

THE EFFECTS OF MOTHERS' PARENTAL ATTITUDES  
ON THEIR PRESCHOOL CHILDREN'S  
INTERNALIZING AND EXTERNALIZING BEHAVIOR PROBLEMS:  
THE MEDIATOR ROLE OF MOTHERS' PSYCHOLOGICAL ADJUSTMENT

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I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

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## ABSTRACT

THE EFFECTS OF MOTHERS' PARENTAL ATTITUDES  
ON THEIR PRE-SCHOOL CHILDREN'S  
INTERNALIZING AND EXTERNALIZING BEHAVIORAL PROBLEMS:  
THE MEDIATOR ROLE OF MOTHERS' PSYCHOLOGICAL ADJUSTMENT

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This study aimed at revealing the mediational role of mothers' psychological adjustment between mothers' parental attitudes and their preschool children's behavioral problems relationship. The participants were 204 married mothers, 64 fathers, 195 chief teachers and 25 assistant teachers of preschool children aged between 1½ - 5 years-old, who are attending nurseries in different neighborhoods of Ankara. Prior to the main analyses, the reliability analyses of Child Behavior Check List - 1½ - 5 (CBCL - 1½ - 5), and Caregiver-Teacher Report Form (C-TRF) were conducted. These analyses yielded many significant coefficients, though the strength of the correlations varied from low to high. Following the reliability analyses,

Hierarchical Regression Analyses were performed to test the mediational role of mothers' psychological adjustment between their parental attitudes and children's internalizing, externalizing, and total behavior problems relationships. For these analyses, the variances accounted for by children's and mothers' demographic characteristics were controlled. Results revealed that, 'Rejection of the Home Making Role' measure of PARI and Trait Anxiety measure explained the largest amount of variances while predicting the children's behavioral problems. According to hierarchical regression analyses, rejecting attitudes of mothers significantly associated with children's internalizing, externalizing, and total behavior problems. Moreover, mothers' rejecting attitudes significantly associated with their trait anxiety which is in turn associated with children's behavior problems. However, after controlling for the effect of trait anxiety, the relationship between mothers' rejecting attitudes and their children's behavior problems was disappeared. Therefore, mothers' trait anxiety was found to mediate their rejecting attitudes and preschool children's internalizing, externalizing, and total behavior problems. Results were discussed by referring the relevant literature.

Keywords: Rejecting Attitudes, Internalizing Problems, Externalizing Problems, Trait Anxiety.

## ÖZ

ANNELERİN ÇOCUKLARINA YÖNELİK YETİŞTİRME TUTUMLARI'NIN  
OKUL ÖNCESİ ÇAĞDAKİ ÇOCUKLARININ  
İÇE YÖNELİK VE DIŞA YÖNELİK DAVRANIŞ PROBLEMLERİNE ETKİSİ:  
ANNENİN PSİKOLOJİK UYUMUNUN OYNADIĞI ARACI ROL

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Bu çalışma, annelerin psikolojik uyumlarının, onların çocuk yetiştirme tutumları ile çocuklarında görülen davranış problemleri arasında oynadığı aracı rolü araştırmayı amaçlamaktadır. Katılımcılar, Ankara'nın çeşitli semtlerindeki anaokulu ve yuvalara devam eden 1½ - 5 yaş arasındaki çocukların evli annelerinden (n = 204), babalarından (n = 64), sınıf öğretmenlerinden (n = 195) ve yardımcı sınıf öğretmenlerinden (n = 25) oluşmaktadır. Temel analizler öncesinde, 1½ - 5 Yaş Çocukları için Davranış Değerlendirme Ölçeği ve 1½ - 5 Yaş Çocukları için Öğretmen / Bakım Veren Kişiler için Bigi Formu'nun güvenirlik analizleri uygulanmıştır. Bu analizler sonucunda düşükten yükseğe doğru değişen kuvvetlilikte,

birçok anlamlı güvenilirlik katsayıları elde edilmiştir. Güvenirlik analizleri sonrasında, Hiyerarşik Regresyon Analizi uygulanarak, annelerin psikolojik uyumunun, çocuklarını yetiştirme tutumları ile çocuklarında görülen davranış problemleri arasında oynadığı aracı rol test edilmiştir. Bu analizler sırasında, çocukların ve annelerin demografik özelliklerinin açıkladığı varyans kontrol edilmiştir. Analiz sonuçlarına göre Anne-Baba Tutumu Araştırma Envanteri'nin 'Ev Kadınlığı Rolünü Reddetme Boyutu' ile annenin psikolojik uyumunu belirleyen ölçümlerden Sürekli Kaygı ölçümü çocukların davranış problemleri üzerindeki toplam varyansın büyük kısmını açıklamışlardır. Hiyerarşik Regresyon Analizi'ne göre, annelerin reddedici tutumları ile çocukların içe yönelik, dışa yönelik ve toplam davranış problemleri arasında anlamlı bir ilişki bulunmuştur. Ayrıca, annelerin reddedici tutumları ile sürekli kaygı düzeyleri arasında ve sürekli kaygı düzeyleri ile çocukların davranış problemleri arasında da anlamlı ilişkiler bulunmuştur; fakat sürekli kaygının etkileri kontrol edildikten sonra, annelerin reddedici tutumları ile okul öncesi çocuklarının içe yönelik, dışa yönelik ve toplam davranış problemleri arasındaki ilişki anlamlılığını yitirmiştir. Bu durumda, annelerin sürekli kaygı düzeylerinin, onların reddedici tutumları ile çocuklarının davranış problemleri arasında oynadığı aracı rol desteklenmiştir. Sonuçlar, literatür bilgisi çerçevesinde tartışılmıştır.

Anahtar Kelimeler: Reddedici Tutum, İçe Yönelik Problemler, Dışa Yönelik Problemler, Sürekli Kaygı.

**...TO THE MEMORY OF MY DEAR MOTHER**



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## **CHAPTER I**

### **INTRODUCTION**

All healthy children urge to grow and develop, and this urge is mostly responded by parents (Hood, 1975). Their lives generally begin with their mothers, and cognitive, emotional, and behavioral developments of them are shaped mostly through their mother's psychological characteristics. In literature there are many studies which are examining the relationship between mothers' psychological adjustment and the behavior problems of their children. While this linkage has been studied, the parental attitudes on child rearing were also recognized as a possible source of behavior problems of children (e.g., Thompson, Hollis, & Richards, 2003). It is realized that, maternal psychological adjustment and maternal attitudes on child behavior problems are quite crucial on the development of child behavior problems.

#### **1.1. The Behavioral Problems of Children**

Childhood behavioral problems were recognized from the 1700's (Ollendick & Hersen, 1989). In 1960's, up to the 70% rates of children were attending to the psychiatry clinics (Rosen, Bahn, & Kramer, 1964). In between 1975 and 1996, the prevalence of parent-reported social-emotional and behavioral problems of preschool children has ranged around 10-15% (see Briggs-Gowan, Carter, Skuban, & Horwitz, 2001; Campbell, 1995). Although childhood problems were known and concerned from the 17<sup>th</sup> century, no valid classification system of childhood

adjustment problems appeared until 1968. The first valid categorization of childhood behavioral and emotional problems was seen in the second edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-II) of American Psychiatric Association (APA), in 1968. The categories of child problems in DSM-II were; hyperkinetic, withdrawing, overanxious, runaway, unsocialized aggressive, and group delinquent reactions (see reviews by Achenbach & Edelbrock, 1978). The recurrent efforts of classifying the childhood problems were continued throughout the years, and in the fourth and the last edition of DSM (1994), the most recent definitions and features of child problems have been appeared, which are; attention-deficit hyperactivity disorder, pervasive developmental disorder, mood disorders, learning disability, etc.. Beside these valid categorizations, many investigators have also worked on some other symptomatic classifications. Initially, Himmelweit (cited in Eysenck, 1953) made broad classification of the childhood problems, as general abnormality, and introversion versus extraversion dimensions. Campbell (1995) also worked on specific problem behaviors in preschool children, and separated these behaviors in two broadband categories as; externalizing versus internalizing problem behaviors. Throughout these works, a general consensus appeared for the behavior problem dimensions for toddlers, preschoolers, and school-aged youngsters. These dimensions were; internalizing such as, withdrawal, somatic problems, depressed, anxious, and fearfulness; and externalizing such as, conduct problems, hyperactivity, poor impulse control, noncompliance, attention problems, aggression, and antisocial problems (Campbell, 1995; also see Ollendick, & Hersen, p.9). According to Kovacs and Devlin (1998, p.47);

“*Internalizing disorders* refers to conditions whose central feature is disordered mood or emotion. *Externalizing disorders* on the other hand, are ones whose central feature is dysregulated behavior. As general category labels, the terms ‘*emotional*’ disorders versus ‘*behavior*’ disorders are synonymous with ‘*internalizing*’ versus ‘*externalizing*’ conditions”.

In the general population the prevalence of clinically significant internalizing or externalizing behaviors of children are ranged between 7% and 22%, which impose the importance of understanding the development of emotional and behavioral problems of children (Anderson & Werry, 1994; Verhulst & Koot, 1992, Erol & Şimşek, 2000).

Childhood problems should be investigated through developmental pathways. Campbell noted that (1989), the definition of the problem behavior depends on the child’s age. As she indicated that, for example, defiant behavior is more common among infants than among 8 year olds or, stranger anxiety or separation distress may be typical for 1 or 2 year olds but they should be considered as problem behaviors among adolescents.

In relation to the developmental pathways, at the time the child begins to develop a sense of individuality and independency, the struggle with the parents starts and becomes intensive. The parents’ concern appears about setting limits to their infant and this concern increase at most during the ages of 2 ½ - 3½ (Campbell, Szumowski, & Ewing, 1982). While the infant begins to gain independency s/he needs not only maternal sensitivity, warmth, responsiveness, but limit-setting as well. The way of maternal approach, like parental responsiveness and sensitivity to child demands has critical importance at this stage for the secure attachment of the

child. Thus, parent-child relationships are the primary force to shape children's behavioral development (Moore & Arthur, 1989) at any time.

At the preschool ages externalizing problems are more common in comparison to the internalizing problems. They include aggressive and noncompliant behaviors which can be maintained mostly by coercive parent-child relationships (Patterson, 1982; Patterson, Reid, & Dishion, 1992). Children having externalizing behavior problems constitute significant proportion of the referral children (Morgan, Robinson, & Aldridge, 2002). Campbell said that (1995), disruptive behaviors of preschoolers which include oppositional, defiant, hostile or negativistic behaviors are the primary reason for attending to the psychiatry clinics. Related with this, Velez, Johnson, and Cohen (1989) also concluded that, the risk factors that studies focused on were more related to the externalizing than internalizing problems.

In studies investigating externalizing behaviors of toddlerhood showed that externalizing behaviors can be quite stable at preschool ages (e.g., Cummings, Iannotti, & Zahn-Waxler, 1989), and increase the risk of poor outcomes in adolescent and adulthood which includes criminality, occupational, social and marital adjustment problems (Farrington, 1995; Kazdin, 1995).

Internalizing problems on the other hand, occur at lower rates than externalizing problems; however internalizing problems which are seen during the younger ages have significant impact on the psychological health during adolescence and beyond. For example, young children with anxiety disorder remain at high risk for a further episode of anxiety disorder (for reviews, see Bernstein, & Borchardt,

1991; Kovacs, 1996). Similarly, Radke-Yarrow and Klimes-Dogan (1997) reported that, 14% of children under the age 6, exhibit mood disturbance in later childhood.

Although conduct and attention problems which are emerging at early ages are found to be more persistent (Hemphill, 1996; Richman, Stevenson, & Graham, 1982), both internalizing and externalizing problems' stability in the general population is relatively high (McConaughy, Stanger, & Achenbach, 1992; Verhulst, & Koot, 1992). Campbell (1997) argued that, while some children with early onset problems get over these problems during their development, some others either stabilize or worsen. An important finding was that half of the preschool children who met some criteria of problem behaviors, continued having difficulties at school age. This finding implies the importance of early intervention techniques especially in the nonclinical sample.

The reason for development of problems in some children depends on several factors. The child's individual characteristics, family context, environmental differences, etc. are each important agents for developing emotional and behavioral problems.

## **1.2. Psychological Adjustment of Mothers**

Psychological adjustment can be defined as having emotional or behavioral symptoms of depression, anxiety, etc. It is known that, severity of both depression and anxiety symptomatology ranges widely. If the person has some significant but not enough symptoms to take the diagnose of major depression or anxiety disorder,



s/he can be accepted as having psychological adjustment problems.

### **1.2.1. Depression**

According to the Beck and Emery (1985), the depressed person has negative thoughts, interpretations, and imagery about the self and negative attitudes toward past and future. Dobson (1985) also expresses the depression's general nature as having avoidance, withdrawal, and diminished activity components. Depressed people experience high negative affect, which are loneliness, and sadness; and low positive affect, which are less engagement with the environment, low pleasurement, and low energy (Watson, Clark, & Carey, 1988). "Positive affect, represents the extent to which a person avows a zest for life, negative affect, is the extent to which a person reports feeling upset or unpleasantly aroused" (Watson & Tellegen, 1985, p.221).

The prevalence of depression differs depending on the different cultures in the world. In Kasper, den Boer, and Ad Sitsen's (2003) review, the life time prevalence of depression ranges in between 1.5% to 19% at normal population in different countries. The highest rates were found in Lebanon (19%), where the war has occur, U.S (17%), France (16.4%), West Germany (9%), and Canada (8.6%). These high rates show that prevalence of depression is rather high in the world. Additionally, the highest rate of reported 1 month prevalence of depression was in ages between 25 and 44, that is in the mid life. According to gender differences, women experience clinically significant depression approximately two times more than men (Blehar & Oren, 1995). Among women, 8% of mothers are clinically diagnosed at

any given time (Weisman, Leaf, & Bruce, 1987), and among mothers who have given birth recently this prevalence increases to 12% (O'Hara, 1986).

### **1.2.2. Anxiety**

Anxiety is defined as “unfocused arousal, discomfoting to the person involved and a state to be avoided” (Dobson, 1985, p.308). It contains thoughts and images about considerable danger in future, and differs from depression by these threat-related thoughts and worries (Beck, Brown, Steer, Edelson, Riskind, 1987). Anxious person overestimate and expect psychosocial threat or harm more than its probability (Beck, & Emery, 1985).

Anxiety is the most frequent psychiatric disorder among all psychological disturbances. For the life-time prevalence rates of any anxiety disorders, while panic disorders, social phobia, and specific phobia were the most frequent ones especially in women, generalized anxiety disorders were found very rare comparing to others (Kasper et al., 2003). According to the gender differences, Carey, Gottesman, and Robins (1980) noted that women experience anxiety 2.17 times more than men.

### **1.2.3. Comorbidity and Differences of Depression and Anxiety**

Depressed patients' symptoms are typically associated with symptoms of anxiety disorders (Downing & Rickels, 1974; Roth, Gurney, & Garside, 1972). Among the emotional disturbances, the highest prevalence of comorbidity was found for depression and anxiety (Sanderson, Beck, & Beck, 1990), and half of the anxiety and depression diagnosed patients' symptoms were found to be comorbid (e.g.,

Breier, Charney, & Heninger, 1986; Woodruff, Guze, & Clayton, 1972). It is also noted that, the depressive disorders preceded the anxiety disorders in most patients. In the anxiety types, Generalized Anxiety Disorder (GAD) was found to be the most common type of anxiety comorbid with the depression (Sanderson, et al., 1990). Dobson (1985, p.308) argued that “Of the anxiety states Generalized Anxiety Disorder is the closest to the ‘pure’ anxiety reaction”.

Basically, the comorbid symptoms of depression and anxiety are; having negative thoughts, affectivity, and images (e.g. Clark, Beck, & Beck, 1994). In Clark, Beck, and Stewart’s (1990) study, the mixed anxious/depressed subsample were found to be as having a cognitive and symptom pattern indicative of a more severe form a psychological distress. According to the result of that study, the group with comorbid depression and anxiety had higher interpersonal dependency, general maladjustment and perfectionism than either pure group.

Beside the comorbidity of depression and anxiety, there are also some differences between them. For example, while in depression the negative cognitions and emotions are directed toward self and mostly to the past, in anxiety the threat-related cognitions and emotions are directed toward environment and future (Clark et al., 1994). Another discriminating factor of depression from anxiety is; depression is associated with high negative affectivity and low positive affectivity but, anxiety symptoms are only related to high negative affectivity. Positive affectivity is unrelated to the anxiety (Watson, et al., 1988). Thus, low positive affectivity which means low pleasurement, low energy, and less engagement is a distinguishing factor

between depression, and anxiety.

In assessing the mothers' psychological adjustment, the nature of depression and anxiety needs more detailed evaluation. Since, these emotional disturbances' prevalence and comorbidity rates are quite high, and since they influence not only the mothers' own personal and social life but also their unique relationship quality with their child, the influence of depression and anxiety on mother-child relationship is become very crucial (Downing & Rickels, 1974; Roth, et al., 1972), and necessitate more interest.

Recently, Goodman, and Gotlib (1999) investigated the risk factors of depression that are transmitted from mother to the child. Beside the possible genetic and physiological factors which are accepted as important but only limited reason to develop psychopathology in children, they articulated two more factors; "exposure to negative maternal cognitions, behaviors, and affect", and "stressful context of children's lives". These factors are mostly related to the environmental factors to develop psychopathology, and imply the importance of maternal psychological adjustment and stressful family characteristics on children's well-being.

Generally, depressed mothers display inconsistent and ineffective parenting practices that lead the children to develop behavior problems. Sometimes they use least effortful discipline and teaching strategies and avoid conflicts, but sometimes they use direct and forceful control strategies. These inconsistent and lax parenting results in children to experience noncompliant, aggressive behaviors or difficulties

with affect regulation (see reviews by Cummings & Davies, 1994).

Studies examining the school-aged children of depressed parents reported that, these children were evaluated as having higher levels of both internalizing and externalizing problems by the different informants including the children themselves (Breslau, Davis, & Prabucki, 1988; Lee, & Gotlib, 1989; Richters, & Pellegrini, 1989). Connected with this, infants and toddlers of depressed parents were also found to be poorly adjusted (Goodman, 1987), and revealed some symptoms of depression and antisocial behavior (Gaensbauer, Harmon, Cytryn, & McKnew, 1984) than others with nondepressed parents

Up to this point, a small amount of study concurrently investigated maternal anxiety, and its' transmission on children. Some studies demonstrate that children of anxious parents seven times more likely to develop anxiety than children of nonanxious parents (Turner, Beidel, & Costello, 1987; Turner, Beidel, & Epstein, 1991). There are multiple potential contributors in rise and maintenance of anxiety in children. Similar to depression, beside genetic and physiological transmission, many other psychosocial characteristics, such as modeling, account for some variance in transmission of anxiety (Whaley, Pinto, & Sigman, 1999). For example, anxious mothers tend to have fearful cognitive style and this style may be observed and imitated by their children which put them at risk for developing anxiety (Moore, Whaley, & Sigman, 2004).

Since anxious personality contains negative and threat-related expectations for the world and future, the mothers with anxiety are expected to overprotect their

children from these dangerous places and situations. As Barlow (2002) noted that, while anxious parents display high criticism and low warmth to their children they also show high control over them. Similarly, Whaley, et al. (1999), reported that anxious mothers catastrophize and criticize their children; display them less warmth and positivity; and grant them less autonomy. Consistently, in Moore et al.'s (2004) study, mothers' anxiety status and their catastrophizing behaviors were found to be positively associated. The children who are exposed to such attitudes believe that, the world is dangerous and unsafe place and imitate their parents by developing avoidance and withdrawal behaviors when confronting with a conflict (Marchand, & Hock, 2003). Thus these interactions may lead child to have some internalizing and anxious behaviors.

Concerning the influence of child age, mothers' psychopathology was found to be especially influencing their children in early and middle childhood than adolescence. "Because early childhood is a time of tremendous learning and growth, younger children may be more susceptible to parental influence than older children" (Connell & Goodman, 2002, p.749). So, they are highly influenced by their mothers' psychopathology comparing to older children.

