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RELATIONSHIP BETWEEN PRESCHOOL CHILDREN'S BEHAVIORAL PROBLEMS  
AND WORKING MOTHERS' MENTALIZATION CAPACITY AND GUILT FEELINGS

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## **ABSTRACT**

This study aims to contribute to child psychopathology by examining the relationships between preschool children's behavioral problems, working mothers' feelings of guilt and mentalization capacities. Participants of the study are 100 employed mothers of preschool children between 1 to 5 years of age. First, in order to ask for a voluntary participation, the participants were given an Informed Consent Form in which the information regarding the confidentiality. In this research, one demographic form and three different scales were used. Participants were presented with a survey package including The Demographic Form in order to gather background information about the participants. The Reflective Functioning Questionnaire (RFQ-Short Form) was used for measuring the levels of the mentalization, the Guilt and Shame Scale (GSS) was used for measuring participants' level of shame, the Employment Related Guilt Scale (ERGS) was used for measuring participants' level of work- related guilt and the Child Behavior Check List (CBCL) was used to measure children's problematic behaviors. The first hypothesis of the present study predicted that there would be a positive association between mothers' guilt and children's perceived behavior problems. The second hypothesis was that mothers' RF would be negatively associated with children's behavior problems. The third hypothesis predicted that mothers' reflective functioning (assessed with RFQ-Short Form) would moderate the association between mothers' guilt scores (assessed with GSS) and children's behavior problems (assessed with CBCL). In order to test the hypotheses, multiple regression and moderation analysis were conducted. Moderated regression analyses with two steps were conducted separately for internalizing and externalizing problems. Findings revealed that the regression model predicting child's internalizing behavioral problems was significant and higher scores in reflective functioning (RF) were associated with lower scores in children's internalizing and externalizing problems reported by mothers. Contrary to expectations, higher guilt scores are associated with lower scores in children's internalizing problems. The third hypothesis suggested that mentalization will moderate the association between mothers' guilt and children's perceived behavioral problems. In this study,



mentalization was a significant moderator for externalizing problems. Limitations of the study and recommendations for future research were discussed.

*Keywords:* Mentalization, Employment Related Guilt, Guilt, Child, Parenting

## ÖZET

Bu çalışmanın temel amacı anaokulu çağındaki çocuğun davranış problemleri, annenin mentalizasyon kapasitesi, ve çalışan annenin suçluluk duygusu arasındaki bağlantıların incelenmesidir. Bu amaçları gerçekleştirmek için, araştırmaya anaokulu çağındaki çocuğu olan 100 çalışan anne katılmıştır. Demografik bilgi formu, Suçluluk ve Utanç Ölçeği, Yansıtıcı İşleyiş Ölçeği, Çalışmaya Bağlı Duyulan Suçluluk Ölçeği ve Çocuk Davranışlarını Değerlendirme Ölçeği uygulanmıştır. Annenin mentalizasyon kapasitesi ve suçluluğunun çocuğun algılanan davranış problemlerine etkisini belirlemek amacıyla çoklu regresyon ve moderasyon analizleri uygulanmıştır. Araştırmanın hipotezleri şu şekildedir; (1) Çalışan annelerin suçluluk ölçeğindeki puanı arttıkça çocukta algılanan davranış problemlerinin artması beklenmektedir. (2) Mentalizasyon kapasitesi yüksek olan annenin (Yansıtıcı İşleyiş Ölçeği ile ölçülen) çocuğunda algılanan davranış problemlerinin azalması beklenmektedir. (3) Mentalizasyon kapasitesi düşük olan annenin suçluluk duygusu (Suçluluk ve Utanç Ölçeği ile ölçülen) ve çocuğun davranış problemleri arasında pozitif ilişki beklenirken mentalizasyon kapasitesi yüksek olan annenin suçluluk duygusu ve çocuğun davranış problemleri arasında negatif bir ilişki beklenmektedir. (4) Suçluluk ve Utanç Ölçeği ile Çalışmaya Bağlı Duyulan Suçluluk Ölçeği arasında doğru orantılı bir ilişki öngörülmektedir. Sonuçlar, mentalizasyon kapasitesi yüksek olan annelerin çocuklarında gözlemlenen içeyönelim sorunlarının azaldığını doğrulamaktadır. Annenin yüksek mentalizasyon kapasitesi ve çocuğun dışayönelim sorunlarının azalmasında ise pozitif ilişki oldukça yakındır. Annenin suçluluk duygusu ve çocuğun davranış problemleri arasında ise beklenenden ters bir ilişki olduğu görülmüştür. Annenin suçluluk duygusu arttıkça çocuğun problemleri azalma olduğu saptanmıştır. Mentalizasyon kapasitesi düşük olan annenin suçluluk duygusu yükseldikçe çocuğun dışa dönük davranış problemlerinde azalma görülmüştür. Son olarak araştırmada kullanılan Suçluluk ve Utanç Ölçeği ile Çalışmaya Bağlı Suçluluk Ölçeği arasında bir ilişki bulunamamıştır. Çalışmanın kısıtlılıkları ve gelecek araştırmalar için öneriler tartışılmıştır.

*Anahtar Kelimeler:* Zihinselleştirme, Suçluluk, Çalışmaya Bağlı Suçluluk, Ebeveynlik, Çocuk

## **CHAPTER 1**

### **INTRODUCTION**

Kindergarten years are a time of tremendous development and change. Professionals, researchers, parents, and teachers see the early childhood years as an important period. However, some unstable behaviors can be expected in these years. Some children can exhibit or are at risk for a variety of social, emotional, and behavioral difficulties (Fergusson, Horwood, & Ridder, 2005; Hofstra, van der Ende, & Verhulst, 2002). Children's behavioral problems affect their social relationships as well as their family life. Child and family related factors like difficult temperament, stress and parental attitudes are most of the time found to be the significant predictors concerning the behavioral problems of Turkish children (Erol, Şimşek, Öner, & Münir, 2005; Yavuz, Selçuk, Çorapçı, & Aksan, 2017).

The process of raising children is an intense emotional experience. Majority of mothers are nowadays employed and cultural expectations of high parenting may bring about parental guilt in working mothers. Mothers have a vital role for infant survival and most of the societies expect mothers to invest in their children most (Sear & Mace, 2008). Maternal mentalizing capacity functions as a protective factor for the development of behavioral problems in children (Fonagy & Target, 2005). It's important to contribute to child psychopathology literature by examining the relationship between preschool children's behavioral problems and their mothers' guilt and mentalization capacities. The current study aims to shed light on how these problems might be correlated to mothers' employment related guilt and reflective functioning capacities.

#### **1.1 MENTALIZATION**

The definition of mentalization can be made as the ability of an individual to reflect upon his/her own mind and to understand the feelings, desires and intentions of others (Slade, 2005; Sharp, Fonagy & Goodyer, 2006). The initial

suggestion of mentalization as a concept was made by researchers Peter Fonagy, Miriam Steele, Mary Target and Howard Steele. In their article (1998), Fonagy and Target suggest that “the capacity for mentalization allows one to understand and predict the behaviors of others”. Thus mentalization facilitate affect regulation and aid the distinction between the perceived reality and actual reality, which is of critical importance in social relationships.

Cognitive psychologists originally named this mind reading ability as “Theory of Mind”. *Theory of Mind* (ToM) was initially developed by Premack and Woodruff (1978) and this theory was subsequently owned by cognitive psychologists as well as developmental psychologists to describe the ability to understand other people’ minds along with ideas, thoughts and feelings whilst applying such knowledge to social situations to anticipate or affect the behaviors of others (Baron-Cohen, et. al., 1985; Sharp, 2006). As for children, it is stated that they develop ToM ability around 3 or 4 years of age. *Mentalizing* or *mentalization* are terms which would be more appropriate to understand interpersonal and intrapersonal mental states since mentalization is not peculiar to certain age levels or cognitive tasks, unlike ToM (O’Connor & Hirsch, 1999). Mentalization theory provides a much more complete framework for understanding the development of children’s mind reading abilities, since it focuses on this capacity’s marks over the course of development.

### **1.1.1 Mentalization in the Psychoanalytic School**

In the psychoanalytic literature, mentalization has been described under different headings. All these related notions are derived from the initial concept of “Bindung”, or linking, put forth by Freud. In his distinction between primary and secondary processes, Freud emphasized that “Bindung” was a change in qualitative form from a physical, immediate to a psychic associative quality of linking and the psychic working out or representing of an internal state of affairs (regarded in energetic terms), which also failed in numerous ways (Freud 1914).

Some may maintain that Melanie Klein's notion of the depressive position (Klein 1945) is at least equivalent to the notion of the acquisition of reflective functioning, which essentially involves the recognition of suffering and being hurt in the other and of one's individual role in the process.

While describing the "alpha-function", Wilfred Bion delineated the revolution of internal events experienced as concrete "beta-elements" into thinkable, tolerable experiences. In addition to this, Bion viewed the mother-child relationship as being at the source of the symbolic capacity.

Winnicott (1962) was another figure who observed the significance of the caregiver's psychological understanding of the child for the true self to emerge. Besides this, Winnicott was among the leading psychoanalytic theorists of self-development (Fairbairn 1952; Kohut 1977), having recognized that the psychological self develops via the perception of oneself in the mind of another person in the form of thinking and feeling. Parents who are not capable of reflecting their children's inner experiences in an understanding way or respond in line with such reflection may deprive their children of a core psychological structure that needs to be built for a viable sense of self.

### **1.1.2 Reflective Functioning**

Fonagy uses the term "reflective functioning" to convey the capacity to mentalize within the parent-child attachment context (RF) (Fonagy, Gergely, Jurist, and Target (2002). "Reflective function" (RF) as a term refers to the operationalization of the psychological processes that underlie the capacity to mentalize. The description of this concept has been made both in the psychoanalytic literature (Fonagy 1989; Fonagy, Edgumbe, Moran, Kennedy, and Target 1993) and also in the cognitive psychology literature (Morton and Frith 1995).

Reflective functioning or mentalization encompasses the active expression of such a psychological capacity in an intimate way and it is related to the representation of the self (Fonagy and Target 1995, 1996; Target and Fonagy

1996). Furthermore, RF comprises not only a self-reflective but also an interpersonal element that ideally equips the individual with a well-developed capacity to make the distinction between the inner reality and the outer reality, and to pretend “real” modes of functioning, and “to differentiate intrapersonal emotional and mental processes from interpersonal interactions” (Fonagy, Gergely, Jurist & Target, 2002).

In developmental psychology, “reflective function” is referred to as “theory of mind”. It is defined as the developmental acquisition that allows children to respond both to the behavior of another person and to their conception of other people’s beliefs, knowledge, imagination, attitudes, feelings, hopes, desires, pretense, deceit, intentions, plans and so forth. Reflective function, or mentalization, makes it possible for children to “read” the minds of other individuals (Baron-Cohen 1995; Baron-Cohen, Tager-Flusberg, and Cohen 1993; Morton and Frith 1995). In this way, children can render people’s behaviors meaningful and predictable. Children’s early experiences with others allow them to accumulate and arrange many sets of self–other representations.

The capacity for psychological or mentalistic insight into another person’s emotions, beliefs, intentions and desires provides a definition of mentalization (Fonagy, 1991; Frith, Leslie, & Morton, 1991). Mentalization is often operationalized by the use of ToM tasks. Fonagy et al. regard this capacity to be based on our relationship history (Fonagy & Target, 1997). Fonagy, Steele, and Holder (1997) argued that even before the birth of the child a mother’s attachment classification was a powerful predictor of the child’s theory of mind competence. Child establishes different attachment and mentalization capacity according to his/her early relationship with the caregiver.

They developed the concept of reflective function accordingly and referred to the mentalization capacity of a mother within the context of her attachment style (Fonagy, et al., 2002). Maternal reflective capacity is considered to be conveyed within the attachment relationship between the mother and the child (Slade, 2005; Fonagy et al, 1991). In this regard, the quality of the attachment

bond is of crucial value for the mentalization capacity to develop. Besides this, the mother's capacity to treat the child as a distinct psychological agent is also important since it provides contribution to the mentalization development of the child (Sharp & Fonagy, 2008).

### **1.1.3 Maternal Mind Mindedness**

Maternal mind-mindedness is a term that conveys a mother's inclination to treat her child as a psychological being, which means treating the child as an individual who has a mind (Meins, 1997; Sharp, Fonagy & Goodyer, 2006). That being the case, the operationalization of the maternal mind-mindedness occurs through recording the mother's behavior towards her child, for instance, using mental state language that reflects the psychological states of the child. Fonagy and co-workers regard mentalization capacity as one that is grounded in the history of our relationship (Fonagy & Target, 1997). They further developed the notion of reflective function in order to describe a mother's mentalization capacity within the context of her attachment style (Fonagy, et al., 2002).

The development of the constructs like maternal mind-mindedness and maternal reflective function was driven by the documented relationship between a mother's own representation of her attachment security measured even before she gave birth to her baby and the consequent attachment security manifested by her child during the strange situation procedure (Van IJzendoorn, 1995). The researchers found that a mother with a secure attachment representation is likely to treat the infant as a mental agent who has feelings and thoughts which can be reflected back to the baby (Fonagy, 2004). By doing so, the baby establishes a representation that comprises being understood and emotionally cared for. Hence, a secure attachment style is facilitated in the child, which accords with a child's own inclination to treat people as mental agents.

It has been illustrated that the quality or existence of maternal mind-mindedness and RF influences attachment style in the Strange Situation practice and social-cognitive development among preschoolers. To illustrate, it has been

demonstrated that for mothers of securely attached infants, it is more possible to attribute meaning to their children's early vocalizations compared to those with insecurely attached infants. Accordingly, it has been shown that this in turn has an impact on the language development of infants (Meins, 1998). The ability of mothers to read the mental states of their infants at 6 months also predicted attachment security at 12 months (Meins, Fernyhough, Fradley, & Tuckey, 2001). Correspondingly, it has been shown that securely attached infants are advanced in their abilities regarding others' minds (Fonagy, Steele, Steele, & Holder, 1997; Meins & Fernyhough, 1999).

These studies have generally been included within the context regarding infant attachment for the purpose of indicating, (mainly by observational methods) that poor maternal reflective function is connected with insecure attachment (Fonagy, Steele, Steele, Higgitt, & Target, 1994) and that poor maternal mind-mindedness is predictive of reduction in the mentalizing/theory of mind ability of the child (Meins, Fernyhough, Russell, & Clark-Carter, 1998). Yet, one matter is still unclear, and that is whether or not maternal engagement with the child at a mental level has an enduring impact upon the psychosocial adjustment of the infant during the course of childhood. In search for an answer to this question, various theories have been introduced one of them being Attachment Theory.

#### **1.1.4 Attachment**

Attachment theory was developed by John Bowlby (1969, 1973, 1980). This theory suggests that there exists a universal human need to establish close emotional bonds. The reciprocity of early relationships lies at the heart of the theory and this is a preliminary requirement of normal development, possibly in all mammals along with humans as well (Hofer 1995). The attachment behaviors of the human infant such as smiling, seeking proximity and clinging are satisfied by adult attachment behaviors like holding, soothing and touching. Such responses support and strengthen the infant's attachment behavior towards the



particular adult. The activation of attachment behaviors is dependent upon the infant's assessment of a series of signals of the environment. This brings about the feeling either security or insecurity. Bowlby (1980) noted the significance of responsiveness and sensitiveness with regard to the parenting style for the formation of normal growth throughout childhood. Having noted the significance of being sensitive and responsive in parenting style to establish normal growth throughout childhood, Bowlby also suggested that the parenting behaviors of the caregivers are connected with the attachment styles of the child. Secure attachment occurs when the parent is receptive to the child's needs, and through this way, the child gains the opportunity to explore the environment confidently and in a safe way whilst being able to regulate his or her own emotions (Mikulincer & Shaver, 2004).

