

INTERGENERATIONAL TRANSMISSION OF MATERNAL WAR-
RELATED TRAUMA EXPERIENCES TO THEIR OFFSPRING'S WELL-
BEING AMONG TURKISH CYPRIOTS: MEDIATOR ROLE OF
PARENTING STYLES

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ABSTRACT

INTERGENERATIONAL TRANSMISSION OF MATERNAL WAR-RELATED TRAUMA EXPERIENCES TO THEIR OFFSPRING'S WELL-BEING AMONG TURKISH CYPRIOTS: MEDIATOR ROLE OF PARENTING STYLES

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The current thesis aimed to study the possible intergenerational transmission of war-related trauma experiences of mothers on their offspring's current psychological well-being among Turkish Cypriots. The mediator role of mother's parenting styles within this possible transmission was investigated. In order to examine this relationship, 168 Turkish Cypriot mothers and their child was given different sets of questionnaires. The mothers reported their war-trauma exposure on "War-Trauma Exposure Scale" regarding 1963-74 Cyprus Conflict; whereas the offspring completed "Measure of Child Rearing Styles" for their mother's child-rearing styles, and they reported their coping styles, personality traits, life satisfaction and symptomatology on "Turkish Ways of Coping Inventory", "Basic Personality Traits Inventory", "Satisfaction with Life Scale" and "Brief Symptom Inventory". The age of the participants was ranging between 45-72 for mothers and 18-38 for the offspring. The mediator role of perceived maternal child-rearing styles and the predictors of child's life satisfaction and symptomatology were analyzed. Results indicated that despite the maternal war-trauma exposure history was not reflected on their offspring in terms of psychopathology; the child's

current satisfaction with life is significantly linked to maternal history of war-related trauma exposure. Moreover, the mother's exposure to the war-trauma was found to be effective on their child-rearing practices that in turn predicted the offspring's coping strategies. The findings of the study are discussed regarding the relevant literature and the clinical implications were drawn.

Keywords: War-trauma, intergenerational transmission, parenting styles, well-being

ÖZ
KIBRISLI TÜRK ANNELERİN SAVAŞLA İLGİLİ TRAVMA
DENEYİMLERİNİN ÇOCUKLARININ İYİLİK-HALLERİNE
KUŞAKLARARASI AKTARIMI: EBEVEYNLİK STİLLERİNİN ARACI
ROLÜ

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Bu tez çalışması annelerin savaşla ilgili travma deneyimlerinin çocuklarının şu anki psikolojik iyilik-hallerine olası aktarımını Kıbrıslı Türkler arasında araştırmayı amaçlamaktadır. Bu olası aktarımda annelerin ebeveynlik stillerinin aracı rolü incelenmiştir. Bu ilişkiyi araştırmak üzere, 168 Kıbrıslı Türk anne ve çocuğuna farklı anket setleri verilmiştir. Anneler savaş travmasına maruziyetlerini “Savaş Travmasına Maruz Kalma Ölçeği” üzerinden 1963-74 Kıbrıs Savaşını göz önünde bulundurarak rapor etmiş; çocukları ise annelerinin çocuk yetiştirme stilleri için “Çocuk Yetiştirme Tutumları Ölçeği” ni doldurmuş ve kendi baş etme stillerini, kişilik özelliklerini, yaşam doyumlarını ve psikopatolojik hallerini “Stresle Başa Çıkma Tarzları Ölçeği”, “Temel Kişilik Özellikleri Ölçeği”, “Yaşam Doyum Ölçeği” ve “Kısa Semptom Envanteri” üzerinden rapor etmişlerdir. Katılımcıların yaşı anneler için 45-72, çocukları için ise 18-38 arasında değişmektedir. Annenin algılanan çocuk yetiştirme stillerinin aracı rolü ve çocukların yaşam doyumları ve semptomatoloji düzeylerini belirleyen değişkenler analiz edilmiştir. Sonuçlar annenin savaş travmasına maruz kalma geçmişinin çocuğun psikolojik iyilik haline olumsuz olarak yansımadığını

gösterse de; çocuğun yaşam doyumunun önemli ölçüde annenin savaş travmasına maruz kalmasıyla ilişkili olduğu bulunmuştur. Ayrıca, annenin savaş travmasına maruz kalmasının çocuk yetiştirme davranışları üzerinde etkili olduğu; bu çocuk yetiştirme tutumlarının da çocuğun baş etme stratejilerini yordadığı saptanmıştır. Sonuçlar ilgili literatür göz önünde bulundurularak tartışılmış ve klinik uygulamalara yönelik öneriler sunulmuştur.

Anahtar Kelimeler: Savaş travması, kuşaklararası aktarım, ebeveynlik stilleri, iyilik-hali

To my unshared island

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CHAPTER 1

INTRODUCTION

An individual lives endless number of experiences throughout the life-span. Although some of these experiences are regarded as daily events; unfortunately, sometimes a person happen to face drastic ones that direct the individual's life into another way. Naming these dramatically harsh and threatening experiences as traumatic events; a person who faced with a traumatic experience may be imprisoned into psychopathologies or may manage to handle difficulties with transformations in the lifestyle. In either way, after the traumatic event, the individual's life is not the same anymore. The effect of this harsh experience may influence person's life and thus various roles that the individual holds, even reaching to the second generation. In other words, when a woman experiences a traumatic event, this may affect the parenting role of the mother resulting in direct and indirect changes in the development of her offspring. Based on this knowledge, the main aim of the present study is to evaluate how the experience of the mothers' 1963-74 Cyprus Conflict relates to their children's perceived parenting, coping, personality and finally the child's psychological well-being.

As an island, Cyprus is a small place where two ethnic communities live together: Greek Cypriots and Turkish Cypriots. After living altogether for many years, approximately in 1963 these two ethnic communities with different languages, religions but similar cultures apparently started to fight each other for the unique control of Cyprus. This fight turned out to be a severe war and it continued until 1974. In 1974, Turkey as one of the warrantor states intervened the Cyprus War with its military power and consequently the island was divided into two: North and South Cyprus. The Turkish Cypriots were assembled in the North and the Greek Cypriots were gathered in the South, both ethnicities experiencing very difficult times for both war/combat and immigrations. After that an armistice was accepted

between the two communities which is still valid in 2013. After the intervention of Turkey in 1974, Turkish Cypriots formed their own republic with the name of Turkish Republic of Northern Cyprus (TRNC) in 1983; while Greek Cypriots continued their lives with the pre-existing Republic of Cyprus that was settled in 1960 with the cooperation of both Greek and Turkish Cypriots. Although Republic of Cyprus continued to be regarded as Cyprus's entire arbiter; TRNC has not been recognized by the outer world (Güngör, 2002; Kasım, 2007; Papadakis, 2008) (for further information see Appendix A). Regarding this historical background, one can be curious about the psychological effects of this hard time war experiences on Cypriots and the possible effects of this experience on their children. However, although more than 50 years have passed, there is no single research studying the effects of this trauma on the Cypriots.

Keeping in mind that this historical experience can be classified as a communal and personal trauma and regarding the fact that 50 years have passed, this occasion may have some resemblance, although remotely to the experiences of Holocaust survivors, which have been widely studied. In the literature the traumatic effects of this Holocaust on the survivors is widely studied. Not only the effects of these experiences on the survivors were studied but the effects of these traumatic experiences on the second and third generation of Holocaust survivor have also been the center of interest.

Regarding the harsh and painful stories of the Cyprus War survivors and considering the fact that 50 years have passed, the child or adolescent survivors turned out to be today's parents of young-adult Cypriots, the present thesis study investigates the possible intergenerational transmission of war-related traumatic experiences of mothers onto the second generations among Turkish Cypriots. Within this investigation, getting the support from literature as explained in the following sections, the role of mother survivor's parenting, child's personality traits and child's coping styles on the offspring's current psychological well-being are examined. This thesis is the first and the only study that regards the psychological effects of Cyprus War

trauma. Therefore, it is expected to give important information and open the gate to study the effects of Cyprus War and alike before these experiences are buried in the past.

The thesis will continue with literature review on trauma, parenting, effects of maternal trauma on child-related outcomes and possible pathways for the transmission of traumatic experiences. The aim of the study and the hypotheses will also be presented in this section. After the literature review, the method section will follow the sequence with explaining participants, research instruments and the procedure. Then the results will be presented at the result section and the findings will be discussed in the discussion chapter. Then the limitations of the study, clinical implications and suggestions for further studies will be presented. This will be followed by references, appendices, list of tables and finally list of figures used within the current thesis.

CHAPTER 2

LITERATURE REVIEW

2.1. Trauma

As an ancient Greek word, “trauma” means “wound” or “pierce” that was used for warriors at fire line (Spier, 2001). DSM-IV-TR (American Psychiatric Association, 2000), defines trauma as follows: (1) Individual experienced, witnessed or was confronted with an event of a real or threatened death, a serious injury or a threat to physical integrity of self or others. (2) Among the reactions of the individual, intense fear, helplessness or horror exists. This traumatic event may be a natural event, or it can be a human-induced experience. Some of the traumatic events can be listed as traffic accidents and air crashes, earthquakes, floods and similar natural disasters, severe whipping, torture, sexual assault, being held hostage by terrorists, confinement in concentration camps under very negative conditions, experiencing war or combat (Öztürk, 2004). As a threatening and a difficult experience, confrontation with a traumatic experience will bring together some psychological consequences.

2.2. Trauma and Psychological Consequences

Traumatic events are the ones that make individuals experience some common and understandable psychological reactions and confront the individual with some challenges in life. When a person experiences a traumatic event, feelings of extreme fear, helplessness and horror are the basic emotional reactions towards the event (DSM-IV-TR, 2000). Together with these emotions anxiety, panic, anger, numbing (Courtois, Ford, & Briere, 2012; Öztürk, 2004), shock, anguish (Stevens, Doerrş & Tighe, 1997); guilt (Ankri, Bachar, & Shalev, 2010) can be seen among subjective reactions; while hyper-arousal like sweetening, increased hearth rate, blushing, shaking, feeling cold, frequent breathing, suffocating, increased

blood tension, startle reaction and sleep disturbances (Briere, & Scott, 2013; Öztürk, 2004) can be listed as objective reactions to the traumatic event.

Although it is true to claim that a traumatic event challenges the individual's life, it is not certain to claim whether this traumatic experience will result in adverse consequences or reflect itself on the person's life as adaptive changes. Researchers have been seeking for the factors that may either promote adaptive consequences or bring adverse effects or both. Type of the traumatic experience (Hetzel-Riggin, & Roby, 2013; Karancı et al., 2012; Kira et al., 2013; Shakespeare-Finch, & Armstrong, 2010), impact of the traumatic event (Demir et al., 2010; Gros et al., 2012; Zawadzki, & Popiel, 2012), age of the individual (Demir et al., 2010; Felton, Cole, & Martin, 2013; Karlin, Marrow, Weil, Baum, & Spencer, 2012), the way the individual tried to cope with the traumatic event (Ambriz, Izal, & Montorio, 2012; Schuettler, & Boals, 2011), gender (Amir, & Sol, 1999; Gunter, Chibnall, Antoniak, McCormick, & Black, 2012; Hetzel-Riggin, & Roby, 2013; Karancı et al., 2012) the way the traumatic event is perceived by the individual (Karlin et al., 2012; Schuettler, & Boals, 2011), some of the personality characteristics (Ambriz et al., 2012; Caska, & Renshaw, 2013; Karancı et al., 2012; Lilgendahl, McLean, & Mansfield, 2013; Pietrzak, & Cook, 2013; Zawadzki, & Popiel, 2012;), ability to flexibly adapt to changing conditions (Webber, & Jones, 2013), resiliency (Karlin et al., 2012), resources of the individual (Ambriz et al., 2012; Hackbarth, Pavkov, Wetchler, & Flannery, 2012; Kaniasty, 2012; Karlin et al., 2012; Wahlström, Michelsen, Schulman, Backheden, 2011), and predispositions to psychiatric disorders (Breslau, Troost, Bohnert, & Lou, 2013; Pietrzak, & Cook, 2013; Zvielli, Bernstein, & Berenz, 2012) are only some of the reported factors that play important roles in changing the path towards adverse results or some adaptive consequences following the experience of trauma.

Although traumatic experience is a hard one that changes the life of the individual, there is some evidence that adverse outcomes are not observed in some individuals, and the traumatic experiences may also lead to some

positive transformations in some individuals (Bonanno, 2004; Pietrzak, & Cook, 2013; Saigh, Yasik, Mitchell, & Abright, 2001). Not only the nonoccurrence of psychological problems were depicted; but it has been widely found that some people even manage to adaptively survive the drastic changes after the traumatic event and may exhibit post-traumatic growth (Cann, Calhoun, Tedeschi, & Solomon, 2010; Cordova, Cuningham, Carlson, & Andrykowski, 2001; Ickovics, et al., 2006; Kira et al., 2013; Laufer, & Solomon, 2006; Loiselle, Devine, Reed-Knight, & Blount, 2011; Taku, Kilmer, Cann, Tedeschi, & Calhoun, 2012; Tallman, Altmaier, & Garcia, 2007; Tedeschi, & Calhoun, 2004; Widows, Jacobsen, Booth-Jones, & Fields 2005; Yanez et al., 2009). Nonetheless, the traumatic experiences are difficult ones and they are not always resulted with positive outcomes. Unfortunately, there are many people who experience a traumatic incidence and consequently develop trauma-related psychopathologies.

2.2.1. Trauma and Psychopathologies

Experiencing a traumatic event facilitates psychological mechanisms to deal with this drastic situation. However, not always individuals manage to create helpful ways to deal with the faced challenges and thus the traumatic experience may result in some adverse consequences. One probable adverse result of the traumatic experience is the development of Post-Traumatic Stress Disorder (PTSD). DSM-IV-TR (American Psychiatric Association, 2000) describes Post Traumatic Stress Disorder following a traumatic event with the criteria below:

The traumatic event is persistently re-experienced in at least one of the following ways:

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
2. Recurrent distressing dreams of the event.
3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes including those that occur upon awakening or when intoxicated).

4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

5. Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by at least three of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma

2. Efforts to avoid activities, places, or people that arouse recollections of the trauma

3. Inability to recall an important aspect of the trauma

4. Markedly diminished interest or participation in significant activities

5. Feeling of detachment or estrangement from others

6. Restricted range of affect (e.g., unable to have loving feelings)

7. Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

Persistent symptoms of increasing arousal (not present before the trauma), indicated by at least two of the following:

1. Difficulty falling or staying asleep

2. Irritability or outbursts of anger

3. Difficulty concentrating

4. Hyper-vigilance

5. Exaggerated startle response

Duration of the disturbance has to be more than one month.

The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. (p. 200-202)

There are many studies showing that some people may develop Post-Traumatic Stress Disorder (PTSD) after a traumatic event (Amir, & Sol, 1999; Bernat, Ronfeldt, Calhoun, & Arias, 1998; Boşgelmez, Aker, Köklük, & Ford, 2010; Farhood, Dimassi, & Lehtinen, 2006; Gluck, Tran, & Lueger-Schuster, 2012; Gros et al., 2012; Vrana, & Lauterbach, 1994). Together with PTSD, depression and bereavement (Boşgelmez et al., 2010; Currier, Mallot,

Martinez, Sandy, & Neimeyer, 2013; Gros et al., 2012; Vrana, & Lauterbach, 1994), anxiety (Gluck, Tran, & Lueger-Schuster, 2012; Scott, & Weems, 2013; Vrana, & Lauterbach, 1994), eating problems (Kong, & Bernstein, 2008), some personality disorders (especially borderline personality disorder) (Dijke Ford, Son, Frank, & Hart, 2013; Venta, Kenkel-Mikelonis, & Sharp, 2012), suicide (Borges et al., 2008) and psychotic symptoms (Heins et al., 2011) are among the reported adverse effects of traumatic experiences either by the experience itself or due to the changing conditions that the traumatic event brings.

Based on these findings it can be said that there is some evidence for the occurrence of the psychopathology in the aftermath of traumatic events. However how prevalent is this result? There are many research studies evaluating the rates for the development of psychopathology following such adversities. For example Vrana and Lauterbach (1994) found that undergraduate students who reported a trauma experience had higher levels of depression, anxiety and PTSD symptomatology when compared to other non-traumatized students. In another study conducted in Zurich, the data gathered both in 1993 and 1999 showed that among the people who reported trauma experience, although not meeting the whole DSM-IV criteria for PTSD, the percentage of meeting the sub-threshold criteria for PTSD was 1.3% in 1993 and 1.9% in 1999 (Hepp et al., 2006). In Netherlands however, the lifetime prevalence of PTSD was found to be 7.4% among 1087 adults whose ages ranged from 18 to 80 (Vries, & Olff, 2009). Amir and Sol (1999) on the other hand reported that among the people who experienced traumatic incidences, 6% were found to be diagnosed with PTSD. Similar to this, another study revealed that among the 937 colleague student's, the traumatized ones met the PTSD criteria with the percentage of 12% and this percentage corresponds to 4% of the whole sample (Bernat et al., 1998). In addition to this, Boşgelmez and colleagues (2010) found that among the prisoners in Kocaeli Closed Prison, 6.7% of men and 10% of women were diagnosed with PTSD. They further revealed that 17% of these prisoners met the criteria for depression.

However, although there is evidence for the occurrence of psychopathology in the aftermath traumatic incidences, the rates for the symptomatology are quite variable. Karancı, et al, (2012) found that in a large community sample from the provinces in Turkey, the probable PTSD rate was 9.9 %. They also found that the rates of PTSD differed for different kinds of events. The highest rate was for survivors of events involving torture and physical violence (39.6 %), whereas the lowest was for natural disasters (13.3 %). Focusing on this situation, in their review article, Bonanno, Brewin, Kaniasty, and Greca (2010) searched for the prevalence rate for the symptomatology following traumatic events. In their review article the authors showed that following the traumatic incidence, rates for PTSD range from 5% up to 44.6 %. They stressed that rarely more than 30 % of people who experience trauma exhibit PTSD. It was evident from this review that there is a relationship between trauma exposure, the degree of losses that the trauma brings and depression, anxiety, complicated grief, suicide, substance abuse and PTSD. However, they highlight that the relationship between trauma and symptomatology is not easy to understand. There are many factors that are influential on this phenomenon. Moreover, not only these factors individually determine the results but their interactions are also critically important on the consequences. For example, depression and PTSD rates among people who experienced the loss of a loved one violently (due to the traumatic event) were found to be 17.8% and 11.3%, respectively. However, together with this violent-loss, if the traumatized person further witnessed this attack, then this rate for PTSD increased up to 31.3%. Therefore, it seems that although there is some relationship between the trauma exposure and symptomatology, it may not be easy to understand the complexity buried within this association.

The pre-trauma vulnerabilities as well as post-traumatic factors may play a significant role in this relation. Methodological problems may be other critical issues to consider. Within the same review article, based on their examinations, Bonanno and colleagues (2010) add that the studies which

show high rates (more than 30%) for PTSD and other symptomatology like depression, anxiety, complicated grief and substance abuse, had some methodological problems. At these studies, for example, whether these people have been suffering from these problems before the onset of the traumatic event or whether they developed the symptomatology following the traumatic experience is not clear. Further it is emphasized that type of the traumatic event, the degree of exposure to the event, timing and measure of assessment and some other risk/protective factors are critically important in determining the occurrence and the prevalence of these symptomatology. Thus, although the rates for psychopathology in the aftermath of traumatic experiences are worth to consider, as mentioned earlier, not always people develop psychopathologies following a traumatic experience. This fact leads us to the issue of understanding the risk factors for the development of such adverse outcomes.

2.2.2. Risk Factors for the Development of Trauma Related Psychopathology

Experiencing traumatic events do not always result in the development of psychopathologies; nonetheless there are some risk factors that may make it more likely for trauma experiences to result in pathological states. To group these risk factors, one can consider the person's pre, peri and post trauma circumstances. Within these grouping, person-related factors, trauma-related factors and psycho-social factors would be the focus for these risk factors. For example, negative religious coping like demonic religious reappraisals, spiritual discontent, and punitive religious reappraisals (Gerber, Boals, & Schuettler, 2011) are some person-related factors that poses a risk for the development of problems following traumatic experiences. In addition to these factors, some personality traits (higher neuroticism and lower agreeableness and conscientiousness) (Caska, & Renshaw, 2013) and some coping strategies like avoidant coping, acceptance, seeking emotional support, emotional rumination and venting, denial, mental and behavioral

disengagement, substance use, and self-blame (Ambriz, Izal, & Montorio, 2012; Pineles et al., 2011; Schuettler, & Boals, 2011; Victorson, Farmer, Burnett, Ouellette, & Barocas, 2005) are among the other reported person-related risk factors for developing adverse consequences following trauma. Not only how the individual tries to cope with the difficulties of the traumatic event, but also the way individual perceives this difficult incidence is critical in developing psychopathologies. In that sense, visceral reactions to the event, event centrality for the individual and negative perspective of the traumatic event are among the risk factors for changing the path towards adverse consequences after trauma (Schuettler, & Boals, 2011).

Together with these person-related factors, some trauma-related factors like type of trauma (interpersonal violence like sexual abuse or war) (Shakespeare-Finch, & Armstrong, 2010), multiple trauma experience (Hetzel-Riggin, & Roby, 2013; Vrana, & Lauterbach, 1994), greater trauma exposure (Martin, Cromer, DePrince, & Freyd, 2013) and the impact of the traumatic experience on the life of the individual (like loss of services and resources after the traumatic experience) (Gros et al., 2012) are some other risk factors for the trauma-related psychopathology. Not only the losses after the trauma, but also the factors before the traumatic incidence like having a history of psychiatric problems (Breslau et al., 2013) are among the other risk factors. In addition to these pre and post trauma factors, some peri-traumatic reactions like negative emotional reactions, panic symptoms, and dissociation during the exposure (Bernat et al., 1998; Hetzel-Riggin, & Roby, 2013) are among the reported factors that direct the progress towards psychological symptomatology following the traumatic experience. Adding to the mentioned person-related and trauma-related factors, some psycho-social factors like poor couple adjustment (Gewirtz, Polusny, DeGarmo, Khaylis, & Erbes, 2010) and low perceived social support (Ambriz, Izal, & Montorio, 2012; Gabert-Quillen et al., 2012) are concluded to be risk factors for the development of trauma-related psychological problems. Thus, it seems that there are multiple risk factors for the development of psychopathology.

Although these factors can be taken as posing vulnerability on their own, their interactions may render the experience of traumatic event even more robust.

Considering this literature review, one may think that traumatic events may only have some effects on the life of the experiencer. However, this is just one side of the medal. Apart from these personal effects, experiencing a traumatic event may further influence various roles that one holds, therefore may enable this impact to have an indirect influence on others who have not directly experienced the traumatic incidence. One of these important roles is parenting since it is critical in parent-child relationship at which the values and experiences are transmitted to the next generation. Therefore, it seems important to first understand the parenting itself and its role on the parent-child dyad. Then, focusing on the effects of parental trauma on the parenting practices may help to understand how traumatized mother may indirectly influence the child.

2.3. Parenting

When a baby is born, s/he is quite vulnerable and dependent, because the needs of the baby can only be satisfied by others. In time, the baby develops some abilities and learns about the outer world with the help of the main caregivers. Assuming that these primary caregivers are generally the parents, how the needs of the baby are satisfied, what the baby will learn and even how the baby will learn is based on the relationship between the parent and the child. In that sense, parenting seems to be very crucial in the life of a child. However, when the term “parenting” is used, although it may make sense for almost everyone, what we are specifically referring to may not be always clear enough. With a more detailed explanation, Darling and Steinberg (1993) described parenting styles as:

a constellation of attitudes toward the child that are communicated to the child and that, taken together, create an emotional climate in which the parent's behaviors are expressed. These behaviors include both the specific, goal-directed behaviors

through which parents perform their parental duties (to be referred to as parenting practices) and non-goal-directed parental behaviors, such as gestures, changes in tone of voice, or the spontaneous expression of emotion. (p. 488).

Based on the varieties in the parenting practices, behaviors and attitudes of the parents, different parents may hold some different styles of parenting. The following section explains the types of parenting styles.

2.3.1. Types of Parenting Styles

Maccoby and Martin (1983) considered Baumrind's authoritarian, authoritative and permissive child rearing styles (1967) in terms of underlying dimensions of child rearing and they concluded that there are two basic dimensions; responsiveness (or sensitiveness) and demandingness. Responsiveness is explained by parent's ability to foster child's individuality and self-assertion with the help of being supportive, attuned and acquiescent to the child's requests, including warmth, autonomy support and reasoned communication. Demandingness on the other hand, refers to the parental claims on children to become integrated into society by behavior regulation, direct confrontation, maturity demands (behavioral control) and supervision of the activities of the child (monitoring). Based on these dimensions, they explained that authoritative parents manage to arrange their sensitivity and demands according to the needs and the developmental level of child. On the other hand, authoritarian parents are the ones who show high level of demands and low levels of sensitiveness. Maccoby and Martin (1983) claimed that permissive parenting involves two different categories of indulgent and neglecting. Indulgent parenting involves low demands from the child and high levels of sensitivity, while neglecting parenting is described with low levels of demand and sensitivity. Steinberg and colleagues (1991, 1994) further mentioned that these dimensions represent two main factors, namely: parents' acceptance, concern, love and their control, restriction on the offspring. Therefore, they claimed that Baumrind's child rearing styles can be understood based on these dimensions. Authoritarian style involves

high levels of control and restriction and low levels of acceptance and love. These parents' emotional interaction is very limited and they disregard child's needs and desires. Authoritative style involves moderate levels of control and restriction and high levels of acceptance, concern and love. Therefore these parents balance both control and concern in their interaction. Typical characteristic of permissive-indulgent parenting style is very low levels of control and restriction and high levels of acceptance and love. Permissive-neglecting parents can neither show an adequate level of control nor build enough intimacy and love.

2.3.2. Role of Parenting on Child's Coping Abilities

There are many studies focusing on the role of parenting on the offspring outcomes. Child's coping abilities is one of the child-related outcomes on which the role of parenting is studied. Parental support and parental psychological control are two dimensions of parenting that are found to be related to child's coping strategies. For example, Gaylord-Harden, Campbell, and Kesselring (2010) found that maternal support that is characterized by warmth and acceptance predicts child's usage of active and support-seeking coping strategies more than maternal psychological control. In the same study, for girls it was found that avoidant coping is predicted by interaction of levels of maternal psychological control and economic stressors. In other words, it was found that when the economic stressors were low, girls tended to use more avoidant coping under low maternal psychological control, and when the economic stress was high, they tended to use more avoidant coping strategies under high maternal psychological control. Adding to these findings, Hardy, Power, and Jaedicke (1993) found that when the conditions are uncontrollable, children with supportive mothers showed greater avoidant coping strategies and when the parental structure is high (family activities are well-organized and structured) children tended to use fewer aggressive coping strategies. In addition to parental support, psychological control and parental structure, authoritative parenting style is

reported to be another construct related with the coping abilities of the offspring. Chan (2011), for example, found that maternal authoritative parenting style predicts child's constructive coping strategies (taking an action to solve a problem, asking help to solve a problem, talking with others to find a solution to the problem, cognitive restructuring and talking with others to gain emotional support) via supportive maternal responses (involving problem-solving response, emotion-focused response and expression-encouraging response to comfort her children). In another study related to the mother's authoritative parenting style it was revealed that although being indirect, the parenting style has an influence on the child's coping strategies (Almas, Grusec, & Tackett, 2011). Almas and colleagues found that mother's authoritative parenting style predicts child's positive coping strategies (seeking social support and self-reliance/problem-solving) with the mediator role of child's disclosure. Not only the parenting style chosen by the parents, but also parent-related factors like parental traits are important in predicting child's coping abilities. In the same study Almas and colleagues also found that child's use of negative coping strategies (internalizing, externalizing and distancing) were predicted by maternal dispositional anger with the mediation effect of child's secrecy (non-disclosure).