### **1.3. Parental Attitudes**

Parenthood is a process that needs reciprocal relationship with the child. As a developmental process it continues throughout the life but, at childhood and adolescence stages it has enormous impact on children's personality development and their psychologically well-being. In comparison of both parents, mothers have

far too much role over their child. Mother-infant relationship begins earlier than fathers. Since they are naturally donated with the ability of carrying and nurturing, supporting and loving their child, the basic attachment and acceptance process to the infant is provided by mother. After the child is born, fathers also have close reciprocal relationship with the child and while the child grows up, grand parents, siblings and others get included into the child's life and makes his/her life broader. However, while the child is shaped by other's influence on him, parents' attitude, especially mother's parenting takes the considerable impact on the children's behavior.

Many authors have examined the maternal attitudes on children. For instance, Anthony and Benedek (1970), have classified the maternal attitudes as; 1-rejecting mothers, 2-maternal overprotection and, 3-maternal perplexity. In their edited book *rejecting mothers* are examined by Freud (1968). According to Freud, the rejection attitude can be caused by many reasons like; having physical or mental illness, lack of their own home or of space, financial difficulties, the burden of too many older children, etc. Whatever the reason for the rejection, the mother acts as unwilling and she expresses less loving interest toward the child and less sensitivity to her/his demands. As expected, this results in some inevitable reactions of the child. The child facing the maternal rejection develops a belief that s/he is no good and reacts by naughtiness and aggression. S/he may also develop anxiety, feelings of guilt or other behavioral problems such as regression in behavior or social withdrawal.

*Maternal overprotection* is investigated by Levy (1943), and Levy defined

maternal overprotection as excessive maternal care of children, excessive contact, infantilization, prevention of independent behavior, and excessive maternal control and dependency. According to him, an overprotective mother lives for the child only. She neglects others including her husband and the social and sexual life with him. She feels uncomfortable when she is away from her child; thinks that the child is belonging only to her and most of the time she doesn't let even her husband to train their child. Interestingly, Levy argues that (p.390) "sometimes overprotection masks strong rejection or is compensatory to it and the most frequent clinical type of maternal overprotection is found in this group". There are many cases in which mothers rejecting their parenting role, show excessive dependency and control over their children. As a result of this attitude, as in rejecting mothers, overprotective mothers may also cause many maladaptive child reactions like insecurity, anxiety or aggression.

Anthony and Benedek (1970) presented third category as maternal perplexity which was defined by Goldfarb, Sibulkin, Behrens, and Jahoda in 1958. *Maternal perplexity* can be defined as exaggerated and confused mother-child relationship. Mother acts out and feels doubtful and indecisive, passive and uncertain mostly during the relationship with the child. She lacks in organizing activities, spontaneity and immediate natural awareness of the child's needs. The child's reaction to this attitude would be uncontrolled aimless, perseverative, confused, and uncontained.

Baumrind (1971) also defined three different parenting styles on the basis of parental control. These are 1-permissive, 2-authoritarian and 3-authoritative, parenting



styles.

According to Baumrind (1971), *permissive* mother behaves as acceptant, nonpunitive and affirmative toward the child's needs, impulses and actions. She makes few demands for responsibility and orderly behavior. Instead, she allows the child to regulate his/her own behavior, does not encourage obeying the rules and standards and avoids from controlling his/her actions. As Baumrind (1971) cited, the child who faces such an attitude during the early childhood, reacts as insecure and threatened, and in hostile manner. S/he experiences persistent anxiety about adequacy and competency feelings (Frank, 1940).

Baumrind (1971) stated that an *authoritarian* mother shapes, manipulates and controls the child's behavior in direction of absolute parental standards of conduct. She restricts the child's autonomy and expects obedience the rules. She uses forceful and punitive disciplinary practice if any conflicted behavior toward her set of standard occurs. She does not have verbal conversation with the child about the family rules, and believes that the child should accept her word for what is right. Maccoby and Martin (1983) also defined such parenting as "firmly enforced rules and edicts decided by parents without acceptance of children's demands and without bargaining and discussion" The mother's punitive, hostile and self-righteous disciplinary practices produce in child some cognitive and emotional disturbances like; hostile withdrawal, hostile acting out, dependency, personality problems, nervousness, etc.

In Baumrind's (1971) description, the *authoritative* mother is seen as the most

democratic prototype of mothering. She said that authoritative mother encourages verbal conversation with the child, enforces her own perspective but recognizes the child's personal interests and view. She affirms the child's qualities, but also set standards for future conduct. She resolves the conflicts between pleasure and duty, and freedom and responsibility with sharing the reasons of her policy, in other words with authoritative control. The authoritative parenting style produces the most competent children (Rohner, Khaleque, & Cournoyer, in press).

In the light of these different researcher's theories about the maternal behavior, maternal attitudes toward children can be classified on the basis of three dimensions such as *rejecting* versus *overprotective*, *permissive* versus *authoritarian*, and *perplexive* versus *authoritative* maternal attitudes.

#### **1.4. The Effects of Mothers' Psychological Adjustment on Behavior Problems of Their Preschool Children**

First a few years of the life are importantly influenced by the parent's behavior (Tronick, 1989). Although toddlers and preschool children are just at the beginning of their independence, they are still dependent and highly demanding toward the parents, which pose their mothers in more protection and intensive challenging (Lovejoy, Graczyk, O'Hare, & Neuman, 2000). However, both depressive and anxiety symptomatology of mothers usually inhibit providing their children with sufficient support, protection, and interaction. This may strongly place their children at substantial risk for having many psychological symptoms, maladaptive development, and emotional difficulties (Beardslee, Bemporad, Keller,

& Klerman, 1983; Cicchetti, Cummings, Greenberg, & Marvin, 1990). Thus, as mentioned above, having a psychologically disturbed parent causes transmission of several difficulties of mothers on preschool children.

Cummings and Davies (1994) suggested that, depressed mothers carry over their symptomatology through their negative interaction with their children but they noted that this link is not clear because some depressed parents show little or no disruption in behavior towards their children.

It is reported that depressed mothers evaluate themselves for having higher stress than nondepressed mothers and reports some problem areas related to attachment, depression, role restriction, low sense of competence, social isolation, and health (Webster-Stratton & Hammond, 1988). They have difficulty in interacting positively and appropriately with their children, fostering optimal development, and meeting their needs properly (Campbell, Cohn, & Meyers, 1995; Goodman, & Gotlib, 1999), and they come out to be less responsive, less spontaneous, and more constrained with their children than do nondepressed mothers (see Bettes, 1988). Consistent with this, an observational study investigating the mothers' interaction with their infants, 2, 4, and 6 months after birth, revealed that, women whose depression remained through 6 months have been less positive during face-to-face interaction, toy play, and less competent when feeding their babies than others (Campbell, et al., 1995). Such maternal responsiveness; while induces anger, distress, high activity, physiological arousal, and other dysregulated affective responses which can be interpreted as externalizing child behavior (Field,

1987), it may also cause social withdrawal in any social context which may be interpreted as internalizing child behaviors (Tronick & Gianino, 1986).

Research has shown that, infants and toddlers of depressed mothers show high insecure attachments that are characterized by avoidance or disorganized and disoriented behavior (Beardslee, Versage, & Gladstone, 1998; Crittenden, 1988; Teti, Gelfand, Mesinger, & Isabella, 1995). In other words, such children have lack of unitary and coherent attachment strategies and exhibit more behavior problems (Cicchetti, Rogosh, & Toth, 1998), like irritability and aggression (Teti et al., 1995) toward their mothers. According to the review of Goodman and Gotlib (1999), the infants are fussier and less developed in mental and motor skills, and toddlers have less developed self-strategies and negative attitudes in response to the negative consequences of depression.

The underlying assumption of these findings is that, early attachment problems may influence the child for having several internalizing or externalizing problems through following developmental stages. Studies which are investigated the dimensions of the child behavior problems reported that, children of depressed parents showed higher externalizing problems like, conduct disorder, attention-deficit disorder, etc. (e.g., Boyle & Pickles, 1997). In a follow-up study, it is shown that depressed mothers' 2-year-old children exhibit lower level of self-control than children of nondepressed mothers, and they are reported as having more externalizing behavior problems during the ages 5 and 6 years (Zahn-Waxler, Ianotti, Cummings, & Denham, 1990). According to the results of some other

research, depressed parents' children show significantly higher rates of conduct disorder, attention deficit disorder and substance abuse than nondepressed parent's children (see review of Downey & Coyne 1990, p.57).

Compared to the studies conducted with depressed mothers and preschool children (Luby, 2000; Hammen, 1999), there are few studies examining the impact of the mothers' anxiety on their children's problems. These studies found that, children of anxious mothers are reacting more anxious and worried comparing to others, and they rate their mothers as more fearful and endorsed less control over the risks (Capps, Sigman, Sena, Henker, & Whalen, 1996). Such children also perceive their family as less cohesive, more conflictual, less independent, and more controlling than others with nonanxious mothers.

Since, the intimate and long-term relationship between mother and child allows mothers to recognize unusual behaviors of their children, before the other outside observers; the decision of referring them to a psychiatry clinic is made mostly by themselves. Based on this reality, in the majority of nonclinical research examining the child behavior, only maternal reports were used (Gelfand & Teti, 1990). However, in the case of mothers' psychological distress, while their emotional state is a strong predictor of their children's behavior problems, there are also some doubts about their perceptions' accuracy. Beck (1967) proposed that, a person who is depressed has distorted cognitions, and exaggerate the child behavior problems. It is also noted that, particularly in depression, parents may significantly overreport the problems of their children than nondepressed parents (Boyle &

Pickles, 1997; Richters & Pellegrini, 1989) and their husbands (Brody & Forehand, 1986). However, Conrad and Hammen (1989) argued that, depressed mothers are more accurate than nondepressed mothers in evaluating of both internalizing and externalizing symptoms in children who actually experienced these symptoms. This conflicting suggestion can be explained by the depressives' 'realistic views' which disturb them from positive but unrealistic perceptions that is used by nondepressed adults. Studies examining the mothers with both depressed and/or anxious symptomatology stated that, these mothers over report both internalizing (withdrawn, somatic complaints, anxious/depressed), and externalizing (delinquent and aggressive) problems (Chilcoat & Breslau, 1997).

Some research, examining the mothers' biased perception comparing to other observers, used two-informant report, for example; mother-father, mother-teacher or mother-child reports. In comparison to mothers with other informants, Briggs-Gowan, Carter, and Schwab-Stone (1996) reported that, there are number of discrepancies for reporting the symptoms of children, between mothers who have both depression and anxiety and their daughters, and between those mothers and teachers of their children. They noted that, both depressed and anxious mothers tend to overreport externalizing behaviors of their daughters comparing to their children's and teachers' reports. Additionally, anxious mothers reported more problems than teachers (Briggs-Gowan, et al., 1996), and depressed mothers reported more problems than their husbands, for internalizing behaviors of their daughters, but not their sons (Connell & Goodman, 2002). Consistently, Webster-Stratton and Hammond (1988) found that, depressed mothers perceived their children

significantly higher on internalizing, externalizing, and depression scales than their spouses. Interestingly, they revealed that, teachers evaluated the children of depressed mothers as having fewer behavior problems than children of nondepressed mothers.

Nevertheless, whether mothers' perceptions are biased or not, by their affectivity, if "an involved adult reports that there is a problem with the child, whether this represents perceived or actual difficulties, there is in fact a problem" (Reid, Kavanagh, and Baldwin, 1987, p.458).

As in the case of mothers' distorted perception which leads them to overreport child problems, it is very difficult to conclude that maternal affectivity influencing on child behavior problems, purely. Most research questioned parent-child interaction with a variety of other contextual risk factors which inflates the child behavior problems. For example, according to Abidin's model (1976) of parent-child interaction, there are certain other parental characteristics such as; relationship with spouse, perceived role restrictions, child characteristics such as; demandingness, mood, hyperactivity, etc. which covary within this interaction. The most common studied factor in relation to the maternal affectivity and child maladaptive behavior is parenting, in other words child-rearing attitudes.

### **1.5. The Effects of Mother's Parenting Attitudes on Behavior Problems of Their Preschool Children**

For more than three decades, investigators focused on parenting behaviors in

understanding the children's behavioral and emotional problems. They tried to examine the occurrence of child behavior problems related to the parenting by investigating the factors related to the child (child's temperament, gender, age, etc.), parents (parents' age, education, marriage status, mood, etc.), and the transmission of parenting (their social information processing, observational learning experience, specific conditioning, etc.). Nearby, several parental attitudes and behaviors were observed on a wide array such as; authoritarianism, child-centeredness, intrusiveness, possessiveness, hostile detachment, strictness, expression of affection, neglect, ect. (Rapee, 1997). In literature, parenting attitudes, transmission of these parenting, and child and mother related factors were examined in different mixture. Thus, it is not possible to picture clear interaction of these variables to understand the parenting.

In the present study, the varied expressions of parental attitudes will be simplified namely as; *authoritarian*, *rejecting*, *overprotective*, and *authoritative*, to make parenting practices more understandable, and these parental attitudes' direct effects on children's internalizing and externalizing problems will be assessed. Beside these parenting behaviors, the role of marital conflict will also be evaluated related to children's behavioral problems.

In research mostly ineffective and negative parenting practices were examined to understand behavior problems of children. The most common negative parental attitude is *authoritarian* parenting. The mother who displays such parenting expects her children to obey firmly enforced rules that she judges for what is right, so,



whenever the child gets in conflict with her, she uses forceful and punitive disciplinary practices (Baumrind, 1971). According to the Barber (2001), such negative parenting can be disclosed in two ways, as; *hostility* which includes overt verbal and physical aggression, and *psychological control* which includes covert aggression through excessive criticism, contingent affection, guilt induction, restrictive communication, and invalidation of feelings. The children who come across such a harsh parenting in preschool years tend to develop some cognitive and emotional disturbances in the school-aged years. In studies, hostility with internalizing problems (Messer & Beidel, 1994), and psychological control with both internalizing and externalizing problems (Olsen, Yang, Hart, Robinson, Wu, Nelson, Jin& Jianzhong, 2001) were found to be associated. Baumrind (1967) said that preschool children who encounter with this parenting style show less content, less secure, and more hostile or regressive behaviors under stress than other children. Importantly, Thompson, et al., (2003) reported that, children who were disciplined with authoritarian parental attitudes at around age 5 were found to have externalizing problems at about age 10.

*Rejection* is also another important parental attitude that affects children's behavioral problems. It is described as; unwilling, less sensitive and less loving interest to child's demands (Rohner, et al., in press), and negative and hostile feelings toward the child (Rapee, 1997). According to Rohner, children need a specific form of positive response as acceptance. If parents does not show acceptance to their children, these children become hostile and aggressive, dependent, emotionally unresponsive, unstable, and negative to the world, and show

impairment in self-esteem and self-adequacy. In this respect, they disclose behavior problems and conduct disorders, depressed affect, and drug and alcohol abuse.

Other studies on preschool children suggested that, parental rejection is typically associated with internalizing behavior and even more strongly associated with conduct and externalizing behavior (Barling, MacEwen, & Nolte, 1993; MacEwen, & Barling, 1991).

*Overprotective* attitudes should also be accepted as negative parenting because of its infantilization of the child. Mothers with this parenting style, control, care and protect their children excessively. Rapee (1997) reported that this parenting have the effect of directing the child and reducing individuality. Maternal protection is mostly associated with anxiety, especially for boys. However it is noted that, the girls who showed withdrawal behavior in adulthood, experienced overprotection when they had been 0 to 3 years of age.

Conversely, *authoritative* parental attitude consists of positive and emotional supporting parenting toward children. It enforces the parents own perspective but also includes the child's view about the rules. It also includes communication, firm limit-setting, reasoning and responsiveness. Querido, Warner, and Eyberg (2002), found that authoritative parenting is negatively associated with children's behavior problems. Similarly, Hall and Bracken's (1996) study revealed that, adolescents who expressed their mothers as authoritative reported better interpersonal relationship than adolescents who have authoritarian parenting. In conclusion, this parenting can be accepted as the healthiest disciplinary practices for the development of

children.

Many researchers worked also on the potential role of *marital conflict* on child behavior problems. In literature marital conflict was examined basically from four theoretical frameworks. These are; 1- *observational learning theory* in which children imitate their parents maladaptive behaviors, 2- *conflict as a family system disruption* in which the child is indirectly effected through changes in parent-child relationship, 3- *contextual framework theory* that focus on child cognitions, in which children are viewed as actively attempting to understand and cope with the stress caused by exposure to interparental conflict, and 4- *emotional-security hypothesis* that focus on direct or indirect effects of conflict on child emotions or adjustment rather than cognitions (see Synder, 1998). All these approaches have explained potential contributions of marital conflict on understanding the behavioral problems of children.

Marital conflict has negative impacts on the family environment (Fendrich, Warner, Weissman, 1990) and child behavior problems. It is accepted that, beside their own interactions with parents, children are also affected through observations of the interactions of their parents (Cummings & Zahn-Waxler, 1992) and exposure to negative parental interactions might be accepted as a major risk for maladaptive development of children (Davies & Cummings, 1994). The studies which have investigated the marital conflict on child behavior problems revealed that, it is associated with both internalizing and externalizing problems (see Davies & Cummings, 1994; Grych & Fincham, 1990 for reviews). In comparing the dimensions of problems, externalizing problems' (conduct disorders, delinquency

and aggression) association with marital conflict was found to be higher (Emery, 1982) than internalizing problems' association with marital conflict (Grych & Fincham, 1990).

#### **1.6. The Relationship between Mothers' Psychological Adjustment and Parental Attitudes on Behavioral Problems of Their Preschool Children**

In addition to mothers' psychological adjustment problems, if mothers also have problems about parenting, the negative influence of both of these difficulties on their children gets increased.

As it was stated previously, depression in mothers is associated most strongly with irritability and hostility toward the child (Lovejoy, et al., 2000). These mothers are more negative and more critical than nondepressed mothers (Webster-Stratton & Hammond, 1988). In this respect, it can be concluded that they tend to use mostly rejected and authoritarian parenting.

On the other hand, anxious mothers show low warmth, high criticism, and high control (Moore, et al., 2004) toward their children and inhibit their engagement from age appropriate activities. Such attitudes which can be accepted as rejected and overprotected parenting convey the message that the world is not safe and the child is incapable of handling challenging situations (Hudson & Rapee, 2004).

As it was also mentioned earlier, authoritarian and rejecting parental attitudes may lead both internalizing and externalizing behavior problems, however overprotective parenting may only lead internalizing behavior problems in children.

Based on these explanations, though it is seen that, there was a direct relationship between parental distress on parenting behaviors and in turn their

children's behavioral problems, this is a contradictory view and cannot be consistently established (Webster-Stratton & Hammond, 1988). The influence of some parental attitudes on children's behavioral problems may be affected from emotional and behavioral problems of mothers; however, mothers' psychological adjustment may have far too much role on developing emotional and behavioral problems in children than direct influence of parenting styles on children's emotional and behavioral problems. Therefore, the interaction of parental attitudes and psychological adjustment on child behavior needs more clarified examination.

### **1.7. The Aim of the Present Study**

The general aim of the present study is to reveal the variables that played important role on the development of preschool children's behavioral problems in a nonclinical Turkish sample. The mediator role of mothers' psychological adjustment level between the mothers' parenting attitude and children's behavioral problems is aimed to be studied. The dependent variable, children's behavioral problems, will be investigated on three dimensions separately as; internalizing, externalizing, and total behavior problems. Possible confounding factors that are child's gender, child's age, mother's education level, and the number of children mother had, which may also contribute to the changes in dependent variables will be controlled for. Thus there are three main hypotheses of the present study;

1) Mothers' Psychological Adjustment Level will play a mediator role between Parental Attitudes and children's Internalizing Behavior Problems.

a) Parental Attitudes will be significantly associated with children's Internalizing Behavior Problems, but this relationship will be weakened or

diminished when the effects of mothers' Psychological Adjustment Level is controlled for.

b) Mothers' Psychological Adjustment level will be significantly associated with children's Internalizing Behavior Problems.

c) Supporting this mediational argument, Parental Attitudes is expected to be reveal significant association with mothers' Psychological Adjustment Level.