As has been put forward (Slade, Grienenberger, Bernbach, Levy, & Locker, 2005) that the association between adult and infant attachment is mediated by maternal reflective functioning. Hence, it was maintained that a caregivers' capacity of understanding the mind of her child is a vehicle and it is through this vehicle that her attachment organization becomes very much related to the child's sense of self and of his / her relationships with others (Koren-Karie, N., Oppenheim, D., Dolev, S., Sher, E., & Etzion-Carasso, A. 2002).

Generally, maternal sensitivity refers to certain positive global attributes such as acceptance, cooperation, contingent responsiveness and pleasurable affect. In one study of Lyons-Ruth and her colleagues (Lyons-Ruth, 1999), the hypothesis regarding a caregivers' capacity to regulate her child's affect during heightened arousal was explored. The reason for this is that the mother's behavior during periods of distress and negative affect will be of critical importance with regard to the determination of the attachment security of a child.

Fonagy and his colleagues have pointed out that mentalization or reflective functioning is generally a preconscious process, and infants learn how to regulate their own behaviors and emotions through the mentalization capacity of their primary caregivers (Fonagy & Target, 2002). It is put forward that the mentalization capacity forms within the attachment relationship between the

mother and infant.

Fonagy and his colleagues (Fonagy, Target, Steele, & Steele, 1998) initially examined the reflective function in adults. For this measurement, they utilized a scale which was developed for the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1984). Therefore, adult reflective functioning was assessed based on persons' capacity to reflect on the remembered childhood relationships with his / her parents. According to Fonagy and his colleagues, it is the capacity of the parent to reflect on the child's internal experience that is fundamental for the development of a secure attachment and other positive outcomes related to development (Slade 2005).

Fonagy argues that successful containment results with secure attachment, which refers to the capacity of a parent to reflect his / her infant's internal state and also to represent that state for the infant as an experience that is manageable. Insecure attachment, on the other hand, documents failures related to containment that shows differences in terms of the caregiver's defense mechanisms (Fonagy et al., 1995). Reflective mothers are capable of making sense of their own experiences as caregivers along with the mental states of their infant in a manner that is both flexible and coherent, which helps the early roots of mentalization in the child as a result (Kelly, K., Slade, A., & Grienenberger, J. F., 2005).

Fonagy et.al, (1996) put forward that an individual's capacity to mentalize is of vital importance for that person's ability to regulate his/her affect. Since the caregiver is able to see painful feelings or disturbing thoughts as mental states, instead of seeing them as concrete realities, painful affect (either in the child or in the caregiver) becomes manageable. Hence, this opens the prospect of change over the course of time (Fonagy et al., 2002). It is through this capacity that the caregiver is able to remain both satisfactorily in control and emotionally engaged time and again in order to contain the distress of the infant and turn it into an experience that is tolerable, and which the child can start developing a sense of knowledge. The mutual regulatory processes belonging to the stages of early childhood allow for a progressive increase in the child's capability to self-regulate, and in due course, to begin to symbolize his / her internal experience and

to mentalize for herself (Koren-Karie, N., Oppenheim, D., Dolev, S., Sher, E., & Etzion-Carasso, A. 2002).

“Internal states are important not merely to improve self-understanding and regulation, but also to communicate them to others and be interpreted in others to provide guidance for cooperation at love, play and work” (Fonagy et al., 2002, p. 6). In this regard, reflective capacities lie beneath the development of social relationships and other kinds of relations which play an essential role in our survival. If humans were not able to see beyond behaviors to underlying mental experience, they would be limited, as it is the case with all the other species of animal species, to responding to others’ behavior instead of to their minds (Slade 2005).

Owing to this capacity that is unique to humans to process interpersonal experience and make sense of each other, an individual becomes capable of understanding that his / her own behaviors or behaviors of another person connected in meaningful and predictable ways to underlying, possibly unobservable, dynamic and changing emotions and intentions. The more people can predict mental states in the self or other, as a consequence what is internal to the self and particular to the other, the more it will be likely that they will engage in intimate, supporting and productive relationships, feeling that they are connected to others at a subjective level, while feeling autonomy and of separate minds (Fonagy et al., 2002).

Although all human beings are born with the ability to develop the capacity to mentalize, it is the early relationships which generate the prospect for a child to acquaint himself with the mental states and to establish the depth to which the social environment can eventually be processed (Fonagy et al., 2002). A mother’s capacity to hold a representation of her child in her mind as an individual who has intentions, feelings and desires allows the child to discover his / her own internal reality through his / her mother’s representation of it. Such a re-presentation takes place in various ways during the different stages concerning the child’s development and interaction between the mother and her child. At the heart of sensitive caregiving lies the mother’s observations of changes in the

child's mental state from one moment to another and her representation of these in gesture and action initially, and in words and play subsequently, which is highly important for the child to develop mentalizing capacities of his / her own in due course (Slade 2005). It has also been shown that infants who are securely attached are advanced in their abilities concerning the ToM (Fonagy, Steele, Steele, & Holder, 1997; Meins & Fernyhough, 1999).

In the Parent-Child Project, Fonagy et al. (1994) reported that mothers who had a deprived childhood, rejected, neglected and experienced lack of love had children who are securely attached if they had possessed high reflective functioning (RF) capacities. In contrast, only 6% of the children were securely attached when maternal deprivation was combined with low RF scores. Moreover, it was shown that RF was a protective factor in transmitting attachment security in a more significant way for disadvantaged mothers compared to the advantaged ones (Fonagy et al., 1994).

It is considered that mentalization capacity is transmitted within the attachment relationship between the caregiver and the infant (Slade, 2005; Fonagy et al, 1991). The mother's mentalization capacity, encourages the development of her child's mentalization (Sharp & Fonagy, 2008). The mentalization skills of the mother play a determining role in how successfully the child will experience the stages related to self agency and ultimately to develop the capacity for full mentalization (Fonagy, et al. 2002).

### **1.1.5 Maternal Mentalization Capacity**

It has been revealed that higher maternal mentalizing capacity functions as a protective factor for the development of behavioral problems in children (Fonagy & Target, 2005). Individuals who have good mentalization capacity have been described as people who are capable of reasoning about themselves or others explicit goals, intentions and beliefs (Baron-Cohen, Tager-Flusberg, & Cohen, 1993; Davies, 1994; Perner, 1991). High maternal mentalizing capacity was revealed to play an important protective factor role for children's mental health

(Fonagy & Target, 2005; Meins, Fernyhough, Russell, & Clark-Carter, 2001). Camoirano (2017) demonstrated that parental reflective functioning was associated with the caregiving quality and the children's attachment security level and that maternal mentalization helped the children's capacity related to emotional regulation. Meins et al. (2001) used the definition of "maternal mind mindedness" to determine parental mentalization (Meins, 1997). The definition was described as the willingness of the mother to treat her child as having not only needs to be fulfilled but also having a mind (Meins et al., 2001). In the Gocek, Cohen & Greenbaum (2008) research, it was pointed out that mothers' capacity for talking about their own mental states is related to the quality of their relationship with their children. In addition, it was mentioned that mothers' capability to speak about their mental states makes them more receptive to their children's needs, which may improve the mothers' ability to perceive children's mental states (Gocek et al., 2008).

Mothers who have good mentalization capacity view their children's behaviors as an indicator of what is happening in their emotional world. They subsequently reflect back their understanding to their child. Yet, should the mother not be capable of reflecting on her child's emotional world, it is possible that the child will be deprived of the opportunity to recognize his/her own emotions and manage the regulation of his/her affects. Relevant findings on this matter show that children whose parents possess a high capacity to recognize emotions in themselves and show less physiological stress have greater physiological regulatory abilities, greater ability with regard to focusing their attention, higher academic achievement, improved peer relations and less physical illness (Gottman, 1996).

By rendering other people's behavior predictable, mentalization capacity facilitates affect regulation and ensures that one can differentiate the perceived reality and the actual reality (Fonagy et al., 1998). When the mother perceives her child's definite actions as a sign of what is happening in his / her emotional world, then the mother becomes capable of reflecting back this understanding to her child. On the other hand, if the mother is not capable of reflecting the emotions of

the child, then it is likely for the child to lose the opportunity to recognize his / her emotions and regulate his / her affects as well.

### **1.1.6 Mentalization in Children with Behavioral Problems**

The capacity of the mother to contain and hold the child's experience is considered to be of vital importance in facilitating and maintaining a series of developmental progress. The absence of such a capacity, on the other hand, is viewed to be underlying the development of different forms of psychopathology. Derailments in regular developmental processes are at the core of numerous pathological adaptations, ranging from disrupted attachment in infancy and childhood to different personality disorders including borderline personality disorder (Fonagy et al., 2002). As a matter of fact, it is possible to understand what attachment theorists refer to as insecurity or disorganization, and what psychoanalysts see as preoedipal pathology, by regarding them as manifestations of failing to develop a basic capacity to enter into one's own or someone else's experience thoroughly without depending on primitive defenses and distortions. As Winnicott (1965) put it, entering into the subjective experience of someone would refer to the infant's coming to contain his / her "ruthlessness" with the aim of protecting his / her primary relationships. According to Klein, this would refer to the achievement of the "depressive position" (Klein, 1932).

Fonagy et al., (1995; 2002) defined RF as the ability to realize that one's own behaviors or actions of other people are meaningfully connected to underlying mental states like thoughts, feelings, desires and wishes. As Fonagy argues, successful containment, which refers to the capacity of a parent to reflect his or her infant's internal state and also to correspond to the state for the infant as an experience that is manageable is an outcome of secure attachment. Insecure attachment documents failures related to containment that shows differences in terms of the defense mechanisms the caregiver has introduced (Fonagy, 1996; Fonagy et al., 1995). Defense mechanisms function at an unconscious level to prevent awareness of conflicts and anxiety (Vaillant, 1994). Defenses function

permanently to maintain psychological stability and define how we cope with stressful situations (Malone et al. 2013) Healthy ‘‘mature’’ defenses like displacement, rationalization, identification were significantly associated with greater attachment security.

Reflective mothers are capable of making sense of their own experiences as caregivers along with the mindsets of their infant in a manner that is both flexible and coherent, which helps the early roots of mentalization in the child (Kelly, Slade & Grienenberger, 2005). Caregiving that is dysregulated and non-reflective causes profound disruption in self development in the child: ‘‘In cases of chronically misattuned or insensitive caregiving, a fault is produced in the construction of the self, and through this, the infant becomes obliged to internalize the representation of the object’s state of mind as a core part of himself / herself’’ (Fonagy et al., 2002). When the primary caregiver does not interpret the subtle actions of the child as an indication of what was going on in his emotional environment, she/he would not be able to convey that perception back to the child or express it intensively. The child would then lack the ability to understand and therefore control its actions. If the child did not develop an awareness that caregivers considered his emotional states to be understandable, it would be much easier for these children to believe the attachment figure would be immediately in there to support, understand or control in times of intense emotions. Children with responsive mothers were able to develop sense of control over what would happen to them, screamed less as they interacted using facial gestures, and did not need to display high emotions to keep the attachment figure around (Bell&Ainsworth,1972).

Parenting may vary from one society to another one, or it can vary among families within the same society. In practices concerning the upbringing of children, there exist cultural and sub-cultural differences at the macro level, while at the micro level differences exist between individuals and families. The role of the family is significant in the children’s personality development. Gottman, Katz and Hooven (1996) developed an analogous concept of parental RF, which they referred to as *parental meta-emotion*. This concept signifies a

positive parenting style where the parent helps the child to name emotions and shows strategies aimed at regulation. As a result of the longitudinal study conducted, the authors revealed that meta emotion coaching of parents allows the child to regulate the affective arousal physiologically (measured at the age of 5). Moreover, it was found that children who acquired this down-regulation capacity were more improved in terms of academic achievement, emotion regulation skills as well as social relationships with their peers (measured at age 8).

In the second half of their first year, infants start to have expectations from physical objects around them and this is dependent on simple causal relationship. Such expectations help them predict the behaviors of others. When an infant predicts the behavior of another one, he / she acts in line with that prediction. For instance, an infant throws a toy, expecting that his / her mother will give it back to him / her and in this way, the infant throws the ball again (Scheemets, 2008). In addition to this, by the end of their third year, children are capable of understanding that the intentions and feelings of others differ from their own intentions and feelings (Bretherton et al., 1981).

Affect regulation and impulse control require self-understanding, which in turn requires self-organization (Fonagy & Target, 1997). Children's capacity for mentalization enables them to control their mental processes in a better way, which in turn brings about higher behavioral regulation and emotional regulation (Sharp, 2006). Frustration tolerance and persistence during challenges are two elements pertaining to successful emotional self-regulation in early childhood (Dennis, 2006). If the child is not capable of regulating his / her affective world, it is likely that problematic behaviors will arise. For this reason, children start to have social, behavioral and emotional problems with other people.

Relevant studies demonstrated that greater self-regulation was connected with higher achievement and effective classroom behaviors in the early educational settings. Conversely, it has been found that poor self-regulation is linked with future adjustment problems at school (Ponitz, 2008).

The abilities of the caregiver serve as a basis for the child's attachment security through the encouragement of self-control (Fonagy, 1991). Accordingly,



security can be described as the capacity of the caregiver to create a mindful environment for the child, and in this environment the child's and other individuals' mental states are discovered openly. In this way, caregivers will be more aware of their child's mental state and consequently, they will be less defensive. They can also reflect their understanding to the child in a proper manner (Fonagy & Target, 1998). Therefore, the child's ability to use mentalization in interactions with the caregiver becomes a protective factor against developing psychopathology.

When the mother views her child's overt behaviors as an indicator of what is happening in the emotional world of her child, she can reflect back this understanding to her child. Yet, if the mother cannot reflect the child's emotions back, then the child will lose the opportunity to recognize his / her emotions and regulate his / her affects. Successful emotional self-regulation in early childhood comprises persistence during challenges and frustration tolerance (Dennis, 2006). If the child is not capable of regulating his / her affective world, it is likely that problematic behaviors will arise. Fonagy and co-workers maintain that infants learn to regulate their own behavior and emotions through the primary caregiver's capacity to mentalize (Fonagy et al., 2002).

Fonagy and his colleagues define mentalization as a concept that encompasses an awareness pertaining to the nature of complex mental states which include feelings, attitudes, plans and intentions (Fonagy & Target, 1998). An essential component of maternal RF is the mother's ability to take a step back from her affective experience so that she can reflect upon the infant's particular subjective intentions during moments of conflict or stress (Slade, Bernbach, Grienenberger, Levy, & Locker, 2002). Lyons-Ruth and her colleagues have pointed out that the recurrent absence of suitable responsiveness to the intention transmitted in the communications of the child may be in various forms, which may include withdrawal, intrusive overriding of the infant's cues, antagonism or role-reversing focus on the parent's needs (Lyons-Ruth et al. 1999, p. 52).

Findings make it evident that children whose parents have a higher capability to recognize emotions of their own and their children are able to attend

in more emotion-coaching and display greater physiological regulatory abilities, greater ability to focus attention, higher academic achievement, better peer relations but less physical illness and fewer indications of physiological stress (Gottman, 1996).

Gottman stresses the significance of emotion in parental mentalizing by overtly focusing on the caregiver's capacity to recognize emotions of their own and their children. In this way, an empirical linking is made between parental mentalizing and the child's capacity to regulate his/her own emotions. The same study provides an empirical demonstration of the significance of parental mentalizing for developmental psychopathology in the child while affirming the importance of child characteristics that affect the child's psycho-social development along with parental mentalization (Gottman, 1996).