Not only the effects of parenting styles and behaviors are crucial on the child's coping abilities, parental beliefs and expectations are also important for child's coping outcomes. In their study about mother's belief, knowledge and expectations about parenting and their child and mother-child relationship, Stoiber and Houghton (1993) showed that mother's expectations were associated with child's coping abilities. Mothers reporting more realistic, more mature and more positive expectations about parenting, children and mother-child relationship had children who had more adaptive and effective coping capacities.

Although mother-related part of parenting is widely studied, Myers and Brewin's (1994) study is interesting in the sense that it focused on the

paternal parenting and its effects on child outcomes. They found that people who tend to use more repressive coping style were less likely to report emotionally and physically close relationship with their fathers and they were more likely to characterize their childhood by paternal antipathy.

The role of parenting on child's coping abilities has been mentioned widely; however, it is worth adding that parent-child relationship cannot be simplistically understood in a unidirectional way. As Cappa, Begle, Conger, Dumas, and Conger (2011) found, while parenting-stress of parents predicted child's later coping competence, child's coping competence predicted later parenting-stress of the participant parents. Therefore in order to be able to understand this relationship, bidirectional reciprocal effects of both agencies on the other side should be considered.

2.3.3. Role of Parenting on Child's Personality

Literature supports the idea that parenting is one of the crucial factors in the development of the offspring's personality. There are some studies revealing the role of parenting on child's personality traits. For example, McNamara, Selig and Hawley (2010) found in their study that when mothers showed little support for their child's autonomy and when they used highly restrictive control, their children were more aggressive, conscientious, extraverted and less agreeable and they were less well accepted by their peers. In another study, Prinzie and colleagues (2004) noted that parental use of coercion was negatively related with child's benevolence and emotional stability.

Apart from the role of parenting on child's personality traits, its relation to child's negative personality outcomes has also been demonstrated. Watson, Little, and Biderman (1992) depicted that while parental authoritativeness is associated with child's less narcissistic maladjustment that is characterized by exploitativeness/ entitlement; permissiveness is related with child's immature grandiosity and authoritarianism is correlated with the offspring's inadequate idealization of the self.

Therefore, as it can be concluded from this study, it can be said that parenting can serve as a contributory factor for the development of child's negative personality outcomes or it can act either as a protective or a facilitative factor for the healthy development of child's personality. Further confirming this statement, Lim and Smith (2008) showed that parenting is related to child's creative personality. It is depicted that high levels of parental acceptance predicted higher levels of child's creative personality.

2.3.4. Role of Parenting on Child's Well-being

As mentioned above parenting is important in the development of the child. It sometimes has a role on development of child's health outcomes, and sometimes associated with some psychopathologies of the offspring. For instance Lobera, Rios and Casals (2011) found that people with eating disorders tend to report their parent's parenting style as neglectful. Patients who reported perceiving their fathers' parenting style as neglectful were reported to obtain the highest scores in bulimia and body dissatisfaction. In addition to this, these patients with eating disorder who characterized their parents' parenting with affectionless control revealed higher scores in depression.

When the researchers' interest is the children's psychological problems as outcome variable, parenting is not always the only studied and reported difficulty in the life of children. As Beck and Shaw (2005) concluded, in addition to the parenting style, some familial and environmental adversities are also related to child's problematic behaviors. Beck and Shaw revealed that high perinatal complications, high rejecting parenting and high family adversity involving an overcrowded family, low income, parental criminality, neighborhood dangerousness, number of stressful life events and parental conflict predicted more externalizing problems of boys. In another study focusing on the negative parenting styles, Brody and colleagues (2013) found that harsh parenting (caregivers' use of slapping, hitting, and shouting to discipline the youth) predicted youth's poorer health outcome (systemic

inflammation, depressive symptoms and youth-reported health problems) with the mediator role of youth's anger. However they noted that this significant mediation effect was only valid for youths carrying a specific gene. This conclusion may also highlight the importance of genetic factors in addition to parenting practices of care-givers and some familial and environmental resources.

However, although the role of parenting practices, and some other related non-parental factors, including genes, for the children's psychological well-being has been demonstrated, it is interesting to come across studies depicting even the importance of mother's verbal communication with the child on child's well-being. In their study, Abaied and Rudolph (2011) found that mothers' giving disengagement coping suggestions to their adolescent child (involving avoidance, denial and distraction) predicted child's maladaptive responses to stress. Whereas, mother's use of engagement coping suggestions like problem solving, regulating emotions, thinking positively and seeking support from others, acted as a protective factor against the offspring's maladaptive responses to stress under high peer stress.

In addition to the studies focusing on the role of parenting on maladaptive type of child outcomes, there are some other studies also highlighting the relation of positive parenting on positive child outcomes. For example Gaylord-Harden (2008) found that positive parenting involving high parental acceptance, low psychological control and parental expectations, predicted children's higher school achievement, lesser behavior problems and higher child's adaptive behavior scores. In another research also studying positive parenting, Zhou and colleagues (2008) depicted that Chinese children with authoritative parents exhibited fewer externalizing problems than their peers, while those with high authoritarian parents displayed more externalizing problems. In relation to the role of authoritative parenting style on child's well-being, Cheah, Leung, Tahseen, & Schultz (2009) found that authoritative style of parenting predicted children's increased attention regulation abilities (lower hyperactivity/inattention), which in turn predicted

decreased child difficulties. Besides, Bilsky and colleagues (2013) found that supportive parenting that is characterized by physical affection/warmth and emotional support was found to predict child's lower levels of depressive symptoms, lower levels of negative self-cognitions and higher levels of positive self-cognitions. It is worth adding that in the same study child's depressive symptoms predicted reduced parental support. As mentioned in the previous sections, this result may highlight the importance of understanding the relatively complex reciprocal relationship between parents and their children rather than drawing unidirectional linear results.

In order to understand the effects of maternal trauma on child-outcomes, after understanding the role of the parenting on the child-related outcomes itself, the effects of maternal trauma on the parenting practices are examined in the following section.

2.4. Effects of Maternal Trauma on Parenting

Experiencing a traumatic event may result in many changes in the life of the individual. When one experiences these changes following the traumatic incidence, it is inevitable that the others around will also be effected from this experience in some ways. More specifically if the experiencer is a mother, then, the challenges in the mother's life in the aftermath of the trauma may also reflect themselves on the life of the offspring. Therefore, one of the studied changes following the traumatic experience is related to parenting. There are studies revealing that maternal traumatic experiences effects parenting. More specifically, Henry, Tolan, & Gorman-Smith, (2004) found that there was an increase in parental monitoring and tightening of parental rules following September 11 terrorist attacks. In another study, it was showed that soon after the terrorist attacks of September 11, parental perceptions and behaviors changed when compared to their pre-trauma status. The parents were found to give greater importance on bonding and loving, providing for the child, protecting the offspring and being more sensitive to the child's needs. However, after some time passed, all these changes

returned to their pre-trauma levels except for parental sensitivity to child's needs (Mowder, Guttman, Rubinson, & Sossin, 2006). Further confirming the trauma effects on parenting, it also has been found that salient cues for terrorist threats had a significant influence on the authoritarian parenting practices (Fischer et al., 2010). Thus, it seems that it may be expected to experience some changes in the normal parenting practices following a traumatic experience. However, in addition to this relatively normal circumstance, there may be some other cases that mothers develop some psychopathologies after the traumatic experience. Once the mother developed this trauma-related psychopathology, then the role of this pathology becomes the center of interest within mother-child relationship.

As widely studied and depicted, trauma experience may result in post-traumatic stress disorder (PTSD) (Bernat et al., 1998; Boşgelmez et al., 2010; Gluck, et al., 2012; Gros et al., 2012; Vrana, & Lauterbach, 1994). More specifically it is evident that when the trauma-experiencer is a mother, then the resulting PTSD may have some influence on her parenting-related outcomes. For instance, in a study it was revealed that mothers' PTSD symptom severity impairs their satisfaction with parenting (Berz, Taft, Watkins, & Monson, 2008; Gold et al., 2007). Furthermore, it was found that mothers' diagnosis of PTSD following exposure to domestic violence predicted their depression, dissociative experiences and higher anger levels (Chemtob & Carlson, 2004) that may in turn impair the mother-child relationship. Moreover, in the same study (Chemtob & Carlson, 2004) it was found that these mothers exhibited more laxness (e.g., neglect of the child), reactivity (e.g., impulsive criticism of the child) and verbosity (e.g., overuse of verbal controls) as parenting practices. Authors of this study concluded that this result implies that mothers with PTSD after experiencing domestic violence were more quick or impulsive in their actions towards their children.

Both revealing and explaining the link between maternal PTSD and parenting, Ammerman, Putnam, Chard, Stevens, and Van Ginkel (2012) additionally found that depressed mother with a diagnosis of PTSD

predominantly reveal avoidance and emotional numbness symptoms of PTSD. These mothers' greater avoidance and emotional numbness symptoms were associated with lower levels of maternal acceptance (characterized by mother's use of corporal punishment, criticism and scolding, restriction and lesser consideration of the child's needs) and higher levels on parenting stress and personal distress. It was discussed that these PTSD dimensions may contribute to insensitivity of mothers to their child's cues and expressions. Due to the effects of these dimensions, mothers may fail to modulate the affective channels of the mother-child relationship. Because of these symptoms, avoidance/emotional numbness, mothers may fail to recognize child's frustration and stress until it reaches to a peak level that in turn makes it even harder for mothers to overcome it, resulting in harsh and punitive mother response. As a results, this low level of maternal acceptance and insensitivity of mothers to the child's needs, may negatively impact the child's development.

2.4.1. Maternal Trauma, Depression and Parenting

Another result of traumatic experience is the experiencer's development of depression as mentioned in the earlier sections. Depression may affect parenting in important ways. There are many research studies examining this relationship. In one of them, mother's symptoms of depression were found to be associated with a more controlling and less sensitive child-feeding practices of these mothers (Haycraft, Farrow, & Blissett, 2013). Another study revealing this link between depression and parenting demonstrated that as parental depressive symptoms decreases, negative parenting practices like parental negative affect, parental hostility, intrusiveness, and neglect/distancing also decreases (Forehand et al., 2012). Further, it has been depicted that depressed mothers had impairments in parenting, reported smaller social networks, and displayed increased psychiatric symptoms when compared to their non-depressed counterparts (Ammerman et al., 2012). Regarding the fact that maternal trauma may result

in mother's depressive symptomatology and combining this data with maternal depression and its effects on parenting, researchers studied effects of maternal trauma on parenting and the role of mother's depression within this relationship. In relation to this, childhood trauma was found to have indirect effects on increased parenting stress with the mediator role of depression (Ammerman et al., 2012). Very similarly, in another research, although maternal trauma exposure was found to be directly related to increased child neglect and increased use of physical punishment; it was predicting decreased parenting satisfaction via increased maternal depression (Banyard, Williams, & Siegel, 2003).

Regarding this link from maternal trauma to parenting via mother's depression, Conley, Caldwell, Flynn, Dupre, and Rudolph (2004) proposed that depressed mother's feelings of sadness or flat affect may be reflected within impaired emotional regulation and its impaired expression. As being other depression-related symptoms, hopelessness and low self-worth may diminish parenting self-efficacy and lead to frustration with parenting role. Together with this, increased self-focus of the depressed mother may decrease mother's immediate responsiveness towards the child, effective communication and joint problem solving with the child and due to this increased focus on self may impair reciprocal interactions within the mother-child dyad. Irritability, on the other hand, may lead to decreased warmth and sensitivity and increased criticism towards child; while fatigue may result in mother's inconsistent responses, withdrawal, and lack of guidance or limit setting.

2.4.2. Maternal Trauma and Attachment

In their review of three studies related to Holocaust survivors and these survivors' parent-child relationships, Bar-On and colleagues (1998) noted that children of Holocaust survivors reported their childhood as characterized by problems of separation and individuation in the family. These children's parents were preoccupied with their prior separation and

experiences of loss such that they were not able to respond adequately to the separation and individuation needs of their offspring and were less able to initiate separate activities. Authors further mentioned that in their review, overprotective parenting style of survivors and role-reversing (behaving as if the child is a spouse, friend or a parent of the mother or the father) of the offspring was evident. The second generation reported that they were trying to please their parents and protect them against the adversities in their own lives. They both tried to please their parents with achievements of high parental expectations and felt a pressure on succeeding opportunities that the parents lacked.

As authors mentioned, regarding this “guilty children” in enmeshed relationship with parents, their role-reversal and parental overprotectiveness, these patterns of child-mother relation is described as insecure-ambivalent and preoccupied attachment style in attachment theory. As described above, the preoccupation with the past makes it harder for the parents to show an unbiased perception of the child’s needs and emotions and impairs parents’ adequate response to those cues. This in turn leads to ambivalent attachment in the child since s/he tries to get attention to his/her own situation and emotions by stressing the need for his/her proximity and at the same time striving for independence. However, although this style of attachment may seem to be maladaptive, insecure-ambivalent attachment does not prevent the children from becoming adaptive adults. Just the opposite due to the feelings of guilt, ambivalence and the need to please the parents they may feel more motivation to succeed in life. Nonetheless, the insecure part of this attachment may both lead the offspring to feel distressed and dissatisfied (since neither they can succeed to reach the high parental standards, nor they can change their strong bonds with the parents) and to fail in showing adaptive responses under stress. Further supporting this, it is not surprising that in another study, Holocaust survivors were found to have fewer secure attachment representations when compared to the control group who are at the same age-level, same ethnicity, lived in the similar geographical condition

but did not experienced any Holocaust incidence (Sagi-Schwartz, Van Ijzendoorn, Grossmann, & Koren-Karie, 2003).

Thus the literature reveals that parenting can both act as a protective or a risk factor for the child's well-being; however it is further evident that parenting of mothers is also likely to be shaped by their traumatic experiences. Therefore, this knowledge leads us to evaluate the influence of maternal trauma on the offspring's well-being.

2.5. Effects of Maternal Trauma on Their Children

Knowing that traumatic experiences may alter parenting practices as mentioned in the earlier sections, this idea highlights the importance of parenting on child's well-being following maternal trauma. As an example, Lang, Gartstein, Rodgers, and Lebeck (2010) found that maternal physical abuse in childhood was associated with poorer mother-child interactions (defined as the parent's perception that the child does not meet parental expectations, interactions with the child are not reinforcing and that the child is a negative rather than a positive component of the parent's life), increased vigilance at the offspring and difficulty recovering from distress among children. However, mother's history of an emotional abuse was related to lesser difficulties in mother-child interaction, lower levels of infant frustration and increased child satisfaction with life. It was also noted that mothers who experienced physical abuse in childhood reported higher levels of negative emotionality for their children, signaling the importance of parenting in-between the relationship from maternal trauma and child outcomes.

Giving direct support for the mediator role of parenting from maternal trauma to child's psychological well-being, in a study conducted among adolescent children of the Khmer Rouge (KR) genocide survivors in Cambodia, it was found that perceived parental trauma symptoms predicted offspring's depression with the mediator role of maternal overprotection. Further it was revealed that child-perceived parent's trauma symptoms predicted child's anxiety and depression via parental role-reversing that

means treating the child as a sibling, parent or spouse and showing parents' helplessness or incompetence, using guilt to elicit the child's care, having parental demands for the child's attention and seeking direction from the child (Field, Om, Kim, & Vorn, 2011). Further giving evidence, Schwerdtfeger, Larzelere, Werner, Peters, and Oliver (2013) depicted that parenting has a mediator role in the relationship between maternal trauma and child's symptomatology. According to their results, mothers experiencing an interpersonal trauma were more likely to have an authoritarian parenting style that involves verbal hostility, physical coercion and low nurturance. Among these parenting practices, verbal hostility predicted children's increased symptoms of affective, hyperactive and oppositional defiant disorders.

Regarding the impact of mother's trauma history on the offspring's well-being, the current thesis study is also interested in understanding the effects of maternal war-trauma history on the offspring's well-being through the role of parenting, child's coping abilities and child's personality traits. However, in order to build this relationship, first it is necessary to understand how the trauma experiences are transmitted to others, especially to the second generation. Following section will focus on this subject.

2.6. Trauma Transmission

Traumatic experiences are drastic ones that affect the person's life in various ways as discussed in the previous section. However, the extent to which these hard experiences' effects lie is not limited to the survivor's life. When a person lives a traumatic incidence, the effects can be transmitted to others who did not directly experience the traumatic incidence. The literature gives some evidence for this secondary traumatization. Regarding the secondary traumatization, it was very interesting that attorneys who work with traumatized people showed significantly higher levels of posttraumatic stress disorder (PTSD) symptoms, depression, secondary traumatic stress, burnout, and functional impairment when compared to administrative support staff (Levin et al., 2011). However, this transfer is not restricted to the intra-

generational relationships; the effects can even be transmitted to the second and the third generation. For example, in the Stroop Test specified for Vietnam War experiences, it was evident that the children of veterans and non-veterans differed in their response time: children of veterans responding to the war-related stimuli had a significantly slower rate. As the authors interpreted the results, this finding gives support for the idea of intergenerational transmission of war experiences from parents to their children (Motta, Joseph, Rose, Suozzi, & Leiderman, 1997). Another study supporting the transmission of trauma experiences to the second generation showed that after September 11 terrorist attacks, children of first respondents and WTC (World Trade Center) evacuees had significant mental suffering related to their parents' exposure. The authors discuss that children's mental suffering may be coupled with their perceptions and fears of continuing threats about future mass violence and terrorism (Hoven et al., 2009).

Further confirming this idea, children of mothers with experience of domestic violence and violence-related PTSD symptoms depicted more dysregulated aggression and attentional bias to danger and distress, together with more withdrawal from conflicts presented in the children's story stems and avoidance of these conflicts (Schechter et al., 2007). If this is the case and if trauma is transmitted to others, especially to the next generations, how exactly is this traumatic experience transmitted across generations then? The following section tries to elaborate the answer.

2.6.1. Theories of Trauma Transmission

In order to understand how a parental trauma is conveyed to the offspring, some suggestions have been proposed. In their review Baranowsky, Young, Johnson-Douglas, Williams-Keeler, & McCarrey, (1998) explain and cite the theories of trauma transmission. The authors cited that according to Albeck, the offspring of the traumatized parent may hold "the scar without the wound". That means although they have not directly experienced it, they are affected from the parents' experience of trauma. According to Albeck, the

second generation shows efforts to understand the parents' war-related experiences and the pain they suffered, in order to build a connection with them. Albeck named these attempts of the offspring as "emphatic traumatization". Within the emphatic traumatization, the offspring imagines the scenes of traumatic experience and the ways s/he could escape or survive. This does not mean that the second generation will suffer from psychopathologies due to this transmitted trauma; they can still become healthy adults. Therefore the studies should focus on the psychological response of the offspring to the parental trauma, rather than solely searching for the pathological outcomes.

With a complementary idea, as Baranowsky et al, (1998) cited Mor further suggest that the second generation "adopt" the parental traumatic experience by the parental communication. She proposes two types of communication. The first is parents' obsessive re-telling of the experience and the second is parental complete silence related to trauma. Since the traumatic experience is not communicated, the child gets the message that these experiences are too much frightening and horrific that they should be buried in silence and thus s/he builds a fearful trauma concept. Integrating both of the suggestions, parents convey their traumatic experiences with the messages hidden in their trauma -communication, and the offspring bonds with the parent through their attempts to emphatically understand the parents' traumatic experiences.

In addition to these explanations, As Baranoesky et al, (1998) cited Freyberg proposes a psychodynamic approach to the transmission of parental trauma. In this idea, it is suggested that children both strive for their separation (of the limits and the boundaries) and individuation (of ego-functioning). However, within this phase, traumatized mother's emotional instability may lead to frustration and anxiety in the child and this instability can further be created in the child. The child internalizes the parents' stress and mistrust and thus an enmeshed relationship pattern may develop with blurred boundaries between the parent and the child.

With another psychodynamic explanation for the risks for the transmission of sexual abuse to the second generation, Maker and Buttenheim (2000) suggest several ways for the transmission of parental traumatic experiences with the important role of parenting. First, the authors claim that the mother may project the identity of perpetrator onto the child and identify herself as a victim. Child's normal sexual interest and impulses may trigger mother's past trauma and she may start to regard the child as the perpetrator. Due to the triggered traumatic experience, mother may experience trauma-related emotions like disgust, anger, or shame and with the effects of these powerful emotions she either helplessly withdraws herself from the relation or aggressively overreacts. Both types of parenting responses result in child's traumatization from the aversive mother-child relationship. As a second possibility, Maker and Buttenheim (2000) discuss the role of mother's identification with the abuser. The mother identifies with the perpetrator and believes that she could have stopped the abuse. With the effects of this identification and feelings of illusory empowerment, mother's parenting becomes impaired with coldness, rigidity, rage, increased control and shame and guilt when this illusory empowerment fails. As a result, the parent may neglect or abuse the child, resulting in the traumatization of the second generation.

Vogel (1994) (cited in, Baranowsky et al., 1998), on the other hand, suggested gender-related transmission at which trauma is transmitted from the parents to the same-sex offspring. Identification with the same-sex caregiver, namely female child's identification with the mother may create a relationship at which parental trauma is transmitted to the daughter like the transmission of other values. With another suggestion Danieli (cited in, Baranowsky et al., 1998), proposed that parents who survived the trauma try to teach their children the ways to survive the traumatic events that in turn may lead to the unintentional transmission of traumatic experiences. Therefore, as it can be summed up, rather than the direct transmission of traumatic experiences onto the second generation, the transmission is

generally proposed to be indirectly through the critical role of parent-child interaction.

2.6.2. Transmission of Posttraumatic Stress Disorder (PTSD)

Although the transmission of PTSD from one generation to the other is widely the interest of trauma-related researches, the results somehow fail to give direct evidence for this phenomenon (Davidson, & Mellor, 2001; Van Ijzendoorn, Bakermans-Kranenburg, & Sagi-Schwartz, 2003). In their review about PTSD transmission to second and third generations in Holocaust survivors, Baranowsky and colleagues (1998) pointed out that when the DSM-IV's PTSD criteria was investigated separately on the sample, there is some evidence for the parental trauma and the existence of PTSD criterion on the offspring. However, the authors concluded that lack of the direct and clear evidence for the transmission of parental PTSD onto the second generation may be due to some methodological limitations like non-random samples, measures lacking appropriate sensitivity, unreliable and inadequately validated measures, small sample sizes and lack of control groups. They added that changing life conditions after the traumatic experience like the survivors' immigrant status may hinder this transmission effects. That means it becomes confusing whether the outcome is due to the transmission of Holocaust experience or it is the result of, for example, just being an immigrant.

As Baranowsky and colleagues (1998) mentioned, although not giving direct evidence for the transmission of PTSD across generations, Giladi and Bell (2012) give some support for the transmission of trauma-related stress. They found that the levels of secondary traumatic stress were within the normal range for all groups of second generation and third generation Holocaust survivors and other groups who have no relatives of Holocaust survivor. Despite this result, it is interesting that the second and the third generation of Holocaust survivors reported significantly higher levels of

secondary traumatic stress, lower levels of differentiation of self and poorer family communication.

However, the case studies and reported clinical experiences encourage researchers to figure out this intergenerational transmission. For example Weiss and Weiss (2000) reported their group-work with the second generation of Holocaust survivors. They concluded that the second generation somehow is affected from the parents' Holocaust experience, but this influence is not always in the ways of Schwartz and colleagues' (1994) (cited in, Weiss, & Weiss, 2000) concept of "direct specific transmission" (children learn to think and behave in disturbed ways, like their parents, as if they themselves experienced the event), rather it seem to be Schwartz and colleagues' (1994) (cited in, Weiss, & Weiss, 2000) understanding of "indirect general transmission" at which the parental trauma diminishes the parental abilities that in turn results in the problems of the child. Very similarly, Fossion, Rejas, Servais, Pelc, and Hirsch (2003) reported in their clinical studies that the third generations' symptoms (like problems at school, cannabis abuse, depression or anxiety disorders, eating disorders and problems with aggression) seem to be the results of their grandparents Holocaust experiences. They also noted that this intergenerational transmission can best be understood with the concept of "indirect general transmission" explained above. Although not providing direct evidence for the transmission of survivor's PTSD to the next generations, the data still keep this phenomenon alive for the psychologists. However, rather than focusing on the existence of a certain psychopathology at the second and the third generations, it can be more enlightening to try to understand how the second generation reacts to the parental trauma, what exactly is transmitted and in what means this transmission occurs.

2.6.3. Factors Influential on Trauma Transmission

As mentioned earlier, the transmission of traumatic experiences from the experiencer to others who did not directly experience the incident has

some evidence. Nonetheless, the lack of such evidence in some studies makes the issue debatable. This debate also fosters the curiosity related to factors that may be leading to or hindering the transmission of traumatic experiences. These influential factors are divided into two in the current thesis: resiliency and risk factors. Starting from the resiliency factors, Sagi-Schwartz, Van Ijzendoorn, and Bakermans-Kranenburg (2008) proposed that the lack of evidence for the intergenerational transmission of the Holocaust-related traumatic experiences may stem from the person's inclinations for some biopsychological vulnerabilities. Whether the individual was repeatedly exposed to the traumatic event, holds a genetic predisposition for PTSD and whether the social support was available or not, determines the person's resiliency or vulnerability for the transmission of the traumatic experiences. In addition to these factors, greater differentiation of the self and a family communication characterized with openness were among the resiliency factors for the second and the third generation of Holocaust survivors (Giladi, & Bell, 2012).

Coming to the risk factors, in a thesis study by Rosenthal (2011) found that being the older sibling, being female and using dissociative coping and passive defenses as coping strategies increase the likelihood of trauma transmission from Holocaust survivors to the second generation. In another study with children of Australian Vietnam veterans, it was found that global family functioning dysfunctions poses a risk for the transmission of war-related parental trauma onto the offspring (Davidson, & Mellor, 2001).

