness and young children's violence exposure: testing a relational model of risk and resilience. *Attachment & Human Development, 17*(6), 615-634.
- Green, J., Stanley, C., & Peters, S. (2007). Disorganized attachment representation and atypical parenting in young school age children with externalizing disorder. *Attachment & Human Development, 9*(3), 207-222.
- Güven, A. G., & Berument, S. K. (2010). *TİFALDİ Türkçe İfade Edici ve Alıcı Dil Testi*. Ankara: Türk Psikologlar Derneği Yayınları.

- Ha, C., Sharp, C., & Goodyer, I. (2011). The role of child and parental mentalizing for the development of conduct problems over time. *European Child & adolescent Psychiatry, 20*(6), 291.
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*(3), 511.
- Hazan, C., & Shaver, P. R. (1994). Attachment as an organizational framework for research on close relationships. *Psychological Inquiry, 5*(1), 1-22.
- Heinicke, C., & Westheimer, I. (1966). *Brief separations*. New York: International Universities Press.
- Hesse, E. (1996). Discourse, memory, and the Adult Attachment Interview: A note with emphasis on the emerging cannot classify category. *Infant Mental Health Journal, 17*, 4–11.
- Hesse, E., & Main, M. (2000). Disorganized infant, child, and adult attachment: Collapse in Behavioral and attentional strategies, *Journal of the American Psychoanalytic Association, 48*(4), 1097-1127.
- Hill, J., Fonagy, P., Lancaster, G., & Broyden, N. (2007). Aggression and intentionality in narrative responses to conflict and distress story stems: an investigation of boys with disruptive behavior problems. *Attachment & Human development, 9*(3), 223-237.
- Hodges, E. V. E., Finnegan, R. A., & Perry, D. G. (1999). Skewed autonomy- relatedness in preadolescents' conceptions of their relationships with mother, father, and best friend. *Developmental Psychology, 35*, 737–748.
- Jaffe, J., Beebe, B., Feldstein, S., Crown, C. L., Jasnow, M. D., Rochat, P., & Stern, D. N. (2001). Rhythms of dialogue in infancy: Coordinated timing in development. *Monographs of the Society for Research in Child Development, i*-149.

- Karaceylan, C. F. (2004). *The screen for child anxiety related emotional disorders: A study of reliability and validity*. Unpublished Master's Thesis, Kocaeli University, Turkey.
- Kerns, K. A., Klepac, L. ve Cole, A. (1996). Peer relationships and preadolescents' perceptions of security in the child- mother relationship. *Developmental Psychology*, 32, 457- 466.
- Klein, M. (1932). *The psycho-analysis of children*. London: Hogarth Press. [LSEP]
- Koren-Karie, N., Oppenheim, D., Dolev, S., Sher, E., & Etzion-Carasso, A. (2002). Mothers' insightfulness regarding their infants' internal experience: relations with maternal sensitivity and infant attachment. *Developmental Psychology*, 38(4), 534.
- Kovacs, M. (1981). Rating scales to assess depression in school-aged children. *Acta Paedopsychiatrica: International Journal of Child & Adolescent Psychiatry*.
- Kroenke, K., Strine, T. W., Spitzer, R. L., Williams, J. B., Berry, J. T., & Mokdad, A. H. (2009). The PHQ-8 as a measure of current depression in the general population. *Journal of Affective Disorders*, 114, 163–173.
- Laible, D., Carlo, G., Torquati, J., & Ontai, L. (2004). Children's perceptions of family relationships as assessed in a doll story completion task: Links to parenting, social competence, and externalizing behavior. *Social Development*, 13(4), 551-569.
- Luyten, P., Mayes, L. C., Sadler, L., Fonagy, P., Nicholls, S., Crowley, M., et al. (2009). *The Parental Reflective Functioning Questionnaire-1 (PRFQ-1)*. Leuven: University of Leuven.
- Madigan, S., Moran, G., Schuengel, C., Pederson, D. R., & Otten, R. (2007). Unresolved maternal attachment representations, disrupted maternal behavior and disorganized attachment in infancy: Links to toddler behavior problems. *Journal of Child Psychology and Psychiatry*, 48(10), 1042-1050.

- Madigan, S., Atkinson, L., Laurin, K., & Benoit, D. (2013). Attachment and internalizing behavior in early childhood: A meta-analysis. *Developmental Psychology, 49*(4), 672–689.
- Main, M., & Weston, D. (1981). The quality of the toddler's relationship to mother and to father: Related to conflict behavior and the readiness to establish new relationships. *Child Development, 52*, 932–940.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in Infancy, Childhood and Adulthood: A Move to the Level of Representation. Monographs of the *Society for Research in Child Development, 50*, (1-2, Serial No. 209).
- Main, M., & Cassidy, J. (1988). Categories of response to reunion with the parent at age six: Predictable from infant attachment classifications and stable over a 1-month period. *Developmental Psychology, 24*, 415–426.
- Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightening and/or frightened parental behavior the linking mechanism? In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 121–160). Chicago: University of Chicago Press.
- Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 121–160). Chicago: University of Chicago Press.
- Main, M. and Goldwyn, R. (1998). *Adult attachment scoring and classification system*. Unpublished manuscript, University of California at Berkeley.
- Manassis, K. (2011). Child-parent relations: Attachment and anxiety disorders. In W. K. Silverman & A. P. Field (Eds.), *Anxiety disorders in children and adolescents* (pp. 280–298). Cambridge, England: Cambridge University Press.