## **1.2 PARENTING**

Mostly children lead their lives in monogamous nuclear families where the level of expected parental investment is high. That being the case in contemporary Western societies, parenting of high quality also appears as cultural standard that suggests plentiful one-to-one interaction and pedagogical activities performed together with the child along with restrictions regarding child disciplining. Fathers are expected to invest as parents almost as much as mothers. When emphasis is put on such a biparental care in this way, it is possible to predict that parents attempt to delegate care to each other. In a recent Dutch study, both parents were in fact found to motivate each other for caring more for the child in daily regular social interactions (Szabo, 2008).

While Western cultures are known to be "individualistic", Turkish culture is characterized by being "collectivistic" (Hofstede, 1980). This term was later interpreted by Kağıtçıbaşı (1985, 1996) as "culture of relatedness." People of collectivistic cultures tend to think of themselves as interdependent with their groups such as their families, teams, countries and so on. They attach importance and priority to group goals over their personal and individual goals. Traditional

Turkish families are characterized by both emotional and material interdependence within and between generations. Children are supposed to accept the authority of their caregivers, particularly the paternal authority. In addition, they are expected to prioritize the needs of their family members' needs and display loyalty as well.

As underlined by Kagıtcıbaşı (1982; 1990), economic interdependency is a characteristic of the traditional Turkish family, but less so for the urban middle-class family. Moreover, rather than individuation of family members, "enmeshment" is something commonly experienced among Turkish families. Kagıtcıbaşı and others preferred the use of the term "close-knit" to describe Turkish families.

Kagıtcıbaşı (1990, 1996, and 2007) noted that Turkish urban middle class families, like most of the other urban middle class "majority world" cultures, began to generate a family climate that merges emotional interdependence of the traditional family with the independence typical of a modern "culture of separateness". In such a context, it is possible for an "autonomous-relational" self to emerge and this style of child raising is associated with high relatedness, high control and encouraging autonomy.

In the context of typical Turkish families, an evident hierarchical organization exists and within this hierarchical structure, paternal superiority is normal. This is because Turkish culture is male-dominated. It also constitutes a patrilocal, patrilineal and patriarchal system (Fişek, 1982, 1993; Kağıtçıbaşı, 1982; Kandiyoti, 1988; Kiray, 1976; Sunar, 2002). For this reason, patriarchy is seen as a primary attribute for both Turkish families and Turkish culture (Fişek, 1991, 1992, 1995).

Fişek (1991) examined the differences with regard to closeness to mother and father. The results of the examination revealed that insight about decisions and self were shared to a larger extent in father and child pairs, whereas mother and child pairs had more sharing of the emotional and touching sort. Moreover, mothers were frequently found to manifest their affection openly both by means of physical gestures such as kissing and hugging the child and also through verbal

cues while encouraging the child to reciprocate (Kağıtçıbaşı, Sunar, & Bekman, 1988).

The findings of Ochiltree (1986) revealed that interpersonal resources like parental expectations, attention and helping were more strongly linked with the development of self-esteem of young children than family structure resources like income, education and profession. This finding shows consistency with other research which points toward the importance of home environment and the quality of parent-child relationship in the child's self-esteem building (Coopersmith, 1981; Gecas & Schwalbe, 1986). Parental attitudes toward the child are reflected in behavior, and perceived by the child accordingly. This, as a consequence, has impact on the child's self concept. Parental behaviors like support, participation as well as interest in the child reflect positive connotations to the child, thus influencing the child's self concept positively (Gecas & Schwalbe, 1986).

Parenting style is not the only component which affects the development of a child's self esteem. The quality of the relationship between the parent and the child is also highly important in this respect (Morvitz & Motta 1982). Children who have high self esteem tend to be very exploratory, persistent and active. They are also eager to explore, ask questions and engage in interaction. In contrast, children who have lower self esteem tend to be hesitant, cautious, aggressive and they often display attention seeking behaviors (Coopersmith 1981).

Fathers' influence on child development in Turkey, has been investigated in one study in Turkey, which found that availability of fathers was positively correlated with adaptive social behaviors, mathematical and language abilities, school preparedness, and negatively correlated with externalizing problems at age 5 and 6 (Alici, 2012).

### **1.3 GUILT**

The definition of guilt is as follows: “guilt is a person's unpleasant emotional state that is associated with possible objections to his or her actions, inaction, intentions or circumstances” (Tangney, 1992, p.199). Guilt is an emotion that makes it possible for the person to pay attention to his/her social

relationships and not to violate any social rules or moral rules. It has been shown that guilt allows people to act in a way that is expected from them socially (Tangney & Tracy, 2012). The focus of the guilt is on misbehaviors and it is linked with concern towards others and how they are affected by the behavior of the person. As stated by Muris & Meesters (2013), when individuals think that other people hold a negative view about them and their actions, they will most likely feel shame or guilt. It has also been demonstrated that the feelings of guilt concerning adults may involve the obsessive or exaggerated sort of self-blame and rumination that underlie depression or other kinds of internalizing disorders (Ferguson, Stegge, Miller & Olsen, 1999; Harder, 1995). The emotional reaction, whether it be guilt or shame, does not frequently change based on the circumstances. Generally, they are felt as an outcome of similar events (Tangney, 1992). For this reason, the two words are usually used interchangeably. People try not to talk about shame with others; rather, they prefer to talk about guilt in situations which may incite either shame, guilt or both of them (Tangney & Dearing, 2004).

The guilt concept is an interesting one for two reasons. First of all, there are not any generally accepted theoretical definitions of the term guilt. Secondly most people have a lot of daily experience related with guilt, like having feelings of guilt. In everyday colloquial language, we often utter the sentence that we *feel* guilty or we have feelings of guilt: this makes up the emotional and at times the incoherent aspect of guilt. In addition to all these, feelings of guilt are generally conveyed in *thoughts*, corresponding to a cognitive or intellectual aspect of the phenomenon of guilt (Wechsler, 1990).

The unconscious and the conscious are two key concepts in Freudian psychoanalytical theory. Unconscious feelings of guilt emerge from forbidden desires and fantasies which stem from the Oedipus complex and the formation of the superego (Freud, 1932). Conscious feelings of guilt, on the other hand, are experienced by people whose actions have hurt a human being or have been contrary to the vital interests of the latter type of guilt. For Freud and Klein, the latter type of guilt over actions results in remorse and thus a desire to make

reparation (Freud, 1932; Klein, 1984). The psychoanalytical notion of guilt has close links with the capability to assume responsibility and feel concern. These abilities and characteristics are also frequently linked with femininity (Miller, 1976, ;Gilligan,1982). Sigmund Freud was one of the first figures who offered a psychological definition of guilt in a broad sense. For Freud, guilt arises in early childhood as a result of the infant's fear of being punished by his / her caregivers because of his / her certain misbehavior. Freud directed his focus on the Oedipus complex; child's feelings of desire for his or her opposite-sex parent and jealousy and anger toward his or her same-sex parent, being the chief causes of guilt. Freud's theories paved the way for him to examine the notion of unconscious guilt. At this point, it should be noted that there are two types of guilt. These are normal guilt and neurotic guilt. The former one, namely normal guilt, refers to a feeling that almost all human beings experience when they breach their moral code, while in contrast, neurotic guilt is concerned with unwanted thoughts which bring about anxiety (Heimowitz, 2018).

According to Tangney and Dearing (2002), superego is the structure which renders the internalization of several roles which are imposed by society on the females and males related to their gender. Superego is also the mechanism which makes the judgment of the internalized values that cause the individual to experience the feeling of guilt. Only in healthy individuals, there is a parallel between the superego and the ego ideal that is the source of feeling of guilt. And it is for this reason that, when a behavior is acted out, if this behavior is against the superego, there will be a concurrent feeling of guilt and shame as this behavior is also against the ego ideal.

According to Milrod (1990), feeling of shame that stems from the ego ideal is the personal choice of the individual within the common ideas and thoughts of individuals who make up the society. For this reason, feeling of shame encompasses some elements that are peculiar to the individual. On the other hand, superego, as the source of feeling of guilt, is under the influence of the society, the environment in which the person lives as well as the parental attitudes. While superego is linked with the society and the environment, shame involves more

elements that are specific to the individual.

The words “guilt” and “shame” are generally used interchangeably in daily life as if they have similar meanings. Yet, in fact, their implications differ. Lewis (1971) states that shame signifies unpleasant feelings about the self. Guilt, on the other hand, is an undesirable emotion faced in response to a negative appraisal of the present status of an individual (Lascu 1991; Smith and Ellsworth 1985). A sense of tension, sorrow and regret following a "bad" situation often comprise the experience of guilt. Unlike shame, feelings of tension and regret motivate constructive action, examples of which may be apologizing or confessing (Stuewig, et.al, 2014). For both emotions, audience is important. Concerning shame, individuals evaluate themselves through the lenses of others, while regarding guilt, they are concerned with the impact of their actions on other people (Tangney & Dearing, 2004; Tangney, et al., 2007). Thus, it is better to differentiate between these emotions owing to their differences related to responding and reacting to the events, as has been pointed out by Ferguson (2005).

Ghatavi, Nicolson, MacDonald, Osher & Levitt (2002) demonstrated that guilt has outcomes that are both adaptive and maladaptive. Low levels of guilt have the potential to impede non-normative behavior. In another case, that is in a situation of violations, it causes seeking forgiveness. Nevertheless, extreme guilt can be seen usually as one that is related to psychological disorders and dysfunctional occurrences. To give an example, excessive and unsuitable guilt has been found to be connected with depressive symptoms.

There has been a research conducted on the relationships between guilt, shame and attachment styles. The findings have revealed significant positive correlations between shame and anxious adult attachment (Magai, Distel, & Liker, 1995), shame and preoccupied and fearful attachment styles (Lopez, et al., 1997), blaming and shame, attacking and ignoring parental attitudes (Claesson & Sohlberg, 2002), and shame and fearful attachment style. Parental rejection was also found to have positive correlation with shame and guilt, and guilt to have positive correlation with parental warmth (Choi & Jo, 2011).

The focus of guilt is on wrongful behavior. It is also linked with a concern for others and how they are affected by the person's behavior (Tangney, 1998). Based on this definition, one potential source of guilt for working mothers with small children, who are the focus of the present study, is their concern that working will be detrimental to their parenting skills and relationship with their children. In this study, "guilt" and "employment related guilt" are measured separately for the purpose of examining their effects on children's perceived behavior problems.

Theorists both from psychoanalytical orientation and social psychology have claimed that the identity formation and socialization processes in women strengthen emotions of guilt in many respects (Klein, 1984). Researches from psychoanalytical school and cognitive orientation have pointed out that the socialization process of women is aimed at an ethic of care, which means that the identity is built up around responsibility for and relationships with other individuals (Miller, 1984). As Gilligan stated, women are constantly experiencing moral problems based on conflict between different domains of responsibility (Gilligan, 1982).

An awareness of responsibility appears to be a precondition for the emergence of guilt feelings. The ethic of care and any accompanying feelings of guilt that most women manifest today do not have to be an outcome of intrapsychic development processes or specifically feminine stages of moral development. Based on a historical-based analysis of women's position in a patriarchal structure, the ethic of care can be investigated with reference to historical circumstances and context along with coping strategies to deal with a inferior position in society (Puka, 1995).

The ability to assume responsibility is linked with various factors, ranging from the possibility of making choices to exerting control. Based on the perspective of gender theory, the life project of modern Western women is marked by an awareness of responsibility that is, to certain extent, dependent upon an illusory freedom of choice and control. In theory, there are many more options for today's women compared to the time of their mothers. In practice, on the other



hand, there are many different obstacles in the form of ineffective child care and a job structure that is not aligned well for parents who have small children. Yet, the individual woman is thought to be accountable for how she utilizes her illusory freedom of choice, whereas, in reality, many of the conditions are already set. For instance, the individual woman must shoulder the responsibility for how child care can be balanced and combined with her job. When this breaks down, it can cause a feeling of failure, which is subsequently followed by feelings of guilt (Hoschild & Machung, 1990; Haavind, 1985, 1987, 1992).

The tasks contained within in women's multiple workloads are hardly new. What is new, in fact, are living conditions which have been fragmented spatially. In such living conditions, it is seen that the regular job, child care, schools, consumption and relationship tasks and other work are all situated in different arenas, which is accompanied by geographical and time-related dilemmas, along with the struggle of making the pieces fall into place (Balbo, 1986). In addition, there is a new ideal of equality, which has had a strong effect, particularly in the Nordic countries, which demands that women and men should equally share the reproductive tasks.

The process of raising children comes as an intense emotional experience. In today's world, cultural expectations of high parenting may bring about parental guilt in working mothers. Mothers have a vital role for infant survival, and in every known human society, it is the biological mothers who invest in their children most (Sear & Mace, 2008). The *motherhood myth* appears as a cultural tool that is exploited to manipulate mothers into extreme investment. Rotkirch (2009) explained "motherhood myth" as not living in one's own or societal expectations towards great maternal expense for their offspring. This also perpetuates the idea that mothers are nurturing, kind and ever-present (Douglas & Michaels, 2004). Maternal guilt is projected to change based on cultural and social context. Principally, societies expect the mother to be as "devoted" as possible. When mothers consider that other people have a negative opinion about them and their behaviors, and their parenting skills are not adequate, it is likely that such feelings could incite guilt. Some emotions are often linked with unique action

inclinations and behavioral motivations. According to Rotkirch and Janhunen (2010), the most common depictions of guilt are concerned with thoughts of aggression or actual aggression towards the child. Guilt might assist in impulsive behaviors, neglect in parenting and restrain aggression (Janhunen, 2009).

Maternal guilt and particularly guilt among working mothers have rarely been studied in the Turkish population. Aycan and Eskin (2005) found that women felt greater employment-related guilt than men and the feeling of guilt because of employment was aggravated if couples had young children. At present, many working women raise their children while they have an active working life to make a living. According to Simon (1995), the majority of women acknowledged that as a result of work life, they might not be able to accomplish their familial responsibilities such as childcare, nurturing their husbands and household chores. Aycan and Eskin (2005) revealed that the major stresses of being a working mother are as follows: having little time to spare for their family as well as feelings of guilt because of the perceived neglect of the parenting role. In addition, parents feel guilty since they perceive their control deficiency as a causal reason for their children's behavior and they accuse themselves of not being able to have adequate control over their children (Scarnier, Schmander, & Lickel, 2009).

Current research indicates that, women are likely to feel guilt and shame owing to maternity (Dunford and Granger, 2017). Maternal guilt is a universal concept for both stay-at-home mothers and working mothers (Liss, Schiffrin, & Rizzo, 2012). Working mothers mention that they feel guilty about not being present at home and not having enough time to spend with their child (Elvin-Nowak 1999; Guendouzi 2006). On the other hand, it is stated that housewives feel guilty because of not earning extra money for the future of their child (Rubin and Wooten 2007). According to Seagram and Daniluk (2002), mothers feel good when they dedicate themselves completely to their children's priorities and want to be fully responsible for the development of their infants.

### **1.3.1 Employment Related Guilt**

The majority of mothers are nowadays employed, and family patterns are also going through rapid changes in the society, which is partially a result of maternal employment. The number of employed mothers in U.S who have children aged below 18 has shown a stable rise since 1940 (Hoffman, 1984). Most of the mothers return back or enter into the work force soon after they give birth to their child, so this is not a new phenomenon. Hayghe, 1986 stated “At present, almost half of the mothers of infants have jobs and it is expected that these mothers will maintain their employment throughout the life of their children” (*Hayghe, 1986, p.43*).