In addition to the inter-generational transmission of trauma, the concept of secondary traumatization also refers to another phenomenon at which the traumatic experiences are transmitted from the experiencer to others who did not directly experienced but heard about or watched the incidence. Regarding this secondary traumatization, two studies propose some influential factors on this traumatization. The hospital social worker's low emotional separation (from the experiencer) and high occupational stress are among the reported risk factors for this kind of trauma transmission (Badger, Royse, & Craig, 2008). Another study regarding secondary

traumatization revealed that when the trauma workers were previously exposed to trauma, highly empathized with the trauma-experiencer and perceived lower social support, they were more open to the transmission of the traumatic experience (MacRitchie, & Leibowitz, 2010). Therefore it seems that the person's feelings of psychological closeness to the experiencer is a critical factor in the transmission of traumatic experiences. Thus, regarding the sensitive and powerful mother-child relationship, it is understandable that maternal traumatic experiences are somehow reflected on the lives of their children. Related to this, the current thesis study focuses on such kind of a possible trauma transmission from mothers to their children. The main interest of the study is in the next section.

2.7. Aim of the Study

The investigation of the literature gives support for both the negative and positive consequences following traumatic experiences. The experience of a traumatic incidence may contribute to the development of some psychopathologies and impair the experiencer's functioning at several areas. Once these psychopathological states develop, it is evident that they further hamper the functioning of the individual. In the current case of Cyprus, as being the past's child or adolescent war-survivors, today's parents have experienced various adversities related to the war experience. These negativities may have effected their functioning at various areas of life; especially as today's parents, these negativities may have influenced their parenting abilities. Since parenting was found to be related to child's psychological outcomes like coping abilities, personality and general psychological well-being and since there is some evidence for the transmission of trauma to the second generation, the possible effects of parental trauma on the offspring's psychological outcomes are of interest. Regarding the Cyprus War, the past 50 and more years and continuing Cyprus Conflict, it is specifically hypothesized that maternal war-related trauma exposure will predict the offspring's current satisfaction with life and

symptomatology level, as indicators of child's psychological well-being among Turkish Cypriots. Within this prediction, it is also expected that parenting, child's coping abilities and child's personality traits will have important mediator roles. The hypotheses of the study are given below in more detail. As depicted at Figure 1, it is expected that maternal trauma will predict child-reported parenting style and this will in turn predict the child's coping styles and personality traits. The child's coping styles and personality traits are expected to further predict child's well-being. In other words, maternal war-trauma exposure is expected to predict the offspring's current well-being via the child-reported parenting styles that is further expected to predict the child's coping styles and personality traits. Considering the fact that child's well-being is measured with two measures within the current study, the model will be separately tested for child's level of life satisfaction and symptomatology.

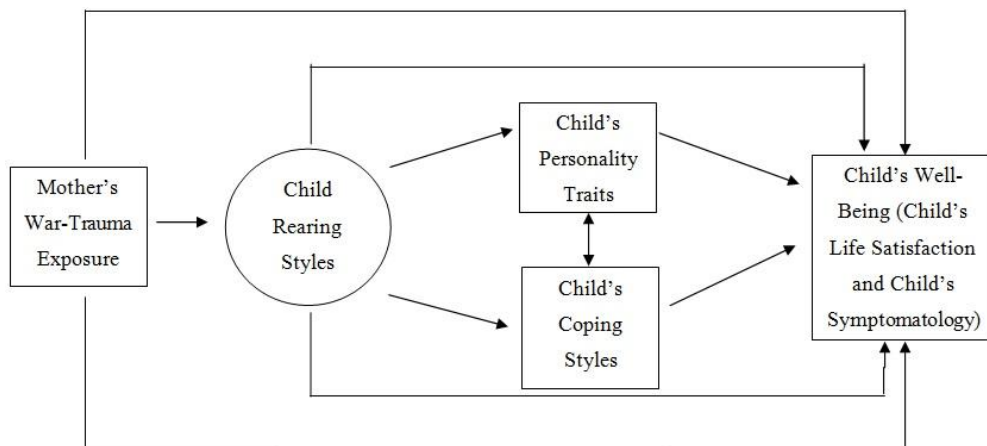


Figure 1. The proposed model for mother's war-trauma exposure and well-being of the child

Although the central aim of the study is to test this model from maternal trauma experiences to child's well-being, some other peripheral evaluations will also be conducted at which the possible relationships between the study variables will be explored. As another secondary evaluation, the scale developed specific to the current study to measure mother's exposure to war-related trauma, will be investigated in terms of its psychometric properties. The hypotheses of the study are clustered in 4 main categories and are given below. The terms of parenting and child-rearing will be used interchangeably within the thesis.

Cluster 1

Hypothesis 1: War-Trauma Exposure Scale is expected to have sound psychometric properties.

Cluster 2

Hypothesis 1: Mother's war-trauma exposure will be significantly correlated with both the perceived acceptance and strict control practices of child-rearing styles.

Hypothesis 2: Perceived child-reported child-rearing styles: acceptance and discipline/control will differ according to mother's levels of war-trauma exposure (low, moderate, high).

Cluster 3:

Hypothesis 1: Maternal war-related trauma exposure, perceived parenting styles, child's coping styles and personality traits will predict child's level of satisfaction with life.

Hypothesis 2: Maternal war-related trauma exposure, perceived parenting styles, child's coping styles and personality traits will predict child's level of symptomatology.

Cluster 4:

Hypothesis 1: Maternal war-trauma exposure will predict child's coping styles through the mediator role of child-rearing styles.

Hypothesis 2: Maternal war-trauma exposure will predict child's personality traits through the mediator role of child-rearing styles.

CHAPTER 3

METHOD

3.1. Participants

The study was conducted in Northern Cyprus with 18-38 year-old Turkish Cypriot youngsters and their Turkish Cypriot mothers who experienced war/combat during Cyprus War between 1963 and 1974 ($N=168$). The mothers' age ranged from 42 to 72, with a mean of 52.66 ($SD = 6.40$). The mean value for the child respondents' age was 26.89 ($SD= 5.47$). Besides, 30.4 % ($N=51$) of sample was male and 69.6 % ($N=117$) of the sample was female child respondents. Detailed demographic characteristics information is given at Table 1 and Table 2.

Table1. Descriptive Statistics for Mother-Reported Demographic Variables

Variables	N	%	Mean	SD	Min-Max
Age	168		52.66	6.40	45-72
Education	166				
Primary	49	29.5			
Secondary	20	12			
Lycee	80	48.2			
University	14	8.4			
Masters/Doctorate	2	1.2			
Other	1	0.6			
Income	168				
Very low	3	1.8			
Low	16	9.5			
Moderate	112	66.7			
Moderate to high	31	18.5			
High	6	3.6			
Number of offspring	164		2.29	0.80	1-6
Reared child with husband	168		0.98	0.13	0-13
Yes	165	98.2			
No	3	1.8			
Still together with husband	168		.91	0.29	0-1
Yes	153	91.1			
No	15	8.9			
Mother's contribution to caregiving	168		4.46	0.71	1-5
Father's contribution to caregiving	168		2.85	1.12	1-5
Any psychological treatment	164		.20	0.80	0-1
Yes	13	7.7			
No	151	89.9			
Still in psychological treatment	123		1.35	2.22	0-1
Yes	2	1.2			
No	121	72			

Table 2. Descriptive Statistics for Child-Reported Demographic Variables

Variables	N	%	Mean	SD	Min- Max
Age	168		26.86	5.47	17-38
Child's gender	168				
Female	117	69.6			
Male	51	30.4			
Education	168				
Primary	3	1.8			
Secondary	5	3			
Lycee	56	33.3			
University	70	41.7			
Masters/Doctorate	31	18.5			
Other	3	1.8			
Income	168				
Very low	3	1.8			
Low	11	6.5			
Moderate	112	66.7			
Moderate to high	36	21.4			
High	6	3.6			
Number of sibling(s)	168		1.41	.95	0-5
Parents reared together	168				
Yes	166	98.8			
No	2	1.2			
Parents still together	168				
Yes	157	93.5			
No	11	6.5			
How much mother has taken care of you	166		4.48	.66	1-5
How much mother has taken care of you	167		2.99	1.13	1-5
Any psychological treatment	163				
Yes	8	4.9			
No	155	95.1			
Still in psychological treatment	124				
Yes	2	1.6			
No	122	98.4			

3.2. Instruments

The present study consists of two separate set of questionnaires; namely mother set and child set. The mother set consists of mother

demographic information sheet, Satisfaction with Life Scale, Turkish Ways of Coping Inventory, War Trauma Exposure Scale and Impact of Event Scale-Revised (Appendix B). The child set is formed with child demographic information sheet, Child Rearing Styles Scale, Basic Personality Inventory, Turkish Ways of Coping Inventory, Satisfaction with Life Scale and Brief symptom Inventory (see Appendix C for the battery listed). Firstly mothers' questionnaires will be presented, then that of child.

3.2.1. Questionnaires Given To the Mothers (Appendix B)

3.2.1.1. Mother Demographic Information Sheet

The mother demographic information sheet had questions on age, education, occupation, income, children number, whether she was together with her husband while rearing her child, whether she is still together with her husband, who has taken care of her child, how much she has taken care of her child, how much her husband has taken care of her child, whether she had any psychological treatment and whether she is still in a psychological treatment. For details see Appendix B.

3.2.1.2. War Trauma Exposure Scale (WTES)

Prior to the thesis study proposal, a small-sample-size-interview (N=10) was conducted with some war/combat experienced parents (8 mothers and 2 fathers) in North Cyprus (ages 45-60). To report the interview data, only one of the parents (a father) reported not believing that his parenting behaviors could be affected from the war/combat experiences. Other than him, the remaining 9 parents reported that if they hadn't lived such experiences, their life and their parenting behaviors could have been different. By the word "different" they reported that their hard experiences made them to be more sensitive as a parent and these experiences enabled them to be more involved with their children's lives. Only one parent (father) among the nine (who believed that traumatic experiences influences their parenting),

reported that the trauma experiences made him to be more “strong” and more “courageous” enabling him protecting his family more effectively. Among the mothers, only one mother (who was severely injured during a bombing to a school and partially lost her walking ability) reported that her life was very as good as a “fairy tale” prior to the war, and after the war, she has lost many things: namely her beauty, her healthy walking ability, her beautiful house, her expensive car, her “easy” life and she reported becoming “an incomplete” person (because of the incurable wound in the leg). The interviewees reported living hard times and -in an obligatory way- leaving their houses and their home-villages, being obliged to walk for days on the mountains without any food or water, not being able to find a shelter, not being able to find any food or water at the places they settled temporarily, not being able to find any clothes appropriate to the weather conditions, losing many valuable things (like: a healthy body, car, jewelry, money, remembrance like important photographs ...etc), falling apart from their family members, close neighbors and close friends, becoming enemies with their close Greek friends, feeling doubt about their safety every time and everywhere, experiencing an attack or bombing to a “protective” shelter (like hospitals, schools, mosque... etc), despite being a child, participating in the combat actively, witnessing violence towards a family a member, a friend or a person out of family, witnessing being murdered of a family member, a friend or a person out of family, and directly experiencing violence from others towards the self. They also reported that even after more than 40 years, they are still feeling horrific and still having some flashbacks whenever they see a soldier, hear a plane/helicopter flying, experience some army vehicles (like tanks and lorries) passing from the road, watch any video or movie about the combat/war, hear the voice of gunfire, and even whenever they unexpectedly hear a loud voice. The data gathered through this small-sample-size-interview was found to be parallel to the literature findings about the war experiences of the survivors (Goldstein, Wampler & Wise, 1997). Therefore, in the current study, in order to assess the severity of the traumatic experiences of the

mother survivors, these interview data were combined with the literature data (Goldstein, Wampler & Wise, 1997) and contributed the formation of a “war-trauma exposure scale” that is specific to this study. For the items of the scale, see Appendix B.

War trauma exposure scale was developed with contributions of the interview with 10 Turkish Cypriot parents and the literature information. The main literature sources were DSM-IV-TR (American Psychiatric Association, 2000), an article about “war experiences” of Goldstein and colleagues (1997), Elal and Slade’s (2005) study on developing “traumatic exposure severity scale” and “post-traumatic stress diagnostic scale” by Foa in 1995. The scale was completed by 10 women in Cyprus and detailed feed-back was taken from the respondents. Regarding the feed-backs, item 4 was revised in term of its Turkish expression. In order to check for the validity properties of the scale, “satisfaction with life scale”, “Turkish ways of coping inventory” and “impact of event scale event-revised” were added to the mother’s questionnaire set. Detailed further information about the scale is given at Results Section.

3.2.1.3. Impact of Event Scale-Revised (IES-R)

This scale is developed by Horowitz in 1979 (Horowitz, Wilner, & Alvarez, 1979). It is a 15-item scale that evaluates the disturbance of the individual following an important event. It has two subscales: “intrusion” and “avoidance”. The Cronbach alpha coefficient for the “intrusion” subscale is .78 and for the “avoidance” is .82 (Horowitz, Wilner, & Alvarez, 1979). The scale assesses the frequency of any impact of the traumatic event that respondents experienced within last 7 days on a 4-point scale. The scale was translated to Turkish by Çorapçıoğlu, Yargıç, Geyran, and Kocabaşoğlu in 2006. The scale was found to be correlated with SCL-40 ($r = .51$) (Işıklı, 2006). However, Weiss and Marmar (1997) included some more items increasing the item number to 21 and factor number to 3. These added items were about “arousal” enabling scale to meet the DSM-III criteria for PTSD.

Işıklı conducted further analysis about the scale with its revised 3-factor form in 2006. The scale showed correlation with Brief Symptom Inventory ($r = .72$), Beck Depression Inventory ($r = .60$) and Beck Anxiety Scale ($r = .60$). The whole scale's Cronbach alpha coefficient was found to be .93, Cronbach alpha coefficient for "arousal" subscale is .90, Cronbach alpha coefficient for "intrusion" subscale is .83 and .82 for "avoidance" subscale. The Cronbach alpha coefficients for the items vary from .35 to .80 (Işıklı, 2006). For the current study, Cronbach alpha coefficient for "arousal" subscale is .90, for "intrusion" subscale is .92 and .85 for "avoidance" subscale. For the scale, see Appendix B.

3.2.2. Questionnaires Given To the Offspring (Appendix C)

3.2.2.1. Child Demographic Information Sheet

The child demographic information sheet had questions on age, gender, education, occupation, income, sibling number, whether parents were together while rearing him/her, whether parents are still together, who has taken care of him/her, how much mother has taken care of him/her, how father has taken care of him/her, whether s/he had any psychological treatment and whether s/he is still in a psychological treatment. For the details, see Appendix C.

3.2.2.2. Measure of Child Rearing Styles (MCRS)

This scale is developed by Sümer and Güngör in 1999 in order to assess parenting styles based on the dimensions of Maccoby and Martin (1983). The measurement is a 22-item, 5 point Likert-type scale, 1 representing "not true at all" and 5 meaning "totally true". Based on their studies, two main parenting dimensions were obtained from these 22 items: namely acceptance/involvement and strict control/supervision. Four parenting styles (Authoritative, Permissive/Neglectful, Authoritarian and Permissive/Indulgent) are obtained by crossing the two dimensions.

Acceptance/involvement dimension assesses being loved, accepted and understood by parents with items like “I always trust my mother’s/father’s love and intimacy” and “My mother/father was closely concerned with my health”. Strict control/supervision dimension assesses how much the respondent was controlled, disciplined, restricted and watched by parents at childhood years. Some items of this dimension are “My mother/father wanted to control every behavior of mine rigidly” and “My mother/father used to frequently control my room’s tidiness”. For the items of the scale, see Appendix B. Study for Turkish standardization of the scale was completed with 279 university students who were asked to rate their mother’s and father’s child rearing styles separately. Internal consistency coefficients for perceived parental acceptance was .94 from both mothers and fathers; while the values were .80 for mothers and .70 for fathers regarding perceived strict control/supervision dimension. Within the current study, the scale was completed by offspring only for their mothers. Cronbach alpha values for the present study were .89 and .87 for acceptance/involvement and strict control/supervision dimensions, respectively. The measurement is presented at Appendix C.

3.2.2.3. Basic Personality Traits Inventory (BPTI)

This inventory is originally a self-report inventory with 45 items and aimed to assess the basic personality traits with respect to five-factor model of personality (Extraversion-Introversion, Conscientiousness, Agreeableness, Neuroticism-Emotional Stability and Openness-Intellect) (McCrae, & Costa, 2003; Peabody, & Goldberg, 1989). It has been studied by Gençöz and Öncül (2008) to assess the basic traits of personality in Turkish culture and a sixth factor was extracted (Negative Valence). According to this study, the final dimensions are: Extraversion-Introversion (Cronbach alpha reliability value= .89), Conscientiousness (Cronbach alpha reliability value= .85), Agreeableness (Cronbach alpha reliability value= .85), Neuroticism-Emotional Stability (Cronbach alpha reliability value=.83), Openness-

Intellect (Cronbach alpha reliability value= .80) and Negative Valence (Cronbach alpha reliability value= .71). The test-retest reliability values for the six factors range from .71 and .84 (Gençöz & Öncül, 2008). The 6-factor version of the scale was used in the present study revealing Cronbach alpha values of .78 for Extraversion-Introversion, .80 for Conscientiousness, .78 for Agreeableness, .83 for Neuroticism-Emotional Stability, .65 for Openness-Intellect and .63 for Negative Valence subscales. For the measure, see Appendix C.

3.2.2.4. Turkish Ways of Coping Inventory (TWCI)

Originally, Ways of Coping Checklist is developed by Folkman and Lazarus in 1980. The revised version consists of 68 items which examine behavioral and cognitive strategies that are used to encounter with stressful situations. Regarding the sources of the coping styles, Ways of Coping Checklist was categorized in two; namely: problem-focused coping and emotion-focused coping (Lazarus & Folkman, 1984). While emotion-focused coping involves avoidance, attention-distraction and denial kind of strategies to manage the stress-related negative emotions; problem-focused coping refers to the individual's attempts to find solutions in order to get rid of the source of the stress. Siva translated the scale in Turkish in 1991 adding 6 more items. The Cronbach alpha coefficient of the whole scale was found by Siva (1991) to be .90. In Siva's study seven factors emerged.

In order to examine the role of the social support in the categorization of TWCI, its factors were subjected to a second-order factor analysis, and a third factor, in addition to problem-focused coping and emotion-focused coping, emerged which was named as Seeking Social Support: Indirect Coping Style (Gençöz, Gençöz & Bozo, 2006). For the present study, this 3-factor version is used and Cronbach alpha coefficient of subscales are .85 for problem-focused coping, .83 for emotion-focused coping and .80 for seeking social support: indirect coping subscales for. For the inventory, see Appendix C.

3.2.2.5. Satisfaction with Life Scale (SWLS)

This scale was originally developed by Diener in 1985. It was developed to get information about individual's global life-satisfaction by using five statements related with the person's perceived quality of life. The respondent rates each statement by using a 7-point Likert-type scale showing their degree of agreement. Internal consistency of instrument was reported as .87 and test-retest correlation was reported to be .82. It was further mentioned that the scale has one-factor structure explaining 66% of variance (Diener, Emmons, Larsen, & Griffin, 1985, as cited in Durak, Durak & Gençöz, 2010). It was translated into Turkish by Durak, Durak and Gençöz in 2010 for their study about the psychometric properties of the scale and back-translation of the scale was reported to reveal semantically similar items with the original scale. For the present study, this version was used. Satisfaction with life scale was reported to be superior to other measures of subjective well-being due to its ability to get accurate information by using only five statements (Pavot, Diener, Colvin, & Sandwick, 1991). In addition to being brief, the scale can said to be more advantageous over other subjective well-being scales since it can be used with participants of various ages, as it is widely used in Turkey (Agbuga, et al., 2011; Doğan, 2006; Güler, & Gazioğlu, 2008; Gün, & Bayraktar, 2008). Reliability analysis depicted Cronbach alpha value of .88 for the current study. The scale is presented at Appendix C.

3.2.2.6. Brief Symptom Inventory (BSI)

This inventory was developed by Derogatis in 1992. This is a 53-item scale that assesses the existence of symptoms like psychoticism, hostility, anxiety disorders, obsessive-compulsive disorder, depression and somatization. It is rated with 4 point Likert-type scale and it has 9 subscales. Cronbach alpha coefficient for the 9 subscales vary from .71 to .85 and test-retest reliabilities vary from .68 to .91 (Terzi-Ünsal & Kapçı, 2005). In 1994, Şahin and Durak conducted another factor analysis with a sample of Turkish youth and reached to 5 factors; namely: anxiety, depression, somatization,

hostility and negative self. Cronbach alpha coefficients for the subscales were ranging from .70 (depression) to .88 (somatization) with correlation coefficients between -.45 and -.71. The present study revealed Cronbach alpha value of .87 for anxiety, .91 for depression, .80 for somatization, .82 for hostility and .88 for negative self. For the inventory, see Appendix C.

3.3. Procedure

Data was gathered from various parts of Northern Cyprus via snowball technique. Every individual involved in data gathering was conscientiously informed about the important points of study. The mother and child were required to form a pair and mother is informed that she could only form a pair with one of her children. Both mother and her offspring have taken separate questionnaires in envelopes together with the informed consent to be signed in. Respondents were given the envelopes and agreed on a due date to return them. The returns were gathered within enclosed envelopes in pairs and every pair was coded. Informed consents were taken separately.

3.4. Statistical Analysis

Predictive Analytics SoftWare (PASW) version 18 was used for every single statistical analysis. Before conducting main analysis, data cleaning procedures (Tabachnick & Fidell, 2007) were followed in terms of data accuracy, missingness, univariate and multivariate outliers, normality, linearity, homoscedasticity and multicollinearity and singularity. At the end of these procedures, 11 cases with 5 % and more missing values were deleted and Missing Value Analysis was conducted. The analysis revealed that despite there were no cases with more than 5 % missing values (N=169), the missingness was completely at random (MCAR) (Tabachnick & Fidell, 2007) (Little's MCAR test $\chi^2 (29136) = .000, p= 1.000$). Therefore, missing values were replaced with mean for every single variable. After that, since the investigation revealed that one mother reposted zero-level exposure to the

war-related traumatic events, this case was also excluded and the whole analyses were conducted for the remaining 168 cases.

Prior to main analysis, descriptives for demographic variables were examined (Table 1 & Table 2). Then, War-Trauma Exposure Scale was subjected to factor analysis. After that, reliability analyses were conducted for War-Trauma Exposure Scale, Impact of Event Scale-Revised, Measure of Child Rearing Styles, Basic Personality Traits Inventory, Turkish Ways of Coping Inventory, Brief Symptom Inventory and Satisfaction with Life Scale. Following this, validity for War-Trauma Exposure Scale was examined. Then, the correlations of all variables were inspected. Before the main regression analyses, a multivariate analysis of variance, MANOVA, for levels of mother's war-trauma exposure on two child-rearing styles was conducted. After that, the regression analyses for the full model were conducted and then, finally the mediations were tested.

CHAPTER 4

RESULTS

4.1. Overview

For this section first of all descriptive statistics for all variables used in the analyses are presented (Table 3). Then, results for the hypotheses that were listed at Section 2.7 are given based on their order. According to this order, firstly, psychometric properties of War-Trauma Exposure Scale are presented. Then, before the main analyses, correlations of the predictor and dependent variables are presented. This is followed by a multivariate analysis of variance (MANOVA) for the effects of levels of maternal war-trauma exposure on child-rearing styles. After that the results for the main models are presented for both child's satisfaction with life and child's level of symptomatology. Finally, the two mediation analyses for child rearing styles are given.

Table 3. Descriptive Statistics for Variables Used in Regression Analyses

Variables	N	Mean	SD	Min-Max
Mother's war-trauma exposure	168	52.92	26.71	1-111
Acceptance child-rearing style	168	43.69	7.41	20-55
Discipline/control child-rearing style	168	28.18	8.74	11-54
Extraversion personality trait	168	31.11	5.66	15-40
Conscientiousness personality trait	168	32.93	4.33	19-40
Agreeableness personality trait	168	35.45	3.25	26-40
Neuroticism personality trait	168	24.17	7.42	9-45
Openness personality trait	168	23.69	3.34	14-30
Negative valence personality trait	168	8.16	1.83	6-14
Child's scores for satisfaction with life scale	168	22.72	7.64	5-35
Child's problem-focused coping style	161	102.18	12.84	64-139
Child's emotion- focused coping style	159	55.58	11.20	31-96
Child's indirect coping style	163	37.85	7.29	18-55
Child's scores for brief symptom inventory	168	87.50	28.90	53-181

4.2. Results for the Hypothesis at Cluster 1

Hypothesis 1: War-Trauma Exposure Scale is expected to have sound psychometric properties.

4.2.1. Scale Developed for the Study

4.2.1.1. War-Trauma Exposure Scale: Psychometric properties

War-Trauma Exposure Scale consists of 23 situations that can be faced during a combat or war. The respondents were first asked to report whether they had been exposed to the mentioned situation. If the respondent did not experience the mentioned situation, she was required to mark zero (0).

However, if the mother faced with the mentioned event, then she was required to rate this event's degree of impact on a 5-point Likert type scale. Then, the all the items scores are summed and reached to a global "mother war-trauma exposure" variable.

As the result revealed, mother's exposure to trauma ranged from 1 to 111 (N=168), with a mean of 52.92 (SD = 26.71) (Table 3). All the mothers reported that they experienced at least one of the mentioned combat situations. Descriptives for mother's war/combat experiences are presented at Table 4.

Table 4. Descriptive Statistics for War-Trauma Exposure Scale

Traumatic War/Combat Situations	N	Mean	SD	Min-Max
1. Moving to another place to live	165	2.47	2.16	0-5
2. Being exposed to violence and/or abuse	166	1.01	1.81	0-5
3. Bomb bursting and/or weapon firing nearby you	167	2.87	2.15	0-5
4. Involving combat (actively)	167	.86	1.74	0-5
5. Being witness to killing many people collectively	168	.93	1.84	0-5
6. Thinking that your life is at danger	168	3.67	1.68	0-5
7. Experiencing a great feeling of fear or horror	168	3.55	1.82	0-5
8. Thinking that another person's life is at danger	167	3.73	1.81	0-5
9. Experiencing deprivations due to war/combat situation (shelter, food, clothes...etc)	167	3.50	1.67	0-5
10. Witnessing an out-of-family-person being exposed to violence and/or abuse	168	1.36	2.10	0-5
11. Death of somebody from family	168	1.86	2.17	0-5
12. Loosing trace of somebody you knew and not having any news from him/her	168	2.17	2.29	0-5
13. Losing some valuable things due to the experienced conditions (a healthy body, jewels, car, house, money,...etc)	168	2.33	2.19	0-5

Table 4. Continued

Traumatic War/Combat Situations	N	Mean	SD	Min- Max
14. Feeling yourself helpless	168	3.38	1.88	0-5
15. An unexpected attack to the environment (like: school, mosque, church, hospital...etc) that you have refuged since you thought it was safe	167	1.95	2.27	0-5
16. Witnessing to village/house/car...etc being set on fire	167	1.38	2.13	0-5
17. Witnessing somebody from your family being exposed to violence and/or abuse	168	1.07	1.97	0-5
18. Witnessing a gunfight	168	2.43	2.32	0-5
19. Wherever you go, thinking that you are not safe	168	3.02	1.93	0-5
20. Death of somebody you knew	168	2.82	2.20	0-5
21. Being separated from close neighbors and/or friends	166	2.94	2.04	0-5
22. Being wounded	167	.49	.34	0-5
23. Parting from some family members	164	3.15	2.13	0-5

4.2.1.2. Factor Structure, Reliability and Validity of War-Trauma Exposure Scale

In order to examine the factor structure of War Trauma Exposure Scale, responses to the scale were first analyzed with principle component analysis with varimax rotation. The factors above eigenvalue of 1.00 were considered with respect to scree plot. The most adequate solution seemed to be three factors explaining 52.13 % of the variance. A factor loading of .30 was used as a criterion to determine item structure of these three factors. The factors were named as 'Negative Feelings', 'Exposure to Violence' and

‘Loss’. The total scores for the subscales were obtained by summing up the responses to the items belonging to the factors. Then the overall reliability of the scale was calculated (.91). A rating of “0” represents not being exposed to the combat situation; “1” means that the respondent was exposed to but have not affected by the situation at all, and “5” corresponds to being very highly affected by the exposed combat condition. The reliability coefficients for the three subscales were (.86) for negative feelings subscale, (.83) for exposure to violence subscale, (.76) for loss subscale. Although item 9 was statistically loaded under negative feelings factor, it was decided that theoretically it should be included in factor “loss”. Very similarly, although item 3 was statistically loaded under negative feelings factor, it was theoretically decided that it will reveal a better fit if it is included in exposure to violence factor. Factor loadings and reliability coefficients were depicted in Table 5.