The following two hypotheses will be similar such as;

2) Mothers' Psychological Adjustment Level will play a mediator role between Parental Attitudes and children's Externalizing Behavior Problems.

a) Parental Attitudes will reveal significant association with children's Externalizing Behavior Problems, but this relationship will be weakened or diminished after controlling for mothers' Psychological Adjustment Level.

b) Mothers' Psychological Adjustment level will be significantly associated with children's Externalizing Behavior Problems.

c) The same as in first step Parental Attitudes is expected to be reveal significant association with mothers' Psychological Adjustment Level.

3) Mothers' Psychological Adjustment Level will play a mediator role between Parental Attitudes and children's Total Behavior Problems.

a) Parental Attitudes will reveal significant association with children's Total Behavior Problems, but this relationship will be weakened or diminished after controlling for mothers' Psychological Adjustment Level.

b) Mothers' Psychological Adjustment level will be significantly associated

with children's Total Behavior Problems.

c) The same as in other steps, Parental Attitudes is expected to be significantly associated with mothers' Psychological Adjustment Level.

## CHAPTER 2

### METHOD

#### 2.1.Participants

Participants were mothers, fathers, and teachers or caregivers of preschool children aged from 1,5 to 5 years. They were reached through 17 different nurseries in Ankara, namely, Yuva Gelişim (n = 44), ODTÜ Yuva (n = 9), Altın Çocuk Anaokulu (n = 19), Macitler Kreş (n = 9), Güven Yuva (n = 18), Pıtrık Çocuk Evi (n = 10), Yuva Erken Başarı (n = 12), Masallar Ülkesi (n = 49), Hacettepe Üniversitesi Gülveren Anaokulu (n = 6), Yuva İlkadım (n = 14), T.S.K. Rehabilitasyon Kreşi (n = 8), Küçükşehir Kreş ve Anaokulu (n = 1), Milli Savunma Bakanlığı Gündüz Bakım Evi (n = 1), Orman Genel Müdürlüğü Kreşi (n = 1), Devlet Planlama Teşkilatı Kreşi (n = 1), TAI Kreşi (n = 1), and Aliye Yahşi Kız Meslek Lisesi Kreşi (n = 1). The sample was consisted of 204 mothers (response rate; 52.3%), and 195 chief teachers (response rate; 95.6%) of preschool children. In addition, 64 fathers, and 25 asistant teachers were included in the sample. Children's ages ranged between 18 months and 71 months, and their mean age was 3.62 (SD = 1.03) years. Children's demographic characteristics are seen in Table 1.

**Table 1. The Demographic Characteristics of Children**

	Range	Mean	SD	N	%
<b>Age (months)</b>	18-71	49.16	11.92		
<b>Age (years)</b>	1-5	3.62	1.03		
<b>Gender</b>					
Female				90	44.1
Male				114	55.9



Except for four mothers, all mothers were married and they were living with their children. The ages of mothers of 204 children ranged between 24 and 47. Mean age was 34.07 (SD = 4.41). The socio-demographic characteristics of mothers are seen in Table 2.

**Table 2. The Socio-demographic Characteristics of Mothers**

<b>Variables</b>	<b>Range</b>	<b>Mean</b>	<b>SD</b>	<b>N</b>	<b>%</b>
<b>Age</b>	24-47	34.07	4.41		
<b>Education</b>					
Literate				1	.5
Primary school				2	1.0
Secondary school				2	1.0
High school				38	18.6
University				131	64.2
Post Graduate				30	14.7
<b>Job</b>					
Not working				32	15.7
Working				170	83.3
Retired				2	1.0
<b>The years of marriage</b>	3-24	8.64	3.93		
<b>The number of marriage</b>					
First				200	98
Second or more				4	2
<b>The number of children</b>					
1				136	66.7
2				64	31.4
3				4	2.0
<b>Self reported income of the family</b>					
Low				0	0
Middle				160	78.4
High				44	21.6

## **2.2. Instruments**

### **2.2.1. Demographic Information**

Mothers completed all questionnaires except for the C-TRF. Initially they responded the demographic information sheet, which included, their age, job, education level, whether they are currently married, how long they are married, the

number of marriages she had, the number of children she had, with whom the child is living, income of the family, the husbands education level, the child's gender, and age (see Appendix A).

Subsequent to the completion of the demographic information sheet on the first page, they responded to the questionnaires that were randomly ordered. Questionnaires were; Parental Attitude Research Instrument (see Appendix B), Beck Depression Inventory (see Appendix C), State and Trait Anxiety Inventory (see Appendix D), Child Behavior Check List for ages 1½ - 5. Fathers responded only to the Child Behavior Check List (1½ - 5) and, teachers responded only to the Caregiver-Teacher Report Form.

### **2.2.2. Parental Attitude Research Instrument (PARI)**

Mothers completed the Parental Attitude Research Instrument (PARI) which was developed by Schaefer and Bell in 1958. The instrument was used to measure parental attitudes toward child-rearing and family life. The original version of the instrument is consisted of 23 five-item scales (115 item) rated on a 4 point response scale. These scales are named as; equalitarianism, suppression of aggression, breaking the will, strictness, intrusiveness, suppression of sex, acceleration of development, comradeship and sharing, deification, martyrdom, encouraging verbalization, seclusion of the mother, dependency of the mother, fear of harming the baby, fostering dependency, marital conflict, irritability, excluding outside influences, rejection of the home making role, avoidance of communication, ascendancy of the mother, inconsiderateness of the husband, and approval of activity. The reliability analyses of the scales on a 60 primiparae and 60 multiparae

group were satisfactory. Internal consistency and reliability estimates with Kuder-Richardson Formula were found in between .40 and .77 for both groups. Test-retest reliabilities on 60 subjects were also satisfactory except for a few scales (Schaefer & Bell, 1958).

PARI was adapted to Turkish by LeCompte, LeCompte, and Özer (1978) in a shortened form. The adapted form consists of 60 items with 5 sub-scales which are; 1-Dependency, 2-Equalitarianism and Democratic Attitudes, 3-Rejection of the Home Making Role, 4-Marital Conflict, and 5-Strictness and Authoritarianism. The responses are given on a 4 point Likert type scale. The alternative responses are 1: strongly disagree, 2: mildly disagree, 3: mildly agree, and 4: strongly agree. Higher scores imply that the person agree with the attitude in the factor. It is known that there are long and short forms of the PARI but the test-retest reliability was made only for the long version of the forms with the correlations .58 and .88 (LeCompte, et al., 1978). In the present study, the internal consistency coefficients of PARI subscales were found in between .46 and .84, which are very similar to its original version (see Schaefer & Bell, 1958). The current results revealed internal consistency coefficients of each subscale as following; for “dependency” subscale as .84, for “equalitarianism and democratic attitudes” subscale as .46, for “rejection of the home making role” as .74, for “marital conflict” subscale as .74, and for “strictness and authoritarianism” subscale as .76. In the present study, item 2 was reversed in addition to the other reversed items, because of the negative correlation it had with the subscale. The predictive validity of PARI was also supported (Küçük, 1987).

### **2.2.3. Beck Depression Inventory (BDI)**

Beck Depression Inventory (BDI) was developed in 1961 (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961), and revised in 1978 (Beck, Rush, Shaw, & Emery, 1979). The inventory measures somatic, emotional, cognitive, and motivational symptoms of depression and it has 21 items on a 4-point response scale ranging from 0 to 3 and mothers choose the one alternative that best fits them during the last week. The higher points imply higher depressive symptomatology and the maximum point to obtain is 63.

The inventory's test-retest reliability analysis was found to be ranged from .48 and .86 (Beck, Steer, & Garbin, 1988), and split-half reliability correlation was found to be .86 (Beck, et al., 1961). For the criterion related validity, the correlation between Hamilton Depression Scale and BDI was found to be .73 (Beck, et al., 1988).

The Turkish adaptation of the 1978 version of BDI was made by Hisli in 1988. The split-half reliability correlation was found to be .74 (Hisli, 1989). The criterion-related validity of BDI with Minnesota Multidimensional Personality Inventory's Depression subscale correlation was found to be .63 on a psychiatric population (Hisli, 1988), and .50 on a normal population (Hisli, 1989).

### **2.2.4. State-Trait Anxiety Inventory (STAI)**

Mothers completed the State-Trait Anxiety Inventory which was developed by Spielberger, Gorsuch, and Lushene in 1970. The inventory consisted of two parts. The first part that is called State Anxiety Inventory (SAI), measures the individual's feelings at the time she/he fills out the form, and second part that is called Trait

Anxiety Inventory (TAI), measures the individual's general feelings. Each form contains 20 items and all items are expressed shortly. The alternative responses for the SAI are as 1-never, 2-some, 3-rather, 4-totally; and the TAI responses are as 1-never, 2-sometimes, 3-often, 4-always. The total score to be obtained from these assessments differ in between 20 and 80. The higher points imply the higher anxiety level.

Spielberger et.al. (1970) examined the reliability and validity coefficients of STAI. They administered the both instruments in 1 hour, 20 days, and 104 days intervals and their test-retest reliability coefficients were found to be satisfactory. The Pearson correlations for SAI were found in between .16 and .54; and for TAI, it was found in between .73 and .86. The internal consistency and reliability estimates of STAI were estimated with Kuder-Richardson 20 formula. According to this estimation, the SAI's reliability coefficients ranged in between .83 and .92, and the TAI's reliability coefficients ranged in between .86 and .92. The item remainder reliability of the instrument ranged from .45 to .55 for SAI, and from .46 to .54 for TAI (Spielberger et.al., 1970). The criterion-related validity is also supported. The correlations of TAI between IPAT Anxiety scale, Taylor Manifested Anxiety Scale, and Affect Adjective Checklist, ranged between .52 and .80 for normal population, and .77 and .84 for psychiatric population. Construct validity was also supported by Spielberger (1970) and his friends.

The adaptation and the standardization of the STAI were conducted by Öner and LeCompte during 1974-1977. The test-retest reliabilities of the Turkish forms were found to be .26 and .68 for SAI, and .71 and .86 for TAI. The internal

consistency and reliability estimates with Kuder- Richardson 20 formula were found to be ranging from .94 to .96 for SAI, and from .83 and .87 for TAI. Thus internal consistency of the scale is highly satisfactory. The item remainder reliability was also found to be in between .42 and .85 for SAI, and .34 and .72 for TAI (Öner & LeCompte, 1985). The construct and criterion related validities of the scales were also supported by Öner (1977).

#### **2.2.5. Child-Behavior Checklist (CBCL) for Ages 1½ -5**

Child Behavior Checklist (CBCL) for ages 1½ - 5 was developed by Achenbach and Rescorla (2000). It is the revised version of CBCL/ 2- 3 (Achenbach, 1992) in which the many items are similar. Mothers and fathers completed the CBCL/ 1½ - 5 to identify their preschool children's behavioral or emotional problems. It provides descriptive information based on the respondent's perception about the child. The instrument requests the demographic information about the child and the parents, and asks respondents to respond to 99 specific problem items and 3 open-ended additional problem items considering the preceding 2 months. The alternative responses are; 0-not true (as far as you know), 1-somewhat or sometimes true, 2- very true or often true. The examples of the CBCL's problem items are; 'Diarhea or loose bowels (when not sick)', 'Disobedient', 'Disturbed by any change in routine', etc.

CBCL/ 1½ - 5 is scored in terms of two broadband and seven narrow band syndromes. The broadband syndromes are; 1-Internalizing and 2-Externalizing Syndromes. The narrow band syndromes are; 1-Emotionally Reactive, 2-Anxious/Depressed, 3-Somatic Complaints, 4-Withdrawn, 5-Sleep Problems, 6-

Attention Problems, and 7-Aggressive Behavior. There are some items that do not belong in any other subscales but are consisted under the “Other Problems” scale. The first 4 narrowband syndromes are subscales of Internalizing Syndromes, and the last two narrowband syndromes are subscales of Externalizing Syndromes. Sleep Problems subscale does not belong in any of the broadband categories. All items, plus the highest scored one of three additional open-ended items, which was accepted as item 100, are constituted “Total Problems”.

While CBCL evaluates the children on the basis of the problems scales mentioned above, it also evaluates them on the basis of the 5 reproduced diagnostic categories of the fourth edition of the APA’s (1994) Diagnostic and Statistical Manual (DSM-IV). The 5 reproduced DSM categories are; 1-Affective Problems (Major Depressive Disorder and Dysthmic Disorder), 2-Anxiety Problems (Generalized Anxiety Disorder, Separation Anxiety Disorder, and Specific Phobia), 3-Pervasive Developmental Problems (Asperger’s and Autistic Disorders), 4-Attention-Deficit/Hyperactivity Problems (Hyperactive-Impulsive and Inattentive types of ADHD), and 5-Oppositional Defiant Problems (Oppositional Defiant Disorders). ADM computer program provides separate profiles for both syndrome scales and DSM-oriented scales. Beside these profiles, it also gives a narrative report about the child. Both of these features help clinician to examine the general and specific problems of the child. Moreover ADM program provides cross informant correlations up to 8 respondents for one child.

The CBCL/ 1½ - 5’s test-retest reliability was found to be highly satisfactory for most of the scales. The Pearson test-retest correlations of most scales on 68 non-

referred children at a mean interval of 8 days were found to be ranging between .80 and .90s. Across all scales the mean coefficient was .85 (computed by Fishers's  $z$  transformation). The test-retest reliability coefficient for Total Problems was .90. The cross-informant correlation between mothers and fathers, for the Total Problems score was .65.

The content validity of the problem scales were supported by the experienced professionals, who judged the scales as being very consistent with the DSM diagnostic categories. All items successfully discriminated ( $p \leq .01$ ) between referred and nonreferred children. The criterion-related validity was also supported by significant discrimination between referred and nonreferred children. The construct validity of the problem scales was also supported by concurrent and predictive associations with a variety of other measures (Achenbach & Rescorla, 2000).

For the aim of conducting Turkish adaptation of CBCL/ 1½ - 5, all symptom-based items and open-ended questions of CBCL are translated into Turkish by Erol in 2003, on the basis of CBCL/ 2-3's translation which was also made by Erol in 1993. The translated version of the scale is checked by bilingual professionals and contradictions were solved together. The psychometric characteristics of Turkish version of CBCL are given in the Results section, and they are discussed in the Discussion section of the thesis.

#### **2.2.6. Caregiver- Teacher Report Form (C-TRF)**

Caregiver-Teacher Report Form (C-TRF) is completed by day-care chief and assistant teachers. It is a revised form of 1997 version of C-TRF for ages 2-5 (see Achenbach & Rescorla, 2000). It measures the child's observed behavioral and



emotional problems in nursery. C-TRF initially requests demographic information about the child, teacher and parents. Following these demographic information, respondents respond to 99 specific problem items and 3 open-ended problem items by considering the preceding 2 months. The responses are rated as; 0-not true (as far as you know), 1-somewhat or sometimes true, and 3-very true or often true. Many of the items on the C-TRF are the same problem items of CBCL/ 1½ - 5. There are only 17 items different from CBCL/ 1½ - 5. These different items includes school environment which can not be measured in the home settings. The examples of the C-TRF's problem items are; 'Daydreams or gets lost in her/his thoughts', 'Disobedient', 'Disturbed by any change in routine', etc.

C-TRF's subscales are very similar to CBCL/ 1½ - 5's subscales. Like CBCL 1½ - 5; C-TRF has also 2 broadband categories defined as 1-Internalizing syndromes and 2-Externalizing syndromes. Except for the Sleep Problems Subscale, C-TRF has 6 narrowband syndrome scales same as for the CBCL/ 1½ - 5. Additionally, all items, plus the highest scored one of three additional open-ended items, which was accepted as item 100, are constituted "Total Problems".

It has also the same reproduced DSM categories as for the CBCL/ 1½ - 5. ADM computer program provides profiles and narratives for both syndrome and DSM categories and it presents up to 8 cross-informant correlations in between all respondents about the same child.

The test-retest reliability coefficients, at a mean interval of 8 days, were studied on 59 children. Most of the scales' coefficients were found between .70s and .80s. The mean coefficient across all scales was .76 (by Fisher's z transformation)

and the Total Problems' scores correlation was .88. The cross-informant correlation of Total Problems for C-TRF was found to be .72.

The content validity of C-TRF was supported by an extensive process which includes refinement of items and these items' ability to discriminate ( $p \leq .01$ ) the referred and non-referred children. The criterion-related validity of C-TRF was supported by the discriminating ability of the scales between non-referred and referred sample, measured by the regression analyses. In parallel to CBCL, the construct validity of the problem scales was also supported by the associations with different measures (Achenbach & Rescorla, 2000).

For the aim of conducting Turkish adaptation of C-TRF, all symptom-based items and other open-ended questions were translated into Turkish by Erol in 2003. The translated version of the scale is checked by 2 bilingual professionals. Contradictions were solved together, and the last shape is given to the C-TRF. The psychometric characteristics of the Turkish version of C-TRF are given in the Results section, and they are discussed in the Discussion section of this thesis.

### **2.3. Procedure**

For the aim of conducting reliability analysis of the Turkish version of CBCL and C-TRF, all instruments were distributed to the mothers, fathers, and teachers to fill out them either at home or in nursery. Mothers ( $n = 204$ ) spent about half an hour for filling out the all instruments. Except for the first page of instrument bunch which is the demographic information form, the other questionnaires were randomly ordered to prevent confounding effect of ordering. Fathers ( $n = 64$ ) completed only CBCL, and chief ( $n = 195$ ) and assistant teachers ( $n = 25$ ) completed only C-TRF,

which took for about 10 minutes. Subsequent to application the instruments for the first time, mothers (n = 62) filled out CBCL and the chief teachers (n = 37) filled out C-TRF for the second time, for about a week after the first application. Thus, totally 204 CBCL were completed by mothers as the first application, and 62 CBCL were completed as being their second application; 64 CBCL were completed by fathers, 195 C-TRF were completed by chief teachers as the first application, and 37 C-TRF were completed as being their second application; and finally 25 C-TRF were completed by the assistant teachers.

#### **2.4. Data Analysis**

Prior to the main analysis, CBCL's and C-TRF's raw data were entered to the Assessment Data Manager (ADM), and raw scores are converted to the normalized *t* scores for each syndrome scale by using Statistical Package for Social Sciences (SPSS). To assess reliability of CBCL 1½-5, and C-TRF, test-retest Pearson correlations were computed both for mothers' CBCL ratings, and teachers' C-TRF ratings. Cross informant correlations between mothers' and fathers' CBCL ratings, chief and assistant teachers' C-TRF ratings and between mothers' CBCL and chief teachers' C-TRF ratings were also computed to assess reliability.

Following the reliability analyses, possible gender differences on children's behavioral problems were examined by performing one-way Analyses of Variance. To examine the possible differences of mothers' psychological adjustment level and mothers', fathers' and teachers' evaluations, on children's behavioral problems, separate Analyses of Variance with repeated measures were performed.

For the main analysis, hierarchical regression analyses were used. All analyses were conducted by using Statistical Package for Social Sciences (SPSS).

## CHAPTER 3

### RESULTS

#### 3.1. Descriptive Analyses of the Measures of the Study

Means, standard deviations, and ranges of the Beck Depression Inventory (BDI), State Anxiety Inventory (SAI), Trait Anxiety Inventory (TAI), and 5 subscales of Parental Attitude Research Instrument (PARI), namely, “Dependency”, “Equalitarianism and Democratic Attitudes”, “Rejection of the Home Making Role”, “Marital Conflict”, and “Strictness and Authoritarianism” are presented in Table 3.

**Table 3. Descriptive Characteristics of BDI, SAI, TAI, and PARI**

	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>Range</b>
<b>BDI</b>	187	5.98	5.72	0-25
<b>SAI</b>	197	34.61	8.69	20-66
<b>TAI</b>	183	35.37	7.39	21-58
<b>PARI</b>				
Dependency	185	37.70	6.99	20-59
Equalitarianism and Democratic Attitudes	193	28.13	2.77	22-36
Rejection of the Home Making Role	190	29.41	5.13	14-43
Marital Conflict	188	13.19	3.40	6-24
Strictness and Authoritarianism	190	30.44	5.38	18-48

Means, standard deviations and ranges of the Child Behavior Check List 1½ - 5 (CBCL 1½ - 5) and Caregiver-Teacher Report Form (C-TRF) are presented in the Table 4.