- Mash, E. J., & Johnston, C. (1983a). Parental perceptions of child behavior problems, parenting self-esteem, and mothers' reported stress in younger and older hyperactive and normal children. *Journal of Consulting and Clinical Psychology, 51*, 86-99.
- McMahon, C. A., & Meins, E. (2012). Mind-mindedness, parenting stress, and emotional availability in mothers of preschoolers. *Early Childhood Research Quarterly, 27*(2), 245-252.
- Meins, E., Fernyhough, C., Russell, J., & Clark-Carter, D. (1998). Security of attachment as a predictor of symbolic and mentalizing abilities: *A longitudinal study. Social Development, 7*, 1 – 24.
- Meins, E., & Fernyhough, C. (1999). Linguistic acquisitional style and mentalizing development: The role of maternal mind-mindedness. *Cognitive Development, 14*, 363 – 380.
- Meins, E., Fernyhough, C., Fradley, E., & Tuckey, M. (2001). Rethinking maternal sensitivity: Mothers' comments on infants' mental processes predict security of attachment at 12 months. *Journal of Child Psychology and Psychiatry, 42*, 637–648.
- Meins, E., Fernyhough, C., Wainwright, R., Das Gupta, M., Fradley, E., & Tuckey, M. (2002). Maternal mind-mindedness and attachment security as predictors of theory of mind understanding. *Child Development, 73*, 1715–1726.
- Meins, E., Fernyhough, C., de Rosnay, M., Arnott, B., Leekam, S., & Turner, M. (2012). Mind-mindedness as a multidimensional construct: Appropriate and nonattuned mind-related comments independently predict infant–mother attachment in a socially diverse sample. *Infancy, 17*, 393-415.
- Miljkovitch, R., Pierrehumbert, B., & Halfon, O. (2007). Three-year-olds' attachment play narratives and their associations with internalizing problems. *Clinical Psychology & Psychotherapy, 14*(4), 249-257.

- Nelson, K. (1996). *Language in cognitive development: Emergence of the mediated mind*. New York: Cambridge University Press.
- Oppenheim, D., Koren-Karie, N., & Sagi, A. (2001). Mothers' empathic understanding of their preschoolers' internal experience: Relations with early attachment. *International Journal of Behavioral Development, 25*(1), 16-26.
- Oppenheim, D., & Koren-Karie, N. (2002). Mothers' insightfulness regarding their children's internal worlds: The capacity underlying secure child–mother relationships. *Infant Mental Health Journal, 23*(6), 593-605.
- Oppenheim, D., Goldsmith, D., & Koren-Karie, N. (2004). Maternal insightfulness and preschoolers' emotion and behavior problems: Reciprocal influences in a therapeutic preschool program. *Infant Mental Health Journal, 25*(4), 352-367.
- Öy, B. (1991). Çocuklar için depresyon ölçeği: Geçerlik ve güvenirlik çalışması. *Türk Psikiyatri Dergisi, 2*(2), 132-136.
- Prior, V; Glaser, D (2006). *Understanding Attachment and Attachment Disorders: Theory, Evidence and Practice*. Child and Adolescent Mental Health, RCPRTU. London and Philadelphia: Jessica Kingsley Publishers. p. 17.
- Quitmann, J. H., Kriston, L., Romer, G., & Ramsauer, B. (2012). The Capacity to See Things from the Child's Point of View—Assessing Insightfulness in Mothers with and without a Diagnosis of Depression. *Clinical Psychology & Psychotherapy, 19*(6), 508-517.
- Raven, J. C. (1958). *Guide to using the Colored Progressive Matrices*. Oxford, England: H. K. Lewis & Co.
- Raven, J. C., & John Hugh Court. (1998). *Raven's progressive matrices and vocabulary scales*. Oxford, UK: Oxford Psychologists Press.
- Rohner, R. P., & Khaleque, A. (2005). *Handbook for the study of parental acceptance and rejection*. Storrs, CT: Rohner Research.

- Rosenblum K., Dayton C., McDonough S. (2006). Communicating feelings: links between mothers' representations of their infants, parenting, and infant emotional development. In: Maysless O. (ed) *Parenting representations: theory, research, and clinical implications*. Cambridge Press, New York, pp. 109–148.
- Rostad, W. L., & Whitaker, D. J. (2016). The association between reflective functioning and parent–child relationship quality. *Journal of Child and Family Studies*, 25(7), 2164-2177.
- Sander, L. (1995). Identity and the experience of specificity in a process of recognition. *Psychoanalytic Dialogues*, 5, 579-593.
- Schechter, D. S., Coots, T., Zeanah, C. H., Davies, M., Coates, S. W., Trabka, K. A., ... & Myers, M. M. (2005). Maternal mental representations of the child in an inner-city clinical sample: Violence-related posttraumatic stress and reflective functioning. *Attachment & Human Development*, 7(3), 313-331.
- Schechter, D. S., Coates, S. W., Kaminer, T., Coots, T., Zeanah Jr, C. H., Davies, M., ... & McCaw, J. E. (2008). Distorted maternal mental representations and atypical behavior in a clinical sample of violence-exposed mothers and their toddlers. *Journal of Trauma & Dissociation*, 9(2), 123-147.
- Shamir-Essakow, G., Ungerer, J. A., Rapee, R. M., & Safier, R. (2004). Caregiving representations of mothers of behaviorally inhibited and uninhibited preschool children. *Developmental Psychology*, 40(6), 899.
- Sharp, C., Fonagy, P., & Goodyer, I. M. (2006). Imagining your child's mind: psychosocial adjustment and mothers' ability to predict their children's attributional response styles. *British Journal of Developmental Psychology*, 24(1), 197-214.
- Sharp, C., Croudace, T. J., & Goodyer, I. M. (2007). Biased mentalizing in children aged seven to 11: Latent class confirmation of response styles to social scenarios and associations with psychopathology. *Social Development*, 16(1), 181-202.