Table 5. Composition of Factors of War-Trauma Exposure Scale with Factor Loadings, Percentages of Variance Explained and Cronbach Alpha Values

Factors and Items	Factors		
	1	2	3
Factor 1			
Negative Feelings			
(Variance explained 35.34 %)			
(Cronbach Alpha .86)			
7. Experiencing a great feeling of fear or horror	.82	.13	.16
6. Thinking that your life is at danger	.79	.09	.17
8. Thinking that another person’s life is at danger	.79	.04	.18
19. Wherever you go, thinking that you are not safe	.66	.23	.18
14. Feeling yourself helpless	.57	.27	.32

Table 5. Continued

Factors and Items	Factors		
	1	2	3
Factor 2			
Exposure to Violence			
(Variance explained 9.64 %)			
(Cronbach Alpha .83)			
4. Involving combat (actively)	.06	.74	.18
5. Being witness to killing many people collectively	.14	.71	.05
16. Witnessing to village/house/car...etc being set on fire	.23	.64	.09
17. Witnessing somebody from your family being exposed to violence and/or abuse	.25	.63	.24
22. Being wounded	-.08	.63	.20
15. An unexpected attack to the environment (like: school, mosque, church, hospital...etc) that you have	.30	.62	.18
18. Witnessing a gunfight	.49	.57	.03
10. Witnessing an out-of-family-person being exposed to violence and/or abuse	.31	.56	.30
2. Being exposed to violence and/or abuse	.10	.46	.43
3. Bomb bursting and/or weapon firing nearby you	.67	.39	-
			.09
Factor 3			
Loss			
(Variance explained 7.16 %)			
(Cronbach Alpha .76)			
13. Losing some valuable things due to the experienced conditions (a healthy body, jewels, car, house, money,...etc)	.28	.13	.64
20. Death of somebody you knew	.16	.28	.64
11. Death of somebody from family	-.14	.34	.64
1. Moving to another place to live	.12	-	.62
		.01	
12. Loosing trace of somebody you knew and not having any news from him/her	.30	.25	.59
21. Being separated from close neighbors and/or friends	.40	.12	.57
23. Parting from some family members	.45	.18	.45
9. Experiencing deprivations due to war/combat situation (shelter, food, clothes...etc)	.58	.11	.34

When descriptive statistics of the three subscales of war-trauma exposure scale were examined, it can be concluded that mothers predominantly experienced loss due to the combat/war ($M= 21.36$). The second effective experience lived by the combat/war was reported to be negative feelings ($M= 17.35$). Lastly, mother's reports revealed that combat/war environment affected mothers by exposing them to various forms of violence ($M= 14.22$) (Table 6). Although the factor structure of the scale was investigated since it is a novel scale developed for the study, only the total score for mother's level of war-related trauma exposure is used in the analyses since the number of predictor variables was considerably high.

Table 6. Descriptive Statistics for the Three Factors of War-Trauma Exposure Scale

Name of Factor	N	Mean	SD	Min-Max
Loss	161	21.36	11.03	0-40
Negative Feelings	167	17.35	7.23	0-25
Exposure to Violence	163	14.22	13.15	0-50

In order to check for the validity of the scale, the correlations of the mothers' responses to "War-Trauma Exposure Scale" with the mother's scores for "Satisfaction With Life Scale", "Turkish Ways of Coping Inventory" and "Impact of Event Scale-Revised" were examined. The correlations among mother's responses to the scales revealed that the war-trauma exposure scale was significantly correlated with emotion-focused coping ($r= .20$, $p< .05$) and total score of impact of event scale ($r= .51$, $p< .01$) that assessed the impact of maternal war events within the last week. The scale was also correlated with all three factors of impact of event scale; namely: avoidance, intrusion and arousal ($r= .36$, $r= .56$ and $r= .48$, all $p< .01$, respectively). On the other hand, the scale was not significantly correlated with problem-focused coping, indirect coping and satisfaction with life scale ($r= .05$, $r= -.08$, $r= -.05$, all $p> .05$, respectively) (Table 7).

Table 7. Correlations of War-Trauma Exposure Scale with Other Variables

	1	2	3	4	5	6	7	8	9
1. Mother's Problem-focused Coping		.26**	.22**	.25**	.09	.04	-.03	.04	.05
2. Mother's Emotion-focused Coping			.12	-.06	.37**	.40**	.44**	.44**	.20*
3. Mother's Indirect Coping				.14	.06	.13	.12	.11	-.08
4. Mother's Satisfaction with Life Scale					-.06	-.18*	-.20**	-.16*	-.05
5. Avoidance						.69**	.66**	.85**	.36**
6. Intrusion							.91**	.96**	.56**
7. Arousal								.94**	.48**
8. Impact of Event Scale-Revised (Total)									.51**
9. War-Trauma Exposure Scale									

*Correlation is significant at the 0 .05 level (2- tailed)

**Correlation is significant at the 0 .01 level (2- tailed)

Further, in order to test for the construct validity of the scale a principle component analysis was conducted for war-trauma exposure scale and impact of event scale-revised with varimax rotation. The factors above eigenvalue of 1.00 were considered with respect to scree plot. Results give evidence for the sound construct validity of the war-trauma scale since both of the measures were significantly loaded under one same construct with an accounted variance of 75.68%. The factor loadings were .87 for both scales. Further, in addition to the significant correlation between Impact of Event Scale-Revised and War-Trauma Exposure Scale, the univariate analysis of variance conducted for mother's war-trauma exposure scale on their scores for total Impact of Event Scale-Revised revealed significant differences between groups. According to the results, mothers who were highly exposed to war-trauma obtained the highest scores on Impact of Event Scale-Revised ($M = 45.73$, $SD = 21.42$), while moderately exposed mothers reported

moderate scores on Impact of Event Scale-Revised ($M= 29.77$, $SD= 17.61$) and finally mothers who were exposed to war/combat situations at low level revealed lower scores on Impact of Event Scale-Revised ($M= 21.42$, $SD= 13.33$), as can be expected. Further giving support for its validity, the War-Trauma Exposure Scale revealed a good fit ($\chi^2 (148) = 217.93$, $p < .000$) very similar to Impact of Event Scale-Revised ($\chi^2 (149) = 249.96$, $p < .000$), that assessed current impact of mother's exposure to past war/combat situations.

4.3. Results for the Hypotheses at Cluster 2

Hypothesis 1: Mother's war-trauma exposure will be significantly correlated with both the perceived acceptance and strict control practices of child-rearing styles.

Hypothesis 2: Perceived child-reported child-rearing styles: acceptance and discipline/control will differ according to mother's levels of war-trauma exposure (low, moderate, high).

4.3.1. Effects of Mother's War-Trauma Exposure Level on the Perceived Parental Child-Rearing Styles and Their Inter-Correlations

Before conducting the MANOVA, the correlations of the related variables were examined (Table 7). Maternal war-trauma exposure was significantly related with only strict control dimension of child-rearing styles as mentioned above ($r = .15$, $p < .05$). In order to test whether this correlation supports the idea that maternal trauma have some effects on the perception of mother's child-rearing practices, a MANOVA was conducted. For this analysis, mother's scores for war-trauma exposure were divided into 3: namely, "mother's low level war-trauma exposure" (31.4 %, $N=53$), "mother's moderate level war-trauma exposure" (34.3 %, $N=58$) and "mother's high level war-trauma exposure" (33.7 %, $N=57$). In order to test how two different styles of child rearing practices (acceptance and strict control) differ according to three levels of maternal war-trauma exposure (high, moderate, low), a MANOVA was conducted. Results revealed a non-

significant effect of mother's war-trauma exposure level on child rearing styles (Multivariate $F(4, 328) = 1.09, n.s.$) (Table 8). For the details of mean and standard deviation values see Table 9.

Table 8. MANOVA Table for Mother's War-Trauma Exposure Differences on Child-Rearing Styles

Variables	Multivariate F	df	Wilks' Λ	Multivariate η^2	Univariate F	η^2
Mother's exposure to war-trauma	1.09	4, 328	.97	.01		
Acceptance		2, 165			.93	.01
Control		2, 165			1.65	.02

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

Table 9. Mean and Standard Deviation Values for Child-Rearing Styles Based on the Levels of Maternal War-Trauma Exposure

Levels of Maternal War-Trauma Exposure	Child-Rearing Styles	
	Acceptance	Control
Low maternal war-trauma exposure	43.74 (SD= 7.24)	26.91 (SD= 8.50)
Moderate maternal war-trauma exposure	44.60 (SD= 6.01)	27.73 (SD= 7.52)
High maternal war-trauma exposure	42.72 (SD= 7.41)	29.82 (SD= 9.93)

4.4. Results for the Hypothesis at Cluster 3

Hypothesis 1: Maternal war-related trauma exposure, perceived parenting styles, child's coping styles and personality traits will predict child's level of satisfaction with life.

Hypothesis 2: Maternal war-related trauma exposure, perceived parenting styles, child's coping styles and personality traits will predict child's level of symptomatology.

4.4.1. Correlations of Variables Used in the Regression Analyses

Pearson correlation coefficients among all the dependent and independent variables used in the current study are presented in Table 10. The variables taken from the child are scores for Satisfaction With Life Scale, scores for Brief Symptom Inventory, perceived child-rearing practices of mothers (acceptance and strict control), personality traits (neuroticism, extraversion, openness to experience, conscientiousness, agreeableness and negative valance) and coping styles (problem-focused coping, emotion focused coping and indirect coping style) and the mother's war-trauma exposure taken from mother. The results revealed that mother's war-trauma exposure was significantly correlated with discipline/control dimension of child-rearing styles ($r = .15, p < .05$), emotion-focused coping style of the child ($r = .19, p < .05$) and child's scores for Satisfaction With Life Scale ($r = .18, p < .05$). Acceptance style of child-rearing on the other hand, revealed significant correlations with discipline style of child-rearing ($r = -.42, p < .01$), problem-focused and indirect coping style of the offspring ($r = .37, p < .01$ and $r = .18, p < .05$, respectively) and all the personality traits expect for openness-intellect ($r = .22, p < .01$ for extraversion, $r = .18, p < .05$ for conscientiousness, $r = .16, p < .05$ for agreeableness, $r = -.24, p < .01$ for neuroticism, and $r = -.24, p < .01$ for negative valence). The acceptance dimension was also associated with child's scores for both Satisfaction With Life Scale ($r = .28, p < .01$) and Brief Symptom Inventory ($r = -.26, p < .01$). The other dimension of child-rearing styles, discipline/control, was significantly related to both problem-focused and emotion focused coping style of the child ($r = .22, p < .01$ and $r = .30, p < .01$, respectively), child's neuroticism ($r = .17, p < .05$) and child's scores for Brief Symptom Inventory ($r = .29, p < .01$). As one of the child's coping styles, problem-focused coping was associated with all the six personality traits ($r = .30, p < .01$ for extraversion, $r = .34, p < .01$ for conscientiousness, $r = .28, p < .01$ for agreeableness, $r = -.28, p < .01$ for neuroticism, $r = .38, p < .01$ for conscientiousness and $r = -.28, p < .01$ for negative valence), child's life satisfaction ($r = .32, p < .01$) and child's

symptomatology ($r = -.28, p < .01$). Emotion-focused coping as another coping style of children was only correlated with extraversion ($r = .19, p < .05$) and child's symptomatology ($r = .22, p < .01$). However, indirect-coping style revealed non-significant relationships with all variables. Among the six personality traits of the offspring, apart from their inter-correlations and the relationships mentioned above, only two significant correlations emerged. Both extraversion and neuroticism was significantly correlated with child's symptomatology level ($r = -.19, p < .05$ and $r = .37, p < .01$, respectively).

Table 10. Correlations of Variables Used in Regression Analyses

	1	2	3	4	5	6	7	8	9
1. Mother's War-Trauma Exposure		-.06	.15*	.05	.19*	.05	.04	.12	.14
2. Acceptance/Love/Concern			-.42**	.37**	-.06	.18*	.22**	.18*	.16*
3. Discipline/Control				.22**	.30**	.09	-.10	-.14	-.04
4. Problem-Focused Coping					.13	.11	.30**	.34**	.28**
5. Emotion-Focused Coping						.10	-.19*	.09	.13
6. Indirect Coping							-.01	-.03	.08
7. Extraversion-Introversion								.29**	.28**
8. Conscientiousness									.44**
9. Agreeableness									
10. Neuroticism-Emotional Stability									
11. Openness-Intellect									
12. Negative Valence									
13. Satisfaction with Life Scale									
14. Brief Symptom Inventory									

*Correlation is significant at the 0 .05 level (2- tailed)

**Correlation is significant at the 0 .01 level (2- tailed)

Table 10. Continued

	10	11	12	13	14
1. Mother's War-Trauma Exposure	.12	.12	-.02	-.18*	.07
2. Acceptance/Love/Concern	-.24**	.09	-.24**	.28**	-.26**
3. Discipline/Control	.17*	-.11	-.06	-.11	.29**
4. Problem-Focused Coping	-.28**	.38**	-.28**	.32**	-.28**
5. Emotion-Focused Coping	.14	.04	.06	-.05	.22**
6. Indirect Coping	.05	-.09	-.07	.06	.11
7. Extraversion-Introversion	-.19*	.35**	-.32**	.01	-.19*
8. Conscientiousness	-.10	.23**	-.19*	-.01	-.13
9. Agreeableness	.04	.47**	-.18*	-.05	.07
10. Neuroticism- Emotional Stability		.01	.23**	-.09	.37**
11. Openness-Intellect			-.04	.04	-.01
12. Negative Valence				-.01	.05
13. Satisfaction with Life Scale					.27
14. Brief Symptom Inventory					

*Correlation is significant at the 0 .05 level (2- tailed)

**Correlation is significant at the 0 .01 level (2- tailed)

4.4.2. Predictors of the Full Model

As the model proposed by the current study (Figure 1) suggests, it is hypothesized that mother's exposure to war-trauma, child's coping styles and child's personality traits would predict the offspring's current psychological well-being. In order to test this full model, two separate regression analyses were conducted and presented for both of the predicted variables (child's life satisfaction and child's symptomatology level) individually.

4.4.2.1. Predictors of Child's Life Satisfaction: Full Model

In order to test the full model (Figure 1) for child's life satisfaction, the offspring's scores for Satisfaction with Life Scale were taken as the dependent variable. The predictor variables were entered into the analysis hierarchically within individual steps using stepwise method. In the first step,

mother's exposure to war-trauma entered the equation. Following this, child reported child rearing-styles (acceptance and strict control) were hierarchically entered the equation in the second step. In the third and the final step, child's three coping styles (problem-focused coping, emotion-focused coping and indirect coping) were added into the equation together with six personality traits (extraversion-introversion, conscientiousness, agreeableness, neuroticism-emotional stability, openness-intellect and negative valence) (Table 11).

Table 11. Variables According to Steps in Regression Analyses for Full Model

Block	Predictor Variables	Method
1	Mother's war trauma exposure	Stepwise
2	Child-reported child-rearing styles	Stepwise
	Acceptance/love/concern, Discipline/control	
	Child's coping styles	
	Problem-focused coping, Emotion-focused coping, Indirect coping	
3	Child's personality traits	Stepwise
	Extraversion-introversion,	
	Conscientiousness, Agreeableness,	
	Neuroticism-emotional stability,	
	Openness-intellect, Negative valence	

In the first step, the scores of mother war-trauma exposure were entered into the equation explaining 3 % of the variance ($R^2 = .03$), ($F(1, 166) = 5.32, p < .05$). This step revealed that mother's level of exposure to war-related trauma is one of the significant predictors of offspring's satisfaction of life ($\beta = -.18; t = -2.31, p < .05$). As the second step, child

reported child rearing attitudes were added, accounting a significant change in variance ($R^2 \text{ Change} = .08$; $F \text{ Change} (2, 165) = 13, 72, p < .000$). Among the two dimensions of child reported child rearing styles, only acceptance/love/concern dimension was entered into the equation with significant predicting power on offspring's life satisfaction level ($\beta = .27$; $t = 3.70, p < .001$). Following the second step, child's personality traits and child's coping styles were added as the third and the final step. Addition of these variables created a significant 5% additional change in variance ($R^2 \text{ Change} = .05$), ($F \text{ Change} (1, 164) = 10, 29, p < .01$). Among the variables only problem-focused coping style of offspring was significantly and positively related to their life satisfaction level ($\beta = .25$; $t = 3.21, p < .005$). In this third and the final step, together with problem-focused coping style, mother's exposure to war-trauma and acceptance child rearing style remained significant with a slight reduction at the latter ($\beta = -.18$; $t = -2.43, p < .05$, and $\beta = .19$; $t = 2.45, p < .05$, respectively). Regarding Baron and Kenny's (1986) conditions for the mediation effect, the situation that the previously entered variables remained significant with some reduction may be considered as a signal for a possible mediation effect. However, since the maternal-war trauma exposure was not significantly related with acceptance dimension of child-rearing styles, there is no doubt that this interpretation will be just an illusion. For the details of regression analysis, see Table 12.

Table 12. Predictors of Child's Scores for Satisfaction with Life Scale: Full Model.

Steps	Variables in set	<i>F</i> <i>Change</i>	<i>df</i>	<i>t</i>	β	<i>Partial</i> <i>Correlation (pr)</i>	<i>Model</i> <i>R²</i>
1	Mother's trauma exposure	5.32*	1, 166	-2.31*	-.18	-.18	.03
2	Child-reported child-rearing styles	13.72***	2, 165				.11
	Acceptance/love/concern			3.70***	.27	.28	
3	Child's coping styles	10.29**	1, 164				.16
	Problem-focused coping			3.21**	.25	.24	
<hr/>							
Final Step							
	Mother's trauma exposure			-2.43*	-.18	-.19	
	Acceptance/love /concern			2.45*	.19	.19	
	Problem-focused coping			3.21**	.25	.24	

4.4.2.2. Predictors of Child's Brief Symptom Inventory Scores: Full Model

In order to test the full model (Figure 1) for child's symptomatology level, the offspring's scores for Brief Symptom Inventory were taken as the dependent variable. The predictor variables were hierarchically entered into the analysis within separate steps using the stepwise method. Mother's war-trauma exposure was entered into the equation in the first step. In the second

step, two child rearing-styles (acceptance and strict control) were hierarchically added the equation. In the third and the final step, child's three coping styles (problem-focused coping, emotion-focused coping and indirect coping) and six personality traits (extraversion-introversion, conscientiousness, agreeableness, neuroticism-emotional stability, openness-intellect and negative valence) were entered into the equation (Table 11).

The results revealed that, both of the child reported mother's child-rearing practices were significant predictors of child's score of Brief Symptom Inventory. Among these child rearing styles, control dimension appeared in the first step ($R^2 \text{ Change} = .09$), ($F \text{ Change } (1, 166) = 15, 37, p < .001$), ($\beta = .29$; $t = 3.92, p < .001$). Following this, acceptance dimension emerged with a significant predictive power on the child's symptomatology level ($R^2 \text{ Change} = .02$), ($F \text{ Change } (1, 165) = 4, 13, p < .05$), ($\beta = -.17$; $t = -2.03, p < .05$). In the third step, neuroticism personality trait of the offspring was added to the equation and accounted for an additional variance of 9% ($R^2 \text{ Change} = .09$), ($F \text{ Change } (1, 164) = 19, 12, p < .001$), ($\beta = .32$; $t = 4.37, p < .001$). After that, problem-focused coping was added to the equation as the fourth step ($R^2 \text{ Change} = .02$), ($F \text{ Change } (1, 163) = 4, 30, p < .05$), ($\beta = -.16$; $t = -2.07, p < .05$). Later as the fifth and the last step, emotion-focused coping style was appeared as a predictive variable creating 3% additional change in variance ($R^2 \text{ Change} = .03$), ($F \text{ Change } (1, 162) = 5, 52, p < .05$), ($\beta = .17$; $t = 2.35, p < .05$). When the beta values for previous variables in the equation were examined within this final step, results revealed that despite they remained significant, discipline/control and neuroticism experienced slight decrements ($\beta = .17$; $t = 2.17, p < .05$ and $\beta = .26$; $t = 3.55, p < .001$, respectively) while problem-focused coping went through some amount of increment ($\beta = -.19$; $t = -2.49, p < .05$) (Table 13). All these decrements at the regression effects of variables might indicate other possible mediation effects that can guide further studies. However, since maternal war-trauma exposure was not significantly linked to child's symptomatology level, further possible

mediation effects of these variables were not tested since they are not within the scope of this study.

Table 13. Predictors of Child's Scores for Brief Symptom Inventory: Full Model.

Steps	Variables in set	<i>F</i> <i>Change</i>	<i>df</i>	<i>t</i>	β	<i>Partial</i> <i>Correlation</i> (<i>pr</i>)	<i>Model</i> <i>R</i> ²
1	Child-reported child-rearing styles	15.37***	1, 166	3.92***	.29	.29	.09
2	Discipline/control Acceptance/love/ concern	4.13*	1, 165	-2.03*	-.17	-.16	.11
3	Child's personality traits Neuroticism- emotional stability	19.12***	1, 164	4.37***	.32	.32	.20
4	Child's coping styles Problem- focused coping	4.30*	1, 163	-2.07*	-.16	-.16	.22

4.5. Results for the Hypothesis at Cluster 4

Hypothesis 1: Maternal war-trauma exposure will predict child's coping styles through the mediator role of child-rearing styles.

Hypothesis 2: Maternal war-trauma exposure will predict child's personality traits through the mediator role of child-rearing styles.

4.5.1. Mediation Analyses of Child-Rearing Styles

4.5.1.1. Mediator Role of Child-Rearing Styles Between Maternal War-Trauma Exposure and Child's Coping Styles

For the all mediation analyses, Baron and Kenny's (1986) four conditions were considered. First of these four conditions requires the predictor variable to be related with the dependent variable. As a second condition, the predictor variable needs to be related to the mediator. Third, when the effect of mediator is controlled, the effect of the predictor variable on the dependent variable must decrease. Finally as the fourth condition, after controlling the effect of the mediator, if the effect of the predictor is reduced to a non-significant level, then this proves a full mediation; whereas when its effect declines but still remains significant, this might indicate a partial mediation.

Regarding these rules for the mediation analyses, before testing the mediation effects of the two child-rearing styles (acceptance and control), first of all, the relationships of the maternal war-trauma exposure with child's coping styles were considered. Since the maternal war-trauma exposure was only correlated with emotion-focused coping style, the mediation analysis was conducted for only this variable (as the dependent variable). Then, the correlations of child-rearing styles with maternal war-related trauma exposure and child's emotion focused coping style were examined. Only the control dimension was associated with maternal war-trauma exposure; therefore the mediation analysis was conducted for only this style of child-rearing. As a result, the mediation analysis was conducted for only emotion-focused coping style (as dependent variable) with control dimension of the child-rearing (as mediator variable).

4.5.1.1.1. Mediation Analysis of Discipline/Control Dimension for Emotion-Focused Coping Style

In order to test mediation of discipline/control practices of child rearing styles between mother's exposure to war-related trauma and offspring's emotion-focused coping style, four conditions of Baron and Kenny (1986) were considered. Therefore, to be able to test for this possible mediation effect, mother's war-trauma exposure was put into regression analysis as the predictor variable when child's emotion-focused coping style was taken as the dependent variable. This analysis proved a significant relationship ($F(1, 166) = 6, 16, p < .01$), ($\beta = .19$; $t = 2.48, p < .01$). In order to satisfy the second condition, mother war-trauma exposure (predictor variable) entered the equation while strict control practices of child rearing styles (mediator) was the dependent variable, indicating a significant positive relationship ($F(1, 166) = 3, 80, p < .05$), ($\beta = .15$; $t = 1.95, p < .05$). Then, the effect of strict control dimension of child rearing styles (mediator) on child's emotion-focused coping style (dependent variable) was assessed with a separate regression analysis. Results of this analysis depicted a significant predictive power of strict control child rearing style on child's emotion-focused coping style ($F(1, 166) = 7, 94, p < .005$), ($\beta = .21$; $t = 2.82, p < .005$). Finally, both mother's war-trauma exposure and mother's discipline/control child rearing style were put into regression hierarchically in two steps when child's emotion-focused coping was dependent variable. In the first step, maternal war-trauma exposure entered and then control dimension was added in the second step using stepwise method. At the end of this analysis, although remaining significant, the effect of mother's war-related trauma declined from .19 to .16 after adding strict control child rearing style ($\beta = .16$; $t = 2.12, p < .05$) (Table 14).

Table 14. The Regression Analysis of Emotion-Focused Coping Style for Testing the Mediation Effect of Control Child-Rearing Style

Steps	Variables in set	<i>F</i> <i>Change</i>	<i>df</i>	<i>t</i>	β	<i>Partial</i> <i>Correlation</i> <i>(pr)</i>	<i>Model</i> <i>R</i> ²
1	Mother's trauma exposure	6.16**	1, 166	2.48**	.19	.19	.04
	Child-reported child-rearing styles	6.24*	1, 165				.07
2	Discipline/control			2.50**	.19	.19	
<hr/>							
Final Step							
	Mother's trauma exposure			2.12*	.16	.16	
	Discipline/control			2.50**	.19	.19	

According to the conditions of Baron and Kenny (1986) that are explained above we can conclude that there is a partial mediation of strict control child rearing style between mother's war-trauma exposure and offspring's emotion-focused coping. Further, according to Sobel test, this partial mediation was found to be significant at .05 level. For this mediation effect, see Figure 2.