Over the last two decades, the rise in the employment of mothers has been apparent; and thus this situation has been coupled with a growing concern about how maternal employment is affecting the children’s lives and development. Several researchers have suggested that role satisfaction has effects upon parenting. Lerner and Galambos (1986) state that role dissatisfaction is linked with maternal rejection. Warr and Parry (1982) came up with a relationship between the mother's negative mood and dissatisfaction. The requirement of more studies still prevails and the studies need to address the meaning of the mother's role satisfaction related to her functioning as mother of a young infant and to the development of him/her.

Parenting stress, specifically, appears to evolve when the parent realizes that he / she lacks the required resources to fulfill the demands of being a parent and to tackle these adjustments successfully (Deater- Deckard 1998; Deater-Deckard and Scarr 1996). It has been shown that parenting stress adversely influences parenting characteristics such as child investment, quality of parenting, sensitivity, cooperation between parents and dyadic pleasure (McMahon and Meins 2012). Likewise, it appears to influence child development negatively, as expressed in higher levels of behavioral problems and child negativity (Casalin et al. 2014).

In her study, Kuyas (1982) has researched the effects of the active role of the urban Turkish working women on the balance of power in the family. She also

investigated the impacts of changing social, economic and family structure on the working women's attitude and consciousness. In this study, the conclusion was that the roles of "mother" and "housewife" are relatively more dominant than working life and women would rather identify themselves as such. In a study with working mothers and their children, it was observed that mothers tend to accuse themselves for not spending enough time with their children and giving sufficient care to them (Razon 1983). Elmaci and Oto (1996) researched the problems of working women in their family life and concluded that somatization problems, anxiety and depression were particularly on the rise.

### **1.3.1.1 The Multiple Roles of the Modern Woman**

The study related to multiple roles of women is extensive and the area is usually concerned with the effects of multiple roles on the woman's physical or mental health. Most of the researches related to the women's multiple roles are cross-sectional and the results of these studies have not always yielded consistent results. Certain studies reveal that multiple roles have favorable and positive effects on well-being and health and that professional work can serve as a buffer against problems and stress experienced at home (Barnett & Baruch, 1985; Rodin & Ickovics, 1990). On the other hand, some other studies point towards poor health and over-exertion (McBride, 1990; Shipley & Coates, 1992). Waldron has provided a summary of research in this area and pointed to noteworthy methodological problems, since the researchers have not been able to grasp and handle the complex state and quality of the relationships (Waldron, 1991). Most studies of multiple roles are quantitative, lacking qualitative analyses of what those involved in the studies view as their own definitions and experiences with matters such as stress, demands, overwork and feelings of guilt. The guilt phenomenon is an "invisible factor" in many studies on the double roles of women. Yet, the results often seem to be a more general affirmation that feelings of guilt are probably important in how women deal with conflict-laden roles since the term is defined inadequately from the standpoint of women's own life

experiences (Shipley & Coates, 1992).

### **1.3.1.2 Maternal Employment**

*“When women feel fear, and other people despondently confirm that maternal employment will affect their children's development in a negative way, employed mothers might feel guilty about their decision to work, particularly when that decision seems to have been egotistically motivated instead of being an economic necessity” (Lamb, 1982, p. 51).*

When the American situation is considered, there seems to be ample reason to be convinced that the existing cultural norms that favor the opinion that women should stay home to take care of their children, cause stress for women, who would like to rely upon another caregiver regularly. Employment is the most common reason for regular mother-infant separation. Even though the majority of mothers at present have paid jobs, many Americans seem to be ambivalent, and even critical about being employed mothers.

One survey on American attitudes suggests that societal censorship could be one factor, which has significant impact on the mothers' anxiety regarding separation. The Public Agenda Foundation, led by Daniel Yankelovich, conducted a survey in 1982. A representative national sample of employed men and women was used for the survey. The study included an attitude survey made up of 845 people (The Public Agenda Foundation, 1983), who were working women and men who did not have young children and working mothers with children aged below 12. As a response to the statement that when mothers of children under 6 work, it makes the family weaker, 46% of the women agreed, 54% of the men agreed, and 43% of the working mothers agreed as well. As a response to the statement that having a mother who works is negative for children aged under six, 52% of the women agreed, 63% of the men agreed, and 42% of the mothers agreed with the statement. Based on data, it is evident that, no matter what the reason is, in American society there are strong assumptions that families and young children suffer if mothers of young children work outside home. It is remarkable that a significant number of

working mothers are of the opinion that what they are doing is bad for their children. Awareness of these attitudes is significant to our consideration of maternal separation anxiety since it is apparent that when mothers leave their children to go back to work, they do so in a context in which criticism and doubt prevail. Anxiety regarding separation from one's infant is definitely heightened under such kind of circumstances.

Today there is still the traditional prevailing cultural understanding that a woman's place is in the home. This is prevalent enough to inculcate doubt in the mothers' minds in our culture when they return back to work. There exists some empirical documentation of the effects this doubt has on the perception of the working mothers about their adequacy as a mother and her worry concerning her child's emotional well-being. Birnbaum (1975) surveyed professional women and revealed that the women were worried that they were not adequately involved with their children; and thus they had feelings of guilt. Poloma (1972) is another figure who surveyed women with career and demonstrated that they had feelings of guilt about separations that were related to work while feeling incapable of protecting their children. Yarrow et al. (1962) investigated the child-rearing practices and attitudes in employed and mothers who were unemployed then. 42% of the mothers who were working stated their dissatisfaction with respect to their maternal role and their worries over whether the fact that they were working influenced the quality of their child rearing negatively or interfered with their relationship with their children. These studies were carried out on mothers who had older children and there is sound reason to be convinced that mothers with infants experience even greater guilt feelings as well as anxiety.

According to Turkish Statistical Institute's 2018 data, Turkey's male population is 41.139.980 and female population is 40.863.902. Female labor force participation in Turkey is particularly low by international norms. Women's labor force participation rate is less than 30 percent in Turkey. Turkey is the only Organization for Economic Cooperation and Development (OECD) member country that the rate is lower than 30%, while it is 46% in the EU. According to

KAGIDER (2018) research, there are 20 million women aged between 15 and 65 who are not involved in the labor force and 40 percent of working women are quitting because of marriage and child. But 60 percent of them are not happy about this choice. According to TUIK statistics there are deep gaps in female labor force patterns between the in West and east regions of the country. Western Turkey is more industrialized and more developed, compared to east where agricultural employment is more. The statistics show that the level of education remains the main determinant in female labor force participation in Turkey. Women participation in labor gets higher according to higher level of education. 72.7 percent for women who graduated from universities participated in the workforce in 2018 while this number falls to 27.7 percent for those whose education level was under secondary school level.

Kandiyoti (1978) focused on psycho-social changes in her study with mother – daughter couples. In this study, the finding that mothers accentuate their domestic characteristics while mentioning their role was significant. When defining “the successful women”; 32.9% pointed out the importance of being a mother and wife, 23.2% being socially active and beneficial to the society, 25.6% making a career while fulfilling domestic responsibilities and 12.2% being a self-sufficient person. Moreover, both mothers and daughters thought they should quit their jobs unless it was essential for the family to subsist. In another study with working women, Ciftci (1982) explained the unhappiness of working women with the difficulties they are facing while juggling between business and family life responsibilities. The obligation to work in order to subsist was the common denominator for those women. In the study of Ucman (1990), it was seen that high and low SES working women face stress and psychopathology more than working men. Obsessive compulsive disorders, anxiety and depression levels were higher than working men.

Besides the aforementioned negative effects of working life on Turkish mothers, some positive findings were also reported in the literature. In the study done by Kagitcibasi (1990), it was found that urban women cares about working

life more than their rural counterparts. It was suggested that working symbolizes prestige and independence for the urban woman and consequently has a positive effect on the family life. Similarly, the study by Ciftci (1982) showed that in correlation with the increasing level of education affects the perspective of women on working life positively.

The second half of the 21st century witnessed major demographic shifts. All developed countries experienced a decrease in marriages accompanied by a rise in divorce and fertility rates dropped to historically low levels. According to the Annual Social and Economic Supplement of the Current Population Survey (CPS) there are major changes and trends in the demographic and socioeconomic characteristics of self-employed women from 1993 to 2012. In 2012, about one in three self-employed workers was female. About (34%) of self-employed women in 2012 were age 55 or older, up nearly (13%) since 1993. In 2012, nearly (20%) of self-employed women under age 55 had young children (6 years and younger) at home, the highest proportion across all worker groups. The share of workers with young children decreased for all workers, and especially for self-employed women. Between 1993 and 2012 the gender gap in hourly earnings among the self-employed decreased by nearly 20% for full-time workers and by 17% for part-time workers.

In countries where state-sponsored childcare is widely available work and motherhood combination is promoted (Castles, 2003; Saraceno, 2010; Esping-Andersen et al., 2013). In Norway, recent findings do suggest that women with young children are more inclined to switch from wage employment to entrepreneurship than women without children (Berghann et al., 2011).

#### **1.4 Maternal Separation Anxiety**

Any mother considering employment outside home needs to consider her own feelings regarding separation from her infant and her beliefs on how another caregiver will affect her child as well. Mothers are often involved in the process of



balancing their own needs against their perceptions of the needs of their infants. This process is to some extent a dynamic one, which means that the level of separation anxiety of a mother could affect her decisions on employment. Yet, her individual needs to actualize herself by means of a career could affect her feelings about separation. Also the need to have both husband and wife work in order to maintain a certain standard of living is noteworthy. In addition, her anxiety with regard to separation could have an impact when she comes back to work. The sort of care she chooses for her child and her child's adaptation to that nonmaternal care setting are also to be affected (Gottfried & Gottfried, 2013).

A mother's personality, her beliefs with respect to roles as well as her cultural background contribute to the way she feels about separation. The perception of the multi determined nature of separation anxiety is in the vein of Bowlby's description regarding the origins of mothering features.

There are certain factors which influence separation anxiety and prevailing cultural beliefs about the separation of mother and infant is one of such influential factors. The culture the mother lives in establishes the principles connected with the enactment of the maternal role. Roles imposed by cultural norms effect significantly how a woman sees motherhood and child rearing. Cultural and ethnic settings provide the guidelines for acceptable mothering behaviors, particularly with respect to behaviors that involve mother-infant separation, along with separation by employment and resorting to other caregivers. To illustrate, a woman who leaves her baby since she has to return to work could experience an intensified anxiety if her peers and/or family members have strong beliefs that exclusive maternal care for babies is essential (Gottfried & Gottfried, 2013).

Cultures vary with regard to what they perceive as acceptable degrees of mother-infant separation. Frankel and Roer-Bornstein (1982) made a comparison of infant-rearing ideologies in two Jewish communities: Yemenites and Kurdish population. It was found that these two communities express significantly dissimilar beliefs related to the intimacy of the mother-child relationship. Kurdish Jews were

most likely to approve nonmaternal care, while Yemenite Jews favored little disruption to the mother and child interaction.

### **1.5 Children's Behavioral Problems**

Emotional, behavioral and social problems encountered during the early years of childhood appear to be an obvious actual concern that has potential negative outcomes in the long term. Considering the fact that the problems identified during the years corresponding to preschool and kindergarten years place children under an increased risk for problems to be encountered later, efforts to be exerted for the prevention and intervention purposes for preschool and kindergarten years play a significant role in alleviating their possibility of having long-lasting effects.

With constructive strategies, children resort to prosocial behaviors to resolve conflicts. Prosocial behaviors refer to a category of voluntary actions that are directed to the benefit of other individuals (Krueger et al. 2001). Some of the prosocial behaviors of preschoolers are asking and providing help, taking turns and sharing their toys (Caldarella and Merrell 1997). The role of prosocial behaviors is of a catalyzer so as to develop and continue friendships with other children since children that resort to such problem-solving strategies are viewed in a positive way by their peers while being accepted easily in play groups (Zanolli et al. 1997). In contrast, it is more probable that children who resort to aggressive and destructive strategies will be rejected by their peers (Romano et al. 2005; Sebanc 2003). The risk encountered by children rejected by their peers is that their aggressive behavior patterns become consolidated, which might turn out to be a potential symptom of conduct problems (Eisenberg et al. 1999). In addition, it is evident that such kinds of solutions that happen to be socially unacceptable are employed more frequently by preschoolers compared with elder children (Crick et al. 1997, 1999).

Children who have a low level of impulsive and defiant behaviors may be considered to be normal. Nevertheless, if exceptionally challenging and difficult behaviors not usual for the age and level of development are in question, like prolonged, destructive or unpredictable tantrums, then these will be accepted as behavior disorders (Ogundele,

2018). Behavioral problems may emerge in the early course of childhood and can be predictive regarding many different problems like poor academic achievement and social problems in adolescence and adulthood. Various factors have an effect with regard to the intensity of behavioral problems, including parental stress, low responsiveness, difficult child temperament and environmental factors like low income as well as education (Bagner, Rodriguez, Blake, Linares, & Carter, 2012; Reid, Walter, & O’Leary, 1999; Belsky, 1990).

Emotional and behavioral problems among children are usually separated into two general categories which are externalizing problems and internalizing problems. The former type, namely *externalizing problems*, are outer-directed and they comprise defiant and noncompliant behaviors as well as acting-out. *Internalizing problems*, on the other hand, are more inner-directed and they encompass depression, anxiety and withdrawal. Moreover, it is possible that young children are diagnosed with neurodevelopmental disorder such as autism spectrum disorder, and frequently display problems that do not fall into either of the general areas (for example, eating problems, disturbances regarding sleep schedules and toileting difficulties) (Holland, Malmberg & Gimpel Peacock, 2017).

Behaviors are often referred to as *Disruptive Behavior Disorders* (DBD) or *Externalizing Disorders* when the behaviors of a child become problematic and influence social and educational functions as well as the family. Disruptive or externalizing disorders reflect the prototypical scenario of the combination of: (a) problematic infant/child behaviors and characteristics, with (b) parenting responses and contributions that are maladaptive, bringing about significant problems. Disruptive / externalizing disorders are the most common reason for referral to children’s mental health services. Furthermore, these mentioned behaviors are included to be among the most stable ones, creating the likelihood of increased risks for problems that will emerge later. To give a relevant example, if a child is displaying aggressive and disruptive behavior at the age of 7, there will be a 50% risk that these behaviors will continue to exist during the course of adolescence (Alyward, 2003).

As a growing body of literature has put forward, behavior problems among kindergarten and preschool children are often stable over time even though it is not always the case. An early review on the endurance of problems stated that children who were identified as experiencing externalizing problems during preschool years will maintain the behavior problems over time, and the chance for this persistence is specified to be around 50% (Campbell, 1995). Studies of more recent years have also shown that many children who are reported to have problems in the early years of childhood will go on struggling with emotional and behavioral concerns as they get older.

A large portion of research related to the stability of specific disorders that are diagnosed during preschool period has placed particular emphasis on externalizing disorders (Holland, Malmberg & Gimpel Peacock, 2017). In a study, which is not specific on the diagnoses, Pihlakoski and colleagues (2006) followed a community sample of children aged from 3 to 12. For their study, the researchers used the Child Behavior Checklist (CBCL) and Youth Self-Report (YSR). About 30% of the children who were in the clinical range on the CBCL at age 3 were also within the clinical range on the CBCL at age 12, along with approximately 20% within the clinical range on the YSR. While considering the specific syndrome scales, it was seen that aggressive behavior and destructive behavior scales had a predictive role in foreseeing later problems across a variety of subscales.