**Table 4. Descriptive Characteristics of CBCL/ 1 ½ - 5 and C-TRF**

	Mothers (1 <sup>st</sup> time) N=204			Mothers (2 <sup>nd</sup> time) N=62			Fathers N=64			Chief Teac. (1 <sup>st</sup> time) N=195			Chief teach. (2 <sup>nd</sup> time) N=37			Assistant Teachers N=25		
	Mean	SD	Range	Mean	SD	Range	Mean	SD	Range	Mean	SD	Range	Mean	SD	Range	Mean	SD	Range
<b>Emotion. Reactive</b>	54.63	5.77	50-77	53.16	5.02	50-69	54.08	5.26	50-77	54.63	5.52	50-74	54.70	6.46	50-70	57.60	6.40	50-74
<b>Anxious/ Depressed</b>	55.61	6.04	50-83	54.81	5.72	50-74	56.00	6.13	50-70	54.44	5.57	50-81	55.14	5.83	50-68	58.00	5.03	51-68
<b>Somatic Complaints</b>	59.01	7.17	50-80	57.10	6.41	50-70	58.86	7.17	50-76	59.43	6.33	50-82	61.27	4.45	50-67	60.20	7.37	50-73
<b>Withdrawn</b>	54.12	5.69	50-76	52.84	4.96	50-73	54.64	6.29	50-76	53.44	5.28	50-85	53.97	5.02	50-65	55.08	4.62	50-67
<b>Sleep Problems</b>	55.83	7.54	50-88	54.92	5.21	50-70	55.83	6.42	50-76	---	---	---	---	---	---	---	---	---
<b>Attention Problems</b>	53.75	5.44	50-77	52.77	5.19	50-70	53.86	5.58	50-73	53.79	5.56	50-88	54.41	5.03	50-67	56.28	4.51	50-66
<b>Aggressive Behavior</b>	52.82	4.76	50-75	52.10	4.38	50-69	53.13	4.40	50-65	53.83	5.24	50-85	54.57	7.09	50-85	54.40	5.25	50-68
<b>Internal Syndromes</b>	54.38	8.82	29-74	50.98	9.44	29-70	54.58	8.57	37-78	51.81	8.65	34-76	52.62	8.76	40-67	57.44	6.34	41-69
<b>External Syndromes</b>	48.18	9.16	28-71	45.34	9.81	28-69	49.08	8.37	58-65	49.96	9.00	36-84	50.22	10.03	36-76	54.12	6.21	44-69
<b>Total Problems</b>	51.31	9.35	30-75	47.68	10.13	30-69	51.97	8.85	31-73	51.21	9.07	29-80	50.84	10.46	36-73	56.36	5.89	46-68
<b>Affective Problems</b>	55.43	5.98	50-77	53.66	4.91	50-70	55.53	5.83	50-70	54.08	5.74	50-85	53.92	5.49	50-68	58.16	6.05	50-68
<b>Anxiety Problems</b>	55.78	6.62	50-78	54.97	6.82	50-84	56.31	7.19	50-75	53.51	5.20	50-74	54.81	6.21	50-70	57.36	5.64	50-67
<b>Perv. Dev. Problems</b>	55.39	6.29	50-77	54.29	5.94	50-72	55.69	6.82	50-74	53.94	5.66	50-79	54.35	5.60	50-67	56.04	4.91	50-66
<b>Att./Def./Hyp. Prob.</b>	54.20	5.57	50-71	53.08	5.27	50-76	54.09	5.16	50-71	54.36	5.47	50-81	54.51	5.60	50-68	56.44	6.23	50-79
<b>Oppo. Def. Problems</b>	51.81	3.58	50-73	51.34	3.01	50-67	51.98	3.58	50-67	52.92	4.36	50-72	53.41	5.21	50-72	53.64	4.76	50-66

### 3.2. Reliability Analyses of CBCL

In order to reveal the reliability of CBCL, test-retest reliability of mothers' forms, and the correlations of mothers' and fathers' ratings were computed.

#### 3.2.1. Test-retest Reliability of Mothers' CBCL Ratings

Test-retest correlations of 62 mothers' CBCL ratings were found highly satisfactory across all scales. The test-retest coefficients of CBCL syndrome scales were ranged significantly between .54 and .84;  $p < .001$ ; and Total Problems scale's test-retest coefficient was found as .78;  $p < .001$ . Syndrome scales' test-retest measures are given in Table 5.

**Table 5. Test-retest Measures of CBCL Syndrome Scales as Rated by Mothers**

<b>Emt. Rct.</b>	<b>Anx/ Dep.</b>	<b>Smt. Cmp.</b>	<b>With</b>	<b>Sleep Prob.</b>	<b>Atten Prob.</b>	<b>Agg. Beh.</b>	<b>Int. Prob.</b>	<b>Ext. Prob.</b>	<b>Total Prob.</b>
.73*	.73*	.54*	.59*	.78*	.83*	.82*	.72*	.84*	.78*

\*  $p < .001$

Test-retest coefficients for CBCL DSM categories were also found to be significantly ranging from .57 to .78;  $p < .001$ . DSM categories' test-retest measures are given in Table 6.

**Table 6. Test-retest Measures of CBCL DSM Categories as Rated by Mothers**

<b>Affective Problems</b>	<b>Anxiety Problems</b>	<b>Per. Dev. Problems</b>	<b>Atten.Def. Problems</b>	<b>Oppo.Defi. Problems</b>
.71*	.72*	.57*	.78*	.70*

\*  $p < .001$

#### 3.2.2. The Correlations between Mothers' and Fathers' Ratings of CBCL

All correlations for the syndrome scales as rated by 64 mothers vs. fathers were found to be significant except for the Emotionally Reactive subscale.

Anxious/Depressed subscale had relatively low correlation ( $r = .33$ ;  $p < .01$ ); and other correlations of the syndrome scales were ranged between .40 and .51, all  $ps < .001$ . The Total Problems syndrome scale's correlation was found as .40;  $p < .001$  (see Table 7).

**Table 7. The Correlations between Mothers' and Fathers' Ratings of CBCL Syndrome Scales**

<b>Emt. Rct.</b>	<b>Anx/ Dep.</b>	<b>Smt. Cmp.</b>	<b>With.</b>	<b>Sleep Prob.</b>	<b>Atten Prob.</b>	<b>Agg. Beh.</b>	<b>Int. Prob.</b>	<b>Ext. Prob.</b>	<b>Total Prob.</b>
.22	.33*	.51**	.47**	.63**	.49**	.47**	.51**	.44**	.40**

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

The correlations between mothers' and fathers' ratings for the DSM categories were also found satisfactory. For, Anxiety, Oppositional Defiant, and Attention Deficit/Hyperactivity Problems the correlations were .28 ( $ps < .05$ ), .33, and .37 ( $ps < .01$ ) respectively, for Pervasive Developmental and Affective Problems, the correlations were stronger ( $rs = .41$  and  $.43$  respectively;  $ps < .001$ ) (see Table 8).

**Table 8. The Correlations between Mothers' and Fathers' Ratings of CBCL DSM Categories**

<b>Affective Problems</b>	<b>Anxiety Problems</b>	<b>Per. Dev. Problems</b>	<b>Atten.Def. Problems</b>	<b>Oppo.Defi. Problems</b>
.43***	.28*	.41***	.37**	.33**

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

### 3.3. Reliability Analyses of C-TRF

In order to reveal the reliability scores of C-TRF, test-retest reliability coefficients of chief teachers, and the correlations between chief and assistant teachers' ratings were computed.



### 3.3.1. Test-retest Measures of Chief Teachers' C-TRF Ratings

Test-retest correlations of 37 chief teachers' ratings were found significant across most of the scales. Except for the Somatic Complaints syndrome scale, all other syndrome scales of C-TRF were highly satisfactory. Other than the Somatic Complaints syndrome scale the correlations of syndrome scales were ranged between .71 and .95;  $p_s < .001$ . The Total Problems syndrome scale's correlation was also found to be significant ( $r = .93$ ;  $p < .001$ ) (see Table 9).

**Table 9. Test-retest Measures of C-TRF Syndrome scales as Rated by Chief Teachers**

Emt. Rct.	Anx/ Dep.	Smt. Cmp.	With.	Atten. Prob.	Agg. Beh.	Int. Prob.	Ext. Prob.	Total Prob.
.74*	.85*	.17	.85*	.71*	.95*	.88*	.91*	.93*

\* $p < .001$

The DSM categories of C-TRF were also found highly significant. The correlations across all categories ranged between .70 and .93;  $p_s < .001$  (see Table 10).

**Table 10. Test-retest Measures of C-TRF DSM categories as Rated by Chief Teachers**

Affective Problems	Anxiety Problems	Perv. Dev. Problems	Atten.Def. Problems	Oppo.Defi. Problems
.70*	.82*	.84*	.88*	.93*

\* $p < .001$

### 3.3.2. The Correlations between Chief and Assistant Teachers' C-TRF Ratings

In contrast to mothers' and fathers' significantly consistent evaluations about the child, two different teachers of children ( $n=25$ ) did not evaluate them consistently enough. Nearly half of the C-TRF syndrome scales of two different

teachers were not found to be significant. The rest of the syndrome scales were found significant either at .001 alpha level ranging between .61 and .80 or at .01 alpha level ranging between .57 and .58. The Total Problems scale's correlation was significant ( $r = .58$ ;  $p < .01$ ). The correlations between chief and assistant teachers' C-TRF syndrome scales are seen in Table 11.

**Table 11. The Correlations between Chief and Assistant Teachers' Ratings of C-TRF Syndrome Scales**

<b>Emt. React.</b>	<b>Anx/ Dep.</b>	<b>Smt. Cmp.</b>	<b>With.</b>	<b>Atten Prob.</b>	<b>Agg. Beh.</b>	<b>Int. Prob.</b>	<b>Ext. Prob.</b>	<b>Total Prob.</b>
.57*	.26	-.01	.36	.61**	.80**	.24	.72**	.58*

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

The correlations between chief and assistant teachers' ratings of C-TRF DSM categories were found significant across most of the scales. The correlation of Pervasive Developmental Problems category between two teachers was not found significant. However the correlations for all other DSM categories of C-TRF were significant, ranging from .50 to .84 (see Table 12).

**Table 12. The Correlations between Chief and Assistant Teachers Ratings of C-TRF DSM Categories**

<b>Affective Problems</b>	<b>Anxiety Problems</b>	<b>Perv. Dev. Problems</b>	<b>Atten.Def. Problems</b>	<b>Oppo.Defi. Problems</b>
.58**	.50*	.36	.68***	.84***

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

### **3.4. The Correlations between CBCL as Rated by Mothers and C-TRF as Rated by Teachers**

In order to examine the evaluation differences of mothers and teachers, 195 mothers' and teachers' ratings were compared with each other. Since the C-TRF

does not have the Sleep Problems subscale, the correlations did not include this scale. The correlations between mothers' rated CBCL syndrome scales and teachers' rated C-TRF syndrome scales are presented in Table 13. Except for the Emotionally Reactive subscale all syndrome scales were found to be significantly ranging from .17 to .41, though these correlations were either low or moderate. The Total Problems Scale's correlation was also found as .35;  $p < .001$  (see Table 13).

**Table 13. The Correlations between Mothers' Rated CBCL and Teachers' Rated C-TRF Syndrome Scales**

<b>Emt. Rct.</b>	<b>Anx/ Dep.</b>	<b>Smt. Cmp.</b>	<b>With.</b>	<b>Atten Prob.</b>	<b>Agg. Beh.</b>	<b>Int. Prob.</b>	<b>Ext. Prob.</b>	<b>Total Prob.</b>
.12	.25**	.18*	.17*	.30**	.41**	.28**	.41**	.35**

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

The correlations between mother's rated CBCL and teacher's rated C-TRF DSM categories were moderate, though significant. The scores ranged between .20 and .28 (see Table 14).

**Table 14. The Correlations between Mothers' Rated CBCL and Teachers' Rated C-TRF DSM Categories**

<b>Affective Problems</b>	<b>Anxiety Problems</b>	<b>Perv. Dev. Problems</b>	<b>Atten.Def. Problems</b>	<b>Oppo.Defi. Problems</b>
.20*	.26**	.22*	.28**	.23**

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

### 3.5. Gender and Age Differences on Children's Behavioral Problems

In order to reveal gender differences on mothers', fathers', and teachers' evaluations of child behavior problems which are internalizing, externalizing, and total problems, separate one-way ANOVA was performed for each behavioral problem.

### **3.5.1. Gender Differences on Evaluation of the Children's Internalizing Behavior Problems**

ANOVA results conducted separately for mothers, fathers, and teachers showed that, children's internalizing behavior problems revealed significant gender differences on mothers' ratings ( $F [1, 202] = 9.25; p < .01$ ). However, fathers' ( $F [1, 62] = 0.21; n.s.$ ) and teachers' ( $F [1, 193] = 3.59; n.s.$ ) evaluations revealed no gender differences on children's Internalizing behavior problems. Thus, only mothers reported their daughters as having more internalizing problems ( $M = 56.46$ ) than their sons ( $M = 52.75$ ).

### **3.5.2. Gender Differences on Evaluation of the Children's Externalizing Behavior Problems**

ANOVA results conducted separately for mothers, fathers, and teachers showed that, children's externalizing behavior problems revealed no significant gender differences for mothers' ( $F [1, 202] = 0.29; n.s.$ ), for fathers' ( $F [1, 62] = 2.81; n.s.$ ), and for teachers' ratings ( $F [1, 193] = 0.04; n.s.$ ) of children's Externalizing behavior problems.

### **3.5.3. Gender Differences on Evaluation of the Children's Total Behavior Problems**

ANOVA results conducted separately for mothers, fathers, and teachers also showed that, children's total behavior problems revealed no significant gender differences for mothers' ( $F [1, 202] = 0.87; n.s.$ ), for fathers' ( $F [1, 62] = 1.10; n.s.$ ), and for teachers' ratings ( $F [1, 193] = 1.47; n.s.$ ) of children's Total behavior problems.

### **3.6. Examination of Possible Differences Based on Maternal Psychological Adjustment Level and Mothers' vs. Fathers' Reports, on Child Behavior on Children's Behavior Problems**

Prior to these analyses, mothers' adjustment levels were grouped on the basis of their scores on depression, state anxiety, and trait anxiety scales. This grouping was conducted by means of median split, as those having high and low levels of depression, state anxiety, and trait anxiety symptoms. The median points were found to be 4 for depression, 33 for state anxiety, and 34 for trait anxiety scale scores. According to this categorizing the number of participants in each group, their means, standard deviations, and ranges are presented in Table 15.

**Table 15. Descriptive Characteristics of Depression, State Anxiety and Trait Anxiety Groups**

	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>Range</b>
<b>Depression</b>				
High	92	10.39	5.08	5-25
Low	95	1.72	1.51	0-4
<b>State Anxiety</b>				
High	89	41.71	7.73	34-66
Low	108	28.77	3.57	20.33
<b>Trait Anxiety</b>				
High	85	41.51	6.01	35-58
Low	98	30.04	3.06	21-34

#### **3.6.1. Examination of Possible Differences Based on Mothers' and Fathers' Reports of Children's Behavioral Problems, and Mothers' Depression, State Anxiety, and Trait Anxiety Levels, on Children's Internalizing Behavior Problems**

In order to examine the differences based on mothers' depression level, and mothers' and fathers' reports, on children's internalizing behavior problems 2 (Depression Level: High and Low ) X 2 (Informant: Mothers and Fathers) ANOVA

with repeated measures on the last factor was performed. The analysis yielded no significant main effects for either Depression Level ( $F [1, 56] = 0.90$ ; n.s.) or for Informant ( $F [1, 56] = 0.79$ ; n.s.) on children's internalizing behavior problems. However, the analysis revealed that mothers' Depression Level and different Informant reports had significant interaction effect on reported child internalizing problems ( $F [1, 56] = 5.71$ ;  $p < .05$ ) (see Table 16).

**Table 16. Analysis of Variance for the Informant (Mothers vs. Fathers) and Depression Level, on Children's Internalizing Behaviors**

Source	df	SS	MS	F
Depression Level	1	98.59	98.59	0.90
Error	56	6131.11	6131.11	—
Informant	1	2.76	2.76	0.79
Informant X Depression Level	1	199.18	199.18	5.71*
Error	56	1954.94	34.91	—

\* $p < .05$

According to the post-hoc analysis conducted by Tukey's HSD for the interaction effect, mothers who had higher level of depression reported their children as having more internalizing problems ( $M = 57.43$ ) than the mothers with low level of depression ( $M = 52.78$ ). However, fathers' evaluation of children's internalizing behavior did not differ for high vs. low levels of mothers' depression. Furthermore, when children with depressed mothers were evaluated, mothers perceived their children as having more internalizing problems ( $M = 57.43$ ) than did their fathers experiences their children ( $M = 54.38$ ). However, there were no significant differences between mothers' and fathers' evaluations for the children who had mothers with low level of depression. Table 17 shows the results of the Post-Hoc analysis.

**Table 17. Means of Mothers' and Fathers' Reports on Child Internalizing Behavior, Based on Mothers' Depression Level**

	<b>Depression</b>	
	High	Low
<b>Means of Intern. Behavior</b>		
Mothers	57.43a	52.78b
Fathers	54.38b	55.19b

Note. The mean scores that do not share the same letter are significantly different from each other, according to Tukey's HSD at .05 alpha level.

To examine the differences based on mothers' state anxiety level, and mothers' and fathers' reports on children's internalizing behavior problems, 2 (State Anxiety Level: High and Low) X 2 (Informant: Mothers and Fathers) ANOVA with repeated measures on the last factor was performed. This analysis revealed no significant main effects for State Anxiety Level ( $F [1, 59] = 0.68$ ; n.s.), and for Informant ( $F [1, 59] = 0.10$ ; n.s.), and no significant interaction effect between State Anxiety Level and Informant ( $F [1, 59] = 0.04$ ; n.s.) on children internalizing behavior problems (see Table 18).

**Table 18. Analysis of Variance for the Informant (Mothers vs. Fathers) and State Anxiety Level, on Children's Internalizing Behaviors**

<b>Source</b>	<b>df</b>	<b>SS</b>	<b>MS</b>	<b>F</b>
<b>State Anxiety Level</b>	1	77.51	77.51	0.68
<b>Error</b>	59	6712.10	113.76	–
<b>Informant</b>	1	36.11	36.11	1.00
<b>Informant X State Anxiety Level</b>	1	1.59	1.59	0.04
<b>Error</b>	59	2138.71	36.25	–

To examine the differences based on mothers' trait anxiety level, and mothers' and fathers' reports on children's internalizing behavior problems, 2 (Trait Anxiety

Level: High Level and Low Level) X 2 (Informant: Mothers and Fathers) ANOVA with repeated measures on the last factor was performed. The analysis showed that, though no significant main effects were found for Trait Anxiety Level ( $F [1, 54] = 1.66$ ; n.s.), and for Informant ( $F [1, 54] = 0.01$ ; n.s.) on children internalizing behavior; the Trait Anxiety Level and Informant revealed significant interaction effect on children's internalizing behavior ( $F [1, 54] = 4.01$ ;  $p < .05$ ) (see Table 19).

**Table 19. Analysis of Variance for the Informant (Mothers vs. Fathers) and Trait Anxiety Level, on Children's Internalizing Behaviors**

Source	df	SS	MS	F
Trait Anxiety Level	1	195.05	195.05	1.66
Error	54	6332.67	117.27	—
Informant	1	0.36	0.36	0.01
Informant X Trait Anxiety Level	1	145.36	145.36	4.01*
Error	54	1959.35	36.28	—

\* $p < .05$

According to the post-hoc analysis conducted by Tukey's HSD for the interaction effect, mothers who had high trait anxiety level reported their children as having more internalizing behavior ( $M = 57.38$ ) than mothers with low level of trait anxiety level ( $M = 52.41$ ). However, fathers' evaluations did not differ for the children who had mothers with high vs. low levels of trait anxiety. Furthermore, there were no significant differences between the evaluations of mothers and fathers for children with mothers having high and low trait anxiety level (see Table 20).



**Table 20. Means of Mothers and Fathers Reports on Child Internalizing Behavior, Based on Mothers' Trait Anxiety Level**

	Trait Anxiety	
	High	Low
<b>Means of Intern. Behavior</b>		
Mothers	57.38a	52.41b
Fathers	54.96a	54.59ab

Note. The mean scores that do not share the same letter are significantly different from each other, according to Tukey's HSD at .05 alpha level.