- Sharp, C., & Fonagy, P. (2008). The parent's capacity to treat the child as a psychological agent: Constructs, measures and implications for developmental psychopathology. *Social Development, 17*(3), 737–754.
- Shmueli-Goetz, Y., Target, M., Fonagy, P., & Datta, A. (2008). The Child Attachment Interview: A psychometric study of reliability and discriminant validity. *Developmental Psychology, 44*, 939–956.
- Slade, A., Belsky, J., Aber, J. L., & Phelps, J. (1999). Maternal Representations of their relationship with their toddlers: Links to adult attachment and observed mothering. *Developmental Psychology, 35*, 611 – 619.
- Slade, A., Aber, J. L., Bresgi, I., Berger, B., & Kaplan (2004). *The Parent Development Interview–Revised*. Unpublished protocol. The City University of New York.
- Slade, A., Grienenberger, J., Bernbach, E., Levy, D., & Locker, A. (2005). Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attachment and Human Development, 7*, 283–298.
- Spieker, S. J. & Booth, C. (1985), *Family risk typologies and patterns of insecure attachment*. Presented at symposium at biennial meeting of the Society for Research in Child Development, Toronto.
- Splau, A. K., Steele, M., Steele, H., Reiner, I., & Murphy, A. (2010). The congruence of mothers' and their children's representations of their relationship. *The New School Psychology Bulletin, 7*(1), 51-61.
- Sroufe A (2000) Early relationships and the development of children. *Infant Mental Health Journal, 21*(1/2):67–74.
- Stadelmann, S., Perren, S., Von Wyl, A., & Von Klitzing, K. (2007). Associations between family relationships and symptoms/strengths at kindergarten age: what is the role of children's parental representations?. *Journal of Child Psychology and Psychiatry, 48*(10), 996-1004.

- Steele, H., Steele, M., Croft, C., & Fonagy, P. (1999). Infant-mother attachment at one year predicts children's understanding of mixed emotions at six years. *Social Development, 8*(2), 161-178.
- Steele, M. (2003). Attachment, actual experience and mental representation. In V. Green (Eds.), *Emotional development in psychoanalysis, attachment theory and neuroscience: Creating connections* (pp. 86-106). Hove: Brunner-Routledge.
- Stevenson-Hinde, J., Chicot, R., Shouldice, A., & Hinde, C. A. (2013). Maternal anxiety, maternal sensitivity, and attachment. *Attachment & Human Development, 15*(5-6), 618-636.
- Sümer, N., & Sendag, M. A. (2009). Orta Çocukluk Döneminde Ebeveynlere Bağlanma, Benlik Algisi ve Kaygı/Attachment to Parents during Middle Childhood, Self-Perceptions, and Anxiety. *Türk Psikoloji Dergisi, 24*(63), 86.
- Toth, S. L., Rogosch, F. A., Sturge-Apple, M., & Cicchetti, D. (2009). Maternal depression, children's attachment security, and representational development: An organizational perspective. *Child Development, 80*(1), 192-208.
- Trapolini, T., Ungerer, J. A., & McMahon, C. A. (2007). Maternal depression and children's attachment representations during the preschool years. *British Journal of Developmental Psychology, 25*(2), 247-261.
- Trapolini, T., Ungerer, J. A., & McMahon, C. A. (2008). Maternal depression: Relations with maternal caregiving representations and emotional availability during the preschool years. *Attachment & Human Development, 10*(1), 73-90.
- Uluç, S. (2005). *Okul öncesi çocuklarda benliğe ilişkin inançlar, kişilerarası şemalar ve bağlanma ilişkisinin temsilleri arasındaki ilişki: Ebeveynlerin kişilerarası şemalarının ve bağlanma modellerinin etkisi*. Yayınlanmamış Doktora Tezi, Ankara: Hacettepe Üniversitesi.

- Van IJzendoorn, M. H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin*, *117*(3), 387.
- von Klitzing, K. A. I., Kelsay, K., Emde, R. N., Robinson, J., & Schmitz, S. (2000). Gender-specific characteristics of 5-year-olds' play narratives and associations with behavior ratings. *Journal of the American Academy of Child & Adolescent Psychiatry*, *39*(8), 1017-1023.
- Walker-Andrews, A. S. (1997). Infants' perception of expressive behaviors: differentiation of multimodal information. *Psychological Bulletin*, *121*(3), 437.
- Wan, M. W., & Green, J. (2010). Negative and atypical story content themes depicted by children with behaviour problems. *Journal of Child Psychology and Psychiatry*, *51*(10), 1125-1131.
- Warren, S. L., Oppenheim, D., & Emde, R. N. (1996). Can emotions and themes in children's play predict behavior problems?. *Journal of the American Academy of Child & Adolescent Psychiatry*, *35*(10), 1331-1337.
- Warren, S. L., Huston, L., Egeland, B., & Sroufe, L. A. (1997). Child and adolescent anxiety disorders and early attachment. *Journal of the American Academy of Child & Adolescent Psychiatry*, *36*(5), 637-644.
- Warren, S. L., Emde, R. N., & Sroufe, L. A. (2000). Internal representations: Predicting anxiety from children's play narratives. *Journal of the American Academy of Child & Adolescent Psychiatry*, *39*(1), 100-107.
- Waters, E., & Cummings, E. M. (2000). A secure base from which to explore close relationships. *Child Development*, *71*(1), 164-172.
- Winnicott, D. (1953). Transitional objects and transitional phenomena. *International Journal of Psychoanalysis*, *34*, 89-97.
- Winnicott, D. W. (1962). *Providing for the child in health and crisis. The maturational processes and the facilitating environment*, 64-72.