The two significant factors that predict both the initial onset of problems and the persistence of problems, are family dysfunction and parental stress. Preschool children who have parents going through major distress are more likely to develop externalizing problem behaviors (Heberle et al., 2015; Miller-Lewis et al., 2006). Yet, it is possible that this could be mediated by ineffective parenting practices (Heberle et al., 2015). The existence of parental psychopathology during the preschool years of children has also been associated with the existence of externalizing problems (Breaux, Harvey, & Lugo-Candelas, 2014).

Attachment is another factor that has been observed to have a possible relationship to the development of externalizing problems. There are a number of

studies that indicate a connection between insecure types of attachment during the preschool years and the development of externalizing problems (Van IJzendoorn, Lapsley, & Roisman, 2010). One study stated that a secure attachment could moderate the connection between harsh parenting and child aggression (Cyr, Pasalich, McMahon, & Spieker, 2014) since a secure attachment can serve as a protective factor when harsh parenting practices are in question. Also, parenting style that is linked with the risk of externalizing problems includes inconsistent discipline which is marked by the inability of the parent to react to children's behaviors consistently (Sanders and Morawska 2005). Consequently, children learn that it is not possible to establish any predictable associations between a behavior and the consequences of that behavior. This in turn can have effect on their response to adult authority figures by causing an increase in non-compliance and, implicitly, risk of conduct problems (Nelson et al. 2007; Stanger et al. 2004).

Moreover, it is possible that practices of ineffective parenting and parental stress/distress during preschool years result in a higher risk of internalizing problem behaviors for children in the later years (Heberle et al., 2015). It has also been revealed that parental psychopathology is a risk factor for internalizing and externalizing problems (Marakovitz, Wagnmiller, Mian, Briggs-Gowan, & Carter, 2011). On the other hand, research has shown that social support serves as a protective factor for children in that children who have greater supports end up being less likely to develop internalizing problems during the course of school age even if parenting practices are ineffective (Heberle et al., 2015).

Many problematic behaviors that parents are worried about, may be normal behaviors and usually are suitable for the age. These include the issues mentioned above. It is also possible that they are responses to stresses in the family. It is required to take into consideration the following factors for facilitating the determination of where exactly a behavioral concern lies on the spectrum, if the behavior is common considering the age of the child, and severity of the behavior. Severity can be '*mild* (with minimal negative developmental/ functional impact), *moderate* (some extent of developmental/ functional

impairment), and finally, *severe* (serious developmental/functional dysfunction as well as difficulties)’’ (Aylward,2003).

Child and familial factors are often predictive factors for these problems (Erol, Şimşek, Öner, & Münir, 2005; Yavuz, Selçuk, Çorapçı, & Aksan, 2017). In one study, it was discovered that the attitudes of the parents, difficult temperament and stress were significant or major indicators for those who were aged five to six years as well as those aged two to six years (Yavuz, Selçuk, Çorapçı, & Aksan, 2017).

Characteristics of children like temperament, along with behavioral inhibition and negative emotionality, and delayed language development, have been observed to be predictors of internalizing problems. Researchers have investigated the role of inhibition in predicting future problems. High inhibition during preschool years has been associated with internalizing problems in later stages of life (Marakovitz et al., 2011).

Negative emotionality during preschool years has also been found to be connected with later internalizing problems (Davis, Votruba-Drzal, & Silk, 2015; Marakovitz et al, 2011). Nevertheless, it is possible that this variable interacts with parenting factors. One study, at least, reports that negative emotionality was found to be a stronger predictor of later internalizing problems when mothers manifested a high level of parental warmth (Davis et al., 2015). As for the specific focus on internalizing disorders in later years, children of preschool age who had anxious and fearful behaviors as well as hostile and aggressive behaviors (as measured by parent-report questionnaires) were observed to be under an increased risk of emotional difficulties during the age interval of 10–12 (Slemming et al., 2010).

Behavioral problems in infants and young children also can be classified into six categories. Those six categories can be listed as: Problems related to daily routines (bedtime problems, toilet training issues, food refusal), aggressive-resistant behavior (temper tantrums, aggressiveness toward siblings or peers, negativism), over-dependent/withdrawing behavior (experiencing separation upset, having excessive fearfulness, whining, being demanding, clinging),

hyperactivity/excessive restlessness, undesirable habits (such as thumb sucking, nail biting, masturbation, night awakening,) and developmental variations. Some of the behavioral categories fall into the broad band syndromes of externalizing behaviors, under controlled, or over controlled ones, internalizing behaviors, while others do not fall into that category (Aylward, 1992).

However, there are certain protective factors which are likely to lessen the possibility of behavior disorders or the persistence of these disorders. These factors are as follows: family support from the members of extended family, schools which encourage active involvement of family and pay attention to positive school orientation, positive community socialization, and mastery of coping competence. In the same line, risk that is related to environmental factors comprise elements including competence of the parents (in terms of parenting: being protective; or poor parenting skills places the child under risk), family resources (poverty is definitely a risk factor), and a stable, safe environment.

The practitioners are encouraged to take into account these three major areas while viewing the environment in terms of protective factors and risk: *‘Household/family:* Parent-child interaction, matters related to siblings, family dynamics, marital relationship, physical aspects, parenting skills and attitudes, socioeconomic status, parents' psychological and physical health. *School:* Teacher-child match, attendance, social status, relationships with authority figures, academics, school sports, special resource needs. *Peers:* having friendships, having contact and communication with peers outside the school, extracurricular activities.’ (Aylward,2003).

In general, the first 11 months to 2 years of age is regarded as the infancy period. The toddler stage ranges from nearly 18 months to 3 years of age, and the early childhood ranges from three years up to 6 years. Development throughout these stages is a process with qualitative change, by which the child primarily depends on his/her caretakers and the environment for security, nurturance and attachment. A succeeding separation from caretakers and the formation of autonomy as well as a sense of mastery takes place which is followed by an increased interest in peers and social interactions (Aylward, 2003). Based on these

findings of relevant research, it appears that many children identified to have had emotional and behavioral problems during preschool period are likely to go on exhibiting problematic behaviors following preschool. For that reason, preschool years seem to be an ideal time to do intervention. And if interventions prove to be successful ones for children of kindergarten and preschool age, the number of children who will need the interventions later in their lives as well as the complexity of the required interventions will be reduced.

## **1.6 CURRENT STUDY**

### **1.6.1 Aims and Hypothesis**

Toddlerhood can be a critical time to detect early precursors for internalizing and externalizing behavior problems. Childhood behavior and emotional problems with their associated disorders have significant negative impacts on the individual, the family and society. Intervention at this stage can prevent adversity during childhood and adolescence. Therefore, the aim of this current thesis project is to fill that gap in the literature by examining the relationships among maternal mentalization capacity, maternal guilt and children's problematic behavior.

The hypotheses of this study are:

- (1) Children of the working mothers who score high on guilt feelings will have more perceived behavior problems than children of working mothers who score low on guilt.
- (2) Children of the working mothers who score high on mentalization will have less perceived behavior problems than children of working mothers who score low on mentalization.
- (3) Mentalization will moderate the association between mothers' guilt and children's perceived behavioral problems: Mothers' guilt will be positively correlated with children's problems when mothers' mentalization is low; but not when mother's mentalization is high.



(4) Mothers' score on employment related guilt feelings are expected to be positively correlated with guilt feelings scores.

## CHAPTER 2

### METHOD

#### 2.1. PARTICIPANTS

Participants of the present study are 100 mothers of preschool children between 1 to 5 years of age ( $M = 2.69$ ,  $SD = 1.35$ ). Demographic information regarding the participants are presented in the Table 2.1. With respect to children, there were 51 female (51 %) and 49 male (49 %) among a total of 100 children. While most of the children were going to the preschool (64%), (6%) of the children were attending primary school and the remaining were not attending to school (30%). Education levels of participants were relatively high, (51%) of the mothers were graduated from university, (40%) of them has a masters/doctorate degree and only (9%) were graduated from highschool. The levels of socioeconomic status (SES) of participants ranged mostly from high SES.

**Table 2.1.** Demographic characteristics of the sample.

Variables	Categories	<i>N</i>	%
Gender of the child	Females	51	51.00
	Males	49	49.00
Child current education	Not attending to school	30	30.00
	Preschool	64	64.00
	Primary school	6	6.00
Number of siblings	No siblings	63	63.00
	1 sibling	36	36.00
	2 siblings	1	1.00
Age category of the mother	18-24	1	1.00

	25-29	4	4.00
	30-34	34	34.00
	35 and above	61	61.00
Education Level of the mother	Middle School	0	0.00
	High School	9	9.00
	University	51	51.00
	Master/Doctorate	40	40.00
Age of the father	18-24	0	0.00
	25-29	1	1.00
	30-34	18	18.00
	35 and above	81	81.00
Education Level of the father	Middle School	3	3.00
	High School	9	9.00
	University	53	53.00
	Master/Doctorate	35	35.00
Monthly income level of the family (In Turkish Lira)	1000 and under	0	0.00
	1001-2000	1	1.00
	2001-3000	1	1.00
	3001-4000	4	4.00
	4001 and above	94	94.00

## 2.2. MEASURES

In this research, one demographic form and three different scales were used. Participants were presented with a survey package including The Demographic Form in order to gather background information about the participants. The Reflective Functioning Questionnaire (RFQ-Short Form) was used for measuring the levels of the mentalization, The Guilt and Shame Scale (GSS) was used for measuring participants' level of shame, the Employment

Related Guilt Scale (ERGS) was used for measuring participants' level of work-related guilt and the Child Behavior Check List (CBCL) was used to measure child's problematic behaviors.

### **2.2.1 The Demographic Information Form**

The Demographic Information Form includes questions about the participants' age, gender, education level, perceived socioeconomic level, relationship status (Appendix C).

### **2.2.2. The Reflective Functioning Questionnaire (RFQ-Short Form)**

This scale is used for measuring the mentalization capacity of mothers. The Reflective Functioning Questionnaire, as presented in Appendix D, is a 54-item 7-point Likert type self-report measure, developed by Fonagy and Ghinai (2008) to examine mentalizing capacity, operationalized as reflective functioning, with regard to the interpretation of both internal and external mental processes such as feelings, wishes, goals, desires and attitudes. Previous studies demonstrated that the RFQ-54 has satisfactory internal consistency of .82; and was positively correlated with measures of related constructs, such as mindfulness,  $r = .40$ ,  $p < .001$ , and cognitive empathy,  $r = .48$ ,  $p < .001$  (Fonagy et al., 2016).

Based on the results of several research projects using the RFQ-54, in addition to the total score, Fonagy and colleagues (2016) suggested a re-scoring of 26 of the items to generate independent scores for two sub-dimensions: RFQ Certainty / Hypermentalization (being too certain about mental states of self and others) and RFQ Uncertainty / Hypomentalization (being too uncertain about mental states of self and others). For both dimensions, higher scores reflect more impairment in the mentalization capacity. The Cronbach's alpha of RFQ Uncertainty was .77 for the clinical sample and .63 for the non-clinical sample. Internal consistency scores of RFQ Certainty were .65 and .67 for the clinical and non-clinical samples respectively.

The Turkish version of the scale was provided by the developers of the scale and used in a previous study by Köksal (2017). The Cronbach alpha coefficients for the Turkish version were reported to be .90 for the Certainty / Hypermentalization sub-dimension and .81 for the Uncertainty / Hypomentalization sub-dimension. Further, the validity of the Turkish version is supported by Köksal (2017). Köksal (2017) found a significant positive correlation between Uncertainty and Somatization,  $r = .189$ ,  $p < .001$ . Uncertainty was found to be positively correlated with Attachment Avoidance,  $r = .246$ ,  $p < .001$  and Attachment Anxiety,  $r = .261$ ,  $p < .001$ . Further, a significant negative correlation was found between Certainty and Uncertainty,  $r = -.493$ ,  $p < .001$ . In that study, cronbach's alpha value for the Certainty dimension was found to be .90, while cronbach's alpha value for Uncertainty was .87. In the present study RFQ Short Form showed a cronbach's alpha of 0.78.

### **2.2.3. The Child Behavior Checklist (CBCL 1.5- 5)**

The CBCL (Achenbach & Rescorla, 2001) is a measure used extensively for the assessment of problem behaviors in children. The downward extensions of CBCL and TRF have been developed particularly for children at the age of preschool. They include the Child Behavior Checklist (for Ages 1.5–5) and the Caregiver–Teacher Report Form (for Ages 1.5–5) (CBCL 1.5–5 and C-TRF; Achenbach & Rescorla, 2000). It has been verified that these scales are psychometrically sound, and they have good reliability and validity (Achenbach & Rescorla, 2001).

Both CBCL 1.5–5 (normed on 700 children) and C-TRF 1.5–5 (normed on 1,192 children) have 99 items which are geared more specially to reflect problem behaviors that toddlers and preschoolers tend to display. All the items are rated on a scale of 3 points: not true, somewhat or sometimes true, and very true or often true. CBCL 1.5–5 and C-TRF 1.5–5 have the identical subscales, except for the subscale of Sleep Problems which is only on the CBCL 1.5–5.

Along with the syndrome scales, there are three composite scores (Internalizing, Externalizing, and Total Problems) and DSM-oriented scales that comprise items rated by psychiatrists and psychologists as being in conformity with the diagnostic categories of DSM-5. These DSM-oriented scales encompass Anxiety Problems, Affective Problems, Attention-Deficit/Hyperactivity Problems, Oppositional Defiance Problems and Autism Spectrum Problems. Moreover, a Language Development Survey (LDS) is included in CBCL 1.5–5 to facilitate the identification of language delays.

In line with the manual, CBCL and C-TRF 1.5–5 both have strong psychometric attributes, and supplementary research indicates satisfactory reliability and validity, including factorial validity (Achenbach & Rescorla, 2000; Pandol , Magyar, & Dill, 2009; Tan, Dedrick, & Marfo, 2006). Cross-informant ratings across scales were moderate (.61 between home raters, .65 between school raters, and .40 between home and school raters), while test–retest reliability was high ( $r = .80s-.90s$  for most scales; Achenbach & Rescorla, 2000). Furthermore, it has been revealed that CBCL 1.5–5 is effective in terms of the diagnosis of emotional and behavioral problems among young children with ASD when it is utilized in combination with other clinical data (Pandol et al., 2009). In the present study CBCL showed good internal consistency ( $\alpha = 0.91$ ).

#### **2.2.4. The Guilt and Shame Scale (GSS)**

This scale was developed by Sahin and Sahin (1992) in order to obtain a scale that can reveal individual's guilt and shame. GSS was a 24-item, 5- point Likert type scale and the responses ranged from 1 (not at all) to 5 (very much). 12 items measured guilt (e.g. Being unable to fulfill your parents' expectations) and 12 items measured shame (e.g. Drop a plate full of food to the floor in a dinner invitation). The reliability scores detected in development study were .80 for shame and .81 for guilt. In the present study, guilt subscale was used and GSS provided a Cronbach's alpha of 0.79.

### **2.2.5. Employment Related Guilt Scale (ERGS)**

The Employment Related Guilt Scale was developed by Aycan and Eskin (2005). The scale includes 9-items (e.g. ‘‘I feel guilty about leaving my child every day and going to work’’) and it is a 5-point Likert-format scale (1= Strongly Disagree, 5= Strongly Agree). The reliability of the scale is .89. In the present study, ERGS provided good internal consistency ( $\alpha = 0.87$ )

## **2.3. PROCEDURE**

The ethics approval of the current study was obtained from Istanbul Bilgi University Ethics Committee before the data collection. The target sample was mothers of preschool children between 2 to 6 years of age. The sample was collected through snowball technique. The online survey link was shared through emails and social media groups. First, in order to ask for a voluntary participation, the participants were given an Informed Consent Form (Appendix B) in which the information regarding the confidentiality, the purpose of the study, their right to quit and communicate with the researcher in case they have any questions or concerns about the study, was provided. Subsequent to their approval for a voluntary participation, The Demographic Information Form, The Reflective Functioning Questionnaire, The Child Behavior Checklist, The Guilt and Shame Scale and Employment Related Guilt Scale were presented.