**3.6.2. Examination of Possible Differences Based on Mothers' and Fathers' Reports of Children's Behavioral Problems and Mothers' Depression, State Anxiety, and Trait Anxiety Levels, on Children's Externalizing Behavior Problems**

In order to examine the differences based on the mothers' depression level, and mothers' and fathers' reports on children's externalizing behavior problems 2 (Depression Level: High and Low ) X 2 (Informant: Mothers and Fathers) ANOVA with repeated measures on the last factor was performed. This analysis yielded no significant main effects for Depression Level ( $F [1, 56] = 2.75; n.s.$ ), and for Informant ( $F [1, 56] = 0.16; n.s.$ ), and no significant interaction effect between Depression Level and Informant ( $F [1, 56] = 1.31; n.s.$ ) on children's externalizing behavior (see Table 21).

**Table 21. Analysis of Variance for the Informant (Mothers vs. Fathers) and Depression Level, on Children’s Externalizing Behaviors**

Source	df	SS	MS	F
Depression Level	1	318.39	318.39	2.75
Error	56	6486.10	115.823	–
Informant	1	6.53	6.53	0.16
Informant X Depression Level	1	52.39	52.39	1.31
Error	56	2241.69	40.03	–

2 (State Anxiety Level: High and Low) X 2 (Informant: Mothers and Fathers) ANOVA with repeated measures on the last factor revealed no significant main effects for Informant ( $F [1, 59] = 2.14$ ; n.s.), and for State Anxiety Level ( $F [1, 59] = 3.15$ ; n.s.), and no significant interaction effect between Informant and State Anxiety Level ( $F [1, 59] = 0.26$ ; n.s.) on children’s externalizing behavior problems (see Table 22).

**Table 22. Analysis of Variance for the Informant (Mothers vs. Fathers) and State Anxiety Level, on Children’s Externalizing Behaviors**

Source	df	SS	MS	F
State Anxiety Level	1	355.74	355.74	3.15
Error	59	6665.54	112.98	–
Informant	1	99.16	99.16	2.14
Informant X State Anxiety Level	1	12.27	12.27	0.26
Error	59	2739.27	46.43	–

Similarly, 2 (Trait Anxiety: High and Low) X 2 (Informant: Mothers and Fathers) ANOVA with repeated measures on the last factor revealed that there were no significant main effects for Trait Anxiety Level ( $F [1, 54] = 0.39$ ; n.s.), and for Informant ( $F [1, 54] = 0.38$ ; n.s.), and no significant interaction effect between Trait

Anxiety Level and Informant ( $F [1, 54] = 1.42$ ; n.s.) on children’s externalizing behavior problems (see Table 23).

**Table 23. Analysis of Variance for the Informant (Mothers-Fathers) and Trait Anxiety Level, on Children’s Externalizing Behaviors**

Source	df	SS	MS	F
Trait Anxiety Level	1	46.88	46.88	0.39
Error	54	6463.40	119.69	–
Informant	1	17.42	17.42	0.38
Informant X Trait Anxiety Level	1	65.63	65.63	1.42
Error	54	2495.86	46.22	–

**3.6.3. Examination of Possible Differences Based on Mothers’ and Fathers’ Reports of Children’s Behavioral Problems and Mothers’ Depression, State Anxiety, and Trait Anxiety Levels, on Children’s Total Behavior Problems**

In order to examine the differences based on the mothers’ depression level, and mothers’ and fathers’ reports on children’s total behavior problems, 2 (Depression Level: High and Low ) X 2 (Informant: Mothers and Fathers) ANOVA with repeated measures on the last factor was performed. The results of the analysis showed that, there were no significant main effects for Depression Level ( $F [1, 56] = 3.06$ ; n.s.), and for Informant ( $F [1, 56] = 0.03$ ; n.s.), and no significant interaction effect between Depression Level and Informant ( $F [1, 56] = 3.16$ ; n.s.) on children’s total behavior problems (see Table 24).

**Table 24. Analysis of Variance for the Informant (Mothers-Fathers) and Depression Level, on Children’s Total Behaviors**

Source	df	SS	MS	F
<b>Depression Level</b>	1	348.06	348.06	3.06
<b>Error</b>	56	6375.50	113.85	–
<b>Informant</b>	1	1.37	1.37	0.03
<b>Informant X Depression Level</b>	1	150.33	150.33	3.16
<b>Error</b>	56	2666.75	47.62	–

To examine the differences based on mothers’ state anxiety level and mothers’ and fathers’ reports on children’s total behavior problems, 2 (State Anxiety Level: High and Low) X 2 (Informant: Mothers and Fathers) ANOVA with repeated measures on the last factor was performed. Results revealed no significant main effects for State Anxiety Level ( $F [1, 59] = 2.56$ ; n.s.), and for Informant ( $F [1, 59] = 1.52$ ; n.s.), and no significant interaction effect between State Anxiety Level and Informant ( $F [1, 59] = 0.02$ ; n.s.) on children’s total behavior problems (see Table 25).

**Table 25. Analysis of Variance for the Informant (Mothers-Fathers) and State Anxiety Level, on Children’s Total Behaviors**

Source	df	SS	MS	F
<b>State Anxiety Level</b>	1	294.11	294.11	2.56
<b>Error</b>	59	6777.47	114.87	–
<b>Informant</b>	1	75.38	75.38	1.52
<b>Informant X State Anxiety Level</b>	1	1.02	1.02	0.02
<b>Error</b>	59	2933.15	47.71	–

To examine the differences based on mothers’ trait anxiety level and mothers’ and fathers’ reports on children’s total behavior problems, 2 (Trait Anxiety Level:

High Level and Low Level) X 2 (Informant: Mothers and Fathers) ANOVA with repeated measures on the last factor was performed. Results yielded no significant main effects for Trait Anxiety Level ( $F [1, 54] = 1.44$ ; n.s.), and for Informant ( $F [1, 54] = 0.18$ ; n.s.), and no significant interaction effect between State Anxiety and Informant ( $F [1, 54] = 2.60$ ; n.s.) on children's total behavior problems (see Table 26).

**Table 26. Analysis of Variance for the Informant (Mothers vs. Fathers) and Trait Anxiety Level, on Children's Total Behaviors**

Source	df	SS	MS	F
Trait Anxiety Level	1	169.29	169.29	1.44
Error	54	6358.42	117.75	–
Informant	1	9.17	9.17	0.18
Informant X Trait Anxiety Level	1	133.13	133.13	2.60
Error	54	2765.55	51.21	–

### **3.6.4. Examination of Possible Differences Based on Mothers' and Teachers' Reports of Children's Behavioral Problems and Mothers' Depression, State Anxiety, and Trait Anxiety Levels, on Children's Internalizing Behavior Problems**

In order to test the possible differences based on mother's depression level and mothers' and teachers' reports on children's internalizing behavior problems, 2 (Depression Level: High and Low) X 2 (Informants: Mothers and Teachers) ANOVA with repeated measures on the last factor was performed. This analysis yielded significant main effect for Depression Levels of mother ( $F [1, 178] = 14.35$ ;  $p < .001$ ) on children internalizing behavior problems, which revealed that mothers with high level of depression reported their children as having more internalizing

problems ( $M = 55.08$ ) than mothers with low level of depression did ( $M = 51.19$ ). There was also significant main effect for Informant ( $F [1, 178] = 14.16$ ;  $p < .001$ ) on internalizing behaviors, which revealed that mothers reported their children as having more internalizing problems ( $M = 54.51$ ) than their teachers ( $M = 51.70$ ). The interaction effect between Depression Level and Informant was also found to be significant ( $F [1, 178] = 6.15$ ;  $p < .05$ ) (see Table 27).

**Table 27. Analysis of Variance for the Informant (Mothers vs. Teachers) and Depression Level, on Children’s Internalizing Behaviors**

Source	df	SS	MS	F
<b>Depression Level</b>	1	1359.08	1359.08	14.35**
<b>Error</b>	178	16853.20	94.68	–
<b>Informant</b>	1	724.51	724.51	14.16**
<b>Informant X Depression Level</b>	1	314.82	314.82	6.15*
<b>Error</b>	178	9109.65	51.18	–

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

According to the post-hoc analysis conducted by Tukey’s HSD for the interaction effect, both mothers and teachers evaluated the children with mothers having high level of depression as having more internalizing behavior problems ( $M_s = 57.43$  and  $52.72$ , respectively) than the children with mothers having low level of depression ( $M_s = 51.67$  and  $50.70$ , respectively). Furthermore, for children with mothers having high depression level, the mothers’ evaluations for children’s internalizing problems were ( $M = 57.43$ ) higher than the teachers’ ( $M = 52.72$ ) evaluation. However, for children with mothers having low depression level, there were no significant differences between the evaluation of mothers and teachers. Table 28 shows the results of this Post-Hoc analysis.

**Table 28. Means of Mothers and Teachers Reports on Child Internalizing Behavior, Based on Mothers' Depression Level**

	Depression	
	High	Low
<b>Means of Intern. Behavior</b>		
Mothers	57.43a	51.67c
Teachers	52.72b	50.70c

Note. The mean scores that do not share the same letter are significantly different from each other, according to Tukey's HSD at .05 alpha level.

To examine differences based on mothers' state anxiety level and mothers' and teachers' evaluations on children's internalizing behavior problems, 2 (State Anxiety Level: High and Low) X 2 (Informant: Mothers and Teachers) ANOVA with repeated measures on the last factor was performed. Analysis revealed that there was a significant main effect for State Anxiety Level ( $F [1, 188] = 6.32; p < .05$ ), which showed that the children who had mothers with high level of state anxiety were evaluated as having more internalizing problems ( $M = 55.65$ ) than the children who had mothers with low level of state anxiety ( $M = 52.61$ ). There was also a significant main effect for Informant ( $F [1, 188] = 10.47; p < .001$ ), which revealed that mothers reported their children as having more internalizing problems ( $M = 54.22$ ) than their teachers ( $M = 51.88$ ). Analysis revealed no significant interaction effect between State Anxiety and Informant on children's internalizing behavior problems ( $F [1, 188] = 3.28; n.s.$ ) (see Table 29).

**Table 29. Analysis of Variance for the Informant (Mothers vs. Teachers) and State Anxiety Level, on Children’s Internalizing Behaviors**

Source	df	SS	MS	F
State Anxiety Level	1	607.09	607.09	6.32*
Error	188	18047.46	96.00	–
Informant	1	564.75	564.75	10.47**
Informant X State Anxiety Level	1	176.84	176.84	3.28
Error	188	10138.22	53.93	–

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

To examine the differences based on mothers’ trait anxiety level and mothers’ and teachers’ evaluations on children’s internalizing behavior problems 2 (Trait Anxiety Level: High and Low) X 2 (Informant: Mothers and Teachers) ANOVA with repeated measures on the last factor was performed. Results yielded a significant main effect for Trait Anxiety Level ( $F [1, 173] = 6.70$ ;  $p < .01$ ), which showed that children with mothers who had high level of trait anxiety were evaluated as having more internalizing problems ( $M = 56.80$ ) than children with mothers who had low level of trait anxiety ( $M = 52.75$ ). There was also a significant main effect for Informant ( $F [1, 173] = 15.18$ ;  $p < .001$ ), which showed that, mothers reported their children as having more internalizing problems ( $M = 54.86$ ) than their teachers ( $M = 51.98$ ). There was also found a significant interaction effect between Trait Anxiety Level and Informant ( $F [1, 173] = 13.69$ ;  $p < .001$ ) (see Table 30).



**Table 30. Analysis of Variance for the Informant (Mothers vs. Teachers) and Trait Anxiety Level, on Children’s Internalizing Behaviors**

Source	df	SS	MS	F
Trait Anxiety Level	1	653.20	653.20	6.70*
Error	173	16873.90	97.54	–
Informant	1	800.09	800.09	15.18**
Informant X Trait Anxiety Level	1	721.69	721.69	13.69**
Error	173	9118.55	52.71	–

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

Post-Hoc analysis conducted with Tukey’s HSD for the interaction effect, showed that, mothers with high level of trait anxiety reported their children as having more internalizing behaviors ( $M = 57.81$ ) than mothers with low level of trait anxiety ( $M = 52.20$ ). However, teachers’ evaluations did not differ for children who had mothers with high level of trait anxiety levels vs. low level of trait anxiety levels. Furthermore, when the children with mothers who had high level of trait anxiety were evaluated, mothers perceived their children as having more internalizing problems ( $M = 57.81$ ) than did their teachers experience ( $M = 51.90$ ). However, there were no significant differences between mothers’ and teachers’ evaluations for the children who had mothers with low level of trait anxiety. Table 31 shows the results of this Post-Hoc Analysis.

**Table 31. Means of Mothers and Teachers Reports on Child Internalizing Behavior, Based on Mothers' Trait Anxiety Level**

	Trait Anxiety	
	High	Low
<b>Means of Intern. Behavior</b>		
Mothers	57.81a	52.20c
Teachers	51.90b	52.04bc

Note. The mean scores that do not share the same letter are significantly different from each other, according to Tukey's HSD at .05 alpha level.

**3.6.5. Examination of Possible Differences Based on Mothers' and Teachers' Reports of Children's Behavioral Problems, and Mothers' Depression, State Anxiety and Trait Anxiety Levels, on Children's Externalizing Behavior Problems**

To examine the possible differences based on mothers' depression levels and mothers' and teachers' reports on children's externalizing behaviors 2 (Depression Level: High and Low) X 2 (Informant: Mothers and Teachers) ANOVA with repeated measures on the last factor was performed. The analysis revealed that, there was a significant main effect for Depression Level ( $F [1, 178] = 10.38; p < .01$ ), which showed that the children who had mothers with high level of depression were reported as having more externalizing behavior problems ( $M = 50.89$ ) than the children who had mothers with low level of depression ( $M = 42.28$ ). There was also found significant main effect for Informant ( $F [1, 178] = 4.54; p < .05$ ), which revealed that teachers reported the children as having more externalizing behaviors ( $M = 49.84$ ) than mothers ( $M = 48.28$ ) did. However, there was no significant interaction effect between Depression Level and Informant, on children's

externalizing behaviors ( $F [1, 178] = 2.01$ ; n.s.) (see Table 32).

**Table 32. Analysis of Variance for the Informant (Mothers vs. Teachers) and Depression Level, on Children’s Externalizing Behaviors**

Source	df	SS	MS	F
Depression Level	1	1174.64	1174.64	10.38**
Error	178	20153.02	113.22	–
Informant	1	214.57	214.57	4.54*
Informant X Depression Level	1	94.97	94.97	2.01
Error	178	8406.26	47.23	–

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

2 (State Anxiety Level: High and Low) X 2 (Informant: Mothers and Teachers) ANOVA with repeated measures on the last factor revealed no significant main effect for State Anxiety Level ( $F [1, 188] = 2.44$ ; n.s.), and no significant interaction effect between State Anxiety Level and Informant on children’s externalizing behaviors ( $F [1, 188] = 1.78$ ; n.s.). However, there was found a significant main effect for Informant ( $F [1, 188] = 6.45$ ;  $p < .05$ ), which revealed that teachers reported the children as having more externalizing behaviors ( $M = 50.06$ ) than mothers ( $M = 48.14$ ) did (see Table 33).

**Table 33. Analysis of Variance for the Informant (Mothers vs. Teachers) and State Anxiety Level, on Children’s Externalizing Behaviors**

Source	df	SS	MS	F
State Anxiety Level	1	288.83	288.83	2.44
Error	188	22272.07	118.47	–
Informant	1	319.25	319.25	6.45*
Informant X State Anxiety Level	1	88.05	88.05	1.78
Error	188	9305.86	49.50	–

\* $p < .05$

2 (Trait Anxiety Level: High and Low) X 2 (Informant: Mothers and Teachers) ANOVA with repeated measures on the last factor revealed that there was no significant main effects for Trait Anxiety Level ( $F [1, 173] = 1.81$ ; n.s.), and for Informant ( $F [1, 173] = 3.88$ ; n.s.), and no significant interaction effect for Trait Anxiety Level and Informant ( $F [1, 173] = 3.43$ ; n.s.) on children's externalizing behaviors (see Table 34).

**Table 34. Analysis of Variance for the Informant (Mothers vs. Teachers) and Trait Anxiety Level, on Children's Externalizing Behaviors**

Source	df	SS	MS	F
Trait Anxiety Level	1	214.53	214.53	1.81
Error	173	20563.90	118.87	–
Informant	1	178.00	178.00	3.88
Informant X Trait Anxiety Level	1	157.57	157.57	3.43
Error	173	7943.31	45.92	–

### **3.6.6. Examination of Possible Differences Based on Mothers' and Teachers' Reports of Children's Behavioral Problems and Mothers' Depression, State Anxiety and Trait Anxiety Levels, on Children's Total Behavior Problems**

To examine the differences based on mothers' depression level and mothers' and teachers' reports on children's total behavior problems, 2 (Depression Level: High and Low) X 2 (Informant: Mothers and Teachers) ANOVA with repeated measures on the last factor was performed. The analysis yielded a significant main effect for Depression ( $F [1, 178] = 13.72$ ;  $p < .001$ ), which revealed that, children with mothers who had high level of depression were reported as having more total problems ( $M = 53.54$ ) than children with mothers who had low level of depression

( $\underline{M}$  = 49.17). Analysis revealed no significant main effect for Informant ( $F$  [1, 178] = 0.25; n.s.), but there was a significant interaction effect between Depression Level and Informant ( $F$  [1, 178] = 4.65;  $p$  <.05) on children's total behavior problems (see Table 35).

**Table 35. Analysis of Variance for the Informant (Mothers vs. Teachers) and Depression Level, on Children's Total Behaviors**

Source	df	SS	MS	F
<b>Depression Level</b>	1	1520.43	1520.43	13.72**
<b>Error</b>	178	19729.07	110.84	–
<b>Informant</b>	1	12.94	12.94	0.25
<b>Informant X Depression Level</b>	1	239.68	239.68	4.65*
<b>Error</b>	178	9178.09	51.56	–

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

Post-Hoc analysis conducted with Tukey's HSD for the interaction effect showed that, both mothers and teachers evaluated the children with mothers who had high level of depression as having more total behavior problems ( $\underline{M}$ s = 54.28, 52.27, respectively) than the children with mothers who had low level of depression ( $\underline{M}$ s = 48.54, 49.79, respectively). Furthermore, mothers who had high level of depression perceived their children as having more total behavior problems ( $\underline{M}$  = 54.28) than did their teachers ( $\underline{M}$  = 52.27). However, there was no significant difference between mothers and teachers evaluations for the children who had mothers with low level of depression. Table 36 shows the results of this Post-Hoc Analysis.

**Table 36. Means of Mothers and Teachers Reports on Child Total Behavior, Based on Mothers' Depression Level**

	Depression	
	High	Low
<b>Means of Total Behavior</b>		
Mothers	54.28a	48.54c
Teachers	52.27b	49.79c

Note. The mean scores that do not share the same letter are significantly different from each other, according to Tukey's HSD at .05 alpha level.

2 (State Anxiety Level: High and Low) X 2 (Informant: Mothers and Teachers) ANOVA with repeated measures on the last factor revealed that there was a significant main effect for State Anxiety Level ( $F [1, 188] = 4.40; p < .05$ ), on children's total behavior problems which showed that children with mothers who had high level of State Anxiety Level were reported as having more total behavior problems ( $M = 53.48$ ) than children with mothers who had low level of State Anxiety Level ( $M = 50.86$ ). However there were no significant main effect for Informant ( $F [1, 188] = 0.00; n.s.$ ), and no significant interaction effect between State Anxiety and Informant ( $F [1, 188] = 2.95; n.s.$ ) on children's total behavior problems (see Table 37).