Zeanah, C. H., & Benoit, D. (1995). Clinical applications of a parent perception interview in infant mental health. *Child and Adolescent Clinics of North America*, 4, 539 – 554.

Zeanah, C. H., Benoit, D., Hirshberg, L., Barton, M. L., & Regan, C. (1994). Mothers' representations of their infants are concordant with infant attachment classifications. *Developmental Issues in Psychiatry and Psychology*, 1, 9-18.

APPENDIX

Appendix A. Parent Development Interview (PDI)

A. Çocuk Hakkındaki Görüşler.

1. Öncelikle, çocuğunuzun nasıl biri olduğuna dair biraz fikir sahibi olarak başlamak isterim... Çocuğunuzu tarif eden 3 sıfat seçerek başlayabilir miyiz? (Ebeveyn sıfatları sıralarken bekleyin.) Şimdi her sıfatın üzerinden geçelim. _____ ile ilgili aklınıza gelen herhangi bir olay ya da anı var mı? (Her sıfatı inceleyip, o sıfat hakkında belirli bir anı öğrenin.)
2. Peki şimdi çocuğunuza dönelim... Tipik bir haftada, onun yapmaktan hoşlandığı, vaktini ayırdığı şeyler nelerdir?
3. Ve en fazla problem yaşadığı şeyler nelerdir?
4. Çocuğunuzda en çok ne hoşunuza gidiyor?
5. Çocuğunuzda en az hoşlandığınız şey nedir?

B. Çocuk ile İlişkisi Hakkındaki Görüşler

1. Çocuğunuzla olan ilişkinizi yansıttığını düşündüğünüz 3 sıfat seçmenizi rica ediyorum. (Sıfatları sıralarken bekleyin.) Şimdi de bu sıfatların üzerinden geçelim. _____ ile ilgili aklınıza gelen herhangi bir olay ya da anı var mı? (Her sıfatı inceleyip, o sıfat hakkında belirli bir anı öğrenin.)
2. Son bir hafta içinde, çocuğunuzla gerçekten iyi anlaştığınız bir anı anlatabilir misiniz? (Gerekirse şu sorular eklenebilir: Bana bu andan biraz daha bahsedebilir misiniz? Siz nasıl hissettiniz? Sizce çocuğunuz nasıl hissetti?)
3. Şimdi de, son bir hafta içerisinde çocuğunuzla iyi anlaşmadığınız bir anı anlatır mısınız? (Gerekirse şu sorular eklenebilir: Bana bu andan biraz daha bahsedebilir misiniz? Siz nasıl hissettiniz? Sizce çocuğunuz nasıl hissetti?)
4. Çocuğunuzla olan ilişkiniz, onun gelişimine ya da kişiliğini nasıl etkiliyor sizce?

C. Ebeveynlikte Afektif Deneyim

1. Bir anne/baba olarak kendinizi tanımlayabilir misiniz?
2. Anne/baba olarak size en çok keyif veren şey nedir?
3. Anne/baba olarak sizi en çok zorlayan ya da size en çok acı veren şey nedir?
4. Çocuğunuzla ilgili en çok nelerden endişe duyuyorsunuz?
5. Çocuğunuzun olması sizi nasıl deęiřtirdi?
6. Son 1-2 hafta içinde, bir anne/baba olarak öfkeli hissettiğınız bir zamanı anlatır mısınız? (Gerekirse řu sorular eklenebilir: Bana bu durumdan biraz daha bahsedebilir misiniz? Öfke duygularınızla nasıl başa çıktınız?)
- 6a. Bu duygular, çocuğunuzda nasıl bir etki uyandırıyor?
7. Son 1-2 hafta içinde, bir anne/baba olarak kendinizi suçlu hissettiğınız bir anı anlatır mısınız? (Gerekirse řu sorular eklenebilir: Bana bu durumdan biraz daha bahseder misiniz? Suçluluk duygularınızla nasıl başa çıktınız?)
- 7a. Bu duygular, çocuğunuzda nasıl bir etki uyandırıyor?
8. Son 1-2 hafta içinde, birinin sizinle ilgilenmesine ihtiyaç duyduğunuz hissettiğınız bir zamanı anlatır mısınız? (Gerekirse řu sorular eklenebilir: Bana bu durumdan biraz daha bahseder misiniz? Bu ihtiyaç duygularınızla nasıl başa çıktınız?)
- 8a. Bu duygular, çocuğunuzda nasıl bir etki uyandırıyor?
9. Çocuğunu üzgün olduğunda ne yapar? Bu *sizi* nasıl hissettirir? Bu zamanlarda siz ne yaparsınız?
10. Çocuğunuzun, kendini reddedilmiş hissettiği oldu mu?

D. Ebeveynin Aile Öyküsü

Şimdi size, sizin anneniz ile babanız ve anneliğe/babalığa dair hislerinizi etkilemiş olabilecek çocukluk deneyimleriniz hakkında birkaç soru soracağım.