## **2.4. DESIGN**

In this study, there were three primary independent variables: (1) guilt (2) employment related guilt (3) mentalization capacity. The first variable was measured by the Guilt and Shame Scale (GSS- Guilt Scale). The second variable was measured by using Employment Related Guilt Scale. The third variable was measured by The Reflective Functioning Questionnaire (RFQ- Short Form). The dependent variables of the study was the level of children’s internalizing and externalizing behavior problems reported by mothers. This variable was measured

by the Child Behavior Check List (CBCL). Moderated regression analyses will be conducted on IBM SPSS software in order to test the hypothesis.

## CHAPTER 3

### RESULTS

#### 3.1. DESCRIPTIVE STATISTICS

Descriptive statistics and correlations of variables are presented in Table 3.1. The results show that children's internalizing and externalizing problems were positively and moderately correlated,  $r = 0.64, p < 0.001$ ; mothers' RF scores assessed with RFQ-Short Form and guilt scores assessed with GSS were negatively and weakly correlated with children's CBCL internalizing ( $r = -0.23, p = 0.022$ ;  $r = -0.25, p = 0.012$  respectively) and externalizing ( $r = -0.21, p = 0.036$ ;  $r = -0.25, p = 0.011$  respectively) problem scores reported by mothers. Child's gender and child's age were not correlated with any other variables, and mother's employment guilt was not correlated with any other variables.

#### 3.2. MULTIPLE REGRESSION AND MODERATION ANALYSES

The first hypothesis of the presents study predicted that there would be a positive association between mothers' guilt and children's perceived behavior problems. The second hypothesis was that mothers' RF would be negatively associated with children's behavior problems. The third hypothesis predicted that mothers' reflective functioning (assessed with RFQ-Short Form) would moderate the association between mothers' guilt scores (assessed with GSS) and children's behavior problems (assessed with CBCL). In order to test these hypotheses, moderated regression analyses with two steps were conducted separately for internalizing and externalizing problems as dependent variables (DV). In the first step independent variable (IV; mothers' guilt) and moderator (mothers' RF) were entered in the model. In the second step, the two-way interaction term of mothers' guilt x RF was added. After the regression analyses, simple slope tests were conducted to determine whether there was a moderation. Summary of the moderated regression results is presented in Table 3.4.



**Table 3.1.** Descriptive Statistics and Correlations among the Variables

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. Gender (child)	—	—	—						
2. Age (child)	2.69	1.35	-0.13	—					
3. Int (child)	36.33	5.25	-0.05	0.11	—				
4. Ext (child)	34.63	5.67	0.15	-0.04	0.64**	—			
5. RF (mother)	21.97	8.56	0.06	-0.17	-0.23*	-0.21*	—		
6. Guilt (mother)	51.13	5.60	0.12	-0.12	-0.25*	-.25*	0.12	—	
7. EG (mother)	23.01	7.47	0.12	-0.14	0.07	0.16	-0.18	0.00	—

*Note.* Gender was dummy coded as "0" = female and "1" = male. *M* = Mean, *SD* = standard deviation, Int = internalizing problems, Ext = externalizing problems, RF = reflective functioning, EG = employment guilt. \* =  $p < .05$ , \*\* =  $p < .01$ .

In order to catch a detailed glimpse of the present data, participants were divided based on their ages. Descriptive statistics and correlations of variables considering the children with 1 to 2 ages and 3 to 5 ages are presented in Table 3.2 and Table 3.3 respectively.

**Table 3.2** Descriptive Statistics and Correlations among the Variables of Children between 1 and 2 ages

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. Gender (child)	—	—	—						
2. Age (child)	1.36	0.48	-0.22	—					
3. Int (child)	35.84	5.39	0.14	0.19	—				
4. Ext (child)	34.84	5.55	0.25	0.08	0.69**	—			
5. RF (mother)	23.39	8.72	-0.08	0.10	-0.20	-0.15	—		
6. Guilt (mother)	51.86	5.53	-0.13	-0.17	-0.36*	-0.44**	0.17	—	
7. EG (mother)	24.00	8.31	0.30*	-0.09	0.05	0.10	-0.20	-0.08	—

*Note.*  $N = 44$ , Gender was dummy coded as "0" = female and "1" = male. *M* = Mean, *SD* = standard deviation, Int = internalizing problems, Ext = externalizing problems, RF = reflective functioning, EG = employment guilt. \* =  $p < .05$ , \*\* =  $p < .01$ .

The results show that for the children between 1 and 2 ages, internalizing and externalizing problems were positively and moderately correlated,  $r = 0.69, p < 0.001$ ; mothers' guilt scores assessed with GSS were negatively and moderately correlated with children's CBCL internalizing ( $r = -0.36, p = 0.017$ ) and externalizing ( $r = -0.44, p = 0.003$ ) problem scores reported by mothers; furthermore EG was positively correlated with childrens' gender ( $r = 0.30, p = 0.048$ ), meaning that mothers with male children scored higher on EG.

**Table 3.3** Descriptive Statistics and Correlations among the Variables of Children between 3 and 5 ages

	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. Gender (child)	—	—	—						
2. Age (child)	3.73	0.75	-0.15	—					
3. Int (child)	36.71	5.15	-0.20	0.02	—				
4. Ext (child)	34.46	5.80	0.07	-0.07	0.64**	—			
5. RF (mother)	20.86	8.35	0.15	-0.19	-0.24	-0.27*	—		
6. Guilt (mother)	50.55	5.63	0.30*	0.04	-0.15	-0.13	0.06	—	
7. EG (mother)	22.23	6.72	-0.07	-0.09	0.12	0.22	-0.21	0.06	—

*Note.* N = 66, Gender was dummy coded as "0" = female and "1" = male. *M* = Mean, *SD* = standard deviation, Int = internalizing problems, Ext = externalizing problems, RF = reflective functioning, EG = employment guilt.

\* =  $p < .05$ , \*\* =  $p < .01$ .

The results show that for the children between 2 and 5 ages, internalizing and externalizing problems were positively and moderately correlated,  $r = 0.64, p < 0.001$ ; mothers' RF scores assessed with RFQ were negatively and weakly correlated with children's CBCL externalizing problem scores reported by mothers ( $r = -0.27, p = 0.041$ ); furthermore mothers' guilt scores assessed with

GSS were positively and moderately correlated with children's gender ( $r = 0.30, p = 0.025$ ) where mothers with male children scored higher on guilt.

### 3.2.1 Internalizing Problems as Dependent Variable

In the first moderated regression analysis, IV was mothers' guilt, the moderator was mothers' RF, and the DV was internalizing problems of the children. The regression model predicting child's internalizing problems was significant,  $F(2, 97) = 5.56, p = 0.005$  with  $R^2$  of 0.10. Mother's guilt ( $\beta = -0.23, p = 0.022$ ) and RF scores ( $\beta = -0.20, p = 0.040$ ) significantly and negatively predicted internalizing problem scores of children. In other words, higher scores in guilt and RF were associated with lower scores in children's internalizing problems reported by mothers. These results provide support for internalizing problems part of the second hypothesis where mothers' RF was predicted to be negatively associated with the perceived behavioral problems. However, the present findings contradict the part of the first hypothesis predicting that mothers' guilt would be positively associated with perceived internalizing problems of the children.

**Table 3.4.** Summary of the Moderated Regression Results

	<i>B</i>	$\beta$	<i>SE</i>	<i>t</i>	<i>p</i>
<i>DV: Internalizing Problems (child)</i>					
Guilt (mother)	-0.212	-0.226	0.091	-2.330	<b>0.022</b>
RF (mother)	-0.123	-0.201	0.590	-2.079	<b>0.040</b>
Guilt (mother)	-0.213	-0.227	0.092	-2.323	<b>0.022</b>
RF (mother)	-0.123	-0.201	0.060	-2.068	<b>0.041</b>
Interaction	-0.002	-0.015	0.011	-0.154	0.878
<i>DV: Externalizing Problems (child)</i>					
Guilt (mother)	-0.234	-0.231	0.098	-2.380	<b>0.019</b>

RF (mother)	-0.120	-0.181	0.064	-1.866	0.065
Guilt (mother)	-0.217	-0.214	0.096	-2.256	<b>0.026</b>
RF (mother)	-0.121	-0.183	0.064	-1.928	0.057
Interaction	0.30	0.234	0.012	2.478	<b>0.015</b>

Note.  $N = 100$ .  $B$  = unstandardized coefficient of slope,  $\beta$  = standardized coefficient of slope,  $SE$  = standard error,  $t$  =  $t$  score,  $p$  = probability DV = dependent variable of the equation, RF = reflective functioning. Guilt and Rf scores are mean standardized. "Interaction" is the multiplication of Guilt and RF. Probability values of statistically significant predictors are printed in bold type.

When the interaction term was entered, the change in explained variance did not increase significantly,  $R^2\text{change} = 0.00$ ,  $F\text{change}(1, 96) = 0.24$ ,  $p = 0.878$ . Moreover, the interaction term was not significant,  $\beta = -0.02$ ,  $p = 0.878$ . Therefore, simple slope analysis was not conducted for internalizing problems. These results indicate that mother's guilt did not play a moderating role in the relationship between mothers' guilt and children's internalizing problems reported by mothers. The present findings do not support the third hypothesis.

### 3.2.2. Externalizing Problems as Dependent Variable

In the second moderated regression analysis where IV was mothers' guilt, moderator was mothers' RF, and the DV was externalizing problems of the children; the equation was significant,  $F(2, 97) = 5.20$ ,  $p = 0.007$  with  $R^2$  of 0.10. Mother's guilt was negatively associated with the externalizing problems,  $\beta = -0.23$ ,  $p = 0.019$ , indicating that higher guilt scores were associated with lower externalizing problem scores. This finding contradicts with the externalizing part of the first hypothesis. Children of the working mothers who score high on guilt feelings were expected to have more perceived behavior problems than children of working mothers who score low on guilt. Furthermore, mother's RF scores was not associated with externalizing problem scores of children,  $\beta = -0.18$ ,  $p = 0.065$ . This finding does not provide support for externalizing part of the second hypothesis.

When the interaction term entered, the change in explained variance increased significantly,  $R^2\text{change} = 0.05$ ,  $F\text{change}(1, 96) = 6.14$ ,  $p = 0.015$ . In

this step, the interaction term was significant,  $\beta = 0.23$ ,  $p = 0.015$ ; and the effect of mothers' RF became closer to be significant,  $\beta = -0.18$ ,  $p = 0.057$ . Therefore, simple slope analysis was conducted for externalizing problems. Results revealed that at the high levels of mother's RF scores, mother's guilt was not associated with externalizing problems,  $B = 0.04$ ,  $t = 0.28$ ,  $p = 0.784$ ; while at the low levels of mother's RF scores, mother's guilt was negatively associated with externalizing problems  $B = -0.47$ ,  $t = -3.51$ ,  $p = 0.001$ .

### **3.3. MOTHER'S GUILT AND EMPLOYMENT GUILT**

In the fourth hypothesis it was predicted that mothers' guilt would be positively correlated with mothers' employment guilt assessed with ERGS. In order to test this hypothesis, Pearson correlation analysis was conducted; however, the association between mother's guilt and employment guilt was not significant,  $r = 0.00$ ,  $p = 0.970$ . This finding does not support the fourth hypothesis.

### **3.4. ADDITIONAL CORRELATIONS**

To explore associations between the variables included in the hypotheses and other factors, further correlation analyses were conducted with additional questions answered by mothers and significant results are presented here. The question "Was the pregnancy planned?" was negatively correlated with externalizing problems,  $r = -0.25$ ,  $p = 0.013$  (answers were dummy coded as 0 = "no" and 1 = "yes"); meaning that when the pregnancy is planned, mothers reported lower child externalizing problem scores. %85 of the answers were planned and only 15% were unplanned. The question "Have you received support within 1 year after the birth" was positively correlated with mothers' RF scores,  $r = 0.25$ ,  $p = 0.014$  (answers were dummy coded as 0 = "no" and 1 = "yes"), indicating that mothers' report of support was associated with higher RF scores.

The question “How often do you feel anxious when someone else takes care of the child” was positively correlated with children’s internalizing problems and mothers’ employment guilt,  $r = 0.25, p = 0.012$ ;  $r = 0.40, p < 0.001$ , respectively. Indicating that higher child internalizing problems and mothers’ employment guilt were associated with mothers’ reports of more frequent anxiety if someone else takes care of the child. Furthermore, mothers’ guilt was positively associated with the questions “How much time do you spend together with your child on weekdays” and “How much time do you spend together with your child on weekends”,  $r = 0.24, p = 0.015$ ;  $r = 0.24, p < 0.019$ . Mother’s employment guilt was negatively correlated with answers to the questions “How much time do you spend together with your child on weekdays” and “To what degree do you think time you spend with your child is sufficient”,  $r = -0.28, p = 0.006$ ;  $r = -0.43, p < 0.001$ , respectively. Finally, monthly income level of the family was negatively associated with children’s internalizing problems,  $r = -0.23, p < 0.019$ ; and positively associated with mothers’ guilt scores  $r = -0.31, p < 0.002$ .

## **CHAPTER 4**

### **DISCUSSION**

The main purpose of the present study was to examine the relationship between preschool children’s behavioral problems, working mothers’ feelings of guilt and mentalization capacities. In their article (1998) Fonagy and Target propose that mentalization ability helps one to recognize and anticipate other people’s behaviors, thereby mentalization promotes affect regulation and helps to differentiate between perceived reality and actual reality, which is of vital importance in social relations. Guilt is a highly functional, human emotion and it is interpersonal (Tangney&Dearing, 2004). The role of the emotion is to operate social relationships. It helps the person to observe their interpersonal relationships and attempts not to violate any moral or social law. In other words, guilt requires

individual to behave in a socially required manner (Tangney&Tracy, 2012 as cited in Muris&Meesters, 2013).

Emotional, behavioral and social problems encountered during the early years of childhood appear to be an actual concern that has potential negative outcomes in the long term. If a child is displaying aggressive and disruptive behavior at the age of 7, there will be a 50% risk that these behaviors will continue during the course of adolescence (Aylward, 2003). Child related and family related factors like difficult temperament, stress and parental attitudes are most often found to be the significant predictors concerning the behavioral problems of Turkish children (Erol, Şimşek, Öner, & Münir, 2005; Yavuz, Selçuk, Çorapçı, & Aksan, 2017). In this section, considering the hypotheses, the results of the present study are assessed in detail pioneered by existing literature. Moreover, limitations, strengths and contributions of the study and suggestions for future research are presented.