**Table 37. Analysis of Variance for the Informant (Mothers vs. Teachers) and State Anxiety Level, on Children's Total Behaviors**

Source	df	SS	MS	F
State Anxiety Level	1	503.63	503.63	4.40*
Error	188	21521.12	114.47	—
Informant	1	3.300E-03	3.300E-03	0.00
Informant X State Anxiety Level	1	160.582	160.582	2.95
Error	188	10242.14	54.48	—

\* $p < .05$

To examine the differences based on mothers' trait anxiety, and mothers' and teachers' reports on children's total behavior problems, 2 (Trait Anxiety Level: High and Low) X 2 (Informant: Mothers and Teachers) ANOVA with repeated measures on the last factor was performed. Analysis yielded a significant main effect for Trait Anxiety Level ( $F [1, 173] = 4.96; p < .05$ ), which showed that the children with mothers who had high level of Trait anxiety were reported as having higher total behavior problems ( $M = 55.40$ ) than the children with mothers who had low level of Trait anxiety ( $M = 50.90$ ). Analysis yielded no significant main effect for Informant ( $F [1, 173] = 0.75; n.s.$ ) on children's total behavior problems. However, there was a significant interaction effect between Trait Anxiety Level and Informant ( $F [1, 173] = 9.81; p < .01$ ) on children's total behavior problems (see Table 38).

**Table 38. Analysis of Variance for the Informant (Mothers vs. Teachers) and Trait Anxiety Level, on Children's Total Behaviors**

Source	df	SS	MS	F
Trait Anxiety Level	1	568.61	568.61	4.96*
Error	173	19830.03	114.57	—
Informant	1	38.01	38.01	0.75
Informant X Trait Anxiety Level	1	497.75	497.75	9.81**
Error	173	8775.01	50.72	—

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

Post-Hoc analysis conducted with Tukey's HSD for the interaction effect showed that, mothers who had high level of trait anxiety reported their children as having more total behavior problems than mothers who had low level of trait anxiety. However, teachers' evaluation did not differ for the children who had mothers with high vs. low level of trait anxiety. Furthermore, mothers with high

level of trait anxiety perceived their children as having more total behavior problems than did their teachers. However, there was no significant difference between mothers' and teachers' evaluations for children with mothers who had low level of trait anxiety. Table 39 shows results of this Post-Hoc analysis.

**Table 39. Means of Mothers and Teachers Reports on Child Total Behavior, Based on Mothers' Trait Anxiety Level**

	Trait Anxiety	
	High	Low
<b>Means of Total Behavior</b>		
Mothers	54.51a	49.56c
Teachers	51.46b	51.29bc

Note. The mean scores that do not share the same letter are significantly different from each other, according to Tukey's HSD at .05 alpha level.

### **3.7. Regression**

Hierarchical regression analyses were run to examine whether parental attitudes and children's internalizing, externalizing and total behavior problems were mediated by mothers' psychological adjustment. For these regression analyses children's internalizing, externalizing and total problems served as the dependent variables, separately.

#### **3.7.1. The Mediator Role of Mothers' Psychological Adjustment between Parental Attitudes on Child Rearing and Reported Internalizing Problems of Children**

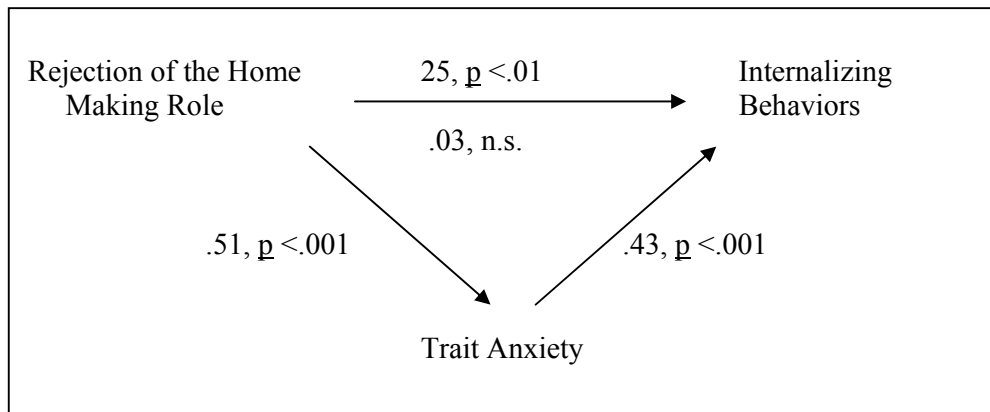
In order to see whether parental attitudes and children's internalizing behavior problems were mediated by mothers' psychological adjustment, a hierarchical



regression analysis was performed. In this analysis, children's Internalizing Behavior Problems served as the dependent variable. In the first step, children's demographic characteristics (age and gender), in the second step mothers' characteristics (age of mother, education, the number of children, whether she is working or not, and socio-economic status of mother) were entered by using the stepwise method. In the third step, parental attitudes ('dependency', 'equalitarianism and democratic attitudes', 'rejection of the home making role', 'marital conflict', 'strictness and authoritarianism'), and in the fourth and the last step mothers' psychological adjustment measures (depression, state anxiety and trait anxiety) were entered into the equation by the stepwise method.

As can be seen from Table 40-A, according to the Reduced Model, that is before the mediator (i.e., trait anxiety) was entered into the equation, none of the control measures was significantly associated with children's internalizing behaviour problems. Among parental attitude measures only Rejection of the Home Making Role subscale of PARI revealed significant association with children's Internalizing Behaviour Problems ( $\beta = .25$ ,  $t [124] = 2.81$ ;  $p < .01$ ). In the Full Model that is after the inclusion of Mothers' Psychological Adjustment measures; though the association between Trait Anxiety and Children's Internalizing Behaviour Problems was significant ( $\beta = .38$ ,  $t [123] = 4.59$ ,  $p < .001$ ), the association between Rejection of the Home Making Role and children's Internalizing Behaviour Problems lost its significance ( $\beta = .03$ ,  $t [123] = 0.30$ , n.s.), indicating that the association between Rejection of the Home Making Role and children's Internalizing Behaviour Problems is maintained by Trait Anxiety of the mothers. In order to further support

this argument, it also required to reveal that Rejection of the Home Making Role is associated with Trait Anxiety of mothers. For this aim, the second regression analysis was performed where the dependent variable was Trait Anxiety. In the first step children's demographic characteristics (age and gender), in the second step mothers characteristics (education and the number of children mothers have) were entered by using stepwise method. Following these controls, Rejection of the Home Making Role was entered into the equation, on the third step. As can be seen from Table 40-B results revealed that control variables had no association with Trait Anxiety. However, Rejection of the Home Making Role was significantly associated with the trait Anxiety of the mothers ( $\beta = .51$ ,  $t [165] = 7.68$ ,  $p < .001$ ). The mediator role of Trait Anxiety between Rejection of the Home Making Role of mothers and their reports on children's Internalizing behaviors is depicted in Figure 1.



Reduced Model  
 $F(1,124) = 7.89, p < .01$   
 $R^2 = .06$

Full Model  
 $F(2,123) = 15.12, p < .001$   
 $R^2 = .$

**Figure 1. Mediator Role of Trait Anxiety between Rejection of the Home Making Role of Mothers and Their Reports on Children’s Internalizing Behaviors**

**Note:** Summary of mediating regression analysis for the Internalizing Behaviors including beta-weights,  $F$  values, and  $R^2$ 's for the model before Trait Anxiety is included (Reduced Model) and after the inclusion of the Trait Anxiety, which is the mediator (Full Model). The initial path between Rejection of the Home Making Role and reported Internalizing Behaviors of children is indicated by beta-weight (and  $p$  value) on top of the line connecting these variables, while the beta-weight (and  $p$  value) after the Trait Anxiety is included as the mediator is indicated by the value directly under the path.

**Table 40. Mediator Role of Trait Anxiety between Rejection of the Home Making Role of Mothers and Children’s Internalizing Behaviors**

Order of entry set	Predictors in set	F for Set	t for individual within-set Predictors	df	Partial Corr. (pr)	Model R <sup>2</sup>
<b>A. Depen.Var.=Intern.Beh.</b>				2,123		
1.	Parental Attitudes Rejection	7.89*	2.81*	1,124	.25	.06
2.	Mothers’ Adjustment Trait Anxiety Rejection	21.08**	4.59**	1,123	.38	.20
			.30	123	.03	
<b>B. Depen.Var.= Trait Anx.</b>				1,165		
1.	Parental Attitudes Rejection	58.93**	7.68**	1,165	.51	.26

\*p < .01, \*\*p < .001

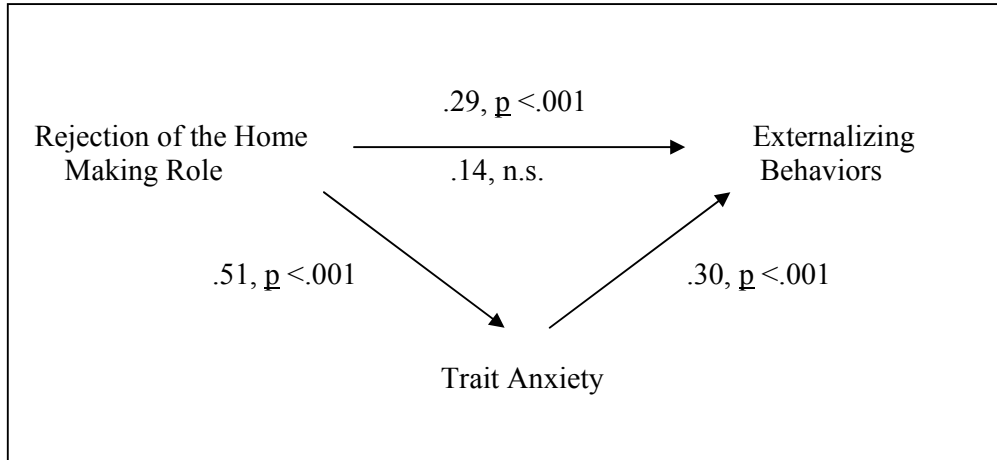
Note: Depen.Var. = Dependent Variable, Intern.Beh. = Internalizing behavior, Rejection = Rejection of the Home Making Role, pr = Partial correlation for within-set predictors.

### **3.7.2. The Mediator Role of Mothers’ Psychological Adjustment between Parental Attitudes on Child Rearing and Reported Externalizing Problems of Children**

In order to see the factors which were possibly underlying the children’s externalizing behavior problems, a hierarchical regression analysis was performed, considering the mediator role of parental attitudes. In this analysis, children’s Externalizing Behavior Problems was entered as the dependent variable. In the first step of this analysis, children’s demographic characteristics (age and gender), in the second step mothers’ characteristics (age of mother, education, the number of children, whether she is working or not, and socio-economic status of mother) were entered by using the stepwise method. In the third step, parental attitudes (‘dependency’, ‘equalitarianism and democratic attitudes’, ‘rejection of the home making role’, ‘marital conflict’, ‘strictness and authoritarianism’), and in the fourth

and the last step mothers' psychological adjustment measures (depression, state anxiety and trait anxiety) were entered into the equation by the stepwise method.

As can be seen from the Table 41-A, according to the Reduced Model, that is before the mediator (i.e., trait anxiety) was entered into the equation, among control measures, age of the children ( $\beta = -.18$ ,  $t [121] = -2.05$ ,  $p < .05$ ), mothers' education ( $\beta = -.22$ ,  $t [121] = -2.50$ ,  $p < .05$ ), and the number of children ( $\beta = -.19$ ,  $t [121] = -2.10$ ,  $p < .05$ ) were significantly associated with children's externalizing behaviour problems. After the variance accounted for by these variables were controlled, Rejection of the Home Making Role revealed significant association with children's Externalizing Behaviour Problems ( $\beta = .31$ ,  $t [121] = 3.54$ ,  $p < .001$ ). In the Full Model, that is after the inclusion of mothers' psychological adjustment measures, though the association between Trait Anxiety and children's Externalizing Behaviour Problems was found to be significant ( $\beta = .28$ ,  $t [120] = 3.18$ ,  $p < .01$ ), the association between Rejection of the Home Making Role and children's Externalizing Behaviour Problems lost its significance ( $\beta = .14$ ,  $t [120] = 1.53$ , n.s.), indicating that the association between Rejection of the Home Making Role and children's Externalizing Behaviour Problems is maintained by Trait Anxiety of the mothers. Supporting this hypothesis, in another regression analysis (see table 41-B), where the dependent variable was Trait Anxiety, Rejection of the Home Making Role was found to be associated with Trait Anxiety of mothers ( $\beta = .51$ ,  $t [165] = 7.68$ ,  $p < .001$ ). The mediator role of Trait Anxiety between Rejection of the Home Making Role of mothers and children's Externalizing Behaviors is depicted in Figure 2.



Reduced Model  
 $F(4, 121) = 7.25, p < .001$   
 $R^2 = .27$

Full Model  
 $F(5, 120) = 8.26, p < .001$   
 $R^2 = .19$

**Figure 2. Mediator Role of Trait Anxiety between Rejection of the Home Making Role of Mothers and Their Reports on Children’s Externalizing Behaviors**

**Note:** Summary of mediating regression analysis for the Externalizing Behaviors including beta-weights,  $F$  values, and  $R^2$ 's for the model before Trait Anxiety is included (Reduced Model) and after the inclusion of the Trait Anxiety, which is the mediator (Full Model). The initial path between Rejection of the Home Making Role and reported Externalizing Behaviors of children is indicated by beta-weight (and  $p$  value) on top of the line connecting these variables, while the beta-weight (and  $p$  value) after the Trait Anxiety is included as the mediator is indicated by the value directly under the path.

**Table 41. Mediator Role of Trait Anxiety between Rejection of the Home Making Role of Mothers and Children's Externalizing Behaviors**

Order of entry set	Predictors in set	F for Set	t for individual within-set Predictors	df	Partial Corr. (pr)	Model R <sup>2</sup>
<b>A. Depen.Var.= Extern.Beh.</b>				5,120		
1.	Child related controls	4.88*		1,124		.04
	Age		-2.21*	124	-.20	
2.	Mother related controls	5.76*		1,123		.08
	Education (mother)		-2.40*	123	-.21	
	Age (child)		-2.35*	123	-.21	
3.	Mother related controls	3.97*		1,122		.11
	Number of children		-1.99*	122	-.18	
	Education (mother)		-2.61*	122	-.23	
	Age (child)		-2.18*	122	-.19	
4.	Parental Attitudes	12.53***		1,121		.19
	Rejection		3.54***	121	.31	
	Num.of child.		-2.10*	121	-.19	
	Education (mother)		-2.50*	121	-.22	
	Age (child)		-2.05*	121	-.18	
5.	Mothers' Adjustment	10.12**		1,120		
	Trait Anxiety		3.18**	120	.28	
	Rejection		1.53	120	.14	
	Num.of child (mother)		-1.41	120	-.13	
	Education (mother)		-1.89	120	-.17	
	Age (child)		-2.09	120	-.19	
<b>B. Depen.Var.= Trait Anxiety</b>				1,165		
1.	Parental Attitudes	58.93***		1,165		.26
	Rejection		7.68***	165	.51	

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

Note: Depen.Var. = Dependent variable, Extern.Beh = Externalizing behavior, Rejection = Rejection of the Home Making Role, Num.of child. = the number of the children mothers have, pr = Partial correlation for within-set predictors.

### **3.7.3. The Mediator Role of Mothers' Psychological Adjustment between Parental Attitudes on Child Rearing and Reported Total Problems of Children**

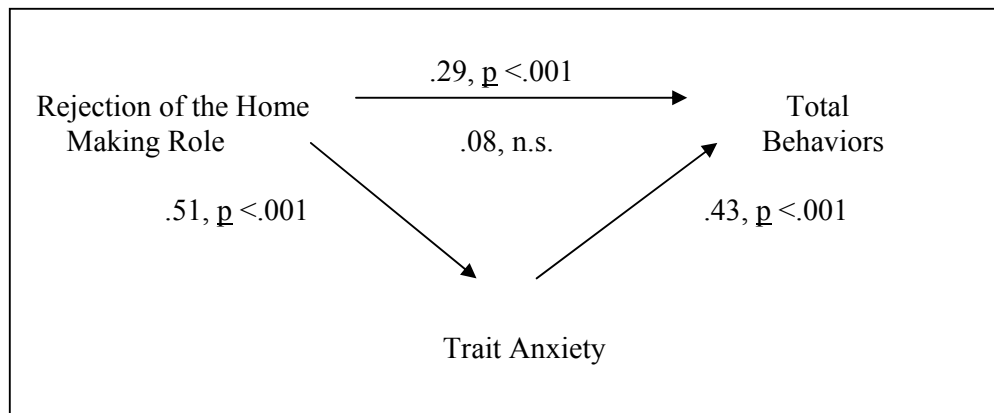
To examine the factors which were possibly underlying the children's total behavior problems, a hierarchical regression analysis was performed considering the mediator role of the parental attitudes. For this analysis, children's Total Behavior

Problems was entered as the dependent variable. Children's demographic characteristics (age and gender) were entered in the first step, mothers' characteristics (age of mother, education, the number of children, whether she is working or not, and socio-economic status of mother) were entered in the second step by using the stepwise method, in order to control for the variance accounted for by these variables. In the third step, parental attitudes ('dependency', 'equalitarianism and democratic attitudes', 'rejection of the home making role', 'marital conflict', 'strictness and authoritarianism'), and in the fourth and the last step mothers' psychological adjustment measures (depression, state anxiety and trait anxiety) were entered into the equation by using the stepwise method.

As can be seen from Table 42-A, according to the Reduced Model, that is before the mediator (i.e., trait anxiety) was included into the equation, among control measures, age of the children ( $\beta = -.18$ ,  $t [122] = -2.05$ ,  $p < .05$ ), and mothers' education ( $\beta = -.20$ ,  $t [122] = -2.28$ ,  $p < .05$ ) were found to be significantly associated with children's total behaviour problems. After the variance accounted for by these variables were controlled, Rejection of the Home Making Role revealed significant association with children's Total Behaviour Problems ( $\beta = .30$ ,  $t [122] = 3.52$ ,  $p < .001$ ). In the Full Model, that is after the inclusion of mothers' psychological adjustment measures, though the association between Trait Anxiety and Children's Total Behaviour Problems was found to be significant ( $\beta = .40$ ,  $t [121] = 4.77$ ,  $p < .001$ ), the association between Rejection of the Home Making Role and children's Total Behaviour Problems lost its significance ( $\beta = .08$ ,  $t [121] = 0.92$ , n.s.), indicating that the association between Rejection of the Home Making



Role and children's Total Behaviour Problems is maintained by Trait Anxiety of the mothers. In another regression analysis where the dependent variable was Trait Anxiety (see table 42-B), which was mentioned on the previous sections, the association between Rejection of the Home Making Role and Trait Anxiety of mothers was found to be significant ( $\beta = .51$ ,  $t [165] = 7.68$ ,  $p < .001$ ). The mediator role of Trait Anxiety between Rejection of the Home Making Role of mothers and their reports on children's Total Behaviors is depicted in Figure 3.



Reduced Model  
 $F(3, 122) = 7.80$ ,  $p < .001$   
 $R^2 = .16$

Full Model  
 $F(4, 121) = 12.57$ ,  $p < .001$   
 $R^2 = .29$

**Figure 3. Mediator Role of Trait Anxiety between Rejection of the Home Making Role of Mothers and Their Reports on Children's Total Behaviors**

**Note:** Summary of mediating regression analysis for the Total Behaviors including beta-weights,  $F$  values, and  $R^2$ 's for the model before Trait Anxiety is included (Reduced Model) and after the inclusion of the Trait Anxiety, which is the mediator (Full Model). The initial path between Rejection of the Home Making Role and reported Total Behaviors of children is indicated by beta-weight (and  $p$  value) on top of the line connecting these variables, while the beta-weight (and  $p$  value) after the Trait Anxiety is included as the mediator is indicated by the value directly under the path.