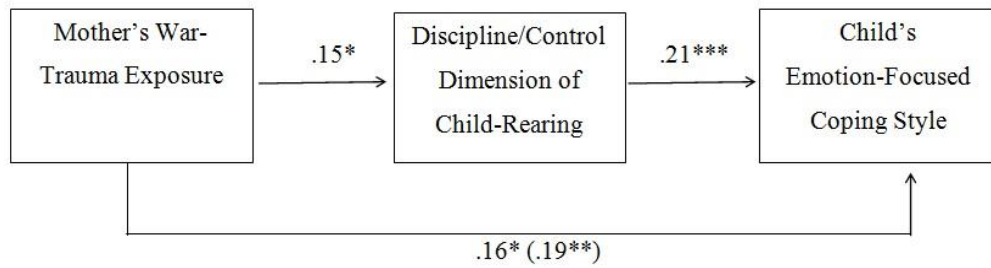


Figure 2. Path-analytic model for child-rearing styles

In the figure partial mediating role of discipline/control dimension of child-rearing styles in the relationship between mother's exposure to war-trauma and child's emotion-focused coping style is depicted. The values are standardized regression coefficients. The value in the parenthesis gives the standardized coefficient when maternal war-trauma exposure is the only predictor for child's emotion-focused coping style. (* $p < .05$, ** $p < .01$, *** $p < .001$)

4.5.1.2. Mediator Role of Child-Rearing Styles In-Between Maternal War-Trauma Exposure and Child's Personality Traits

With regard to Baron and Kenny's (1986) four conditions of the mediation analyses, again, before testing the mediation effects of the two child-rearing styles (acceptance and control), the relationships of the maternal war-trauma exposure (predictor variable) with child's personality traits (dependent variables) were examined. However, maternal war-trauma exposure failed to showed significant correlations with any of the personality traits. Therefore, since the first condition of mediation analysis (the predictor variable must be related with the dependent variable) failed to be satisfied, no further testing was conducted.

CHAPTER 5

DISCUSSION

Psychometric properties of War-Trauma Exposure Scale

Within the current study, first of all, the War-Trauma Exposure Scale (WTES) that is developed specific to the study was examined in terms of its psychometric properties and the scale revealed to have sound reliability and validity as expected. The scale was moderately correlated with Impact of Event Scale-Revised (IES-R) that is another validated scale used for assessing effects of potentially traumatic events within the last week. Although both of the scales given to the mothers were associated with the mother's war-related trauma experience, there were some slight differences between the two scales. First of all, the WTES was specifically developed regarding the war-related experiences and this scale focuses on the exposure of the test-taker to these experiences. On the other hand, the IES-R is a more general questionnaire that can be modified based on a specific trauma incidence and what the scale assesses is the impact of the experienced traumatic incidence on the experiencer rather than the person's exposure to the event. Moreover, the IES-R assesses the influence of the traumatic event within the last 7 days; however, the WTES in this study assessed the severity of mother's exposure to the war-related traumatic experiences that happened 39-50 years earlier. This timing difference may be another important factor that is responsible for the lack of high correlations (Taylor, 1990) between the two scales.

Although there are some studies which found that trauma exposure is related with lower levels of life satisfaction (Besser, & Neria, 2009), regarding the fact that in the current study the WTES assessed maternal exposure to a traumatic event that took place 50 years ago, mothers may have managed the negative direct effects of the trauma exposure and created better life conditions for themselves. Therefore, it can be understandable that the developed scale did not have significant correlations with the Satisfaction With Life Scale. As Cosman, Macavei, Sucala, and David found (2013)

during an oral history research 72.7% of the Holocaust survivors displayed emotion-focused coping and 54.5% of them used problem-focused coping. Considering this information, WTES's low (Taylor, 1990) but significant correlation with emotion-focused coping, and non-significant correlation with problem-focused can be said to be as expected. As a result of the significant correlations of the WTES, it can be further concluded that the scale has a feasible concurrent validity.

Regarding the results for the factor analysis conducted for the WTES and IES-R in order to test the WTES's construct validity, it can be said that the scale was constructed appropriate to war-related trauma and associated psychological experiences.

As a conclusion, all the analyses and investigations conducted for the psychometric properties of the war-trauma exposure scale revealed that both the reliability and validity of the scale was satisfactory. Therefore, the hypothesis in cluster one is supported.

Effects of Mother's War-Trauma Exposure Level on the Perceived Parental Child-Rearing Styles

The hypotheses in cluster two, on the other hand, are partially supported. As the first hypothesis, although the maternal war-trauma exposure was expected to be related with both of the perceived child-rearing styles (acceptance and strict control), this correlation was only significant for strict control style of child-rearing practices. As the mothers were more exposed to the traumatic situations within the Cyprus War/Conflict, then, when they became mothers, they seem to use more discipline and strict control practices of parenting on their children. Turkish Cypriot mothers' increased use of control strategies aftermath the war experience is as expected regarding the literature information since it is evident that mothers increased their monitoring practices and they tended to tightened parental rules following a traumatic experience (Henry et al., 2004).

However, the second hypothesis was not supported. Although the literature give some support for the relation between maternal traumatic experiences and their parenting practices (Fischer et al., 2010; Mowder et al., 2006), despite revealing some significant correlations with at least a part of the child-rearing styles, the levels of maternal war-trauma exposure (low, moderate and high) did not significantly differ on the child-rearing styles (acceptance and control).

Predictors of the Full Model

Further analyses for the cluster three hypotheses, namely the expectation that maternal war-trauma exposure, perceived parenting styles, child's coping styles and personality traits will predict the child's current well-being, depicted that the proposed relationships of the model (Figure 1) do partially exist. As expected, maternal war-trauma exposure, acceptance style of child-rearing practices and child's problem-focused coping style were predictors of the offspring's satisfaction with life. The results give support for the idea that maternal war trauma experience (Field et al., 2011; Schwerdtfeger et al., 2013), parenting practices of mothers (Bilsky et al., 2013; Gaylord-Harden, 2008; Zhou et al., 2008) and child's use of problem-focused coping strategies (Tomas et al., 2011) is linked to the offspring's psychological well-being. In relation to the results, it is revealed that lower maternal war-trauma exposure, higher maternal acceptance and child's more use of problem-focused coping style predicts the child to be more satisfied with the life. According to the findings it seems that the lesser the negativities that the mother experiences, the more the child is satisfied with his/her life. In addition to this, as mothers show more acceptance to their children, this further predicts the child's life satisfaction. Moreover, as the child develops more problem-focused coping style to remove the source of the stress, the child tends to be more satisfied with his/her life.

It is worth adding that the mother's exposure to war-trauma kept its predictive power on the child's life satisfaction even after controlling for the

effects of acceptance and child's problem-focused coping style. Therefore, it is important to highlight that the maternal war-related traumatic experiences have some influence on the offspring's current well-being even after 50 years. The current study revealed that as the mothers were more exposed to the war-related traumatic events, this tends to predict the offspring to be less satisfied with his/her life. Thus it can be said that the results give support for the idea of intergenerational transmission of maternal war-trauma experiences onto the offspring' current life.

For the second hypothesis regarding the model testing for child's symptomatology level, mother's war-related trauma exposure was not associated with the current symptomatology level of their children. It should be further noted that literature also gives controversial results on this issue. Although there are some studies highlighting the link between maternal trauma experience and the offspring's symptomatology (Field et al., 2011; Schwerdtfeger et al., 2013); yet there are some other studies emphasizing that the maternal trauma experiences may be linked to the current life of the offspring but not always with the means of symptomatology (Baranowski et al., 1998; Sagi-Schwartz et al., 2008). Very similarly, although the current study did not reveal a relationship between the mothers' war-trauma exposure and the offspring's current level of symptomatology; it is evident that higher maternal war-trauma exposure significantly predicted the child's lesser levels of current life satisfaction.

Although maternal war-related trauma exposure was not one of the predictors of the offspring's symptomatology within the current study; higher levels of both acceptance style of child-rearing practices and problem-focused coping style predicted lower levels of child's symptomatology; while higher levels of control practices of child-rearing, child's neuroticism and child's emotion-focused coping style predicted higher levels of psychiatric symptoms at the child. It is not surprising that in the current study, more use of acceptance practices of parenting (Bilsky et al., 2013; Gaylord-Harden, 2008) and problem-focused coping style (Tomas et al., 2012) are associated with the

better well-being outcomes and thus regarded as protective factors against symptomatology; while control practices of parents (Gaylord-Harden, 2008), emotion-focused coping (Abaied & Rudolph, 2011; Tomas et al., 2012), and neuroticism (Yoon, Maltby & Joormann, 2013) is positively linked to the child's symptomatology as proposed in literature. Although it was found that maternal war-trauma experiences was linked to the child's satisfaction with life, it is surprising to see that these painful and drastic experiences of mothers did not predict the child's current symptomatology. Therefore it seems that the results give further support for the idea that maternal trauma experiences are somehow transmitted to the second generation (Field et al., 2011; Lang et al., 2010; Schwedtfeger et al., 2013); however this transmission not necessarily shows itself in the form of symptomatology (Baranowski et al., 1998; Sagi-Schwartz et al., 2008).

Mediator Role of Child-Rearing Styles

Cluster four expectations regarding the mediator role of child-rearing styles between the maternal war-trauma exposure and child's coping styles and personality traits, were again partially confirmed. The maternal war-trauma exposure predicted child's emotion-focused coping style through the partial mediator role of strict control practices of the mothers. In a more detail, higher levels of maternal war-related traumatic experiences led to higher levels of strict control practices of parenting that in turn was associated with the child's higher use of emotion-focused coping style. This seems understandable that higher exposure to the negative war-related traumatic events may make mothers more protective for the loved ones against experiencing such kind of negativities in their lives (Henry et al., 2004). It makes more sense when the interview data related to the parent's war-trauma experiences (that was conducted with 10 parents before the development of war-trauma exposure scale) were further considered. At these interviews, it was noticed that parents were still worried about a possible combat situation. The parents' need for protection was also salient. One father among these 10

parents directly and clearly reported that he felt himself stronger and courageous that enables him to protect his family. Adding the fact that Cyprus Conflict still continues with the armistice continuing for 39 years (Güngör, 2002; Kasım, 2007; Papadakis, 2008), it is more meaningful that mothers have worries about a possible war and they have desire to protect their “vulnerable” child from experiencing similar negativities that they lived.

However, on the side of the offspring, the study revealed that maternal war-trauma exposure and linked strict control practices of mothers make children use more emotion-focused coping strategies. The offspring may not be given the opportunity to freely talk about his/her emotions with the mothers (Güngör, 2002) due to the mother’s over-protection tendencies (Bar-On et al., 1998). Not being able to ventilate emotions and therefore creating alternatives for the solution of their distress may have contributed to the child’s inability to effectively deal with the problem. Therefore, as their mothers tried to control their children’s distress to protect them from any kind of adversities in life, the offspring may have tried to deal with the source of the distress by using avoidance, denial, attention-distraction strategies and alike.

It is worth adding that while completing the questionnaires, mothers reported that they had experienced many negativities of the war and they tried their best not to see their children living similar cases. As literature proposes (Bar-On et al., 1998; Field et al., 2011; Henry et al., 2004), they further mentioned that this experience may have actually made them more over-protective towards their children and therefore they may not have given their child the opportunity to survive on his/her feet. This may have similarly resulted in the mother’s silence about the war-issues in order to protect their children from the aversive past experiences. Combining this with the possible sensitiveness of the child to protect mother from the painful memories (Bar-On et al., 1998), it is probable that the war experiences of the mother remained as a secret-box. This avoidance style of coping may be the source

for the child's emotion-focused coping that is predicted by maternal war-trauma exposure and mediated by the mother's control practices.

However, within the cluster-four hypotheses, the expectation that maternal war-trauma exposure would predict the personality traits of the child via child-rearing styles was not supported.

General Discussion

Despite the study give evidence for the linkage between maternal war-trauma exposure and child's current satisfaction with life; it was revealed that this experience of mothers' did not predict the child's symptomatology level. This result may seem to be controversial with at least some of the literature information that found a link between the mothers' trauma experiences and child's symptomatology (Field et al., 2011; Lang et al., 2010; Schwedtfeger et al., 2013). The time that elapsed, namely 50 years, and some other factors may be responsible for lack of a possible predictive relation between maternal war-related trauma experiences and the offspring's symptomatology level at the current study. Therefore it seems important to understand what happened within this time period and how these experiences might have affected the psychological outcomes of mother survivors. To better understand this situation, the interview data that was conducted with 10 parents before the development of War-Trauma Exposure Scale may also be helpful. At these interviews parents reported that many people died at war but they found themselves lucky to survive. They evaluated the circumstances like a gift from God. This perception may have helped them to forget about the negativities of the past and continue their lives. Therefore no negativities may be reflected on the offspring's well-being in the form of symptomatology transmission. Moreover, during the administration of the questionnaire, some mothers reported that their mothers, fathers and/or especially their husbands died at the combat but they still had children to take care of. They therefore added that they had to survive and stay strong enough to look after their families. Trying to keep life going and struggling to survive after traumatic

events are important strategies to deal with these hard experiences that can protect the survivor against symptomatology and promote the adjustment (Murray, 2001). Besides, the type of the mothers' trauma experience seems to be critical (Karancı et al., 2012; Shakespeare-Finch & Armstrong, 2010), namely experiencing the war as a collective experience may helped the mothers to normalize the negativities in a more easy way and created a sense of "togetherness" that may further provide them a sense of social support and power. These types of communal and collectivistic coping strategies and especially social joining of mothers are important for their psychological outcomes as survivors (Finklestein, Laufer & Solomon, 2012).

After the years following the war, the child survivors grown up and they married settling their own families. Forming own family may have brought new relations and new sources of love and social support that may have helped the mothers to handle the negative memories and focus on their own child in a more proper way. These bonds and efforts may both have acted as a restructuring factor for the mother while also serving as a protective source for the child. Regarding the efforts of the mothers of focusing on the current life, taking the responsibly of others and to taking-care of her own child, it can be assumed that all these circumstances may have acted as a motivating source for the mothers making it easier for them to forget about the negative past and strive for a better life (Murray, 2001). This may have decreased the possibility of the transmission of maternal war-related negative effects onto the current life of their children in terms of symptomatology. Besides, it can be discussed that regarding the correlation between maternal war-trauma exposure and control dimension of child-rearing practices, although it may have some negative effects as well, the mother's over-involvement with their child and dedicating their lives to their children may have contributed to the formation of a strong bond with their offspring. This strong bond between the mother and the child may have also acted as a protective source against the transmission of war-related maternal

trauma onto the child's well-being in symptomatological ways (Davidson, & Mellor, 2001; MacRitchie, & Leibowitz, 2010).

Therefore, all these progress after the war may have prevented the offspring from the transmission of maternal war-related trauma experiences onto their level of symptomatology. Nonetheless, mothers' war-related trauma experience seems to have reflected itself onto the life of the offspring in terms of life satisfaction. Regarding the fact that Cyprus Conflict still continues with the armistice (Güngör, 2002; Kasım, 2007; Papadakis, 2008), it is not surprising to expect such kind of a continuing effect of Cyprus War.

Besides, regarding the mediator role of maternal control behaviors, it seems that the war-related traumatic experiences of mothers may have impaired their perception of "safety world" resulting in mothers' increased control attempts to protect their children from this "dangerous world. However, it can be discussed that these strict control style of maternal parenting is not helpful for the child, especially in terms of their coping abilities. Nonetheless, as the mothers were less exposed to these war-trauma incidences, and as they tend to use more accepting style of parenting, it can be said that their offspring tends to be more satisfied with their life.

As a conclusion, when the results are considered, it seems that although being very drastic and painful experiences, maternal war-related trauma exposure was not linked to the offspring's development of psychopathology. However, it is evident that mother's exposure to war-trauma predicts the child's well-being in terms of life satisfaction. The more mothers were exposed to the war-related traumatic experiences, the lesser the offspring tends to be satisfied with his/her current life. Therefore the mothers' trauma history can said to be transmitted onto the second generation's overall life satisfaction though not pathology development. In that sense, it can be discussed that it may not be the maternal trauma itself that poses a risk factor for the child's development of symptomatology, but it may be the life after trauma that is actually responsible for such kind of an outcome. Although the literature provide some evidence for the relationship between the maternal

trauma exposure and child's symptomatology (Field et al., 2011; Schwerdtfeger et al., 2013), there are a number of studies not supporting this idea (Davidson, & Mellor, 2001; Giladi, & Bell, 2012; Sagi-Schwartz et al., 2008; Van Ijzendoorn et al., 2003) together with the current thesis. These seemingly controversial results may be emphasizing the issue that maternal trauma may not directly create the pathology at the child, but if the vulnerability exists then the mother's trauma experience may trigger the adverse outcomes at the child through some other forces embedded within the mother-child relationship (Sagi-Schwartz et al., 2008). Considering the mediator role of the parenting practices in-between the maternal war-trauma experiences and child's coping strategies, and adding the evidence for the predictive power of maternal war-related traumatic experiences onto the offspring's current satisfaction with life, this thesis seems to give support for the intergenerational transmission of the maternal war-trauma experiences onto the second generation by highlighting the importance of mother-child interaction.

CHAPTER 6

LIMITATIONS AND SUGGESTIONS FOR FUTURE RESEARCH

Within the current study, the gender of the offspring, education and income levels of both mothers and children that were not included within the analyses may have important roles within the relationships depicted at the model (Figure 1). Therefore further studies may involve such variables into their proposals. As mentioned earlier, mothers only reported their war-trauma exposure and all other variables are taken from their offspring including the mother's child-rearing practices. In relation to this, the offspring's report of the mother's child-rearing practices may be congruent with their current mood or satisfaction level rather than reflecting the mother's real parenting practices. Moreover, asking mothers about the past trauma, may have also resulted in mothers' false memory of the past events. Thus the mothers may have given exaggeratedly high or low responses; either making under-evaluation since the effects of war-trauma may be somehow handled within the past 50 years or engaging in over-evaluation since they may have wanted to highlight the negativities of a war experience. Further, since the majority of the mothers were themselves children at the times of the war/combat, they may not truly remember the events. In addition to that, many participants reported as a feed-back that the questionnaire battery was too long and tiring for them. Therefore, due to the perceived length and tiring characteristics of the questionnaires, the responses may not reflect the reality but rather may be given at random. Using the questionnaires may further led to some restrictions in participants' reports, hampering the understanding of the phenomenon in a better way. Therefore, in order to understand this relationship, a combination of qualitative and quantitative strategies can be used with more participants. Furthermore, the traumatic experiences other than war for the mothers and the traumatic experiences of the child were not assessed in the present study. Such an assessment might have revealed the impact of possible more recent traumatic events on the current well-being of

the child. Apart from these limitations and suggestions, testing a path analysis by regression using SPSS may not be the ideal analysis for this study. Further studies are suggested to test the path analysis using LISREL that is more feasible for testing path analyses when compared to SPSS regression.

CHAPTER 7

CLINICAL IMPLICATIONS

The findings of the present thesis study highlight the importance of exposure to traumatic events both in the life of the experiencer and his/her offspring. It seems critical to differentiate the type of the trauma and understand the meaning given to the traumatic experience by the individuals who were directly or indirectly exposed the traumatic incidence. It should be noted that when the traumatic experience is an inter-personal one, it can be more difficult to stay resilient against or recover from (Karancı, Aker, et al., 2012). However, being exposed to community-trauma may help individuals to more easily deal with the adversities with the sense of “togetherness” and increased normalization with the idea that nearly everyone experienced similar incidences. Therefore, although it is critically important for clinicians to assess the trauma-history of the individuals and that of their parents, the person who was exposed to a traumatic event should not be regarded as a vulnerable “victim”. The current thesis emphasizes the need for clinicians to empower the experiencer’s resiliency and activate the factors that can function as protective elements. In that sense, the clinicians may need to formulate individual, family and community based interventions. Within the community-based intervention, the traumatized individual’s pre, peri and post trauma resources and circumstances should be given importance. Together with this, the remedial power of keeping life continuing for the traumatized people seems to be important. Helping the traumatized individual to find someone to take-care-of and/or helping them to focus on something to deal with following a traumatic event can act as a protective factor. In addition to the community-based actions, while studying with traumatized individuals and their offspring, clinicians should consider the problem within the familial context while at the same time trying to figure-out the ways to increase the communal resources and supports of the individual. Clinicians should pay attention to the existence of the offspring’s trauma history and also search for

any parental traumatic experience. Assessing the functioning of the parenting and the child's perception of these parenting practices seems to be the key factor to determine the child's well-being within this investigation. In addition to this, clinicians should note that the traumatized mothers can be supported with the ventilation and normalization of their past-trauma experiences and they can be acknowledged about the importance of optimum parenting practices which can be characterized by open communication, sufficient amount of control and high levels of acceptance. The traumatized parents should be understood on their attempts to protect their child; however they should be informed that the real protective factor for their children is not presenting a strict control style of parenting for their children, rather, it is being an accepting parent that actually protects their children against psychological problems. The parents with a trauma history should also be informed about the importance of an open communication at which the parent can talk about the traumatic experiences and the child can freely ask and question about the parent's harsh experiences. It should be noted that keeping the trauma history as a secret-box with an aim to protect the child from negativities, may further lead the offspring to create a fearful image of the parent's trauma history and this avoidance style within the parent-child communication may disable the child to develop effective coping strategies. A treatment approach for the traumatized parents and their children can suggested to be an integrative model which includes attempts to focus on the mother's possible non-conscious transmission of the maternal traumatic experiences on the child and systematic techniques that will help the parents on differentiating between the past trauma and current parenting, and assist the child on discriminating between the parental trauma experience and his/her own current life.

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APPENDICES

Appendix A-History of Cyprus Conflict

Cyprus, which had been governing by Ottoman Empire, was hired to Britain in 1878. During the British management, Greek Cypriots raised ideas of “enosis” (union of Cyprus with Greece) in 1930s and then Turkish Cypriots supported the idea of “taksim” (union of Cyprus with Turkey) in about 1948. The British forces tried to repress the movements of Cypriots. Meanwhile Greek Cypriots form their armed organization in 1955, EOKA (National Organization of Cypriot Fighters); and in 1958 Turkish Cypriots set their own armed group, TMT (Turkish Resistance Organization). With the influence of the increasing nationalism attempts of both organizations and the attempts of other countries to neglect the chaos and the wills of the organizations, many severe, fearful and threatening events emerged resulting in many deaths and injuries. In order to end the chaos, in 1960 Cyprus was announced to be an independent state as Republic of Cyprus. However, both groups started to pursue their own objectives and in 1963 the interethnic fighting broke out. While this fighting continued, the Greek Cypriots were divided into two in terms of their objectives of independence versus union to Greece in 70s. Consequently these chaotic situations in Cyprus led to the intervention of Turkey, resulting in the division of the island together with many injuries and deaths. With this division, population displacements occurred for both Turkish and Greek Cypriots with which Greek Cypriots moved to southern and Turkish Cypriots moved to the northern part of the island. Following these events, in 1983 Turkish Cypriots settled KKTC (Turkish Republic of Northern Cyprus, TRNC) that still is not recognized and Greek Cypriots continued to be governed by Republic of Cyprus (Güngör, 2002; & Papadakis, 2008).

Appendix B- Questionnaires Given to Mothers

Gönüllü Katılım Formu

Orta Doğu Teknik Üniversitesi (ODTÜ-Ankara) Psikoloji Bölümü öğretim üyelerinden Prof. Dr. A. Nuray Karancı danışmanlığında bir araştırma yürütmekteyim. Bu araştırmanın amacı, insanların yaşam boyu karşılaşabilecekleri olumsuz yaşam olayları ve bu olaylarının psikolojik etkilerini araştırmaktır. Araştırma için Orta Doğu Teknik Üniversitesi Etik Komitesi'nden gerekli izin alınmıştır.

Araştırma için hazırlanan ankette sizden kimliğinizi belirten herhangi bir bilgi istenmemektedir. Araştırma sonucu grup olarak değerlendirilecektir. Kişisel bilgileriniz kullanılmayacaktır. Araştırma sonucu bilimsel olarak değerlendirilecek olup araştırılan konuya ışık tutması beklenmektedir. Bu nedenle vereceğiniz cevapların samimiyeti ve doğruluğu, araştırmadan çıkarılacak sonuçların gerçeği yansıtmasını ve güvenilir olmasını sağlayacaktır.

Anket soruları, herkesin kişisel olarak başına gelmiş olabilecek olumsuz yaşam olayları ve bu olayların yaratabileceği psikolojik etkilerle ilgilidir. Soruları cevaplarken, herhangi bir an, herhangi bir nedenle kendinizi rahatsız hissederseniz, cevaplamaı bırakabilirsiniz. Böyle bir durum gerçekleşirse, anketi iade edeceğiniz kişiye, anketi tamamlamadığınızı belirtmeniz yeterli olacaktır.

Araştırma için hazırlanan ankettin yaklaşık olarak 15 dakikanızı alacağını tahmin ediyorum.

Bu araştırmaya katıldığınız için şimdiden teşekkür ederim.

Uzm. Psk. Nurten Özürçün Küçükertan (ODTÜ-Ankara, Psikoloji Bölümü)

Araştırma hakkında daha fazla bilgi almak için:

E-mail: nurtenozuorcun@gmail.com

Bu çalışmaya tamamen gönüllü olarak katılıyorum. İstedığım zaman cevaplamaı bırakıp anketi iade edebileceğimi biliyorum. Verdiğim bilgilerin kimliğim belirtilmeden bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. (Formu doldurup imzaladıktan sonra iade ediniz)

Tarih:

İmza:

Yetişkinlerin Psikolojik Durumları ve İlgili Değişkenler

Demografik Bilgi Formu

1. Yaş:

2. Cinsiyet: Kadın ☐ Erkek ☐

3. Uyruk:.....

4. Eğitim: (son aldığınız diplomaya göre belirtiniz)

İlkokul ☐ Ortaokul ☐ Lise ☐ Üniversite ☐

Yüksek Lisans/Doktora ☐

Diğer ☐

5. Meslek:.....

6. Ailenizin gelir durumunu nasıl değerlendirirsiniz?

Çok Düşük ☐ Düşük ☐ Orta ☐ Ortanın Üstü ☐ Yüksek ☐

7. Kaç çocuğunuz var?.....

****Eğer 1'den çok çocuğunuz varsa, 8. sorudan 12. ye kadar olan soruları, sizinle birlikte bu çalışmaya katılacak (anket dolduracak) olan çocuğunuza göre cevaplandırınız.**

8. Çocuğunuz küçükken, eşinizle birlikte miydiniz? Evet ☐ Hayır ☐

9. Eşinizle hala birlikte misiniz? Evet ☐ Hayır ☐

Hayır ise, ne zamandır birlikte değilsiniz?.....

10. Çocuğunuz küçükken, bakımını daha çok kim üstlenirdi?

Ben ☐ Babası ☐ Diğer.....

11. Çocuğunuz küçükken, bakımını siz ne kadar üstlenirdiniz?

Çok az ☐ Az ☐ Orta ☐ Çoğunlukla ☐ Tamamen ☐

12. Çocuğunuz küçükken, bakımını babası ne kadar üstlenirdi?

Çok az ☐ Az ☐ Orta ☐ Çoğunlukla ☐ Tamamen ☐

13. Psikolojik/psikiyatrik herhangi bir tedavi gördünüz mü? Evet ☐ Hayır ☐

Evet ise,

Nasıl bir tedavi?.....

Hangi sorun için?.....

14. Halen böyle bir tedavi alıyor musunuz? Evet ☐ Hayır ☐

Evet ise,

Nasıl bir tedavi?.....