#### **4.1 DISCUSSION OF THE FINDINGS**

Fonagy & Target (2005) suggested that higher maternal mentalizing capacity functions as a protective factor for the development of behavioral problems in children and plays an important role for children's mental health. Mothers who have good mentalization capacity view their children's behaviors as an indicator of what is happening in their emotional world. The first hypothesis predicted that the children of working mothers who score high on mentalization will have less perceived behavior problems than children of working mothers who score low on mentalization. The results of this study support this hypothesis. Findings revealed that the regression model predicting child's internalizing behavioral problems was significant and externalizing behavior problems have correlations at trend level significance,  $p = 0.057$ . In other words, higher scores in maternal reflective functioning (RF) were associated with lower scores in children's internalizing and externalizing problems reported by mothers. The existing literature support a significant relationship between maternal reflective

capacities and children's behavioral problems; lower reflective functioning capacity of mothers was 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). Maternal mentalizing capacity has been found to function as a protective factor for the development of behavioral problems in children and is hypothesized to create a secure psychological and physical environment that can promote a secure base for the child (Fonagy & Target, 2005). It has also been shown that parental reflective functioning may play a vital role in the parenting behaviors and the development of their child's reflective functioning capacity, attachment security, and accordingly their child's ability to regulate their emotions and navigate the social world (Suchman, Decoste, Castiglioni, Legow, & Mayes, 2008; Suchman, DeCoste, Castiglioni, et al., 2010). Maternal mentalization promoted the children's capacity of emotional regulation and so lower scores in children's internalizing problems were reported.

The second hypothesis suggested that there would be a correlation between working mothers' guilt feelings and their children's perceived behavior problems. More specifically, it was expected that children of the working mothers who score high on guilt feelings will have higher scores in perceived behavior problems than children of working mothers who score low on guilt. In order to detect individual's guilt, Guilt and Shame scale developed by Sahin and Sahin (1992) was used. According to the results, participant who has a high capacity to feel guilt in such situations will perceive less behavior problems; high scores on the scale indicates high capacity of feeling guilt. To test the prediction, moderated regression analyses were done. The results indicate that there is a significant negative correlation between mothers guilt and children's perceived behavior problems. Contrary to expectations, higher guilt scores are associated with lower scores in children's internalizing problems reported by mothers. According to Milrod (1990) only in healthy individuals, there is a parallel between the superego and the ego ideal that is the source of feeling of guilt. It is for this reason that, when a behavior is acted out, if this behavior is against the superego, there will be



a concurrent feeling of guilt and shame as this behavior is also against the ego ideal. According to George and Brief (1996) guilt is an aversive emotion; however it has been known to play an adaptive function in relationships. Guilt can prompt individuals to control their own behavior and initiate convenient action to prevent negative outcomes of their behavior. Past researches has shown that guilt prone people tend to forsee their role, feel responsibility, take the other person's viewpoint, and get motivated to take corrective actions when they face interpersonal conflict (Leith & Baumeister, 1998; Tangney, 1990). Therefore, parents higher on trait guilt can accept responsibility for their actions and, may result in compensatory behaviors. According to Scarnier, Schmader and Lickel (2009) there is a motive underlie guilt which persuades apologizing and that can also help repair a damaged relationship between the parent and child. Also maternal guilt can be different in some cultures. Turkish mothers who can mostly rely on another family member as a caregiver might feel more confident and relaxed about mothering. Although they feel guilt, it doesn't inhibit their parenting skills. The population of this study is mostly high SES families who can afford paid support; 51% of the mothers in this study reported that they are getting paid support and only 10% of them are not getting any support for child care. For paid support, since they are working actively to make money, mothers may have more to say about their child care and housekeeping needs and have more control over their children and house, so mothers can feel more secure and confident. Only %24 of the participants reported that they feel anxious leaving their child with someone else while they are at work, while 66% of them reported that they rarely feel anxious and 10% have never felt anxious.

The third hypothesis suggested that mentalization will moderate the association between mothers' guilt and children's perceived behavioral problems. Mothers' guilt was expected to be positively correlated with children's problems when mothers' RF score is low; but not when mother's mentalization is high. Mentalization was a significant moderator for externalizing problems. However, the relationship was opposite of the expected. The results show that when RF

score is low, guilt score is negatively associated with externalizing problems. However, when RF score is high, there is no significant correlation between guilt and children's perceived behavior problems.

Maternal guilt and particularly guilt among working mothers have rarely been studied in the Turkish population. Aycan and Eskin (2005) found that women felt greater employment-related guilt than men and the feeling of guilt because of employment was aggravated if couples had young children. At present, many working women raise their children while they have an active working life to make a living. The fourth hypothesis predicted that mothers' score on employment related guilt feelings will be positively correlated with guilt feeling scores. In order to test this hypothesis, Pearson correlation analysis was conducted; however, the association between mother's guilt and employment guilt was not significant. The Guilt and Shame Scale was used to measure mothers' guilt, high scores in the GSS means that the participant has a high capacity of detecting wrong behavior and as a result can feel guilt. On the other hand, the Employment Related Guilt scale considers mothers emotions about a specific situation which is leaving their children and house chores.

#### **4.1.1 Limitations And Future Recommendations**

This study contains several limitations. The first limitation is that the data is relatively small and not representative of the Turkish population. Nor will it illustrate the cultural and social diversity that influences maternal guilt in various countries and groups of society. Future research with larger samples may maintain more valid results in relation to the hypotheses of the study.

The second limitation concerns the single source of data, that is, only mothers' reports. Mothers reported their own mentalization capacity, guilt feelings and observations of children's behavior. The analysis cannot provide detailed evidence of the psychological mechanisms involved and does not go beyond respondents' own descriptions of their experiences. Qualitative measurement instruments to measure mentalization capacity would support the

results. Further research into the specific mechanisms and cultural variation of guilt and other social emotions related to human parenting is needed.

Another limitation of the present study is related to social desirability. The participants might have responded on the scales measuring their guilt feelings and children's behavioral symptoms in a socially desirable way. It should also be taken to consideration that maternal guilt is predicted to vary with social and cultural context; Turkish employed mothers who can commit on extended family help may feel more confident and relaxed about employment related guilt.

Future studies should take into account both parents' and teachers perspectives about children's behavioral problems. Parenting stress has been related to a higher perception of children's behavior difficulties, in other words parents who are more stressed are more prone to perceive their children's behavior as problematic (Viana & Welsh, 2010). Different variables like parents stress level and parents role satisfaction could be added in future researches. Examining the child's own reflectivity on his mental states and using both qualitative and quantitative scales is recommended. Another limitation is that, the Reflective Functioning scale that used to measure mothers mentalization capacity was not specifically measuring 'parental' reflective functioning and the short form of the scale was used. Also the guilt measurement was not specifically measuring 'parental' guilt. The demographic variables could not be controlled because there is no significant variation between the variables.

In this study, no attention was paid to pathological guilt. The Guilt- Shame Scale was developed in Turkey and the capacity for being able to feel guilt is measured. Therefore, it would have been better to include a qualitative guilt scale that measures pathological representations of guilt in order to detect also the effects of pathological guilt. A more comprehensive measurement of mothers' employment related guilt would also improve the analysis of the links between employment related guilt and children's behavior.

Mothers and fathers make different contributions to children. The effect of quality of father-child relationship can be important when estimating the impact of mother-child relationship. For many years fathers provided income and social status while mothers been the primary caregivers. For this reason quality of mother-child relationship has been the main focus in psychology researches. However, fathers who are effective parents and have a high mentalization capacity can be important in children's behavioral outcomes. To determine if mothers are uniquely important to children's well being, father-child relationship analysis should be included in future researches. The research may also be replicated with employed fathers to compare results between working mothers and fathers.

This study is critical for professionals who work with preschool children and their parents. Practitioners can use this study's outcomes, which especially demonstrates the influence of the mother's mentalization capacity. Professionals who work with children and families can work on maternal mentalization capacity in order to help children with internalizing behavioral problems. Clinicians goals could be to create a supportive, secure atmosphere in which it is easier for the child to express their emotions. It would be very useful for clinicians to consider the reflective functioning capacities of mothers during the child psychotherapy process. This understanding can encourage clinicians to concentrate on less cooperative, more aggressive and anxious themes and emotions in play therapy with those children whose mothers have lower reflective functioning capacity. Therapists can concentrate on using more reflective and mentalizing approach when interacting with these children and help them understand the emotions underlying their play structure and encouraging them to see different explanations of their behaviors. It will also be effective to help these children consider harmful behavioral effects or consequences of their actions on others and improving their empathic abilities through perspective taking strategies. Focusing on mentalization based approaches during parent sessions may help mothers increase their reflective functioning capacity which may have positive effects on children's emotion regulation and behavior problems. Besides, understanding the

psychological effects of job related guilt will help counselors, experts in human resources and managers to develop strategies for improved psychological well being.

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## **APPENDICES**

### **APPENDIX A: Bilgi University Ethical Comittee Approval Form**

## APPENDIX B : Participant Information Consent Form

### Gönüllü Katılım Formu

Bu araştırma İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı, Çocuk-Ergen bölümü öğrencisi İvon Siva Karaköy'ün bitirme tezi kapsamında, Dr. Öğr. Üyesi Elif Akdağ Göçek danışmanlığında yürütülmektedir. Araştırma, çalışan annelerin suçluluk duyguları ve 2-6 yaş arasındaki çocuklarıyla ilişkilerini incelemeyi hedeflemektedir. Bu araştırma için İstanbul Bilgi Üniversitesi Etik Komisyonu'ndan gerekli izinler alınmıştır.

Araştırma süresince elde edilen bilgiler sadece bilimsel amaçlar için kullanılacaktır. Katılımcıların gerçek isimleri kaldırılarak, görüşmeler gizlilik esasına uygun bir şekilde saklanacaktır. Araştırmaya katılımınız tamamen gönüllülük esasına dayanmaktadır. Herhangi bir nedenden dolayı sorulara cevap vermek istemediğiniz takdirde, çalışmaya katılımınızı sonlandırabilirsiniz. Yoğun bir rahatsızlık hissederseniz lütfen çalışmayı sonlandırınız. Görüşme yaklaşık 25 dk sürecektir.

Çalışmayla ilgili sorularınız için [ivonsiva@gmail.com](mailto:ivonsiva@gmail.com) e-posta adresinden araştırmacıya ulaşabilirsiniz.

Araştırmaya yaptığınız katkıdan dolayı teşekkür ederiz.

*Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman bırakabileceğimi biliyorum. Verdiğim bilgilerin kimliğim gizli kalmak şartıyla bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.*

Adı ve soyadı

Tarih

İmza

----/----/-----

Kabul Ediyorum

## APPENDIX C :Demographic Information Form

KOD NO:

### APPENDIX C: DEMOGRAFİK BİLGİ FORMU (ANNE)

1. Çocuğun cinsiyeti:

- Kız  
 Erkek

2. Çocuğun yaşı ve doğum tarihi: \_\_\_\_/\_\_\_\_/\_\_\_\_

- 2  
 3  
 4  
 5  
 6

3. Çocuğun size olan yakınlık derecesi:

- Öz  
 Üvey  
 Evlatlık

4. Gebelik planlı mıydı?

- Evet  Hayır

5. Doğum sonrasında ilk 1 yıl destek aldınız mı? ( Aile büyükleri, bakıcı vs.)

- Evet  Hayır

6. Çocuğun kardeş sayısı (kendisi dahil) :

- 1  
 2  
 3  
 3'ten fazla

7. \_\_\_\_\_ 4.1 Cinsiyeti \_\_\_\_\_ 4.2 Yaşı \_\_\_\_\_

- |           |   |       |
|-----------|---|-------|
| 1. Kardeş | Kız <input type="checkbox"/> Erkek <input type="checkbox"/> | _____ |
| 2. Kardeş | Kız <input type="checkbox"/> Erkek <input type="checkbox"/> | _____ |
| 3. Kardeş | Kız <input type="checkbox"/> Erkek <input type="checkbox"/> | _____ |
| 4. Kardeş | Kız <input type="checkbox"/> Erkek <input type="checkbox"/> | _____ |
| 5. Kardeş | Kız <input type="checkbox"/> Erkek <input type="checkbox"/> | _____ |

8. Çocuđun eđitim aldıđı okul öncesi kurum:

- İlköđretim anasınıfı
- Anaokulu

9.Çocuđa anne dıřında bakım veren var mı?

- Yok
- Anneanne/ Babaanne
- Bakıcı
- Komřu
- Diđer(Belirtiniz).....

10.Bakım veren bařka biri varsa, çocuk bir günde bu kiřiyle ne kadar vakit geçirir?

- 1-3 saat
- 4-6 saat
- 6-8saat
- 8 saat ve üstü

11. Çalışıyor musunuz?

- Evet
- Hayır

12.Yařınız:

- 18-24
- 25-29
- 30-35
- 35 ve üstü

13.Eđitim düzeyiniz:

- İlköğretim
- Lise
- Üniversite
- Lisansüstü

14. Mesleğiniz

- Öğretmen/Akademisyen
- Serbest Meslek
- Memur
- İşsiz
- İşçi
- Esnaf
- Diğer

15. Çocuğun babasının yaşı:

- 18-24
- 25-29
- 30-35
- 35 ve üstü

16. Çocuk bir günde babayla ne kadar vakit geçirir?

- 0-1 saat
- 1-3 saat
- 4-6 saat
- 6-8saat
- 8 saat ve üstü

17.Çocuğun babasının eğitim düzeyi:

- İlköğretim
- Lise
- Üniversite
- Lisansüstü

18. Çocuğun babası çalışıyor mu?

- Evet
- Hayır

19.Çocuğun Babasının Mesleği:

- Öğretmen/Akademisyen
- Serbest Meslek
- Memur
- İşsiz
- İşçi
- Esnaf
- Diğer

20.Çocuğunuza başka birisi baktığı zaman bu durumdan endişe duyduğunuz zamanlar oldu mu?

- Hic
- Nadiren
- Bazen
- Sık sık
- Daima

21- Çocuğunuz okuldan döndüğünde evde olur musunuz?

- Evet
- Hayır
- Bazen

Henüz okula başlamadı

22- Çocuğunuzla hafta içileri günde ne kadar vakit geçirebiliyorsunuz?

- 0-1 saat
- 1-3 saat
- 4-6 saat
- 6-8saat
- 8 saat ve üstü

23- Çocuğunuzla hafta sonları günde ne kadar vakit geçirebiliyorsunuz?

- 0-1 saat
- 1-3 saat
- 4-6 saat
- 6-8saat

8 saat ve üstü

24-Sizce çocuđunuzla geçirdiđiniz bu süre ne derece yeterli?

Çok az

Az

Orta

Oldukça

Çok

25. Hayatınızda yaşadığınız sorunlar için profesyonel yardım aldınız mı ?

(Psikolođa, psikiyatra gitmek gibi )

Evet

Hayır

26. Ailenin aylık toplam geliri?

1000 TL ve altı

1001 - 2000 TL

2001 - 3000 TL

3001- 4000 TL

4001 TL ve üzeri

## APPENDIX D: Guilt And Shame Scale (GSS)

### Suçluluk-Utanç Ölçeği (SUTÖ)

#### Suçluluk-Utanç Ölçeği Suçluluk Alt Boyutu

Bu ölçeğin amacı bazı duyguların hangi durumlarda ne derece yoğun olarak yaşandığını belirlemektir. Aşağıda bazı olaylar verilmiştir. Bu olaylar sizin başınızdan geçmiş olsaydı, ne kadar rahatsızlık duyardınız. Lütfen her durumu dikkatle okuyup öyle bir durumda ne kadar rahatsızlık duyacağınızı işaretleyiniz.