**Table 42. Mediator Role of Trait Anxiety between Rejection of the Home Making Role of Mothers and Children's Total Behaviors**

Order of entry set	Predictors in set	<u>F</u> for Set	<u>t</u> for individual within-set Predictors	<u>df</u>	Partial Corr. ( <u>pr</u> )	Model <u>R</u> <sup>2</sup>
<b>A. Depen.Var.= Total Beh.</b>				4,121		
1.	Child related controls	4.17*		1,124		.03
	Age		-2.04*	124	-.18	
2.	Mother related controls	5.77*		1,123		.08
	Education (mother)		-2.40*	123	-.21	
	Age (child)		-2.18*	123	-.19	
3.	Parental Attitudes	12.36***		1,122		.16
	Rejection		3.52***	122	.30	
	Education (mother)		-2.28*	122	-.20	
	Age (child)		-2.05*	122	-.18	
4.	Mothers' Adjustment	22.74***				.29
	Trait Anxiety		4.77**	1,121	.40	
	Rejection		0.92	121	.08	
	Education (mother)		-1.58	121	-.14	
	Age (child)		-2.07	121	-.19	
<b>B. Depen.Var.=Trait Anxiety</b>				1,165		
1.	Parental Attitudes	58.93***		1,165		.26
	Rejection		7.68***	165	.51	

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

Note: Depen.Var. = Dependent Variable, Total Beh. Total Behaviors, Rejection = Rejection of the Home Making Role, pr = Partial correlation for within-set predictors.

## **CHAPTER 4**

### **DISCUSSION**

The main aim of the present study was to investigate the relationship between parental attitudes and children's behavioral problems, and to examine the mediator role of mothers' psychological adjustment between this relationship. Children's behavioral problems were investigated on internalizing, externalizing and total problems dimensions. The findings and statistical values of the study were presented in the Results section. In the present section, these results will be discussed within the related literature.

#### **4.1. Reliability Analyses of CBCL and C-TRF**

Correlational analyses were conducted to see test-retest reliability coefficients of mothers' CBCL 1 ½ -5, and teachers' C-TRF ratings on preschool children, in a Turkish sample. Additionally, cross-informant agreement of mothers-fathers (CBCL), chief-assistant teachers' (C-TRF), and mothers (CBCL) - teachers' (C-TRF) ratings were compared.

For the test-retest reliability coefficients of mothers' CBCL ratings, all symptom-based and DSM-oriented scales were found to reveal significant coefficients. However, the coefficients for the, Somatic Complaints and Withdrawn subscales (both of which belong to internalizing scale), and for the Pervasive Developmental Scales of DSM-oriented scales were found to reveal moderate to high level of coefficients.

For the correlations between mothers and fathers ratings, except for the Emotionally Reactive subscale which belongs to internalizing scale, all other scales were found to be significant though from low to moderate degree. Additionally, for the correlations between mothers' (CBCL) and teachers' (C-TRF) ratings, except for the Emotionally Reactive and Withdrawn subscales, all other scales were found to be significant from small to moderate degree.

In general, all these reliability correlations revealed relatively lower coefficients than the original form's coefficients of CBCL 1 ½-5 (Achenbach & Rescorla, 2000). These lower values might be related to the sample of the current study, which was composed of the subjects from nonclinical sample. However, the original form's reliability studies were carried out on both of clinical and nonclinical samples together. Since the children with clinical problems could be remembered and rated more consistently, their higher values of consistency might elevate the general correlations of the original sample.

On the other hand in the current study, only the internalizing problems subscales' reliability correlations and Pervasive Developmental Problems of DSM-oriented scales' coefficients were found as being low or not significant. Since, internalizing problems are more difficult to recognize as compared to the externalizing problems, the respondents of the present study may be unaware or insensitive to some items of internalizing problem syndrome, and may rate them inconsistently at different times, especially for children at pre-school ages. Another explanation of having low or non significant coefficients for those scales might be the possible translation problems. The inevitable misunderstanding of some items

may lead to inconsistent ratings.

Correlational analyses were also conducted to see test-retest reliability coefficients of teachers' C-TRF ratings on preschool children, in a Turkish sample. Moreover cross-informant agreement between teachers and second teachers' ratings were compared.

Except for the noticeably lower and nonsignificant coefficient of Somatic Complaints scale, teachers' test-retest coefficients of C-TRF were found to be highly significant, consistent with the original form's coefficients (Achenbach & Rescorla, 2000). The discrepancies in Somatic Complaints scale can also be explained by translation problems of some items that belong to that scale.

Interestingly, teachers' and assistant teachers' ratings were not found consistent for most of the internalizing scales. This result might be related to the teachers' more sensitivity to the externalizing behaviors of children than internalizing ones. In the school settings, it is not easy to detect accurate internalizing problems, since the teachers' attention is shared by the children available in that particular classroom.

#### **4.2. Gender Differences on Children's Behavioral Problems**

Separate analyses of variance were conducted to examine the gender differences on the measures of children's internalizing, externalizing, and total problems as rated by mothers, fathers, and teachers.

The present study revealed that, mothers reported their daughters as having higher internalizing problems than their sons. However, they did not report any gender differences for externalizing and total problems.

Though the majority of studies revealed no gender differences, in Erol, Şimşek, Oner and Munir's study (2005, in press), mothers reported their daughters as having more Anxious/Depressed Problems than their sons. The mothers' report of higher internalizing behaviors among their daughters can be explained by their higher involvement with the children than do fathers (Lamb, Pleck, Charnov, & Levine, 1987), and teachers. In other words, internalizing behavior problems might be seen in low frequency at preschool ages, and since mothers have more contact with their children, the recognizability of these problems might be possible only in close relationships like dyadic mother-child relationship (Campbell, 2002).

Comparing the girls' and boys' behavior problems, on the basis of their fathers' and teachers' evaluations revealed that, both fathers and teachers did not report gender-related differences on internalizing, externalizing, and total problems consistent with the bulk of the supporting studies. There were only a few studies which showed that, teachers reported age related increase in externalizing behaviors among boys from 2 to 3 years old than girls (Crowthler, Bond, & Rolf, 1981).

Studies about the gender differences on childhood problems need to formulate more clarified results at preschool ages.

#### **4.3. Examination of Differences between the Reports of Mothers-Fathers, and Mothers-Teachers on Children's Behavioral Problems**

The results of the present study revealed that, mothers and fathers did not evaluate their preschool children differently for having internalizing, externalizing, or total problems. This finding seems consistent with the literature to some extent.

Research on parent-child studies tend to concentrate on mother-child issues,

and fathers' evaluation of children has been generally ignored (Morgan, et al., 2002). However, a study which investigated the correspondence between mothers' and fathers' evaluation of their children's behavioral problems found that, both mothers and fathers highly agreed on reporting internalizing, externalizing, and total problems of their children (Grietens, Onghena, Prinzie, Gadeyne, Van Assche, Ghesquiére, & Hellinckx, 2004).

Alternatively, Achenbach, McConaughy, and Howell (1987) noted that, in comparison to fathers' reports, mothers are expected to report more internalizing problems. According to Lamb, et al. (1987), mothers were consistently reported as being more involved in child care than were fathers. Therefore, it can be construed that, the overinvolvement of mothers with their children leads them to develop their relationship more intimately, and gives mothers the opportunity to observe and recognize unusual behaviors of their children much earlier than fathers. Consistent with this view, Treutler and Epkins (2003) reported that, the effective time period that mothers spent with their children who are at about 10-12 years of age, was found to be associated with mothers' reports of higher internalizing behavior problems when compared to the reports of fathers.

Consistently, in the present study, mothers evaluated their children as having more internalizing behavior problems as compared to teachers. Conversely, teachers reported the children as having more externalizing behavior problems than mothers' reports. Both of these findings are consistent with the literature. It was reported that, compared to mothers, teachers view more externalizing behavior problems in pre-school boys (Crowthler, et al, 1981).

It is known that, children's independence struggle becomes intensive between the ages of 2 ½ and 3 ½ (Campbell, et al., 1982). Therefore, their aggression, noncompliance, and tantrums (Glasberg & Aboud, 1981, 1982) increase during these ages (Jenkins, Bax, & Hart, 1980). Since the sample of the present study mostly composed of the mothers and teachers of nursery children who are around 3 years of age, it is understandable why mothers can not be sensitive to externalizing behaviors of their children as much as their teachers who spent their all day with these children. Thus, mothers' and teachers' different views of the same children are due to the different settings in which the child is observed. While the preschool children are in their social learning process and developing social relationship with other individuals in the school setting, their external behavior problems appear more frequently, therefore their teachers might become more sensitive to peer conflicts or noncompliant behaviors of them instead of individual problems. However, those children become alone and might receive more attention at home by their mothers. Thus, mothers might be more aware of the children's individual and internal problems (e.g., withdrawal or anxiety) as compared to teachers. Consistent with this view, Sawyer, Streiner, and Baghurst (1998), noted that, mothers' and teachers' discrepant reports may reflect the actual behavioral differences across different settings. Consequently, either age-related or social context variables may increase the recognition of the children's internalizing problems by mothers and externalizing problems by teachers.



#### **4.4. Examination of Differences between the Reports of Mothers-Fathers, and Mothers-Teachers on Children's Behavioral Problems Based on the Mothers' Depression and/or Anxiety Symptoms**

In the present study, there were found no significant differences between mothers' and fathers' reports of their children's internalizing, externalizing, and total behavioral problems based on the comparison of mothers' high vs. low level of psychological adjustment problems. The related literature reveals mixed findings about the mothers' and fathers' perceptions based on the mothers' psychological adjustment.

Richters (1992) reviewed the studies that compare the depressed mothers' and other informants' reports of child behavior, and concluded that, in the 83% of these studies, depressed mothers agreed with other informants about their children's behavior. Similarly, in another study, spouses of both depressed and nondepressed mothers highly agreed with reporting the child problems (Cicchetti, et al., 1998).

However, Webster-Stratton and Hammond (1988) found that, mothers with high level of depression perceived their children as having higher problems on both internalizing and externalizing behaviors than did their fathers. More specifically, related to mothers' and fathers' perceptions, Jensen, Traylor, Xenakis, and Davis (1988) pointed out that, mothers' evaluations differ only for the internalizing behavior problems of their sons as compared to the evaluations of fathers.

The present study also revealed that, children with mothers who had high level of depression were reported both by their mothers and teachers, as having more internalizing, externalizing, and total problems than the children with mothers who

had low level of depression. The related literature consists of mixed findings for the reports of mothers and teachers, based on the mothers' psychological adjustment.

It is reported that, school-aged children of depressed mothers were reported by their mothers and teachers as exhibiting higher levels of both internalizing and externalizing symptoms than the children of nondepressed mothers (Richters & Pellegrini, 1989). Additionally, Webster-Stratton and Hammond (1988) found that, depressed mothers reported their children, aged between 3 and 8, as having more internalizing and externalizing problems as compared to nondepressed mothers' evaluation of their children, however, interestingly, in their study, teachers had strong tendency to report the children of depressed parents as having fewer problems than the children of nondepressed mothers. On the other hand, similar to discrepant reports of mothers and fathers, Treutler and Epkins (2003) also found that, mothers with psychological symptoms reported more internalizing and externalizing problems only for their sons as compared to the ratings of teachers for these boys.

Though some studies reveal no significant differences between mothers and other informants based on the mothers' psychological adjustment, it is strongly agreed in many research that, in case of the discrepant reports between mothers and other informants, this discrepancy may be caused either from distorted perception of psychologically distress mothers or from the actual adjustment problems developed by children in response to the negative attitudes of their mothers (Treutler & Epkins, 2003).

Regarding the comparison between mothers' and teachers' evaluations, for the children with mothers having high vs. low level of State and Trait Anxiety, the

present study's results revealed that, the children with mothers who had high level of anxiety were reported by mothers and teachers as having more internalizing and total behavioral problems than the children with mothers having low level of anxiety. Though the related literature rarely focus on this area, it can be concluded that, anxious mothers' attitudes like high criticism, low warmth and high control (Whaley, et al, 1999) toward their children cause their children to develop low self-esteem and high internalizing and total problems.

Results of the present study also indicated that, mothers with high level of depression and trait anxiety symptoms reported their children as having more internalizing problems than their fathers. This finding seems consistent with the literature to some extent. Consistently, research in this area revealed that, mothers with depression perceived their children as having more problems on both internalizing and externalizing behaviors than did their fathers (e.g., Webster-Stratton & Hammond, 1988). However, no study examined the mothers' anxiety and their perception of children's problems as compared to fathers.

Results of the present study also indicated that, mothers with high level of depression and trait anxiety symptoms reported their children as having more internalizing and total problems as compared to the reports of teachers. Contrary to this finding, Briggs-Gowan, et al., (1996) reported that mothers with high level of depression and anxiety reported only externalizing behaviors more than their teachers. This inconsistent finding might be related the sample of the present study. The mothers with psychological maladjustment in Turkey might be more anxious, controlled, strict, and critical toward their children which might lead their children to

become more withdrawal and anxious, as oppose to their counterparts in Western countries.

Related literature, demonstrate many studies which focus on the relationship between mothers' psychological adjustment level and their evaluation of internalizing and externalizing behavior problems of their children as compared to other informants. However, there exists very limited research that are examining the reporting differences based on the mothers' depression and anxiety level.

In general, literature consists of mixed findings. While some research reported that there were low agreement between informants (see Grietens, et al., 2003) some others reported high agreement between them (Richters, 1992). More research need to be conducted to clarify the informant agreement based on mothers' psychological adjustment problems.

#### **4.5. The Mediation Hypotheses**

For the dimensions of children's behavioral problems which are; internalizing, externalizing, and total behavior problems, in the present study, 3 separate mediation hypotheses were aimed to be examined. According to these mediation hypotheses, parental attitudes are expected to reveal significant associations with behavioral problems of children in all three dimensions. It is also expected that, psychological adjustment of mothers will reveal significant associations with the children's behavioral problems. Moreover, parental attitudes are expected to be associated with psychological adjustment of mothers. On the basis of these associations, mediation hypotheses can be formulated where psychological adjustment of mothers will play a mediator role between parental attitudes and children's behavioral problems. Thus,

it is expected that, the association between parental attitudes and children's behavioral problems will be weakened or diminished when the variance explained by mothers' psychological adjustment is controlled for, because psychological adjustment of mothers is expected to have stronger impact on childhood problems.

Following the hierarchical regression analyses formulated for the mediation hypotheses, among five parental attitude measures, namely, 'Dependency', 'Equalitarianism and Democratic Attitudes', 'Rejection of the Home Making Role', 'Marital Conflict', and 'Strictness and Authoritarianism', a large amount of variance was accounted for by 'Rejection of the Home Making Role' measure of PARI, which will be mentioned as 'rejecting attitude' from now on. It was revealed that, this measure was the most important predictor on children's problems, so that other measures could not explain for the remained variance.

On the other hand, among the psychological adjustment of measures of mothers, namely, depression, state anxiety, and trait anxiety, a large amount of variance was accounted for by trait anxiety symptoms, so that other variables could not explain for the remained variance. That is, trait anxiety dominated other psychological adjustment measures on explaining the childhood behavioral problems.

On the basis of these dominated variables (i.e., rejecting attitude measure of PARI and the trait anxiety measure), the mediation hypotheses were transformed as such; the predictive roles of rejecting attitudes of mothers on children's behavioral problems will be weakened or diminished when the trait anxiety of mothers is controlled for. Moreover, rejecting attitude of mothers is expected to be associated

with trait anxiety.

As a result of the hierarchical regression analyses, it was found that rejecting attitudes was significantly associated with children's behavioral problems. This finding is consistent with the literature (Freud, 1968; Rohner, et al., in press). The connection found between rejecting attitude of mothers and children's behavioral problems was an expected finding. Parenting includes the parents' perceptions of themselves as being responsible for having resources to respond the child's demands (Morgan, et al., 2002). According to that, the rejecting mothers who are usually not pleased for having a baby, act as unwillingly for taking care of their children (Freud, 1968) and display some dissatisfaction and incompetence. Accordingly, they gather up negative feelings toward their children, and reflect these feelings in two different ways. They might express those feelings toward children as displaying negative, distant and/or harsh (rejecting) attitudes (Rapee, 1997), or by overprotection and overinvolvement attitudes which conceal the strong rejection (Levy, 1943). Research linked the rejecting and overinvolvement parenting in a wide array of psychopathology (see Hudson & Rapee, 2001). Consistently, research reported significant association between rejection of the mothers (e.g., maternal criticism, restrictive communication, invalidation of feelings, etc.) and externalizing behaviors (e.g., disruptive behaviors); and between overinvolvement of the mothers and internalizing (e.g., anxiety) behaviors (Barber, 2001; Hirshfeld, Biederman, Brody, Faraone, & Rosenbaum, 1997; Stubbe, Zahner, Goldstein, & Leckman, 1993).

The present study examined both state and trait anxiety. Spielberger (1996), defined trait anxiety as 'an individual's predisposition to respond', and state anxiety

as 'transitory emotion characterized by physiological arousal and consciously perceived feelings of apprehension, dread and tension'. Regarding this, trait anxiety can be accepted as general distress and tension the individual experience psychologically. The present study assumed that, mothers' rejecting attitudes predict their trait anxiety symptoms. The connection found between rejecting attitude and trait anxiety was an expected finding. As the name implies 'Rejecting of the Home Making Role', that is mothers' dissatisfaction with her home-maker role within the family, and her experiences of overload and feelings of incompetence lead the mother to develop anxiety symptoms. In the literature, it is also reported that mothers with anxiety symptoms exhibit low warmth, high criticism, high control (Barlow, 2002), and overprotection towards their children.

Thus the finding of the present study that, rejecting attitudes of mothers predict trait anxiety, can be related with mothers' failure of meeting the expectations of others as being a housewife and mother. In general, the mothers who have a child are expected to look after their children very eagerly. However, when the mother is not ready psychologically or physically for having and caring for the child, she may experience restriction and frustration that the child brings in her life. She may develop inner-conflicts related to the child-rearing, and may direct these conflicts toward their children with either overt or covert rejection which in turn leads them experiencing trait anxiety. In other words, rejection feelings make the mothers predisposed to develop symptoms of trait anxiety.

In the present study, it was also found that, mothers' trait anxiety was significantly associated with their children's behavioral problems. This finding is

consistent with the literature to some extent. Studies revealed that mothers' level of trait anxiety associated with the internalizing behaviors of their children. Consistently, it was noted that, anxious mothers exhibit high criticism, low warmth and high parental control, and these attitudes led children to develop internalizing behaviors such as; anxiety, avoidance, and social withdrawal problems (Barlow, 2002; Marchand & Hock, 2003). It was also stated that, the fearful style of anxious mothers might be imitated by their children, and this modeling put the children at an increased risk for developing anxiety (Whaley, et al, 1999). Additionally, Hudson and Rapee (2001) reported that, the overinvolvement of mothers is observed among children with oppositional defiant disorders. Consistent with the literature, the present study indicated that, trait anxiety of mothers is associated with both internalizing and externalizing dimensions of childhood problems. Since, trait anxiety is demonstrated by general distress, while mothers with trait anxiety show high control, criticism, and cold relationship towards their children, they may also be oversensitive to the negative behaviors of their children, and they may respond them in a more negative manner which cause the children to react in a more aggressive and non-compliant behavior. Consequently, the connection between trait anxiety and children's internalizing and externalizing behavior problems was consistent with the literature.

Finally, following the hierarchical analyses, it was found that, mothers' rejecting attitudes revealed significant association with children's behavioral problems, but this association diminished when the variance accounted for by the trait anxiety of mothers were controlled. Thus, the results supported the hypothesis



that, rejecting attitudes of mothers increased the trait anxiety of them, which in turn increased the behavior problems of children. Therefore, trait anxiety of mothers has stronger impact on children's problems as compared to their rejection attitudes. As Muris, Steerneman, Merckelbach, and Meesters (1996) reported, children are significantly influenced from the parental emotional responses. The anxiety status of mothers especially when based on the dissatisfaction of their housewife and mother roles increases the children's behavioral problems. Though, in the present study, it is revealed that rejecting attitudes of mothers have important impact on children's behavioral problems, this impact seems to be indirect one. Thus, results of the present study revealed that mothers' unsatisfaction and incompetence about being in a position to take care of their home and child, predisposed them to develop anxiety symptoms, probably due to their unwillingness and incompetence, they perceive their home-making and child caring roles as threatening situations. As a result, anxious parents tend to either ignore or postpone the demands of their child by forming distant relationships with their children, or they tend to overreport their child through high control and criticism. These attitudes increased the dimensions of the study, namely, internalizing, externalizing, and general behavioral problems.

#### **4.6. Limitations and Strengths of the Study**

The sample was mostly composed of married mothers who had middle or high SES, and one or two children. While these demographic characteristics of respondents lead us acquiring detailed information about the sample, it also prevents the generalisability of the findings.