Hangi sorun için?.....

W.T. E. S.

“1960 Kıbrıs Cumhuriyeti’nin kurulmasının yaklaşık olarak 3 yıl ardından, Kıbrıslı Türk ve Rum toplumları arasında çatışmalar/savaş alevlenmeye başlamıştır. İki toplum arasındaki çatışma/savaş, 1974 yılında Türkiye’nin adaya askeri olarak müdahale etmesi ve bu müdahale sonucunda adada ateşkes anlaşmasının imzalanması ile durmuştur.”

Lütfen aşağıdaki soruları cevaplandırırken, Kıbrıs’ta **1963-1974 yılları** arasında yaşanan çatışmaları/savaşı göz önünde bulundurunuz.

Aşağıda insanların savaş/çatışma dönemlerinde yaşamış olabileceği rahatsızlıkları içeren bazı maddeler bulunmaktadır. Lütfen aşağıda yer alan her bir maddeyi ayrı ayrı okuyup değerlendiriniz. Eğer belirtilen maddeyi siz de yaşadıysanız “**yaşadım**” ifadesinin yanındaki kutucuğu işaretleyiniz.

Takiben, bu yaşadığınız deneyimin sizi hiç etkilemediğini/rahatsız etmediğini düşünüyorsanız **1**; biraz etkilediğini düşünüyorsanız **2**; orta derecede etkilediğini düşünüyorsanız **3**; epey etkilediğini düşünüyorsanız **4**; ve çok fazla etkilediğini düşünüyorsanız **5** numarayla daire içine alınız. Eğer belirtilen maddeyi siz yaşamadıysanız, “**yaşamadım**” ifadesinin yanındaki kutucuğu işaretlemeniz yeterli olacaktır.

Örnek:

Silah taşımak.
Yaşamadım <input type="checkbox"/>
Yaşadım <input checked="" type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3 (Orta) 4 (Epey) 5 (Çok Fazla)

Açıklama: Bu örnekteki kişi, bahsedilen dönemde silah taşıdığı için “Yaşadım” ifadesinin yanındaki kutucuğu işaretlemiştir ve bunun onu ne kadar rahatsız ettiğini de uygun derecelendirmedeki numarayla seçerek belirtmiştir. Eğer bu kişi silah taşımamış olsaydı, sadece “Yaşamadım” ifadesinin yanındaki kutucuğu işaretlemesi yeterli olacaktı.

1. Yaşadığınız yeri değiştirmek durumunda kalmak
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

2. Şiddete ve/veya tacize maruz kalmak
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

3. Yakınıınızda bomba ve/veya silah patlaması
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

4. Çatışmaya birebir (aktif olarak) katılmak
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

5. Çok sayıda kişinin toplu olarak öldürülmesine tanıklık etmek
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

6. Hayatınızın tehlikede olduğunu düşünmek
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

7. Büyük bir korku veya dehşet duygusu yaşamak
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

8. Başka bir kişinin hayatının tehlikede olduğunu düşünmek
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

9. Savaş/çatışma ortamından dolayı mahrumiyetler yaşamak (barınak, yiyecek, giyecek...vs)
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

10. Aile dışından birinin şiddete ve/veya tacize maruz kaldığına tanıklık etmek
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

11. Aileden birinin ölmesi
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

12. Tanıdığınız birinin kayıp olması ve ondan haber alınamaması
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

13. Yaşananlardan dolayı eskiden sahip olduğunuz bazı kıymetli şeyleri kaybetme (sağlıklı bir beden, mücevher, araba, ev, para, ...vs)
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

14. Kendinizi çaresiz hissetmek
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

15. Korunaklı olduğunu düşünerek sığındığınız bir ortamın (örneğin: okul, cami, kilise, hastane...vs) beklenmedik bir şekilde saldırıya uğraması
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

16. Köyün/evin/arabanın...vs ateşe verildiğine tanıklık etmek
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

17. Aileden birinin şiddete ve/veya tacize maruz kaldığına tanıklık etmek
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

18. Silahlı bir çatışmaya tanıklık etmek
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

19. Nereye giderseniz gidin, güvende olmadığınızı düşünmek
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

20. Tanıdığınız birinin ölmesi
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

21. Yakın komşu ve/veya dostlardan ayrı düşmek
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

22. Yaralanmak
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

23. Ailenin bazı üyelerinden uzak kalmak
Yaşamadım <input type="checkbox"/>
Yaşadım <input type="checkbox"/> Ne kadar etkiledi? 1 (Hiç) 2 (Biraz) 3(Orta) 4 (Epey) 5(Çok Fazla)

24. Bunların dışında yaşadığınız ve eklemek istediğiniz başka olay(lar) varsa lütfen ekleyiniz.

Yaşadığınız her bir olayın sizi ne kadar rahatsız ettiğini/etkilediğini aşağıdaki derecelendirmeden uygun sayıyı yazarak belirtiniz

1 (Hiç) 2 (Biraz) 3 (Orta) 4 (Epey) 5(Çok Fazla) :

.....

.....

.....

.....

I.E.S-R

Aşağıda, stresli bir yaşam olayından sonra insanların yaşayabileceği bazı zorlukların bir listesi sunulmuştur. Her cümleyi dikkatlice okuyunuz. **GEÇTİĞİMİZ YEDİ GÜN İÇERİSİNDE**, yaşadığınız **savaşı/çatışmayı** düşünerek, bu zorlukların sizi ne kadar rahatsız ettiğini cümlelerin sağındaki beş kutucuktan yalnızca birini işaretleyerek belirtiniz.

Belirtilen durumun sizi hiç etkilemediğini düşünüyorsanız **0**, biraz etkilediğini düşünüyorsanız **1**, orta düzeyde etkilediğini düşünüyorsanız **2**, fazla etkilediğini düşünüyorsanız **3**, çok fazla etkilediğini düşünüyorsanız **4** numarayı daire içine alınız.

	Hiç 0	Biraz 1	Orta Düzeyde 2	Fazla 3	Çok fazla 4
1. Savaşı/çatışmayı hatırlatan her türlü şey, savaşla/çatışmayla ilgili duygularımı yeniden ortaya çıkardı	0	1	2	3	4
2. Uykuyu sürdürmekte güçlük çektim	0	1	2	3	4
3. Başka şeyler benim savaş/çatışma hakkında düşünmeyi sürdürmeme neden oldu	0	1	2	3	4
4. Alıngan ve kızgın hissettim.	0	1	2	3	4
5. Savaşı/çatışmayı düşündüğümde ya da hatırladığımda, bu konunun beni üzmesine izin vermedim.	0	1	2	3	4
6. Düşünmek istemediğim halde savaş/çatışmayı düşündüm	0	1	2	3	4
7. Savaş/çatışma hiç olmamış ya da gerçek değilmiş gibi hissettim	0	1	2	3	4
8. Savaşı/çatışmayı hatırlatan şeylerden uzak durdum	0	1	2	3	4
9. Savaşla/çatışmayla ilgili görüntüler aniden zihnimde canlandı	0	1	2	3	4
10. Ürkek ve diken üstünde hissettim	0	1	2	3	4
11. Savaş/çatışma hakkında düşünmemeye çalıştım	0	1	2	3	4
12. Savaşla/çatışmayla ilgili olarak hala pek çok duygum vardı, ancak bunlarla hiç ilgilenmedim	0	1	2	3	4

	Hiç 0	Biraz 1	Orta Düzeyde 2	Fazla 3	Çok fazla 4
13. Savaşla/çatışmayla ilgili hissizleşmiş gibiydim	0	1	2	3	4
14. Kendimi savaşın/çatışmanın olduğu andaki gibi davranırken veya hissederken bulduğum oldu.	0	1	2	3	4
15. Uykuya dalmakta güçlük çektim.	0	1	2	3	4
16. Savaşla/çatışmayla ilgili çok yoğun duygu değişiklikleri yaşadım.	0	1	2	3	4
17. Savaşı/çatışmayı hafızamdan (belleğimden) silmeye çalıştım	0	1	2	3	4
18. Dikkatimi toplamakta zorlandım.	0	1	2	3	4
19. Savaşı/çatışmayı hatırlatan şeyler fiziksel tepkiler göstermeme neden oldu (örneğin terleme, nefes almada güçlük, baş dönmesi, kalp çarpıntısı, gibi).	0	1	2	3	4
20. Savaşla/çatışmayla ilgili rüyalar gördüm	0	1	2	3	4
21. Kendimi tetikte ve savunma durumunda hissettim.	0	1	2	3	4
22. Savaş/çatışma hakkında konuşmamaya çalıştım	0	1	2	3	4

T.W.C.I

Aşağıda, önemli olabilecek olaylar karşısında kişilerin davranış, düşünce ve tutumlarını belirten bazı cümleler verilmiştir. Lütfen her cümleyi dikkatle okuyunuz. Yaşamınızda karşılaştığınız sorunlarla başa çıkmak için, bu cümlelerde anlatılanları ne sıklıkla kullandığınızı size en uygun gelen kutuyu işaretleyerek belirtiniz. Hiçbir cümleyi cevapsız bırakmamaya çalışınız. Her cümle ile ilgili yalnız bir cevap kategorisini işaretleyiniz.

Belirtilen durumun sizin için hiç uygun olmadığını düşünüyorsanız **1**, pek uygun olmadığını düşünüyorsanız **2**, uygun olduğunu düşünüyorsanız **3**, oldukça uygun olduğunu düşünüyorsanız **4**, çok uygun olduğunu düşünüyorsanız **5** numarayı daire içine alınız.

	Hiç uygun değil 1	Pek uygun değil 2	Uygun 3	Oldukça uygun 4	Çok uygun 5
1. Aklımı kurcalayan şeylerden kurtulmak için değişik işlerle uğraşırım	1	2	3	4	5
2. Bir sıkıntıyı olduğunu kimsenin bilmesini istemem	1	2	3	4	5
3. Bir mucize olmasını beklerim	1	2	3	4	5
4. İyimser olmaya çalışırım	1	2	3	4	5
5. “Bunu da atlattıysam sırtım yere gelmez” diye düşünürüm	1	2	3	4	5
6. Çevremdeki insanlardan problemi çözmede bana yardımcı olmalarını beklerim	1	2	3	4	5
7. Bazı şeyleri büyütmemeye, üzerinde durmamaya çalışırım	1	2	3	4	5
8. Sakin kafayla düşünmeye ve öfkelenmemeye çalışırım	1	2	3	4	5
9. Bu sıkıntılı dönem bir an önce geçsin isterim	1	2	3	4	5
10. Olayın değerlendirmesini yaparak en iyi kararı vermeye çalışırım	1	2	3	4	5

	Hiç uygun değil 1	Pek uygun değil 2	Uygun 3	Oldukça uygun 4	Çok uygun 5
11. Konuyla ilgili olarak başkalarının ne düşündüğünü anlamaya çalışırım	1	2	3	4	5
12. Problemin kendiliğinden hallolacağına inanırım	1	2	3	4	5
13. Ne olursa olsun kendime direnme ve mücadele etme gücü hissederim	1	2	3	4	5
14. Başkalarının rahatlamama yardımcı olmalarını beklerim	1	2	3	4	5
15. Kendime karşı hoşgörülü olmaya çalışırım	1	2	3	4	5
16. Olanları unutmaya çalışırım	1	2	3	4	5
17. Telaşımı belli etmemeye ve sakin olmaya çalışırım	1	2	3	4	5
18. “Başa gelen çekilir” diye düşünürüm	1	2	3	4	5
19. Problemin ciddiyetini anlamaya çalışırım	1	2	3	4	5
20. Kendimi kapana sıkışmış gibi hissederim	1	2	3	4	5
21. Duygularımı paylaştığım kişilerin bana hak vermesini isterim	1	2	3	4	5
22. Hayatta neyin önemli olduğunu keşfederim	1	2	3	4	5
23. “Her işte bir hayır vardır” diye düşünürüm	1	2	3	4	5
24. Sıkıntılı olduğumda her zamandakinden fazla uyurum	1	2	3	4	5

	Hiç uygun değil 1	Pek uygun değil 2	Uygun 3	Oldukça uygun 4	Çok uygun 5
25. İçinde bulunduğum kötü durumu kimsenin bilmesini istemem	1	2	3	4	5
26. Dua ederek Allah'tan yardım dilerim	1	2	3	4	5
27. Olayı yavaşlatmaya ve böylece kararı ertelemeye çalışırım	1	2	3	4	5
28. Olanla yetinmeye çalışırım	1	2	3	4	5
29. Olanları kafama takıp sürekli düşünmekten kendimi alamam	1	2	3	4	5
30. İçimde tutmaktansa paylaşmayı tercih ederim	1	2	3	4	5
31. Mutlaka bir yol bulabileceğime inanır, bu yolda uğraşırım	1	2	3	4	5
32. Sanki bu bir sorun değilmiş gibi davranırım	1	2	3	4	5
33. Olanlardan kimseye söz etmemeyi tercih ederim	1	2	3	4	5
34. “İş olacağına varır” diye düşünürüm	1	2	3	4	5
35. Neler olabileceğini düşünüp ona göre davranmaya çalışırım	1	2	3	4	5
36. İşin içinden çıkamayınca “elimden bir şey gelmiyor” der, durumu olduğu gibi kabullenirim	1	2	3	4	5
37. İlk anda aklıma gelen kararı uygulamam	1	2	3	4	5

	Hiç uygun değil 1	Pek uygun değil 2	Uygun 3	Oldukça uygun 4	Çok uygun 5
38. Ne yapacağıma karar vermeden önce arkadaşlarımla fikrini alırım	1	2	3	4	5
39. Her şeye yeniden başlayacak gücü bulurum	1	2	3	4	5
40. Problemin çözümü için adak adarım	1	2	3	4	5
41. Olaylardan olumlu bir şey çıkarmaya çalışırım	1	2	3	4	5
42. Kırgınlığımı belirtirsem kendimi rahatlamış hissederim	1	2	3	4	5
43. Alın yazısına ve bunun değişmeyeceğine inanırım	1	2	3	4	5
44. Soruna birkaç farklı çözüm yolu ararım	1	2	3	4	5
45. Başıma gelenlerin herkesin başına gelebilecek şeyler olduğuna inanırım	1	2	3	4	5
46. “Olanları keşke değiştirebilseydim” derim	1	2	3	4	5
47. Aile büyüklerine danışmayı tercih ederim	1	2	3	4	5
48. Yaşamla ilgili yeni bir inanç geliştirmeye çalışırım	1	2	3	4	5
49. “Her şeye rağmen elde ettiğim bir kazanç vardır” diye düşünürüm	1	2	3	4	5
50. Gururumu koruyup güçlü görünmeye çalışırım	1	2	3	4	5
51. Bu işin kefareti (bedelini) ödemeye çalışırım	1	2	3	4	5

	Hiç uygun değil 1	Pek uygun değil 2	Uygun 3	Oldukça uygun 4	Çok uygun 5
52. Problemi adım adım çözmeye çalışırım	1	2	3	4	5
53. Elimden hiçbir şeyin gelmeyeceğine inanırım	1	2	3	4	5
54. Problemin çözümü için bir uzmana danışmanın en iyi yol olacağına inanırım	1	2	3	4	5
55. Problemin çözümü için hocaya okunurum	1	2	3	4	5
56. Her şeyin istediğim gibi olmayacağına inanırım	1	2	3	4	5
57. Bu dertten kurtulayım diye fakir fukaraya sadaka veririm	1	2	3	4	5
58. Ne yapılacağını planlayıp ona göre davranırım	1	2	3	4	5
59. Mücadeleden vazgeçerim	1	2	3	4	5
60. Sorunun benden kaynaklandığını düşünürüm	1	2	3	4	5
61. Olaylar karşısında “kaderim buymuş” derim	1	2	3	4	5
62. Sorunun gerçek nedenini anlayabilmek için başkalarına danışırım	1	2	3	4	5
63. “Keşke daha güçlü bir insan olsaydım” diye düşünürüm	1	2	3	4	5
64. Nazarlık takarak, muska taşıyarak benzer olayların olmaması için önlemler alırım	1	2	3	4	5

	Hiç uygun değil 1	Pek uygun değil 2	Uygun 3	Oldukça uygun 4	Çok uygun 5
65. Ne olup bittiğini anlayabilmek için sorunu enine boyuna düşünürüm	1	2	3	4	5
66. “Benim suçum ne” diye düşünürüm	1	2	3	4	5
67. “Allah’ın takdiri buymuş” diye kendimi teselli ederim	1	2	3	4	5
68. Temkinli olmaya ve yanlış yapmamaya çalışırım	1	2	3	4	5
69. Bana destek olabilecek kişilerin varlığını bilmek beni rahatlatır	1	2	3	4	5
70. Çözüm için kendim bir şeyler yapmak istemem	1	2	3	4	5
71. “Hep benim yüzümden oldu” diye düşünürüm	1	2	3	4	5
72. Mutlu olmak için başka yollar ararım	1	2	3	4	5
73. Hakkımı savunabileceğime inanırım	1	2	3	4	5
74. Bir kişi olarak iyi yönde değiştiğimi ve olgunlaştığımı hissederim	1	2	3	4	5

S.W.L.S

Aşağıdaki ifadelere katılıp katılmadığınızı görüşünüzü yansıtan rakamı işaretleyerek belirtiniz. Doğru ya da yanlış cevap yoktur. Sizin durumunuzu yansıttığını düşündüğünüz rakam, bizim için en doğru yanıttır. Lütfen açık ve dürüst şekilde yanıtlayınız.

Belirtilen duruma “kesinlikle katılmıyorum” diyorsanız **1**, “katılmıyorum” diyorsanız **2**, “biraz katılmıyorum” diyorsanız **3**, “ne katılıyorum ne de katılmıyorum” diyorsanız **4**, “çok az katılıyorum” diyorsanız **5**, “katılıyorum” diyorsanız **6**, “kesinlikle katılıyorum” diyorsanız **7** numarayı daire içine alınız.

	Kesinlikle katılmıyorum	Katılmıyorum	Biraz katılmıyorum	Ne katılıyorum ne de katılmıyorum	Çok az katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1. Pek çok açıdan ideallerime yakın bir yaşamım var	1	2	3	4	5	6	7
2. Yaşam koşullarım mükemmeldir	1	2	3	4	5	6	7
3. Yaşam beni tatmin ediyor	1	2	3	4	5	6	7
4. Şimdiye kadar, yaşamda istediğim önemli şeyleri elde ettim	1	2	3	4	5	6	7
5. Hayatımı bir daha yaşama şansım olsaydı, hemen hemen hiçbir şeyi değiştirmezdim	1	2	3	4	5	6	7

Appendix C- Questionnaires Given to Offspring

Gönüllü Katılım Formu

Orta Doğu Teknik Üniversitesi (ODTÜ-Ankara) Psikoloji Bölümü öğretim üyelerinden Prof. Dr. A. Nuray Karancı danışmanlığında bir araştırma yürütmekteyim. Bu araştırmanın amacı, kişilerin anneleriyle ilişkilerini ve bazı psikolojik durumlarını araştırmaktır. Araştırma için Orta Doğu Teknik Üniversitesi Etik Komitesi'nden gerekli izin alınmıştır.

Araştırma için hazırlanan ankette sizden kimliğinizi belirten herhangi bir bilgi istenmemektedir. Araştırma sonucu grup olarak değerlendirilecektir. Kişisel bilgileriniz kullanılmayacaktır. Araştırma sonucu bilimsel olarak değerlendirilecek olup araştırılan konuya ışık tutması beklenmektedir. Bu nedenle vereceğiniz cevapların samimiyeti ve doğruluğu, araştırmadan çıkarılacak sonuçların gerçeği yansıtmasını ve güvenilir olmasını sağlayacaktır.

Anket sorularını cevaplarken, herhangi bir an, herhangi bir nedenle kendinizi rahatsız hissederseniz, cevaplamayı bırakabilirsiniz. Böyle bir durum gerçekleşirse, anketi iade edeceğiniz kişiye, anketi tamamlamadığınızı belirtmeniz yeterli olacaktır.

Araştırma için hazırlanan ankettin yaklaşık olarak 15 dakikanızı alacağını tahmin ediyorum.

Bu araştırmaya katıldığınız için şimdiden teşekkür ederim.

Uzm. Psk. Nurten Özürçün Küçükertan (ODTÜ-Ankara, Psikoloji Bölümü)

Araştırma hakkında daha fazla bilgi almak için:

E-mail: nurtenozuorcun@gmail.com

Bu çalışmaya tamamen gönüllü olarak katılıyorum. İstedğim zaman cevaplamayı bırakıp anketi iade edebileceğimi biliyorum. Verdiğim bilgilerin kimliğim belirtilmeden bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. (Formu doldurup imzaladıktan sonra iade ediniz)

Tarih:

İmza:

Yetişkinlerin Psikolojik Durumları ve İlgili Değişkenler

Demografik Bilgi Formu

1. Yaş:

2. Cinsiyet: Kadın ☐ Erkek ☐

3. Uyruk:.....

4. Eğitim: (son aldığınız diplomaya göre belirtiniz)

İlkokul ☐ Ortaokul ☐ Lise ☐ Üniversite ☐

Yüksek Lisans/Doktora ☐ Diğer ☐

5. Meslek:.....

6. Annenizin yaşı:

7. Babanızın yaşı:

8. Annenizin eğitimi: (en son alınan diplomaya göre belirtiniz)

İlkokul ☐ Ortaokul ☐ Lise ☐ Üniversite ☐

Yüksek Lisans/Doktora ☐ Diğer ☐

9. Babanızın eğitimi: (en son alınan diplomaya göre belirtiniz)

İlkokul ☐ Ortaokul ☐ Lise ☐ Üniversite ☐

Yüksek Lisans/Doktora ☐ Diğer ☐

10. Sizin (ya da ailenizin) gelir durumunu nasıl değerlendirirsiniz?

Çok Düşük ☐ Düşük ☐ Orta ☐ Ortanın Üstü ☐ Yüksek ☐

11. Anneniz hayatta mı?

Evet ☐

Hayır ☐ Hayır ise annenizi ne zaman kaybettiniz?.....

****Cevabınız “Hayır” ise lütfen anketi burada bitiriniz.**

12. Babanız hayatta mı? Evet ☐ Hayır ☐

Hayır ise, ne zaman kaybettiniz?

13. Siz çocukken, anne ve babanız birlikte miydi? Evet ☐ Hayır ☐

14. Anne ve babanız hala birlikteler mi? Evet ☐ Hayır ☐

Hayır ise, ne zaman ayrıldılar?.....

15. Siz çocukken, bakımınızı daha çok kim üstlenirdi?

Annem ☐ Babam ☐ Diğer.....

16. Siz çocukken, bakımınızı anneniz ne kadar üstlenirdi?

Çok az ☐ Az ☐ Orta ☐ Çoğunlukla ☐ Tamamen ☐

17. Siz çocukken, bakımınızı babanız ne kadar üstlenirdi?

Çok az ☐ Az ☐ Orta ☐ Çoğunlukla ☐ Tamamen ☐

18. Kardeşiniz var mı? Evet ☐ Hayır ☐

Evet ise, kaç kardeşiniz var?.....

19. Psikolojik/psikiyatrik herhangi bir tedavi gördünüz mü? Evet ☐ Hayır ☐

Evet ise,

Nasıl bir tedavi?

.....

Hangi sorun için?

.....

20. Halen böyle bir tedavi alıyor musunuz? Evet ☐ Hayır ☐

Evet ise,

Nasıl bir tedavi?

.....

Hangi sorun için?

.....

M.C.R.S

Aşağıda, annenizle olan ilişkileriniz hakkında cümleler verilmiştir. Sizden istenen, **çocukluğunuzu ve genel olarak annenizle ilişkinizi düşünerek** her bir cümlenin **sizin için** ne derece doğru olduğunu uygun yeri işaretleyerek belirtmenizdir. Hiçbir maddenin doğru veya yanlış cevabı yoktur. Önemli olan her cümle ile ilgili olarak kendi durumunuzu doğru bir şekilde yansıtmaktır.

Belirtilen durumun sizin için hiç doğru olmadığını düşünüyorsanız **1**, doğru olmadığını düşünüyorsanız **2**, kısmen doğru olduğunu düşünüyorsanız **3**, doğru olduğunu düşünüyorsanız **4**, çok doğru olduğunu düşünüyorsanız **5** numarayı daire içine alınız.

	A N N E M				
	Hiç doğru değil (1)	Doğru değil (2)	Kısmen doğru (3)	Doğru (4)	Çok doğru (5)
1. Benimle sık sık rahatlatıcı bir şekilde konuşurdu					
2. Her davranışımı sıkı sıkıya kontrol etmek isterdi					
3. Nasıl davranacağım ya da ne yapacağım konusunda bana hep yararlı fikirler vermiştir					
4. Onun istediği hayatı yaşamam konusunda hep ısrarlı olmuştur					
5. Sorunlarım olduğunda onları daha açık bir şekilde görmemde hep yardımcı olmuştur					
6. Arkadaşlarımla ilişkilerime çok karıştırdı					
7. Sorunlarımı çözmemde destek olurdu					
8. Onunkinden farklı bir görüşe sahip olmama genellikle tahammül edememiştir					

	Hiç doğru değil (1)	Doğru değil (2)	Kısmen doğru (3)	Doğru (4)	Çok doğru (5)
9. Sevgi ve yakınlığına her zaman güvenmişimdir					
10. Kurallarına aykırı davrandığımda beni kolaylıkla affetmezdi					
11. Hiçbir zaman fazla yakın bir ilişkimiz olmadı					
12. Ne zaman, ne yapmam gerektiği konusunda talimat verirdi					
13. Bir problemim olduğunda ona anlatmaktansa, kendime saklamayı tercih ederdim					
14. Geç saatlere kadar oturmama izin vermezdi					
15. Onunla birbirimize çok bağlıydık					
16. Arkadaşlarımla geç saate kadar dışarıda kalmama izin vermezdi					
17. Onun düşüncelerine ters gelen bir şey yaptığımda suçlamazdı					
18. Boş zamanlarımı nasıl değerlendireceğime karışırđı					
19. Bir sorunun olduğunda bunu hemen anlardı					
20. Hangi saatte hangi arkadaşımı buluşacağını bilmek isterdi					
21. Hiçbir zaman benim ne hissettiğimle veya ne düşündüğümle gerçekten ilgilenmedi					
22. Arkadaşlarımla dışarı çıkmama nadiren izin verirdi					

B.P.T.I

Aşağıda size uyan ya da uymayan pek çok kişilik özelliği bulunmaktadır. Bu özelliklerden her birinin sizin için ne kadar uygun olduğunu uygun rakamı daire içine alarak belirtiniz.

Örneğin;

Kendimi biri olarak görüyorum.