1. Hiç rahatsızlık duymazdım      2. Biraz rahatsızlık duyardım  
3. Oldukça rahatsızlık duyardım      4. Epey rahatsızlık duyardım      5. Çok rahatsızlık duyardım

		Hiç rahatsızlık duymazdım	Biraz rahatsızlık duyardım	Oldukça rahatsızlık	Epey rahatsızlık duyardım	Çok rahatsızlık duyardım
		1	2	3	4	5
1	Birinin size verdiği bir sırrı istemeyerek başkalarına açıklamak					
2	Bir aşk ilişkisi içinde sadece kendi isteklerinizi elde etmeye çalıştığınızı ve karşı tarafı sömürdüğünüzü fark etmeniz					
3	Sorumlusu siz olduğunuz halde bir kusur ya da yanlış için bir başkasının suçlanmasına seyirci kalmak					
4	Başkalarını aldatarak ve onları sömürerek büyük kazanç sağlamak					
5	İşçilerinizin sağlığına zarar vereceğinizi bildiğiniz halde, bir yönetici olarak çalışma koşullarında bir değişiklik yapmamak.					
6	Tanıdığınız birinin sıkıntıda olduğunu bildiğiniz ve yardım edebileceğiniz bir halde yardım etmemek					
8	Akılsızca, bencilce ya da gereksizce büyük bir harcama yaptıktan sonra ebeveyninizin mali bir sıkıntı içinde olduklarını öğrenmek					



9	Arkadaşınızdan bir şeyler çaldığınız halde arkadaşınızın hırsızlık yapanın siz olduğunuzu hiçbir zaman anlamaması.					
10	Bir kişiye hak etmediği halde zarar vermek					
11	Alış-veriş sırasında paranızın üstünü fazla verdikleri halde sesinizi çıkarmamak					
12	Ailenizin sizden beklediklerini yerine getirememek					
13	Çeşitli bahaneler bularak yapmanız gereken işlerden kaçmak					

## APPENDIX E: Employment Related Guilt Scale (ERGS)

### Çalışmaya Bağlı Duyulan Suçluluk Ölçeği

Lütfen, aşağıdaki cümlelere ne dereceye kadar katıldığınızı kendinize uygun sayıyı cümlelerin başındaki boşluklara yazmak suretiyle belirtiniz.

1

2

3

4

5

Kesinlikle Katılmıyorum   Katılmıyorum   Ortadayım   Katılıyorum   Kesinlikle Katılıyorum

1. \_\_\_\_\_ Çalıştığım için suçluluk hissediyorum.
2. \_\_\_\_\_ Her gün çocuğumu bırakıp işe gittiğim için suçluluk hissediyorum.
3. \_\_\_\_\_ Evimle ilgili işleri istediğim oranda yapamadığım için suçluluk hissediyorum.
4. \_\_\_\_\_ Eşimle istediğim gibi ilgilenemediğim için suçluluk hissediyorum.
5. \_\_\_\_\_ Çocuğumla istediğim gibi ilgilenemediğim için suçluluk hissediyorum.
6. \_\_\_\_\_ Çocuklarımla yeteri kadar zaman geçiremediğim için suçluluk hissediyorum.
7. \_\_\_\_\_ Sabahları çocuğumu uyurken bırakıp gittiğim için suçluluk hissediyorum.
8. \_\_\_\_\_ Zaman zaman aklım işimde kaldığı için suçluluk hissediyorum.
9. \_\_\_\_\_ Sosyal aktiviteler için çocuğumu bırakıp gittiğim için suçluluk duyuyorum.

## APPENDIX F: Child Behavior Checklist (1,5-5)

### Çocuk Davranışlarını Değerlendirme Ölçeği (CBCL 1.5 -5 )

Aşağıda çocukların özelliklerini tanımlayan bir dizi madde bulunmaktadır. Her bir madde çocuğunuzun şu andaki ya da son 6 ay içindeki durumunu belirtmektedir. Bir madde çocuğunuz için çok ya da sıklıkla doğru ise 2, bazen ya da biraz doğru ise 1, hiç doğru değilse 0 sayılarını yuvarlak içine alınız. Lütfen tüm maddeleri işaretlemeye çalışınız.

**0:** Doğru değil (Bildiğiniz kadarıyla)      **1:** Bazen ya da biraz doğru

**2:** Çok ya da sıklıkla doğru

- |   |   |   |   |
|---|---|---|---|
| 0 | 1 | 2 | 1. Ağrı ve sızıları vardır (tıbbi nedenleri olmayan).               |
| 0 | 1 | 2 | 2. Yaşından daha küçük gibi davranır.                               |
| 0 | 1 | 2 | 3. Yeni şeyleri denemekten korkar.                                  |
| 0 | 1 | 2 | 4. Başkalarıyla göz göze gelmekten kaçınır.                         |
| 0 | 1 | 2 | 5. Dikkatini uzun süre toplamakta ya da sürdürmekte güçlük çeker.   |
| 0 | 1 | 2 | 6. Yerinde rahat oturamaz, huzursuz ve çok hareketlidir.            |
| 0 | 1 | 2 | 7. Eşyalarının yerinin değiştirilmesine katlanamaz.                 |
| 0 | 1 | 2 | 8. Beklemeye tahammülü yoktur, her şeyin anında olmasını ister.     |
| 0 | 1 | 2 | 9. Yenmeyecek şeyleri ağzına alıp çiğner.                           |
| 0 | 1 | 2 | 10. Yetişkinlerin dizinin dibinden ayrılmaz, onlara çok bağımlıdır. |

**0:** Doğru değil (Bildiğiniz kadarıyla)      **1:** Bazen ya da biraz doğru

**2:** Çok ya da sıklıkla doğru

- |   |   |   |   |
|---|---|---|---|
| 0 | 1 | 2 | 11. Sürekli yardım ister.                                   |
| 0 | 1 | 2 | 12. Kabızdır, kakasını kolay yapamaz (hasta değilken bile). |
| 0 | 1 | 2 | 13. Çok ağlar.  |
| 0 | 1 | 2 | 14. Hayvanlara eziyet eder.                                 |

- 0 1 2 15. Karşı gelir.
- 0 1 2 16. İstekleri anında karşılanmalıdır.
- 0 1 2 17. Eşyalarına zarar verir.
- 0 1 2 18. Ailesine ait eşyalara zarar verir.
- 0 1 2 19. Hasta değilken bile ishal olur, kakası yumuşaktır.
- 0 1 2 20. Söz dinlemez, kurallara uymaz.
- 0 1 2 21. Yaşam düzenindeki en ufak bir değişiklikten rahatsız olur.
- 0 1 2 22. Tek başına uyumak istemez.
- 0 1 2 23. Kendisiyle konuşulduğunda yanıt vermez.
- 0 1 2 24. İştahsızdır. (açıklayınız): \_\_\_\_\_
- 0 1 2 25. Diğer çocuklarla anlaşamaz.
- 0 1 2 26. Nasıl eğleneceğini bilmez, büyümüş de küçülmüş gibi davranır.
- 0 1 2 27. Hatalı davranışından dolayı suçluluk duymaz.
- 0 1 2 28. Evden dışarı çıkmak istemez.
- 0 1 2 29. Güçlkle karşılaştığında çabuk vazgeçer.
- 0 1 2 30. Kolay kıskanır.
- 0 1 2 31. Yenilip içilmeyecek şeyleri yer ya da içer (kum, kil, kalem, silgi gibi).  
(açıklayınız): \_\_\_\_\_
- 0 1 2 32: Bazı hayvanlardan, ortamlardan ya da yerlerden korkar.  
(açıklayınız): \_\_\_\_\_
- 0 1 2 33. Duyguları kolayca incinir.
- 0 1 2 34. Çok sık bir yerlerini incitir, başı kazadan kurtulmaz.
- 0 1 2 35. Çok kavga dövüş eder.
- 0 1 2 36. Her şeye burnunu sokar.

**0: Doğru değil (Bildığınız kadarıyla) 1: Bazen ya da biraz doğru**

**2: Çok ya da sıklıkla doğru**

- 0 1 2 37. Anne-babasından ayrıldığında çok tedirgin olur.

- 0 1 2 38. Uykuya dalmakta güçlük çeker.
- 0 1 2 39. Baş ağrıları vardır (tıbbi nedeni olmayan).
- 0 1 2 40: Başkalarına vurur.
- 0 1 2 41. Nefesini tutar.
- 0 1 2 42. Düşünmeden insanlara ya da hayvanlara zarar verir.
- 0 1 2 43. Hiçbir nedeni yokken mutsuz görünür.
- 0 1 2 44. Öfkelidir.
- 0 1 2 45. Midesi bulanır, kendini hasta hisseder (tıbbi nedeni olmayan).
- 0 1 2 46. Bir yerleri seyirir, tikleri vardır (açıklayınız): \_\_\_\_\_
- 0 1 2 47. Sinirli ve gergindir.
- 0 1 2 48. Gece kabusları, korkulu rüyalar görür.
- 0 1 2 49. Aşırı yemek yer.
- 0 1 2 50: Aşırı yorgundur.
- 0 1 2 51. Hiçbir neden yokken panik yaşar.
- 0 1 2 52. Kakasını yaparken ağrısı, acısı olur.
- 0 1 2 53. Fiziksel olarak insanlara saldırır, onlara vurur.
- 0 1 2 54. Burnunu karıştırır, cildini ya da vücudunun diğer taraflarını yolar.  
(açıklayınız): \_\_\_\_\_
- 0 1 2 55. Cinsel organlarıyla çok fazla oynar.
- 0 1 2 56. Hareketlerinde tam kontrollü değildir, sakardır.
- 0 1 2 57. Tıbbi nedeni olmayan, görme bozukluğu dışında göz ile ilgili sorunları vardır. (açıklayınız): \_\_\_\_\_
- 0 1 2 58. Cezadan anlamaz, ceza davranışını değiştirmez.
- 0 1 2 59. Bir uğraş ya da faaliyetten diğerine çabuk geçer.
- 0 1 2 60. Döküntüleri ya da başka cilt sorunları vardır (tıbbi nedeni olmayan).
- 0 1 2 61. Yemek yemeyi reddeder.
- 0 1 2 62. Hareketli, canlı oyunlar oynamayı reddeder.

**0: Doğru değil (Bildiğiniz kadarıyla) 1: Bazen ya da biraz doğru**

**2: Çok ya da sıklıkla doğru**

- 0 1 2 63. Bařını ve bedenini tekrar tekrar sallar.
- 0 1 2 64. Gece yatađına gitmemek iin direnir.
- 0 1 2 65. Tuvalet eđitimine karřı direnir. (aıklayınız): \_\_\_\_\_
- 0 1 2 66. ok bađırır, ađırır, ıđlık atar.
- 0 1 2 67. Sevgiye, řfkate tepkisiz grnr.
- 0 1 2 68. Sıkılđan ve utangatır.
- 0 1 2 69. Bencildir, paylařmaz.
- 0 1 2 70. İnsanlara karřı ok az sevgi, řfkat gsterir.
- 0 1 2 71. evresindeki řeylere ok az ilgi gsterir.
- 0 1 2 72. Canının yanmasından, incinmekten pek az korkar.
- 0 1 2 73. ekingen ve rkektir.
- 0 1 2 74. Gece ve gndz ocukların ođundan daha az uyur.  
(aıklayınız): \_\_\_\_\_
- 0 1 2 75. Kakasıyla oynar ve onu etrafa bulařtırır.
- 0 1 2 76. Konuřma sorunu vardır. (aıklayınız): \_\_\_\_\_
- 0 1 2 77. Bir yere boř gzlerle uzun sre bakar ve dalgın grnr.
- 0 1 2 78. Mide-karın ađrısı ve krampları vardır (tıbbi nedeni olmayan).
- 0 1 2 79. zgnken birden neřeli, neřeli iken birden zgn olabilir.
- 0 1 2 80. Yadırganan, tuhaf davranıřları vardır.  
(aıklayınız): \_\_\_\_\_
- 0 1 2 81. İnatı, somurtkan ve rahatsız edicidir.
- 0 1 2 82. Duyguları deđiřkendir, bir anı bir anını tutmaz.
- 0 1 2 83. ok sık kser, surat asar, somurtur.
- 0 1 2 84. Uykusunda konuřur, ađlar, bađırır.
- 0 1 2 85. fke nbetleri vardır, ok abuk fkelenir.
- 0 1 2 86. Temiz, titiz ve dzenlidir.
- 0 1 2 87. ok korkak ve kaygılıdır.

**0: Doğru değil (Bildiğiniz kadarıyla)      1: Bazen ya da biraz doğru**

**2: Çok ya da sıklıkla doğru**

- 0 1 2      88. İşbirliği yapmaz.
- 0 1 2      89. Hareketsiz ve yavaştır, enerjik değildir.
- 0 1 2      90. Mutsuz, üzgün, çökkün ve keyifsizdir.
- 0 1 2      91. Çok gürültücüdür.
- 0 1 2      92. Yeni tanıdığı insanlardan ve durumlardan çok tedirgin olur.  
(açıklayınız): \_\_\_\_\_
- 0 1 2      93. Kusmaları vardır (tıbbi nedeni olmayan).
- 0 1 2      94. Geceleri sık sık uyanır.
- 0 1 2      95. Alıp başını gider.
- 0 1 2      96. Çok ilgi ve dikkat ister.
- 0 1 2      97. Sızlanır, mızırdanır.
- 0 1 2      98. İçe kapanıktır, başkalarıyla birlikte olmak istemez.
- 0 1 2      99. Evhamlıdır.
- 0 1 2      100. Çocuğunuzun burada değinilmeyen başka sorunu varsa lütfen yazınız:  
\_\_\_\_\_  
\_\_\_\_\_

## APPENDIX G: Reflective Functioning Scale

### YANSITICI İŞLEYİŞ ÖLÇEĞİ- KISA FORM

Lütfen aşağıdaki cümleleri dikkatlice okuyunuz. Her bir cümle için, cümleye ne kadar katıldığınızı ifade etmek üzere 1 ile 7 arasında bir numara seçip cümlenin yanındaki kutulardan yalnızca birini işaretleyiniz. Cümleler üzerinde çok fazla düşünmeyin, ilk tepkiniz genellikle en iyisidir. Teşekkür ederiz.

1'den 7'ye kadar olan aşağıdaki ölçeği kullanarak, cümlelerin yanındaki kutucukları işaretleyiniz:

Kesinlikle Katılmıyorum	1	2	3	4	5	6	7	Kesinlikle Katılıyorum
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İnsanların düşünceleri benim için bir bilinmezdir.	1	2	3	4	5	6	7
Neyi neden yaptığımı her zaman bilmem.	1	2	3	4	5	6	7
Sinirlendiğimde, neden söylediğimi gerçekten bilmediğim şeyler söylerim.	1	2	3	4	5	6	7
Sinirlendiğimde, sonradan pişman olacağım şeyler söylerim.	1	2	3	4	5	6	7
Eğer güvensiz hisdersem, diğerlerini sinirlendirecek şekilde davranırım.	1	2	3	4	5	6	7
Bazen neden yaptığımı gerçekten bilmediğim şeyler yaparım.	1	2	3	4	5	6	7
Ne hissettiğimi her zaman bilirim.	1	2	3	4	5	6	7
Güçlü duygular genellikle düşüncelerimi bulanıklaştırır.	1	2	3	4	5	6	7



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

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

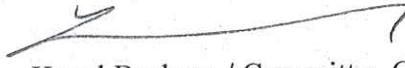
**Başvuru Sahibi / Applicant:** İvon Siva Karaköy

**Proje Başlığı / Project Title:** Relationship between Preschool Children's Behavioral  
Problems and Working Mothers' Mentalization Capacity and Guilt Feelings


**Proje No. / Project Number:** 2019-20024-130


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


Değerlendirme Tarihi / Date of Evaluation: 12 Eylül 2019

  
Kurul Başkanı / Committee Chair  
Doç. Dr. İtir Erhart

  
Üye / Committee Member  
Prof. Dr. Turgut Tarhanlı

  
Üye / Committee Member  
Prof. Dr. Koray Akay

  
Üye / Committee Member  
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Prof. Dr. Hale Bolak Boratav