1. Sizden, annenizle çocukluğunuzdaki ilişkinizi tanımlayan 3 sıfat seçmenizi rica ediyorum; hatırlayabildiğiniz en eski anılardan başlayın. (Sıfatları sıralarken bekleyin.) Şimdi geri dönüp bu sıfatların üzerinden geçelim. _____ ile ilgili aklınıza gelen herhangi bir olay ya da anı var mı?

2. Şimdi de babanızla çocukluğunuzdaki ilişkinizi tanımlayan 3 sıfat seçebilir misiniz? (Ebeveyn sıfatları sıralarken bekleyin.) Şimdi de bu sıfatların üzerinden geçelim. _____ ile ilgili aklınıza gelen herhangi bir olay ya da anı var mı?

3. Küçük bir çocukken, anneniz ya da babanız tarafından (fiziksel ya da duygusal anlamda) reddedildiğinizi hissettiniz mi hiç?

4. Ailenizin sizi yetiştirme şeklinin, sizin anne/baba oluşunuzu nasıl etkilediğini düşünüyorsunuz?

5. Sizce neden anneniz ve babanız çocukluğunuzda bu şekilde davranıyorlardı?

6. Bir ebeveyn olarak, ne açılardan anneniz gibi olmayı istersiniz ve ne açılardan bunu istemezsiniz?

7. Peki ne açılardan babanız gibi olmayı istersiniz ve de istemezsiniz?

8. Bir ebeveyn olarak annenize benzeyen ve benzemeyen yanlarınız neler?

9. Bir ebeveyn olarak babanıza benzeyen ve benzemeyen yanlarınız neler?

E. Bağımlılık/Bağımsızlık

1. Çocuğunuz ne zaman sizden ilgi bekler? (Kendiliğinden devam etmezse sorun: Bu durumda siz nasıl hissediyorsunuz?)

2. Neden bu alanlarda yardıma ihtiyaç duyduğunu düşünüyorsunuz?

3. Ne zaman kendi başına bir şeyler yapma konusunda rahat hisseder?
(Kendiliğinden devam etmezse sorun: Bu durumda siz nasıl hissediyorsunuz?)

4. Kendi başına bir şeyleri yapamadığında ne olur? (Kendiliğinden devam etmezse sorun: Bu durumda siz nasıl hissediyorsunuz?)

F. Ayrılık/Kayıp

1. Şimdi de, çocuğunuzla birlikte olmadığımız, ayrı olduğunuz bir zamanı düşünmenizi rica ediyorum. Bunu bana anlatır mısınız? (Gerektiğinde şu sorular eklenebilir: Bu durum, çocukta nasıl bir etki yarattı? Sizde nasıl bir etki yarattı?)
Not: Eğer ebeveyn yakın zamanda (bir sene içinde) yaşanmış bir ayrılığı anlatmazsa, soruyu, yakın zamanlardaki ayrılıkları öğrenmek adına tekrar edin.

2. Bugüne dek, çocuğunuzu biraz olsun kaybetmekte olduğunuzu hissettiğiniz bir zaman var mı? Bu sizin için nasıl bir histi?

3. Sizin için çok önemli olsa da çocuğunuzun tanımadığı, ama "keşke çocuğum onunla yakın olsa" dediğiniz biri var mı?

4. Çocuğunuzun hayatında, onun için aksilik olduğunu hissettiğiniz deneyimler var mı?

G. Geriye ve İleriye Bakış

1. Çocuğunuz şimdiden _____ yaşında ve siz deneyimli bir annesiniz/babasınız (Uygun şekilde değiştirin). Tüm bu deneyimi en baştan yeniden yaşasaydınız, neleri değiştirirdiniz? Neleri değiştirmediniz?

2. Çocuğunuz bir yetişkin olduğunda, onunla nasıl bir ilişkiniz olacağını düşünüyorsunuz?

3. Kendinizi anneanne/babaanne/dede olarak hayal edebiliyor musunuz? Ne şekilde hayal ediyorsunuz? Neler ümit ediyorsunuz?

Appendix B. Attachment Story Completion Task (ASCT)

Yönerge: “Şimdi, nelerimiz var bir bakalım (aile figürlerini çıkarın). Bak bu bizim ailemiz. Bu büyükanne, bu anne, bu baba ve bunlarda çocuklar. (figürleri katılımcıya gösterin ve isimlerini söyleyin). Katılımcının çocuk figürüne isim vermesi sağlanır. Bu annesi, bu babası, bu büyük annesi, buda çocuk. Hadi çocuğa isim verelim. Çocuğun ismi ne olsun istersin? Şimdi ailemizle ilgili bazı öyküler uydurup, oynatacağız. Ben bu aile ile ilgili öyküler anlatmaya başlayacağım, sende bu öykülerin sonunu anlatacaksın.

Doğum günü öyküsü (ısınma oyunu)

Uygulamacı:

Bu bir masa. Bakalım üzerinde ne varmış (katılımcı pastayı görüp isimlendirene kadar beklenir) bu ne pastası..... Evet bir doğum günü pastası. Şimdi öyküyü dikkatlice dinle. Anne çok güzel bir doğum günü pastası yapmış. Şimdi de herkesi masaya çağırıyor.

Anne: büyükanne, baba, çocuklar hadi gelin. Doğum günü partisi yapalım. Hadi bakalım sen bu öykünün gerisini oynat.