Hiç uygun değil
uygun

Uygun değil

Kararsızım

Uygun

Çok

1

2

3

4

5

Hiç uygun değil
Uygun değil
Kararsızım
Uygun
Çok uygun

Hiç uygun değil
Uygun değil
Kararsızım
Uygun
Çok uygun

1	Aceleci	1	2	3	4	5	24	Pasif	1	2	3	4	5
2	Yapmacık	1	2	3	4	5	25	Disiplinli	1	2	3	4	5
3	Duyarlı	1	2	3	4	5	26	Açgözlü	1	2	3	4	5
4	Konuşkan	1	2	3	4	5	27	Sinirli	1	2	3	4	5
5	Kendine güvenen	1	2	3	4	5	28	Canayakın	1	2	3	4	5
6	Soğuk	1	2	3	4	5	29	Kızgın	1	2	3	4	5
7	Utangaç	1	2	3	4	5	30	Sabit fikirli	1	2	3	4	5
8	Paylaşımçı	1	2	3	4	5	31	Görgüsüz	1	2	3	4	5
9	Geniş / rahat	1	2	3	4	5	32	Durgun	1	2	3	4	5
10	Cesur	1	2	3	4	5	33	Kaygılı	1	2	3	4	5
11	Agresif (Saldırgan)	1	2	3	4	5	34	Terbiyesiz	1	2	3	4	5
12	Çalışkan	1	2	3	4	5	35	Sabırsız	1	2	3	4	5
13	İçten pazarlıklı	1	2	3	4	5	36	Yaratıcı (Üretken)	1	2	3	4	5
14	Girişken	1	2	3	4	5	37	Kaprisli	1	2	3	4	5
15	İyi niyetli	1	2	3	4	5	38	İçine kapanık	1	2	3	4	5
16	İçten	1	2	3	4	5	39	Çekingen	1	2	3	4	5
17	Kendinden emin	1	2	3	4	5	40	Alıngan	1	2	3	4	5
18	Huysuz	1	2	3	4	5	41	Hoşgörülü	1	2	3	4	5
19	Yardımsever	1	2	3	4	5	42	Düzenli	1	2	3	4	5
20	Kabiliyetli	1	2	3	4	5	43	Titiz	1	2	3	4	5
21	Üşengeç	1	2	3	4	5	44	Tedbirli	1	2	3	4	5
22	Sorumsuz	1	2	3	4	5	45	Azimli	1	2	3	4	5
23	Sevecen	1	2	3	4	5							

T.W.C.I

Aşağıda, önemli olabilecek olaylar karşısında kişilerin davranış, düşünce ve tutumlarını belirten bazı cümleler verilmiştir. Lütfen her cümleyi dikkatle okuyunuz. Yaşamınızda karşılaştığınız sorunlarla başa çıkmak için, bu cümlelerde anlatılanları ne sıklıkla kullandığınızı size en uygun gelen kutuyu işaretleyerek belirtiniz. Hiçbir cümleyi cevapsız bırakmamaya çalışınız. Her cümle ile ilgili yalnız bir cevap kategorisini işaretleyiniz.

Belirtilen durumun sizin için hiç uygun olmadığını düşünüyorsanız **1**, pek uygun olmadığını düşünüyorsanız **2**, uygun olduğunu düşünüyorsanız **3**, oldukça uygun olduğunu düşünüyorsanız **4**, çok uygun olduğunu düşünüyorsanız **5** numarayı daire içine alınız.

	Hiç uygun değil 1	Pek uygun değil 2	Uygun 3	Oldukça uygun 4	Çok uygun 5
1. Aklımı kurcalayan şeylerden kurtulmak için değişik işlerle uğraşırım	1	2	3	4	5
2. Bir sıkıntıyı olduğunu kimsenin bilmesini istemem	1	2	3	4	5
3. Bir mucize olmasını beklerim	1	2	3	4	5
4. İyimser olmaya çalışırım	1	2	3	4	5
5. “Bunu da atlatırsam sırtım yere gelmez” diye düşünürüm	1	2	3	4	5
6. Çevremdeki insanlardan problemi çözmede bana yardımcı olmalarını beklerim	1	2	3	4	5
7. Bazı şeyleri büyütmemeye, üzerinde durmamaya çalışırım	1	2	3	4	5
8. Sakin kafayla düşünmeye ve öfkelenmemeye çalışırım	1	2	3	4	5
9. Bu sıkıntılı dönem bir an önce geçsin isterim	1	2	3	4	5

	Hiç uygun değil 1	Pek uygun değil 2	Uygun 3	Oldukça uygun 4	Çok uygun 5
10. Olayın değerlendirmesini yaparak en iyi kararı vermeye çalışırım	1	2	3	4	5
11. Konuyla ilgili olarak başkalarının ne düşündüğünü anlamaya çalışırım	1	2	3	4	5
12. Problemin kendiliğinden hallolacağına inanırım	1	2	3	4	5
13. Ne olursa olsun kendime direnme ve mücadele etme gücü hissederim	1	2	3	4	5
14. Başkalarının rahatlamama yardımcı olmalarını beklerim	1	2	3	4	5
15. Kendime karşı hoşgörülü olmaya çalışırım	1	2	3	4	5
16. Olanları unutmaya çalışırım	1	2	3	4	5
17. Telaşımı belli etmemeye ve sakin olmaya çalışırım	1	2	3	4	5
18. “Başa gelen çekilir” diye düşünürüm	1	2	3	4	5
19. Problemin ciddiyetini anlamaya çalışırım	1	2	3	4	5
20. Kendimi kapana sıkışmış gibi hissederim	1	2	3	4	5
21. Duygularımı paylaştığım kişilerin bana hak vermesini isterim	1	2	3	4	5
22. Hayatta neyin önemli olduğunu keşfederim	1	2	3	4	5
23. “Her işte bir hayır vardır” diye düşünürüm	1	2	3	4	5

	Hiç uygun değil 1	Pek uygun değil 2	Uygun 3	Oldukça uygun 4	Çok uygun 5
24. Sıkıntılı olduğumda her zamandakinden fazla uyurum	1	2	3	4	5
25. İçinde bulunduğum kötü durumu kimsenin bilmesini istemem	1	2	3	4	5
26. Dua ederek Allah'tan yardım dilerim	1	2	3	4	5
27. Olayı yavaşlatmaya ve böylece kararı ertelemeye çalışırım	1	2	3	4	5
28. Olanla yetinmeye çalışırım	1	2	3	4	5
29. Olanları kafama takıp sürekli düşünmekten kendimi alamam	1	2	3	4	5
30. İçimde tutmaktansa paylaşmayı tercih ederim	1	2	3	4	5
31. Mutlaka bir yol bulabileceğime inanır, bu yolda uğraşırım	1	2	3	4	5
32. Sanki bu bir sorun değilmiş gibi davranırım	1	2	3	4	5
33. Olanlardan kimseye söz etmemeyi tercih ederim	1	2	3	4	5
34. "İş olacağına varır" diye düşünürüm	1	2	3	4	5
35. Neler olabileceğini düşünüp ona göre davranmaya çalışırım	1	2	3	4	5
36. İşin içinden çıkamayınca "elimden bir şey gelmiyor" der, durumu olduğu gibi kabullenirim	1	2	3	4	5

	Hiç uygun değil 1	Pek uygun değil 2	Uygun 3	Oldukça uygun 4	Çok uygun 5
37. İlk anda aklıma gelen kararı uygularım	1	2	3	4	5
38. Ne yapacağıma karar vermeden önce arkadaşlarımın fikirini alırım	1	2	3	4	5
39. Her şeye yeniden başlayacak gücü bulurum	1	2	3	4	5
40. Problemin çözümü için adak adarım	1	2	3	4	5
41. Olaylardan olumlu bir şey çıkarmaya çalışırım	1	2	3	4	5
42. Kırgınlığımı belirtirsem kendimi rahatlamış hissederim	1	2	3	4	5
43. Alın yazısına ve bunun değişmeyeceğine inanırım	1	2	3	4	5
44. Soruna birkaç farklı çözüm yolu ararım	1	2	3	4	5
45. Başıma gelenlerin herkesin başına gelebilecek şeyler olduğuna inanırım	1	2	3	4	5
46. “Olanları keşke değiştirebilseydim” derim	1	2	3	4	5
47. Aile büyüklerine danışmayı tercih ederim	1	2	3	4	5
48. Yaşamla ilgili yeni bir inanç geliştirmeye çalışırım	1	2	3	4	5
49. “Her şeye rağmen elde ettiğim bir kazanç vardır” diye düşünürüm	1	2	3	4	5
50. Gururumu koruyup güçlü görünmeye çalışırım	1	2	3	4	5

	Hiç uygun değil 1	Pek uygun değil 2	Uygun 3	Oldukça uygun 4	Çok uygun 5
51. Bu işin kefareтини (bedelini) ödemeye çalışırım	1	2	3	4	5
52. Problemi adım adım çözmeye çalışırım	1	2	3	4	5
53. Elimden hiçbir şeyin gelmeyeceğine inanırım	1	2	3	4	5
54. Problemin çözümü için bir uzmana danışmanın en iyi yol olacağına inanırım	1	2	3	4	5
55. Problemin çözümü için hocaya okunurum	1	2	3	4	5
56. Her şeyin istediğim gibi olmayacağına inanırım	1	2	3	4	5
57. Bu dertten kurtulayım diye fakir fukaraya sadaka veririm	1	2	3	4	5
58. Ne yapılacağını planlayıp ona göre davranırım	1	2	3	4	5
59. Mücadeleden vazgeçerim	1	2	3	4	5
60. Sorunun benden kaynaklandığını düşünürüm	1	2	3	4	5
61. Olaylar karşısında “kaderim buymuş” derim	1	2	3	4	5
62. Sorunun gerçek nedenini anlayabilmek için başkalarına danışırım	1	2	3	4	5
63. “Keşke daha güçlü bir insan olsaydım” diye düşünürüm	1	2	3	4	5
64. Nazarlık takarak, muska taşıyarak benzer olayların olmaması için önlemler alırım	1	2	3	4	5

	Hiç uygun değil 1	Pek uygun değil 2	Uygun 3	Oldukça uygun 4	Çok uygun 5
65. Ne olup bittiğini anlayabilmek için sorunu enine boyuna düşünürüm	1	2	3	4	5
66. “Benim suçum ne” diye düşünürüm	1	2	3	4	5
67. “Allah’ın takdiri buymuş” diye kendimi teselli ederim	1	2	3	4	5
68. Temkinli olmaya ve yanlış yapmamaya çalışırım	1	2	3	4	5
69. Bana destek olabilecek kişilerin varlığını bilmek beni rahatlatır	1	2	3	4	5
70. Çözüm için kendim bir şeyler yapmak istemem	1	2	3	4	5
71. “Hep benim yüzümden oldu” diye düşünürüm	1	2	3	4	5
72. Mutlu olmak için başka yollar ararım	1	2	3	4	5
73. Hakkımı savunabileceğime inanırım	1	2	3	4	5
74. Bir kişi olarak iyi yönde değiştiğimi ve olgunlaştığımı hissederim	1	2	3	4	5

B.S.I

Aşağıda insanların bazen yaşadıkları belirtiler ve yakınmaların bir listesi verilmiştir. Listedeki her maddeyi lütfen dikkatle okuyun. Daha sonra o belirtinin sizi **bugün dahil, son bir haftadır** ne kadar rahatsız ettiğini yandaki kutulardan uygun olanının içini ☒ işaretleyerek gösterin. Her belirti için sadece bir yeri işaretlemeye ve hiçbir maddeyi atlamamaya özen gösterin. Fikir değiştirirseniz ilk yanıtınızın üstünü karalayın.

	Hiç	Biraz	Orta Derecede	Epey	Çok Fazla
1. İçinizdeki sinirlilik ve titreme hali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Baygınlık, baş dönmesi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bir başka kişinin sizin düşüncelerinizi kontrol edeceği fikri.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Olayları hatırlamada güçlük	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Çok kolayca kızıp öfkelenme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Göğüs (kalp) bölgesinde ağrılar.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.Meydanlık(açık) alanlardan korkma duygusu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Yaşamınıza son verme düşünceleri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. İnsanların çoğuna güvenilmeyeceği hissi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. İştahta bozukluklar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Hiç bir nedeni olmayan ani korkular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Kontrol edemediğiniz duygu patlamaları	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Başka insanlarla beraberken bile yalnızlık hissetme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. İşleri bitirme konusunda kendini engellenmiş hissetme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Yalnızlık hissetme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Hüzünlü, kederli hissetme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Hiçbir şeye ilgi duymama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Ağlamaklı hissetme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Kolayca incinebilme, kırılma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. İnsanların sizi sevmediğine kötü davrandığına inanmak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Kendini diğerlerinden daha aşağı görme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Mide bozukluğu, bulantı	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Diğerlerinin sizi gözlediği ya da hakkınızda konuştuğu duygusu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Uykuya dalmada güçlük	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Yaptığınız şeyleri tekrar tekrar doğru mu diye kontrol etme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Karar vermede güçlükler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Otobüs, tren, metro gibi umumi vasıtalarla seyahat etmekten korkma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Hiç	Biraz	Orta Derecede	Epey	Çok Fazla
29. Nefes darlığı, nefessiz kalma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Sıcak, soğuk basmaları	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Sizi korkuttuğu için bazı eşya, yer, etkinliklerden uzak kalmaya çalışma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Kafanızın bomboş kalması	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Bedeninizin bazı bölgelerinde uyuşmalar, karıncalanmalar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Günahlarınız için cezalandırılmanız gerektiği düşüncesi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Gelecekle ilgili umutsuzluk duyguları içinde olmak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Konsantrasyonda(dikkati bir şey üzerinde toplama) güçlük/zorlanma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Bedenin bazı bölgelerinde zayıflık, Güçsüzlük hissi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Kendini gergin ve tedirgin hissetme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Ölme ve ölüm üzerinde düşünceler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Birini dövme, ona zarar verme, yaralama isteği	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Bir şeyleri kırma/dökme isteği	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Diğerlerinin yanındayken kendinin çok fazla farkında olmak, yanlış bir şeyler yapmamaya çalışmak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Kalabalıklarda rahatsızlık duymak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Bir başka insana hiç yakınlık duymamak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Dehşet ve panik nöbetleri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Sık sık tartışmaya girme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Yalnız bırakıldığında/kalındığında sinirlilik hissetme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Başarılarınız için diğerlerinden yeterince takdir görmediğiniz düşüncesi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Yerde duramayacak kadar tedirgin hissetme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Kendini değersiz görme, değersizlik duyguları	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. İzin verdiğiniz takdirde insanların sizi sömüreceği duygusu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Suçluluk duyguları	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Aklınızda bir bozukluk olduğu fikri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S.W.L.S

Aşağıdaki ifadelere katılıp katılmadığınızı görüşünüzü yansıtan rakamı işaretleyerek belirtiniz. Doğru ya da yanlış cevap yoktur. Sizin durumunuzu yansıttığını düşündüğünüz rakam bizim için en doğru yanıttır. Lütfen açık ve dürüst şekilde yanıtlayınız.

Belirtilen duruma “kesinlikle katılmıyorum” diyorsanız **1**, “katılmıyorum” diyorsanız **2**, “biraz katılmıyorum” diyorsanız **3**, “ne katılıyorum ne de katılmıyorum” diyorsanız **4**, “çok az katılıyorum” diyorsanız **5**, “katılıyorum” diyorsanız **6**, “kesinlikle katılıyorum” diyorsanız **7** numarayı daire içine alınız.

	Kesinlikle katılmıyorum	Katılmıyorum	Biraz katılmıyorum	Ne katılıyorum ne de katılmıyorum	Çok az katılıyorum	Katılıyorum	Kesinlikle katılıyorum
1. Pek çok açıdan ideallerime yakın bir yaşamım var	1	2	3	4	5	6	7
2. Yaşam koşullarım mükemmeldir	1	2	3	4	5	6	7
3. Yaşam beni tatmin ediyor	1	2	3	4	5	6	7
4. Şimdiye kadar, yaşamda istediğim önemli şeyleri elde ettim	1	2	3	4	5	6	7
5. Hayatımı bir daha yaşama şansım olsaydı, hemen hemen hiçbir şeyi değiştirmezdim	1	2	3	4	5	6	7

CURRICULUM VITAE

I. PERSONAL INFORMATION

Surname, Name: Özürçün-Küçükertan, Nurten

Nationality: Turkish Cypriot(KKTC) and Turkish (TC)

Date and Place of Birth: 18 July 1985, KKTC-Lefkoşa/Ortaköy

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II. EDUCATION

Degree	Institution	Year of Graduation
B.S.	METU Department of Psychology	2007
High School	Güzelyurt Türk Maarif Koleji	2002

III. WORK EXPERIENCE

Year	Place	Enrollment
2010-2012	Eastern Mediterranean University, Cyprus, Department of Psychology	Flying Instructor
2009-2012	Middle East Technical University, Ankara, Clinical Psychology Unit: Application and Research Center (AYNA)	Psychotherapist
2011-2012	Middle East Technical University, Ankara, Clinical Psychology Unit: Application and Research Center (AYNA)	Supervisor
2010	Gülhane Military Medical Academy, Ankara Department of Child Psychiatry	Intern

2009	Middle East Technical University, Ankara, Health and Counseling Center	Intern Psychotherapist
2008	Ankara Üniversitesi, Medical School, Department of Child Psychiatry	Intern Psychotherapist
2008	Middle East Technical University, Ankara, Department of Psychology	Research Assistant
2007	Ahmet Andıçen Hospital, Ankara, Department of Psychiatry	Intern Psychotherapist
2007	TRNC Association of Fighting with Drugs	Psychologist
2007	Ankara Association of Schizophrenia Patients and Close	Volunteering Psychologist
2006	Ankara Association of Schizophrenia Patients and Close	Field Practice
2006	TRNC Lefkoşa, Nerve and Psychiatry Hospital	Practicum
2004	Research Projects Center, TRNC	Research Assistant

III. FOREIGN LANGUAGES

Advanced English, Beginners French

IV. PUBLICATIONS

Öneren, Şendil, Ç., & Küçükertan, Özürçün, N. (2012). A qualitative study about transmission of religious issues. *Procedia-Social and Behavioral Journal*, 47, 913-917.

V. PRESENTATIONS SUBMITTED AT CONGRESSES

Öneren, Şendil, Ç., & Küçükertan, Özürçün, N. (2012). *A Qualitative Study About Transmission of Religious Issues*. Paper presented at Cyprus International Conference on Educational Research (CY-ICER-2012), Güzelyurt, North Cyprus.

VI. CONTINUOUS EDUCATION

1. Art Therapy

by Suzi Amado (6.5 hours)

2013

2. Intervention to Crisis

by Çiğdem Soykan and Atilla Soykan (8 hours)

2012

3. Workshop on Studying with Autistic Children

by Nevin Eracar

2011

4. Workshop on Attachment Styles and Parenting in Turkish Culture

by Nebi Sümer

2007

TURKISH SUMMARY

Bir birey hayatı boyunca sayısız deneyim yaşar. Bunlardan bazıları hemen herkesin yaşadığı günlük yaşantılarken, bazıları da kişinin hayatında önemli iz bırakan zor ve hayatı tehdit edici deneyimler olabiliyor. Bu gibi insanı dehşet duygusuna düşürüp insan hayatını tehdit eden olayları travmatik olaylar olarak isimlendirebilir (DSM-IV-TR, 2000) ve bu travmatik deneyimlerin kişinin hayatına farklı bir yön verdiğini söyleyebiliriz.

Her ne kadar travmatik bir olay bunu deneyimleyen kişi için zor olsa ve hayatını etkilese de, bazı araştırmalar bireylerin her zaman travmatik deneyimler ardından psikopatoloji geliştirmediğini göstermiştir (Bonanno, 2004; Pietrzak, & Cook, 2013; Saigh et al., 2001). Hatta bazı araştırmalar, bazı bireylerin travmatik deneyimlerin ardından olumlu değişimler yaşadığını belirlemiştir (Cann et al., 2010; Cordova et al., 2001; Ickovics, et al., 2006; Kira et al., 2013; Laufer, & Solomon, 2006; Loiselle et al., 2011; Taku et al., 2012; Tallman, Altmaier, & Garcia, 2007; Tedeschi, & Calhoun, 2004; Widows et al., 2005; Yanez et al., 2009). Yine de bireylerin travmatik bir deneyimin ardından psikopatoloji geliştirdiğini ortaya koyan birçok araştırma vardır (Amir, & Sol, 1999; Bernat et al., 1998; Borges et al., 2008; Boşgelmez et al., 2010; Currier, et al., 2013; Dijke et al., 2013; Farhood, Dimassi, & Lehtinen, 2006; Gluck, Tran, & Lueger-Schuster, 2012; Gros et al., 2012; Heins et al., 2011; Kong, & Bernstein, 2008; Venta, Kenkel-Mikelonis, & Sharp, 2012; Vrana, & Lauterbach, 1994).

Bu denli etkili ve zor olan travmatik deneyimler bunu deneyimleyen kişinin hayatında var olan birçok rolü de etkiler. Dolayısıyla, bir anne travmatik bir deneyim yaşadığı zaman bu deneyim kadının annelik rolünü de etkilemiş olur (Fischer et al., 2010; Henry et al., 2004; Mowder et al., 2006) ve böylece annenin travmatik yaşantısı ikinci kuşağa da aktarılabilir (Hoven et al., 2009; Motta et al., 1997; Schechter et al., 2007). Kıbrıs'ta özellikle ve belirgin bir biçimde 1963-

1974 yılları arasında gerçekleştiği kabul edilen Kıbrıs Savaşı göz önüne alındığında (Güngör, 2002; Kasım, 2007; Papadakis, 2008), bu savaş deneyimini yaşayıp sağ kalan kadınların, anne olduktan sonra çocukları ile ilişkileri ve bu annelerin savaşla ilgili travmatik deneyimlerinin çocuklarına aktarılıp aktarılmadığı merak konusudur. Bu sebeple bu tez çalışması Kıbrıslı Türk annelerin 1963-1974 yıllarında Kıbrıs'ta yaşanan savaş/çatışma deneyimlerinin çocuklarına aktarımını incelemeyi amaçlamaktadır.

Yukarıda da bahsedildiği üzere literatür, travmatik deneyimlerin ebeveynlik davranışlarını ve anne-çocuk ilişkisini etkilediğini ortaya koymuştur (Fischer et al., 2010; Henry et al., 2004; Hoven et al., 2009; Motta et al., 1997; Mowder et al., 2006; Schechter et al., 2007). Ebeveynlik davranışlarının ise çocuğun baş etme becerileri (Chan, 2010; Gaylord-Harden, Campbell & Kesselring, 2008; Hardy, Power & Jaedicke, 1993), kişilik özellikleri (Lim & Smith, 2008; McNamara, Selig & Hawley, 2010; Prinzie et al., 2004; Watson, Little & Biderman, 1992) ve psikolojik iyilik-hali ile ilişkili olduğu (Abaid & Rudolph, 2011; Beck & Shaw, 2005; Bilsky et al., 2013; Brody et al., 2013; Cheah et al., 2009; Gaylord-Harden, 2008; Lobera, Rios & Casals, 2011; Zhou et al., 2008) birçok araştırma tarafından ortaya konmuştur. Bu iki bilgi birleştirildiğinde, travmatik bir deneyim yaşayan annenin değişen ebeveynlik davranış ve tutumları aracılığıyla, çocuğunun baş etme becerilerini, kişilik özelliklerini ve psikolojik iyilik halini etkilendiğini varsaymak olasıdır. Bununla ilişkili olarak annelerin travmatik deneyimlerinin çocukları üzerinde etkili olduğunu gösteren araştırmalar mevcuttur (Field et al., 2011; Lang et al., 2010; Schwerdtfeger et al., 2013). Hatta bazı araştırmalar annelerin bu gibi travmatik yaşantılarının ikinci kuşağa aktarıldığını dahi ortaya koymaktadır (Baranowski, 1998; Fossion et al., 2003; Giladi & Bell, 2012; Motta et al., 1997; Schechter et al., 2007; Weiss & Weiss, 2000). Kimi araştırmalar bu deneyimlerin çocuğa psikopatolojik olarak aktarıldığını ileri sürse de (Baranowski et

al., 1998), annelerin travmatik deneyimlerinin çocuklarına semptomatik yoldan aktarıldığını gösterememiş araştırmalar da vardır (Davison & Mellor, 2001; Van Ijzendoorn et al., 2003). Bu araştırmalarda semptomatik bir aktarım tam olarak ortaya konamamış olsa da, annelerin travmatik deneyimlerinin çocuklarına aktarımı söz konusudur (Fossion et al., 2003; Giladi & Bell, 2012; Motta et al., 1997; Schechter et al., 2007; Weiss & Weiss, 2000). Bu kuşaklar-arası aktarım üzerinde çalışan birçok araştırmacı bu olası aktarımın anne-çocuk ilişkisi içinde gizli olduğunu ileri sürmektedir (Baranowski et al., 1998). Anne-çocuk ilişkisinin önemini vurgulayan benzer bir varsayımda da, annenin depresyonunun annenin ebeveynliğine ve dolayısıyla da çocuğuna etkisini öne sürmektedir. Bu varsayıma göre annenin depresyonunun beraberinde getirdiği semptomlar genel olarak annenin çocuğuna yeterli ilgi ve alakayı gösterememesine ve artmış kendi-odaklılığı sonucunda çocuğunun ihtiyaçlarını okuyamamasına neden olmaktadır. Sonuç olarak ihtiyaçları anlaşılamayan ve giderilemeyen çocuğun annesi ile ilişkisi zarar görür ve çocuk bundan etkilenir (Ammerman et al., 2012; Conley et al., 2004).

Travmatik deneyimlerin ise başta travma sonrası stres bozukluğu (TSSB) ve depresyon gibi bir takım psikopatolojilere yol açtığının ortaya konduğu göz önüne alınırsa (Boşgelmez et al., 2010; Currier et al., 2013; Gros et al., 2012; Vrana & Lauterbach, 1994), annenin travmatik deneyiminin ardından yaşayabileceği artmış depresif semptomatoloji aracılığı ile yukarıda anlatıldığı şekilde anne-çocuk ilişkisinin etkilenmesini beklemek olasıdır (Ammerman et al., 2012; Banyard, Williams & Siegel, 2003; Conley et al., 2004). Bu tez çalışması ise tüm bu literatür bilgisi ışığında Kuzey Kıbrıslı annelerin 1963-74 yılları arasında yaşadıkları savaş deneyimlerinin, annelerin ebeveynlik stillerinin, çocuğun baş etme becerilerinin ve çocuğun kişilik özelliklerinin, çocuklarının bu günkü psikolojik iyilik-halleri üzerindeki yordayıcı etkisini araştırmaktadır. Ayrıca annelerin savaş deneyimleri ve

çocuklarının psikolojik iyilik-halleri arasındaki yordayıcı ilişkide, annelerin ebeveynlik stillerinin, çocuğun baş etme becerilerinin ve çocuğun kişilik özelliklerinin aracı rolleri araştırmanın ilgisi dahilindedir.

Bir yan çalışma olarak ise bu çalışma için özel olarak geliştirilmiş olan Savaş Travmasına Maruz Kalma Ölçeği'nin (War Trauma Exposure Scale) (STMÖ) psikometrik özellikleri de incelenmiş ve rapor edilmiştir. Araştırmada çocuğun iyilik-hali ikinci kuşağın kendisinin rapor ettiği iki değişken üzerinden belirlenmektedir. Bunlardan biri hayat tatmini iken diğeri de semptomatoloji durumudur.

Yöntem

Örneklem

Araştırma Kuzey Kıbrıs'ta 18-38 yaş aralığındaki Kıbrıslı Türk gençleri ve onların 1963-74 yılları arasındaki Kıbrıs Savaşı/Çatışmasını yaşamış anneleri ile gerçekleştirilmiştir ($N=168$). Annelerin yaşı 45 ila 72 arasında değişmektedir ve yaş ortalaması da 52.66'dır ($SS= 6.40$). Çocuk katılımcıların yaş ortalaması ise 26.89 ($SS= 5.47$) olarak hesaplanmıştır. Katılımcı gençlerin % 30.4' ü ($N=51$) erkek ve % 69.6'sı ($N=117$) kadındır.

Veri Toplama Araçları

Araştırmada katılımcı anneler ve çocukları için ayrı ayrı anket kümeleri verilmiştir. Annelere, anne demografik bilgi formu, Yaşam Doyum Ölçeği, Stresle Başa Çıkma Tarzları Ölçeği, Savaş Travmasına Maruz Kalma Ölçeği ve Olay Etkisi Ölçeği- Gözden Geçirilmiş Form verilirken; çocuklarına, çocuk demografik bilgi formu, Çocuk Yetiştirme Tutumları Ölçeği, Temel Kişilik Özellikleri Ölçeği, Yaşam Doyum Ölçeği, Stresle Başa Çıkma Tarzları Ölçeği ve Kısa Semptom Envanteri verilmiştir.

Anne Anketleri

Anne Demografik Bilgi Formu

Annelere yaş, eğitim, meslek, gelir, çocuk sayısı, çocuğunu yetiştirirken baba ile beraber olup olmadığı, hala eşiyle beraber olup olmadığı, çocuğun bakımını kimin üstlendiği, çocuk bakımda annenin ne kadar rol aldığı, çocuk bakımda babanın ne kadar rol aldığı, annenin psikolojik tedavi geçmişi ve halen psikolojik bir tedavi alıp almadığı gibi konularda bilgi alan demografik bilgi formu verilmiştir.

Savaş Travmasına Maruz Kalma Ölçeği (War Trauma Exposure Scale)

Tez çalışması öncesinde yaşları 45-60 arasında değişen Kıbrıs'taki savaş/çatışma olaylarını deneyimlemiş ebeveynlerle (8 anne 2 baba) küçük-örneklemli bir röportaj gerçekleştirilmiştir (N= 10). Bu görüşmelerde bir baba dışındaki diğer tüm ebeveynler savaş yaşantılarının ebeveynlik stilleri üzerinde etkili olduğunu düşündüklerini rapor etmişlerdir. Bu savaş deneyimlerinin onları daha "hassas ve duyarlı" yaptığını rapor eden ebeveynler, bu savaş yaşantılarının etkisiyle çocuklarının hayatlarına daha çok dahil olduklarını düşündüklerini eklemişlerdir. Savaş deneyiminin ebeveynlik stilini etkilediğini düşünen bir baba, bu yaşantıların onu daha korumacı ve daha cesur yaptığını böylece ailesini daha etkili bir biçimde koruyabileceğine inandığını belirtmiştir. Görüşülen annelerden biri savaştan önce hayatının "masallardaki kadar güzel" olduğunu fakat savaştan sonra güzelliğini, yürüme becerisini, güzel evini, pahalı arabasını ve "kolay" olan yaşantısını kaybedip, bacağı yaralandığı için de "eksik" bir insan olduğunu rapor etmiştir.

Görüşmeciler zor zamanlar yaşadıklarını ve mecburi olarak evlerini ve köylerini terk etmek zorunda kaldıklarını, aç ve susuz bir şekilde günlerce dağlardan yürümek zorunda kaldıklarını, sığınacak yer bulamadıklarını, geçici olarak konakladıkları yerlerde yiyecek ve içecek

sıkıntısı yaşadıklarını, hava koşullarına uygun giyisi bulamadıklarını, maddi ve manevi değeri olan birçok kıymetli varlıklarını kaybettiklerini, aile üyelerinden yakın arkadaş ve komşularından ayrı düştüklerini, eskiden yakın arkadaş oldukları Rumlarla düşman durumuna düştüklerini, gittikleri her yerde ve her zaman güvenliklerinden şüphe duyduklarını, güvenli olduğunu düşünerek sığındıkları camii, okul, hastane gibi yerlerin bombalandığını, çocuk yaşta olmalarına rağmen aktif olarak savaştıklarını, aile üyelerine, tanıdıklara veya yabancılara karşı şiddet uygulanmasına tanıklık ettiklerini, aile üyelerinin, tanıdıkların veya yabancılardan öldürüldüğüne tanıklık ettiklerini ve şiddete maruz kaldıklarını rapor etmişlerdir. Ayrıca 40 yıldan fazla bir süre geçmiş olmasına rağmen bu yaşantıları hatırlatan asker, helikopter, tank...vs gibi uyaranlar karşısında halen kendilerini çok korkmuş hissettiklerini ve geriye-dönüş canlandırmaları gördüklerini ifade etmişlerdir. Görüşmecilerin rapor ettiği bu savaş deneyimleri literatür ile paraleldir (Goldstein, Wampler & Wise, 1997).

Bu çalışmada annelerin savaş travmasına maruziyetlerini ölçmek amacıyla görüşmede elde edilen bilgilerden ve literatürden yararlanılarak (DSM-IV-TR, 2000; Elal & Slade, 2005; Foa, 1995; Goldstein, Wampler & Wise, 1997) Savaş Travmasına Maruz Kalma Ölçeği geliştirilmiştir. Ölçek çalışmadan önce 10 Kıbrıslı Türk'e uygulanmış ve detaylı geri-bildirim alındıktan sonra gerekli düzeltmeler yapılmıştır. Ölçeğin geçerlik-güvenilirlik çalışmaları için annelere Yaşam Doyum Ölçeği, Stresle Başa Çıkma Tarzları Ölçeği ve Olay Etkisi Ölçeği-Gözden Geçirilmiş Formu doldurtulmuştur. Ölçeğin geçerlik-güvenilirliği ile ilgili detaylı bilgi sonuç bölümünde verilmektedir.

Olay Etkisi Ölçeği-Gözden Geçirilmiş Formu (Impact of Event Scale-Revised)

Ölçek 1979'da Horowitz tarafından geliştirilmiştir. 15 maddelik bu ölçek anketi dolduran kişinin yaşadığı travmatik olaydan son bir hafta içinde ne kadar etkilendiğini ölçmektedir. Ölçeğin iki alt-ölçeği bulunmaktadır. Bunlardan biri kaçınma (Cronbach alfa değeri .82) diğeri de delici düşüncelerdir (Cronbach alfa değeri .78) (Horowitz, Wilner, & Alvarez, 1979). Ölçek Çorapçıoğlu ve arkadaşları tarafından 2006 yılında Türkçe'ye çevrilmiştir. Weiss ve Marmar 1997'de DSM-III'deki uyarılmışlık durumunu karşılayacak bazı maddeler daha ekleyerek madde sayısını 21'e faktör sayısını da 3'e çıkarmıştır.

Çocuk Anketleri

Çocuk Demografik Bilgi Formu

Çocuklara yaş, cinsiyet, eğitim, meslek, gelir, kardeş sayısı, büyürken ebeveynlerin beraber olup olmadığı, ebeveynlerin hala beraber olup olmadığı, büyürken bakımını kimin üstlendiği, büyütülürken çocuk bakımda annenin ne kadar rol aldığı, büyütülürken çocuk bakımda babanın ne kadar rol aldığı, çocuğun kendisinin psikolojik tedavi geçmişi ve halen psikolojik bir tedavi alıp almadığı gibi konularda bilgi alan demografik bilgi formu verilmiştir.

Çocuk Yetiştirme Tutumları Ölçeği (Measure of Child Rearing Styles)

Ölçek Sümer ve Güngör (1999) tarafından Maccoby ve Martin'in (1983) boyutları esas alınarak ebeveynlik stillerini ölçmek için geliştirilmiştir. 22 maddelik 5'li Likert tarzı olan bu ölçek iki ebeveynlik boyutuyla ilgili ölçüm yapmaktadır. Bu boyutlardan biri kabul/ilgi/sevgi diğeri de sıkı denetim/disiplin boyutudur. Bu iki boyutun çaprazlanmasıyla dört çocuk yetiştirme kategorisi elde edilmektedir.

Ölçekte katılımcılar çocukluklarını düşünerek anne ve babalarının ebeveynlik stilleriyle ilgili algılarını rapor ederler.

Temel Kişilik Özellikleri Ölçeği (Basic Personality Traits Inventory)

Ölçek kişiliğin beş-faktörlü modeli esas alınarak geliştirilen bu ölçek (McCrae Costa, 2003; Peabody, & Goldberg, 1989) 45 madde ve 6 kişilik faktörü ile katılımcıların kişilik özelliklerini belirlemeyi amaçlar (Gençöz & Öncül, 2008).

Stresle Başa Çıkma Tarzları Ölçeği (Turkish Ways of Coping Inventory)

Folkman ve Lazarus tarafından 1980’de geliştirilmiştir ve Siva tarafından 1991’de Türkçe’ye çevrilen ölçeğin 68 olan madde sayısı 74’e çıkarılmıştır. Daha sonra sosyal desteğin baş etme becerilerindeki rolünü de belirlemek için ölçek geçirildiği faktör analizi ardından ölçek 3 faktörlü yapısına kavuşturulmuştur.

Yaşam Doyum Ölçeği (Satisfaction with Life Scale)

Ölçek kişilerin hayatlarından tatminlerini ve algıladıkları hayat kalitesini beş madde ile ölçmek amacıyla Diener tarafından 1985’te geliştirilmiştir. Ölçek Durak, Durak ve Gençöz (2010) tarafından Türkçe’ye çevrilmiştir ve bu çalışmada da bu çevirisi kullanılmıştır.

Kısa Semptom Envanteri (Brief Symptom Inventory)

Derogatis tarafından 1992’de geliştirilmiş olan 53 maddelik bu ölçek kişilerin semptomlarını 5 faktör temelinde ölçer (Şahin & Durak, 1994).

İşlem

Anne ve çocukları için ayrı ayrı hazırlanmış olan anket setleri Kuzey Kıbrıs'ın farklı bölgelerinden katılımcılara kartopu yöntemi ile zarflarda iletilmiştir. Anketler, anne ve çocuk katılımcılar tarafından ayrı ayrı doldurulduktan sonra her bir katılımcıdan alınan imzalı bilgilendirilmiş onam formundan ayrı tutularak kapalı zarflarda araştırmacıya iletilmiştir. Araştırmaya katılan anneler sadece bir çocuğu ile çift olabilmiş ve anketleri de bu çocuğunu göz önünde bulundurarak doldurmuştur.

Veri, Predictive Analytics SoftWare (PASW) versiyon 18 ile analiz edilmiştir ve analizlerden önce data temizliği yapılmıştır. Bu ön işlemler sonucundaki katılımcı sayısı 168 olmuştur. Temel analizlerden önce çalışma için geliştirilmiş olan Savaş Travmasına Maruz Kalma Ölçeği psikometrik açıdan analiz edilmiş ve ardından temel analizler gerçekleştirilmiştir.

Bulgular

Temel analizlerden önce bu araştırma için geliştirilmiş olan Savaş Travmasına Maruz Kalma Ölçeği psikometrik açıdan analiz edilmiştir. Ölçek katılımcıların savaş ve çatışma durumlarında yaşanabilecek 23 ayrı durumu ilk önce yaşadım/yaşadım diye rapor etmesini daha sonra da eğer böyle bir deneyim yaşadıysa bu deneyimden ne kadar etkilendiğini 5'li Likert tipi ölçekle değerlendirmesini gerektirmiştir. Kişi, maddede belirtilen olayı yaşamadıysa o maddeden sıfır puan almıştır. Kişi eğer maddede belirtilen olayı yaşadıysa o olaydan ne kadar etkilendiğini 1'den (hiç etkilenmedim) 5'e (çok fazla etkilendim) kadar değerlendirmiştir. Her bir maddeden elde edilen puanlar toplanarak bireyin toplam savaş travması maruziyet puanı hesaplanmıştır. Ardından testin tüm test geçerliliği hesaplanmış ve Cronbach alfa değeri .90 olarak bulunmuştur.

Testin güvenilirlik çalışmaları için öncelikle Savaş Travmasına Maruz Kalma Ölçeği'nin yine annelerin doldurduğu Yaşam Doyum Ölçeği, Stresle Başa Çıkma Tarzları Ölçeği, Olay Etkisi Ölçeği-Gözden Geçirilmiş Formu ile korelasyonları incelenmiştir. Sonuçlar, testin sadece duygu odaklı baş etme stili ve olay etkisi ölçeği total skoru ile korele olduğunu göstermiştir. Ardından ölçeğin yapısal geçerliliğini analiz etmek için, Olay Etkisi Ölçeği-Gözden Geçirilmiş Formu ile faktör analizine sokulmuş ve bu analiz sonucunda her iki ölçek de aynı faktör yükü altında yüklenmiştir. Buna ek olarak gerçekleştirilen tek faktörlü varyans analizi, annelerin Savaş Travmasına Maruz Kalma Ölçeği skorlarının, Olay Etkisi Ölçeği-Gözden Geçirilmiş Formu'nun total skoru üzerinde istatistiksel açıdan anlamlı farkının olduğunu göstermiştir. Bu sonuca göre, savaş travmasına en çok maruz kalan anneler Olay Etkisi Ölçeği-Gözden Geçirilmiş Formu'ndan da en yüksek puanları almıştır. Savaş travmasına orta düzeyde maruz kalan Olay Etkisi Ölçeği-Gözden Geçirilmiş Formu'ndan da orta düzeyde puan alırken, savaş travmasına en az maruz kalan anneler ise Olay Etkisi Ölçeği-Gözden Geçirilmiş Formu'ndan en az puanları almışlardır.

Savaş Travmasına Maruz Kalma Ölçeği'nin psikometrik analizlerinin ardından temel analizlere geçilmeden önce değişkenler arası korelasyonlar incelenmiştir. Buna göre, annelerin savaş travmasına maruziyetlerinin çocuk yetiştirme stillerinden (kabul ve sıkı denetim boyutları) sadece sıkı denetim boyutu, duygu odaklı baş etme stili ve çocukların yaşam doyumu ile ilişkili olduğu bulunmuştur. Bunun ardından annelerin savaş travmasına maruziyet seviyelerinin (düşük, orta, yüksek) çocuk yetiştirme stillerine göre değişiklik gösterip göstermediğini test etmek için çok değişkenli varyans analizi gerçekleştirilmiştir. Sonuçlar istatistiksel açıdan önemli farklar ortaya koyamamıştır.

Bunun ardından çocukların psikolojik iyilik hallerini yordayan değişkenleri analiz etmek için psikolojik iyilik hali değişkenleri olan

çocukların yaşam doyumu ve semptom seviyeleri için ayrı regresyon analizleri gerçekleştirilmiştir. Bu analizlerde annelerin savaş travmasına maruziyetleri analize ilk adımda sokulurken, algılanan çocuk yetiştirme tutumları ikinci adımda, çocukların baş etme becerileri stilleri ve kişilik özellikleri ise üçüncü adımda analize dahil edilmiştir. Çocukların yaşam tatmini için gerçekleştirilen analiz sonucunda annelerin savaş travmasına daha az maruz kalmalarının, annenin artan kabul tutumlarının ve çocukların artan problem odaklı baş etme stillerinin çocuklarının artan yaşam doyumunu yordadıkları bulunmuştur. Annelerin savaş travmasına maruziyetlerinin regresyon analizinin son adımında da çocukların yaşam doyumlarını istatistiksel açıdan önemli olarak yordadığı saptanmıştır.

Diğer bir psikolojik iyilik hali değişkeni olarak çocukların artan kısa semptom envanteri skorlarını ise, annelerin daha çok kullandıkları sıkı denetim ve daha az kullandıkları kabul tutumları, çocukların nevrotik kişilik özellikleri, çocukların daha az problem odaklı ve daha çok duygu odaklı baş etme stillerini kullanmaları yordamıştır. Sonuçlar, annelerin savaş travmasına maruziyetlerinin, çocuklarının semptomatoloji seviyelerini yordamada istatistiksel açıdan önemli olmadığını göstermiştir.

Algılanan çocuk yetiştirme stillerinin aracı rolünü test etmek için istatistiksel açıdan önemli korelasyonlar göz önünde bulundurulmuş ve Baron ve Kenny'nin (1986) koşullarına göre analizler yapılmıştır. Analizler bu değişkenin sadece bir ilişkide anlamlı aracı rolü olduğunu ortaya koymuştur. Sonuçlar annelerin savaş travmasına maruziyetleri ve çocukların duygu odaklı baş etme stilleri arasında doğrudan bir ilişki olduğunu göstermekle birlikte algılanan çocuk yetiştirme tutumları aracılığı ile dolaylı bir ilişki de olduğunu ortaya koymaktadır. Buna göre çocuk yetiştirme tutumlarından algılanan sıkı denetim boyutu, annelerin savaş travmasına maruziyetleri ve çocuğun duygu odaklı baş etme stili arasında kısmi olarak aracı rol üstlenmektedir. Bir başka deyişle savaş travmasına daha az maruz kalmış anneler sıkı denetim davranışlarını

artırma eğilimindedirler ve bu da sonuç olarak çocukların duygu odaklı baş etme becerileri daha fazla geliştirmene yol açmaktadır.

Tartışma

Bu çalışma için geliştirilen Savaş Travmasına Maruz Kalma Ölçeği'nin psikometrik özelliklerini test etmek üzere gerçekleştirilen analiz sonuçlarına göre ölçek ilgili diğer ölçeklerle beklenen ölçüde koreledir, aynı faktör altında yüklenmektedir ve benzer psikolojik durumları ölçmektedir. Bu da ölçeğin geçerliliği ve güvenilirliğinin uygunluğu göstermektedir. Ölçeğin Olay Etkisi Ölçeği-Gözden Geçirilmiş Formu ile anlamlı fakat orta düzeyde korele olmasında zaman faktörü etkili olmuş olabilir. Bir başka deyişle Olay Etkisi Ölçeği-Gözden Geçirilmiş Formu annelerin 39-50 yıl önce yaşamış olduğu savaş yaşantılarının son bir hafta içerisindeki etkisini ölçerken Savaş Travmasına Maruz Kalma Ölçeği, annelerin bu savaş durumlarına o dönemde ne ölçüde maruz kaldığını ölçmektedir. Ayrıca ölçeklerden ilki olayın etkisini ölçerken diğeri annelerin bu olaylara maruziyetlerini ölçmektedir. Bu sebeplerden dolayı, Savaş Travmasına Maruz Kalma Ölçeği, Olay Etkisi Ölçeği-Gözden Geçirilmiş Formu ile yüksek düzeyde bir korelasyon gösterememiş olabilir. Literatüre göre beklenenin aksine Savaş Travmasına Maruz Kalma Ölçeği'nin Yaşam Doyum Ölçeği ile anlamlı ölçüde korelasyon gösterememiştir. Annelerin yaşadığı savaş travması deneyimlerinin 39-50 yıl önce gerçekleştiği göz önüne alınırsa bu süre içinde annelerin uyumlarını ve yaşam kalitelerini artırmaları bu sonucu açıklayabilir.

Annelerin savaş travmasına maruziyetlerinin algılanan çocuk yetiştirme stilleri ile ilişkili olması beklenmekteydi; bu hipotez kısmi olarak doğrulandı. Analizler, annelerin savaş travması maruziyetinin algılanan sıkı denetim boyutu ile ilişkili olduğunu gösterdi. Annelerin savaş yaşantılarına daha fazla maruz kaldıkça, çocuklarını daha sıkı denetleme eğiliminde olduğu ortaya konmuştur. Travmatik yaşantılardan

sonra annelerin aşırı koruma davranış ve tutumlarından artış olduğu göz önüne alınırsa, annelerin bu zor yaşantılardan sonra sevdiklerini, özellikle de daha “savunmasız” görebilecekleri çocuklarını benzer zorluklardan koruma eğilimleri anlaşılırdır. Aralarında bir ilişki bulunmasına karşın, annelerin farklı seviyelerdeki savaş travması maruziyetleri algılanan çocuk yetiştirme stillerine göre farklılık göstermemiştir.

Çocukların iyilik hallerini yordayan değişkenlerle ilgili hipotezler ise kısmen doğrulanmıştır. Beklendiği üzere annelerin savaş travması maruziyetleri, annelerin algılanan kabul tutum ve davranışları ve çocuğun problem odaklı baş etme stillerinin, çocuğun psikolojik iyilik hali değişkenlerinden biri olan yaşam doyumunu yordadığı ortaya konmuştur. Sonuçlara göre annelerin savaş olaylarına daha az maruz kalmaları çocuklarının hayatlarından daha çok tatmin olmalarını yordar. Çocukların hayatlarından daha çok tatmin rapor etmelerinde annelerin algılanan kabul davranışlarını daha çok kullanmalarının ve çocuklarının daha çok problem odaklı baş etme stillerini kullanmalarının yordayıcı etkisi olduğu bulunmuştur. Analizin ikinci ve üçüncü adımlarındaki değişkenlerin etkisini kontrol ettikten sonra dahi annelerin savaş maruziyetlerinin çocukların yaşam doyumları üzerinde önemli bir yordayıcı etkisi olması dikkat çekicidir. Bu sonuçlar annenin travmatik savaş deneyimlerinin çocuklarına kuşaklararası aktarılması fikrine destek vermektedir.

Öte yandan diğer psikolojik iyilik hali değişkeni olan çocukların artan semptomatoloji seviyelerini artan sıkı denetim ve azalan kabul tutum ve davranışlarının, nevrotik kişilik özelliklerinin, azalan problem çözme ve artan duygu odaklı baş etme stillerinin yordadığı bulunmuştur. Annelerin zor ve etkisi güçlü olabilecek savaş durumlarını deneyimlemiş olmalarına rağmen bu yaşantıların etkilerinin semptomatolojik olarak ikinci kuşağa aktarılmaması şaşırtıcıdır. Bu durum kişilerin patoloji geliştirmesinin karmaşık süreçler gerektirebileceğini, psikopatoloji

geliştiren kişilerde var olan bir yatkınlığın ve etkili başka faktörlerin söz konusu olabileceğini düşündürmektedir. Sonuçlar psikopatolojik yollardan olmasa da annelerin savaş deneyimlerinin yaklaşık 50 yıl sonra bile çocuklarına yaşam doyumu üzerinden aktarılabildiğini göstermesi açısından önemlidir.

Algılanan çocuk yetiştirme stillerinin aracı rolü ilgili gerçekleştirilen analizler sadece bir anlamlı sonuç göstermektedir. Buna göre annelerin savaş travmasına daha çok maruz kalmaları çocuklarının daha çok duygu odaklı baş etme becerileri kullanmasıyla ilişkilidir. Savaş durumlarına daha çok maruz kalmış anneler çocuklarını daha sıkı denetleme eğilimindedirler ve bu sıkı denetim de çocukların daha fazla duygu odaklı baş etme stilini kullanmalarını yordamaktadır. Bu konuyla ilgili literatür bilgisi de göz önünde bulundurulduğunda annelerin savaş yaşantılarına daha fazla maruz kaldığı zaman çocuklarını daha çok koruma eğilimde olmaları ve çocukları üzerindeki denetim davranışlarını artırmaları anlaşılabilir. Annelerin yaşadıkları olumsuz yaşantıların hatıralarından çocuklarını korumak için susmaları ve çocukların da annelere bu olumsuzlukları hatırlatmamak için bu konuda sessiz kalmaları sonucunda annenin travmatik deneyimleri bir sır kutusu içinde saklı kalmış olabilir. Açılıp ortaya serilmeyen bu “sır kutusu”, kaçınmacı, görmezden gelici ve dikkat dağıtıcı tarzlarıyla çocukların kullandıkları duygu odaklı baş etmenin kaynağını oluşturmuş olabilir.

Özet olarak annelerin travmatik savaş deneyimleri psikopatolojik olarak olmasa da yaşam doyumu açısından çocuklarına aktarılmaktadır. Annelerin çocuk yetiştirme tutum ve davranışları, yaşadıkları savaş travmasından kısmen de olsa etkilenmektedir ve bu da çocuklarının geliştirdikleri baş etme becerilerine yansımaktadır. Annelerin travmatik savaş deneyimlerinin ikinci kuşağa aktarılmasında anne-çocuk ilişkisi kritik gibi görünmektedir.

Araştırmada katılımcıların eğitim ve gelir durumları, çocukların cinsiyetleri ve katılımcıların travma geçmişleri ile ilgili bilgi yer

almamaktadır. Ayrıca katılımcı anneler savaş deneyimlerine maruziyetlerini, çocuklar da annelerin çocuk yetiştirme tutumlarını rapor ederken “sahte anı sendromu” söz konusu olmuş olabilir. Veri toplama aracı olarak anketlerin kullanılması ise alınan bilgileri kısıtlamış olabilir. Bunlara ek olarak model testi için kullanılan istatistik programı modeli test etmede yetersiz kalmış olabilir. İleri araştırmaların bu çalışmanın yukarıda sıralanan kısıtlılıklarını dikkate almaları tavsiye edilebilir.

Bu çalışma travmatik yaşantıların sadece kişinin kendi hayatını etkilemekle kısıtlı kalmayıp ikinci kuşağa kadar ulaşabileceğini göstermesi bakımından önemlidir. Çalışma travmatik olayın nasıl algılandığının ve ne tür bir travma deneyimi olduğunun ayrıştırılmasının önemini vurgulamaktadır. Toplulukça yaşanan travmalar, kişiler-arası travma deneyimlerine göre normalleştirilmesi ve atlatılması göreceli olarak daha kolay yaşantılar olabilir. Klinisyenlerin, danışanın travma geçmişini araştırırken annelerinkini de soruşturmasındaki önem bu çalışma ile yine öne çıkmıştır. Travmatik deneyimler zor yaşantılar olsa ve kişinin hatta ikinci kuşağın dahi hayatını etkilese de, travma yaşamış bireyi “kurban” olarak görmek kişinin gücünü azımsamak olacaktır. Klinisyenler travmatik yaşantılara maruz kalan bireylerin güçlülüğünü artıracak yolları araştırmalıdır. Bu anlamda travma yaşayan kişi için “hayatı devam ettirecek” faaliyetlerin ve “ayakta kalmaya çalışmanın” önemi ön plana çıkmaktadır. Travmaya maruz kalan annelerin olaya tepkileri normalize edilebilir ve anneler bu konuda çocuğu ile kuracağı açık iletişimin önemi hakkında bilgilendirilebilirler. Ebeveynlerin, çocuklarını koruma istekleri her ne kadar anlaşılır olsa da çocuklar için esas koruyucu olan şeyin annelerin göstereceği “kabul” olduğu bilgisi travma deneyimi yaşamış annelerle paylaşılabilir. Travmatize olmuş anneler ve çocuklarıyla çalışırken, annelerin olası bilinç dışı travma aktarımı ve çocukların anne travmasını ve kendi yaşantısını ayrıştırabilmesi üzerinde çalışılabilir.

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