Kazara Dökülen Meyve Suyu Öyküsü

Uygulamacı:

“Tamam, Aklıma yeni bir hikaye geldi, şimdi aileyi yemek masasının etrafına oturtalım, böylece yemeğe hazır olsunlar.

“Burada ailemiz akşam yemeği yiyor. (çocuğun verdiği isim) ayağa kalktı, uzandı ve meyve suyunu kazara devirdi.”

“....., meyve suyunu döktün” (sitemli ama aşırıya kaçmayan bir ses tonuyla; anneyi’a çevirin ve konuştuğu sırada hareket ettirin).

“şimdi ne olduğunu bana göster”

Yatak Odasındaki Canavar Öyküsü

Uygulamacı:

Uygulamacı: “Şimdi neler olduğuna bak. Dikkatlice dinle”

Anne: (annenin yüzü öyküdeki çocuğa çevrilir ve konuşurken hafifçe hareket ettirilir.) “Yatma vakti. Hadi bakalım, odana git ve uyu.”

Baba: “Şimdi yatağına git” (yüzü çocuğa dönerek, bir parça hareket verip ve sesi kalınlaştırarak)

Çocuk: “Tamam anne baba gidiyorum.” (çocuk figürünü yatağa doğru yürütün)

Uygulamacı: (açıklama yapar) “..... üst kattaki odasına gidiyor, gidiyor”

Çocuk: “Anne! Baba! Odamda bir canavar var! Odamda canavar var! (korkmuş bir ses tonuyla)

Uygulamacı: “şimdi ne olduğunu bana göster”

Yaralı Diz Öyküsü

Uygulamacı:

“Bak şimdi elimde neler var! (Bir parça yeşil alan ve kayalık yerleştirilir.) Bu bir park. Anne babanla parka gider misiniz?” “Bunlar bizim ailemiz, parkta dolaşmaya çıkmışlar ve bu parkta yüksek, oldukça yüksek bir kayalık var.”

“Anne, baba bakın. Bu yüksek, çok yüksek kayalığa nasılda tırmandığımı seyredin.” (çocuk figürünü kayalığa tırmandırılmaya başlanır, daha sonra düşer) “off!, dizim acıyor” (ağlamaklı bir sesle)

“şimdi ne olduğunu bana göster”

Ayrılık Öyküsü

Uygulamacı:

“Burası onların ön bahçesi, ve bu onların arabası. Bu ailenin arabası.” (Araba katılımcının önünde durduğu sırada anne ve babanın yüzlerini çocuk ve büyükanneye çevrilir.)

“Sanırım (katılımcının ismi), anne ve baba tatile gidiyorlar.”

“Evet çocuklar (kızlar). Babanız ve ben bir tatile gidiyoruz. Şimdi sizden ayrılıp, tatile çıkıyoruz.” (Anne hafifçe hareket ettirilerek çocuklarla konuşur.)

“Bir hafta sonra görüşürüz. Büyükanmeniz sizinle kalacak.” (Baba hafifçe hareket ettirilerek çocuklarla konuşur.)

“Şimdi ne olduğunu bana göster”

Yeniden Bir araya Gelme Öyküsü

(Büyükanne) Uygulamacı:

“Tamam, Ne oldu biliyor musun? Bir hafta geçti ve büyükanne pencereden dışarı bakıyor.” (Büyükanenin yüzü arabaya doğru çevrilir ve konuşurken biraz hareket ettirilir.)

“Bakın çocuklar, anne babanız geri geldi. Tatilden eve geri döndüler.”

“Şimdi ne olduğunu bana göster” ,“Anne ve baba eve döndüklerinde neler olmuş?”

Appendix C. Kerns Security Scale

Şimdi sana seninle ve annenle ilgili bazı sorular soracağız. Her bir cümle için **sadece bir tane kutucuğu işaretleyeceksin. Ancak bu anketin biraz farklı bir yolla doldurulması gerekiyor. Aşağıdaki sorularda, “AMA” yazan kutunun hemen sağında ve solunda iki çocuk tanımlanmaktadır. Önce bunları oku ve hangisine daha çok benzediğine karar ver. Sonra da seçtiğin tarafa git. Bu çocuğa çok benziyorsan “Bana çok benziyor” kutucuğunu”, biraz benziyorsan “Bana biraz benziyor” kutucuğunu işaretle.**

1.

Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar annelerine kolayca güvenirlir.	AMA	Bazı çocuklar annelerine güvenip güvenemeyecekleri konusunda emin değildirlir.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
-----------------------------------------------	-------------------------------------------------	----------------------------------------------	-----	---------------------------------------------------------------------------------------	-------------------------------------------------	-----------------------------------------------

2.

Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar yaptıkları her şeye annelerinin çok karıştığını düşünürler.	AMA	Bazı çocuklar kendi başlarına bir şeyler yapmalarına annelerinin izin verdiğini düşünürler.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
-----------------------------------------------	-------------------------------------------------	---------------------------------------------------------------------------	-----	---------------------------------------------------------------------------------------------	-------------------------------------------------	-----------------------------------------------

3.

Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar için annelerinin yardım edeceğine inanmak kolaydır.	AMA	Bazı çocuklar için annelerinin yardım edeceğine inanmak zordur.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
-----------------------------------------------	-------------------------------------------------	-------------------------------------------------------------------	-----	-----------------------------------------------------------------	-------------------------------------------------	-----------------------------------------------

4.

Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar annelerinin onlarla yeterince zaman geçirdiğini düşünürler.	AMA	Bazı çocuklar annelerinin onlarla yeterince zaman geçirmedini düşünürler.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
-----------------------------------------------	-------------------------------------------------	---------------------------------------------------------------------------	-----	---------------------------------------------------------------------------	-------------------------------------------------	-----------------------------------------------

5.

Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar annelerine ne düşündüklerini veya hissettiklerini söylemekten pek hoşlanmazlar.	AMA	Bazı çocuklar annelerine ne düşündüklerini veya hissettiklerini söylemekten hoşlanırlar.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
-----------------------------------------------	-------------------------------------------------	-----------------------------------------------------------------------------------------------	-----	------------------------------------------------------------------------------------------	-------------------------------------------------	-----------------------------------------------

6.

Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar her şeyde annelerine ihtiyaç duymaz.	AMA	Bazı çocuklar hemen hemen her şey için annelerine ihtiyaç duyar.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
-----------------------------------------------	-------------------------------------------------	----------------------------------------------------	-----	------------------------------------------------------------------	-------------------------------------------------	-----------------------------------------------

7.	Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar "Keşke anneme daha yakın olabilseydim" derler.	AMA	Bazı çocuklar annelerine olan yakınlıklarıyla mutludurlar.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
8.	Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar annelerinin onları gerçekten sevmediğinden endişe duyarlar.	AMA	Bazı çocuklar annelerinin onları sevdiğinden emindirler.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
9.	Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar annelerinin onları anlamadığını hissederler.	AMA	Bazı çocuklar annelerinin onları anlamadığını hissederler.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
10.	Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar annelerinin onları terk etmeyeceğinden gerçekten emindirler.	AMA	Bazı çocuklar annelerinin onları terk edebileceğinden bazen endişelenirler.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
11.	Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar ihtiyaç duyduklarında annelerinin yanlarında olamayacağını düşünerek endişelenirler.	AMA	Bazı çocuklar ihtiyaç duyduklarında annelerinin yanlarında olacağından emindirler.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
12.	Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar annelerinin kendilerini dinlemediğini düşünürler.	AMA	Bazı çocuklar annelerinin onları gerçekten dinlemediğini düşünürler.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
13.	Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar üzgün olduklarında annelerinin yanına giderler.	AMA	Bazı çocuklar üzgün olduklarında annelerinin yanına pek gitmezler.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
14.	Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar "Keşke annem sorunlarımla daha çok ilgilense" derler.	AMA	Bazı çocuklar annelerinin onlara yeterince yardım ettiğini düşünürler.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>
15.	Bana çok benziyor <input type="checkbox"/>	Bana biraz benziyor <input type="checkbox"/>	Bazı çocuklar anneleri etrafta olduğunda kendilerini daha iyi hissederler.	AMA	Bazı çocuklar anneleri etrafta olduğunda kendilerini daha iyi hissetmezler.	Bana biraz benziyor <input type="checkbox"/>	Bana çok benziyor <input type="checkbox"/>

Appendix D. Child Behavior Checklist (CBCL)



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)
CİNSİYETİ: <input type="checkbox"/> ERKEK <input type="checkbox"/> KIZ	YAŞI:	BABANIN İŞİ:.....TEL NO :.....EĞİTİMİ:.....YAŞI:..... ANNENİN İŞİ:.....TEL NO :.....EĞİTİMİ:.....YAŞI:.....
BUGUNUN TARİHİ GÜN.....AY.....YIL.....	ÇOCUĞUN DOĞUM TARİHİ GÜN.....AY.....YIL.....	FORMU DOLDURAN: <input type="checkbox"/> ANNE <input type="checkbox"/> BABA <input type="checkbox"/> DİĞER.....ÇOCUKLA OLAN İLİŞKİSİ:.....
SINIFI:----- OKULA DEVAM ETMİYOR <input type="checkbox"/>	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?			
	Normalden az	Normal	Normalden fazla	Bilmiyorum	Normalden az	Normal	Normalden fazla	Bilmiyorum
<input type="checkbox"/> Hiç yok								
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?			
	Normalden az	Normal	Normalden fazla	Bilmiyorum	Normalden az	Normal	Normalden fazla	Bilmiyorum
<input type="checkbox"/> Hiç yok								
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?			
	Bilmiyorum	Az Aktif	Normal	Çok Aktif
<input type="checkbox"/> Hiç yok				
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Çocuğunuz her birinde ne kadar başarılıdır?			
	Bilmiyorum	Normalden Az	Normal	Normalden Fazla
<input type="checkbox"/> Hiç yok				
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Copyright 2001 T. Achenbach, ASEBA, University of Vermont, www.ASEBA.org
Türkçe Çeviri ve Uyarlaması Neşe Erol tarafından
T.M. Achenbach'ın izniyle yapılmış ve basılmıştır (2002, 2007, 2009).
Ankara Üniversitesi Tıp Fakültesi Çocuk Ruh Sağlığı ve Hastalıkları Anabilim Dalı

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. Yaşlılarıyla karşılaştırıldığında çocuğunuzun:

	Kötü	Normal Sayılır	Oldukça İyidir	Kardeşi Yoktur
a. Kardeşleriyle arası nasıldır?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diğer çocuklarla arası nasıldır?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Size karşı davranışları nasıldır?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Kendi başına oyun oynaması ve iş yapması nasıldır?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Başarısız	Orta	Başarılı	Çok Başarılı
a. Türkçe / Türk Dil Edebiyatı	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Hayat Bilgisi / Sosyal Bilgiler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Matematik	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fen Bilgisi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- Kaçınıcı 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, kaygılandırıcı ve öfkeliendiren 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 (Bildiginiz 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 34. Başkalarının ona karşı olduğu, zarar vermeye, ya da açığını yakalamaya çalıştığı hissine kapılır	
0 1 2 2. Anne babanın izni olmadan içki içer	0 1 2 35. Kendini değersiz, önemsiz ya da yetersiz hisseder	
0 1 2 3. Çok tartışan bir çocuktur	0 1 2 36. Bir yerlerini kaza ile sık sık incitir	
0 1 2 4. Başladığı etkinlikleri (oyunu, dersleri, işleri) bitiremez	0 1 2 37. Çok kavgaya çıkarır, kavgaya karışır	
0 1 2 5. Hoşlandığı ya da zevk aldığı çok az şey vardır	0 1 2 38. Çok fazla sataşılır, dalga geçilir	
0 1 2 6. Kakasını tuvaletten başka yerlere yapar	0 1 2 39. Başlı belada olan kişilerle dolaşır	
0 1 2 7. Bir şeylerle övünür, başkalarına hava atar	0 1 2 40. Olmayan sesler ve konuşmalar iletir (açıklayınız):	
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 41. Düşünmeden hareket eder, aklına eseni yapar	
0 1 2 10. Yerinde sakince oturamaz, çok hareketli ve huzursuzdur	0 1 2 42. Başkalarıyla birlikte olmaksızın yalnız olmayı tercih eder	
0 1 2 11. Gereken gayretli göstermeden, sırtını tamamen büyüklere dayayıp herşeyi onlardan bekler	0 1 2 43. Yalan söyler, hile yapar, aldatır	
0 1 2 12. Yalnızlıktan şikayet eder	0 1 2 44. Tırnaklarını yer	
0 1 2 13. Kafası karışık, zihni bulanıktır	0 1 2 45. Sinirli ve gergindir	
0 1 2 14. Çok ağlar	0 1 2 46. Kasılan oynar, seğirmeleri ve tikleri vardır (açıklayınız):	
0 1 2 15. Hayvanlara eziyet eder		
0 1 2 16. Başkalarına eziyet eder, kötü davranır, kabadayılık eder	0 1 2 47. Geceleri kabus görür	
0 1 2 17. Hayal kurar, hayallere dalıp gider	0 1 2 48. Başka çocuklar tarafından sevilmez	
0 1 2 18. Kendine bilerek zarar verdiği ya da intihar girişiminde bulunduğu olmuştur	0 1 2 49. Kabızlık çeker	
0 1 2 19. Hep dikkat çekmeye çalışır	0 1 2 50. Çok korkak ve kaygılıdır	
0 1 2 20. Eşyalarına zarar verir	0 1 2 51. Başlı döner, gözleri kararır	
0 1 2 21. Ailesine ya da başkalarına ait eşyalara zarar verir	0 1 2 52. Kendini çok suçlu hisseder	
0 1 2 22. Evde söz dinlemez	0 1 2 53. Aşırı yer	
0 1 2 23. Okulda söz dinlemez	0 1 2 54. Sebepsiz yere çok yorgun hissettiği olur	
0 1 2 24. İştahsızdır	0 1 2 55. Fazla kiloludur	
0 1 2 25. Başka çocuklarla geçinemez	56. Sağlık sorunu olmadığı halde ;	
0 1 2 26. Hatalı davranışından dolayı suçluluk duymaz, oralı olmaz, aldırmaz	0 1 2 a. Ağrı ve sızılardan yakınır (baş ve karın ağrısı dışında)	
0 1 2 27. Kolay kıskanır	0 1 2 b. Başağrılarından yakınır (şikayet eder)	
0 1 2 28. Ev, okul ya da diğer yerlerde kurallara uymaz, karşı gelir	0 1 2 c. Bulantı, kusma duygusu olur	
0 1 2 29. Bazı hayvanlardan, durumlardan (yüksek yerler), ya da ortamlardan (esansör, karanlık gibi) korkar (okulu katmayız) (açıklayınız):	0 1 2 d. Gözle ilgili şikayetleri olur (Gözlük, lens kullanma dışında) (açıklayınız):	
0 1 2 30. Okula gitmekten korkar, okul korkusu vardır	0 1 2 e. Döküntü, pullanma ya da başka cilt hastalığı olur	
0 1 2 31. Kötü bir şey düşünebileceği ya da yapabileceğinden korkar	0 1 2 f. Mide- karın ağrısından şikayet eder	
0 1 2 32. Kusursuz, dört dörtlük ve her konuda başarılı olması gerektiğine inanır.	0 1 2 g. Kusmaları olur	
0 1 2 33. Kimsenin onu sevmediğinden yakınır	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. Burununu kaşırtır, derisini ya da vücudunu yolar, saç ve kılığını 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 kaçır

0 1 2 68. Çok başırır

0 1 2 69. Sırlarını kendine saklar, hiç kimseye 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 çıkarır

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. Şüphelidir, kuşku duyar

0 1 2 90. Küfürü 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 kaçır, dersini asar

0 1 2 102. Hareketleri yavaşır, enerjik değildir

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

0 1 2 104. Çok gürlütcüdür

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. Mızırđanır, sızđanır

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. Çocuđun yukarıdaki listede belirtilmeyen başka sorunu varsa lütfen yazınız:

0 1 2 _____

0 1 2 _____

0 1 2 _____