Another limitation of the study could be acquiring the ratings only from those

who respond by the invitation of the experimenter. Although the responder and non responder groups' demographic characteristics are similar, it is not clear that there is no difference.

The present study is carried out with a nonclinical sample, thus the findings may or may not hold true for the clinical samples.

As an important strength of the study, it covered the preschool age with a wide range. There were no study which included the ages from 1 ½ to 5 years. In addition all participants were reached through a large number of nursery from different areas.

Another strength of the study is gathering the evaluations of children from multiple informants reports, including mothers, fathers and teachers. In the present study, data collection and statistical analyses were made based on multiple informants reports.

Though the majority of research investigated the mothers with depression symptomatology, the present study also included state and trait anxiety measures which were also quite important mood states.

#### **4.7. Suggestions of Future Research**

Future studies about the behavioral problems of preschool children should also be observed among clinical samples, especially with mothers exhibiting clinical problems, in order to understand the important effects of mothers' psychiatric problems. The anxiety problems of mothers should be paid more attention as well.

In addition, child's psychological characteristics which render some of them to develop psychopathology and some others not, should be included in the future

studies to make more comprehensive understanding of parent-child interaction.

Moreover, longitudinal studies which will examine the impact of having preschool problem behaviors on adolescent and adulthood psychological health should be carried out. So that, a casual relationship may appear between the developmental stages of individual.

Finally, the present study demonstrated the influence of both psychological adjustment and parenting on child behavior problems. Future studies are recommended to investigate other underlying factors on child behavior problems. It is going to be useful to investigate the childhood problems more specifically rather than from a broad perspective.

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## APPENDICES

### APPENDIX A

#### DEMOGRAPHIC INFORMATION FORM (DEMOGRAFİK BİLGİ FORMU)

Bu araştırma 1½ - 5 yaş arası çocukların genel davranış örüntülerini, annelerinin duygu durumlarını ve çocuklarına yönelik eğitim tutumlarını anlamak için yapılmaktadır. Bu amaçla çeşitli gruplarda toplanan soruları cevaplandırmanız istenmektedir. Soruların başındaki yönergeleri dikkatlice okuyunuz, size en uygun gelen seçeneği işaretleyiniz ve cevaplanmamış soru bırakmayınız. Sonuçlar kesinlikle gizli tutulacak ve yalnız araştırma amacıyla kullanılacaktır. Yardımlarınız için şimdiden teşekkür ederim.

Psikolog Sema (ACI) YURDUŞEN

1. Formu dolduran kişi?  
Anne ( ) Baba ( )
2. Yaşınız:.....
3. Bu araştırmada değerlendirdiğiniz çocuğunuzun yaşı?.....
4. Bu araştırmada değerlendirdiğiniz çocuğunuzun cinsiyeti?  
Kız ( ) Erkek ( )
5. Mesleğiniz:.....
6. Bu araştırmada değerlendirilen çocuğun annesinin en son bitirdiği okul?  
Okur-yazar ( ) İlkokul ( ) Ortaokul ( ) Lise ( ) Üniversite ( ) Üniversite üstü ( )
7. Bu araştırmada değerlendirilen çocuğun babasının en son bitirdiği okul? ?  
Okur-yazar ( ) İlkokul ( ) Ortaokul ( ) Lise ( ) Üniversite ( ) Üniversite üstü ( )
8. Şu anda evli misiniz?  
Evet ( ) Hayır ( )
9. Evli değilseniz çocuğunuz kiminle yaşıyor?  
Anne ( ) Baba ( ) Diğer ( ).....
10. Evli iseniz kaç yıllık evlisiniz?.....
11. İlk evliliğiniz mi?  
Evet ( ) Hayır ( )
12. Cevabımız hayır ise bu kaçınıcı evliliğiniz?.....
13. Kaç çocuğunuz var?.....
14. Ailenizin gelir düzeyi nedir?  
Yüksek ( ) Orta ( ) Düşük ( )



## APPENDIX B

### PARENTAL ATTITUDE RESEARCH INVENTORY (ANNE-BABA TUTUMU ARAŞTIRMA ENVANTERİ)

Aşağıda verilen ifadeleri okuyup şu şekilde değerlendiriniz:

1	2	3	4					
Hiç uygun değil	Uygun değil	Uygun	Çok uygun		Hiç uygun değil	Uygun değil	Uygun	Çok uygun
1. Çocuk yorucu veya zor işlerden korunmalıdır.					1	2	3	4
2. Anne ve babalar, çocuklarını dertlerini anlatmaya teşvik ederler. Fakat bazen çocuklarının dertlerinin hiç açılmaması gerektiğini anlayamazlar.					1	2	3	4
3. Çocuk boşa geçen dakikaların bir daha hiç geri gelmeyeceğini ne kadar çabuk öğrenirse, kendisi için o kadar iyi olur.					1	2	3	4
4. Bir anne, çocuğunun düş kırıklığına uğramaması için elinden geleni yapmalıdır.					1	2	3	4
5. Çocuk ne kadar erken yürümeyi öğrenirse o kadar iyi terbiye edilebilir.					1	2	3	4
6. Çocuk yetiştirmek sinir bozucu, yıpratıcı bir iştir.					1	2	3	4
7. Çocuğun hayatta öğrenmesi gereken o kadar çok şey vardır ki, zamanını boşa geçirmesi affedilmez.					1	2	3	4
8. Babalar, biraz daha şefkatli olsalar, anneler çocuklarını daha iyi yönetebilirler.					1	2	3	4
9. Çocuk yetiştirmenin kötü taraflarından biri de, anne ya da babanın istediğini yapabilmesi için, yeter derecede özgür olmamasıdır.					1	2	3	4
10. Sıkı kurallarla yetiştirilen çocuklardan en iyi yetişkinler çıkar.					1	2	3	4
11. Bir anne çocuğunun mutluluğu için kendi mutluluğunu feda etmesini bilmelidir.					1	2	3	4
12. Daima koşuşturan, hareketli bir çocuk büyük bir olasılıkla mutlu kişi olacaktır.					1	2	3	4

	Hiç uygun değil	Uygun değil	Uygun	Çok uygun
13. Büyükler çocukların şakalarına güler, onlara eğlendirici öyküler anlatırsa, evdeki düzen daha düzgün ve akılcı olur.	1	2	3	4
14. Çocuğun en gizli düşüncelerini kesinlikle bilmek, bir annenin görevidir.	1	2	3	4
15. Anne babalar çocuklarına, sorgusuz sualsiz kendilerine sadık kalmalarını öğretmelidirler.	1	2	3	4
16. Bütün genç anneler, bebek bakımında beceriksiz olacaklarından korkarlar.	1	2	3	4
17. Eğer bütün gününü çocuklarla geçirmek zorunda kalırsa, hangi anne olursa olsun sonunda çocuklar sinirine dokunur.	1	2	3	4
18. Anne ve babalar her zaman çocuklarının kendilerine uymasını beklememeli, biraz da kendileri çocuklarına uymalıdır.	1	2	3	4
19. Eğer anneler dileklerinin kabul edileceğini bilselerdi, babaların daha anlayışlı olmalarını dilerlerdi.	1	2	3	4
20. Bir çocuğa ne olursa olsun dövüşmekten kaçınması öğretilmelidir	1	2	3	4
21. Çocuklar bencil olduklarında hep bir şeyler istediklerinde, annenin tepesinin atması çok normaldir.	1	2	3	4
22. Eğer çocuklar ailedeki kuralları uygun bulmuyorlarsa, bunu anne-babalarına söylemeleri hoş karşılanmalıdır.	1	2	3	4
23. Anneler çoğu zaman çocuklarına bir dakika daha dayanamayacakları duygusuna kapılırlar.	1	2	3	4
24. Çocuğu sıkı terbiye ederseniz sonra size teşekkür eder.	1	2	3	4
25. Küçük bir çocuk, cinsiyet konusundan sakınmalıdır.	1	2	3	4
26. Bir annenin çocuğunun hayatı hakkında herşeyi bilmesi hakkıdır.Çünkü çocuğu onun bir parçasıdır.	1	2	3	4

	Hiç uygun değil	Uygun değil	Uygun	Çok uygun
27. Uyanık bir anne-baba çocuğunun tüm düşüncelerini öğrenmeye çalışmalıdır.	1	2	3	4
28. Çocuklar, anne- babalarının kendileri için neler feda ettiklerini düşünmelidirler.	1	2	3	4
29. Anne-babalar, eğer çocukların dertlerini söylemelerine izin verirlerse büsbütün şikayetçi olurlar.	1	2	3	4
30. Sert terbiye, sağlam ve iyi karakter geliştirir.	1	2	3	4
31. Genç bir kadın henüz gençken yapmak istediği pek çok şey olduğu için, anne olunca kendisini tutuklanmış duygusuna kapılır.	1	2	3	4
32. Anneler çocukları için hemen hemen bütün eğlencelerini feda ederler.	1	2	3	4
33. Babalar daha az bencil olsalar kendilerine düşen görevi yaparlardı.	1	2	3	4
34. İyi bir anne çocuğunu ufak tefek güçlüklerden korumalıdır.	1	2	3	4
35. Bir çocuğa anne ve babasını herkesten üstün görmesi öğretilmelidir.	1	2	3	4
36. Çocuk hiçbir zaman ailesinden sır saklamamalıdır.	1	2	3	4
37. Çocuklardan sık sık ödün vermelerini, anne-babaya uymalarını istemek doğru değildir.	1	2	3	4
38. Çoğu anneler bebeklerine bakarken onu inciteceklerinden korkarlar.	1	2	3	4
39. Bir çocuğa başı derde girdiğinde dövüşmek yerine büyüklere başvurması öğretilmelidir.	1	2	3	4
40. Anne-baba arasındaki bazı konular hafif bir tartışma ile çözümlenemezler.	1	2	3	4
41. Ev bakımında ve idaresinde en kötü şeylerden biri de, kişinin kendini evinde tutuklanmış gibi hissetmesidir.	1	2	3	4

	Hiç uygun değil	Uygun değil	Uygun	Çok uygun
42. Hiçbir kadından yeni doğmuş bir bebeğe tek başına bakması beklenmemelidir.	1	2	3	4
43. Oğlan ve kız çocuklarının birbirlerini soyunurken görmemeleri gerekir.	1	2	3	4
44. Çocukların sorunlarına eğilirseniz sizi oyalamak için birçok masal uydururlar.	1	2	3	4
45. Eğer anne-babalar çocukları ile şakalaşp beraber eğlenirlerse, çocuklar onların öğütlerini dinlemeye daha çok yönelirler.	1	2	3	4
46. Anneleri kendileri yüzünden zorluk çektiği için çocukları onlara karşı daha anlayışlı olmalıdırlar.	1	2	3	4
47. Bir çocuk eninde sonunda anne-babasınkinden daha üstün bir akıla sahip olamayacağını öğrenir.	1	2	3	4
48. Eğer bir anne çocuklarını iyi yetiştirmiyorsa, belki de bu; babanın evde kendine düşen görevi iyi yapmamasından ileri geliyordur.	1	2	3	4
49. Genç bir anne için ilk bebeğin bakımı sırasında yalnız kalmaktan daha kötü bir şey olamaz.	1	2	3	4
50. Bir çocuğun diğer bir çocuğa vurması hiçbir şekilde hoş görüyle karşılanamaz.	1	2	3	4
51. Anne-babalar çocuklarına hayatta ilerleyebilmeleri için hep bir şeyler yapmaları ve boşa zaman geçirmemeleri gerektiğini öğretmelidirler.	1	2	3	4
52. Akıllı bir kadın yeni bir bebeğin doğumundan önce ve sonra yalnız kalmamak için elinden geleni yapar.	1	2	3	4
53. Evde olup bitenleri sadece anne bildiği için ev hayatını onun planlaması lazımdır.	1	2	3	4
54. Kendi haklarına sahip olabilmesi için bazen bir kadının kocasını terslemesi gerekir.	1	2	3	4
55. Bütün zamanını çocuklarıyla geçirmek, bir kadına kanadı kopmuş kuş duygusu verir.	1	2	3	4
56. Eğer anne kollarını sıvar, bütün yükü sırtına alırsa tüm aile rahat eder.	1	2	3	4

	<b>Hiç uygun değil</b>	<b>Uygun değil</b>	<b>Uygun</b>	<b>Çok uygun</b>
57. Anne-babalar, çocuklarını kendi kendilerine oluşturdukları güveni sarsabilecek bütün güç işlerden sakınmalıdırlar.	1	2	3	4
58. Çocuklar aşında sıkı disiplin içinde mutlu olurlar.	1	2	3	4
59. Çocukların toplantılarıyla, kız-erkek arkadaşlıklarıyla ve eğlenceleriyle ilgilenen anne-babalar onların iyi yetişmelerini sağlarlar.	1	2	3	4
60. Anne ve babaya sadakat herşeyden önce gelir.	1	2	3	4

## APPENDIX C

### BECK DEPRESSION INVENTORY (BECK DEPRESYON ENVANTERİ)

Aşağıda, kişilerin ruh durumlarını ifade ederken kullandıkları bazı cümleler verilmiştir. Her madde, bir çeşit ruh durumunu anlatmaktadır. Her maddede o ruh durumunun derecesini belirleyen 4 seçenek vardır. Lütfen bu seçenekleri dikkatle okuyunuz. Son bir hafta içindeki (şu an dahil) kendi ruh durumunuzu göz önünde bulundurarak, size en uygun ifadeyi bulunuz. Daha sonra, o maddenin yanındaki harfi yuvarlak içine alınız.

1. a. Kendimi üzgün hissetmiyorum.  
b. Kendimi üzgün hissediyorum.  
c. Her zaman için üzgünüm ve kendimi bu duygudan kurtaramıyorum.  
d. Öylesine üzgün ve mutsuzum ki dayanamıyorum.
2. a. Gelecekte umutsuz değilim.  
b. Geleceğe biraz umutsuz bakıyorum.  
c. Gelecekte beklediğim hiçbirşey yok.  
d. Benim için bir gelecek yok ve bu durum düzelmeyecek.
3. a. Kendimi başarısız görmüyorum.  
b. Çevremdeki birçok kişiden daha fazla başarısızlıklarım oldu sayılır.  
c. Geriye dönüp baktığımda, pek çok başarısızlığım olduğunu görüyorum.  
d. Kendimi tümüyle başarısız bir insan olarak görüyorum.
4. a. Herşeyden eskisi kadar zevk alabiliyorum.  
b. Herşeyden eskisi kadar zevk almıyorum.  
c. Artık hiçbirşeyden gerçek bir zevk alamıyorum.  
d. Bana zevk veren hiçbirşey yok. Herşey çok sıkıcı.
5. a. Kendimi suçlu hissetmiyorum.  
b. Arada bir kendimi suçlu hissettiğim oluyor.  
c. Kendimi çoğunlukla suçlu hissediyorum.  
d. Kendimi her an için suçlu hissediyorum.
6. a. Cezalandırıldığımı düşünmüyorum.  
b. Bazı şeyler için cezalandırılabilirim hissediyorum.  
c. Cezalandırılmayı bekliyorum.  
d. Cezalandırıldığımı hissediyorum.
7. a. Kendimden hoşnutum.  
b. Kendimden pek hoşnut değilim.  
c. Kendimden hiç hoşlanmıyorum.  
d. Kendimden nefret ediyorum.

8. a. Kendimi diğer insanlardan daha kötü görmüyorum.  
b. Kendimi zayıflıklarım ve hatalarım için eleştiriyorum.  
c. Kendimi hatalarım için çoğu zaman suçluyorum.  
d. Her kötü olayda kendimi suçluyorum.
9. a. Kendimi öldürmek gibi düşüncelerim yok.  
b. Bazen kendimi öldürmeyi düşündüm.  
c. Kendimi öldürebilmeyi isterdim.  
d. Bir fırsatımı bulsam kendimi öldürürüm.
10. a. Her zamankinden daha fazla ağladığımı sanmıyorum.  
b. Eskisine göre şu sıralarda daha fazla ağlıyorum.  
c. Şu sıralarda her an ağlıyorum.  
d. Eskiden ağlayabilirdim, ama şu sıralarda istesem de ağlayamıyorum.
11. a. Her zamankinden daha sinirli değilim.  
b. Her zamankinden daha kolayca sinirleniyor ve kızıyorum.  
c. Çoğu zaman sinirliyim.  
d. Eskiden sinirlendiğim şeylere bile artık sinirlenmiyorum.
12. a. Diğer insanlara karşı ilgimi kaybetmedim.  
b. Eskisine göre insanlarla daha az ilgiliyim.  
c. Diğer insanlara karşı ilgimin çoğunu kaybettim.  
d. Diğer insanlara karşı hiç ilgim kalmadı.
13. a. Kararlarımı eskisi kadar kolay ve rahat verebiliyorum.  
b. Şu sıralarda kararlarımı vermeyi erteliyorum.  
c. Kararlarımı vermekte oldukça güçlük çekiyorum.  
d. Artık hiç karar veremiyorum.
14. a. Dış görünüşümün eskisinden daha kötü olduğunu sanmıyorum.  
b. Yaşlandığımı ve çekiciliğimi kaybettiğimi düşünüyorum ve üzülüyorum.  
c. Dış görünüşümde artık değiştirilmesi mümkün olmayan olumsuz değişiklikler olduğunu hissediyorum.  
d. Çok çirkin olduğumu düşünüyorum.
15. a. Eskisi kadar iyi çalışabiliyorum.  
b. Bir işe başlayabilmek için eskisine göre kendimi daha fazla zorlamam gerekiyor.  
c. Hangi iş olursa olsun, yapabilmek için kendimi çok zorluyorum.  
d. Hiçbir iş yapamıyorum.
16. a. Eskisi kadar rahat uyuyabiliyorum.  
b. Şu sıralarda ekisi kadar rahat uyuyamıyorum.  
c. Eskisine göre 1 veya 2 saat erken uyanıyor ve tekrar uyumakta güçlük çekiyorum.  
d. Eskisine göre çok erken uyanıyor ve tekrar uyuyamıyorum.
17. a. Eskisine kıyasla daha çabuk yorulduğumu sanmıyorum.  
b. Eskisinden daha çabuk yoruluyorum.  
c. Şu sıralarda neredeyse herşey beni yoruyor.  
d. Öyle yorgunum ki hiçbirşey yapamıyorum.

18. a. İřtahım pek eskisinden farklı deęil.  
b. İřtahım eskisi kadar iyi deęil.  
c. řu sıralarda iřtahım epey kt.  
d. Artık hi iřtahım yok.
19. a. Son zamanlarda pek fazla kilo kaybettięimi sanmıyorum.  
b. Son zamanlarda istemedięim halde  kilodan fazla kaybettim.  
c. Son zamanlarda istemedięim halde beř kilodan fazla kaybettim.  
d. Son zamanlarda istemedięim halde yedi kilodan fazla kaybettim.

Daha az yemeyealıřarak kilo kaybetmeyealıřıyorum. Evet ( ) Hayır ( )

20. a. Saęlıęım beni pek endiřelendirmiyor.  
b. Son zamanlarda aęrı, sızı, mide bozukluęu, kabızlık gibi sorunlarım var.  
c. Aęrı, sızı gibi bu sıkıntılarım beni epey endiřelendirdięi iin bařka řeyleri dřnmek zor geliyor.  
d. Bu tr sıkıntılar beni ylesine endiřelendiriyor ki artık bařak hibir řey dřnemiyorum.
21. a. Son zamanlarda cinsel yařantımda dikkatimieken birřey yok.  
b. Eskisine oranla cinsel konularla daha az ilgileniyorum.  
c. řu sıralarda cinsellikle pek ilgili deęilim.  
d. Artık, cinsellikle hibir ilgim kalmadı.



## APPENDIX D

### STATE-TRAIT ANXIETY INVENTORY (DURUMLUK-SÜREKLİ KAYGI ENVANTERİ)

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları bir takım ifadeler verilmiştir. Her ifadeyi okuyun, sonra da, **şu anda** nasıl hissettiğinizi, ifadelerin sağ tarafındaki seçeneklerden size en uygun olanı işaretlemek suretiyle belirtin. Doğru ya da yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarfetmeksizin **şu anda** nasıl hissettiğinizi gösteren cevabı işaretleyiniz.

	Hiç	Biraz	Oldukça	Tamamen
1. Kendimi sakin hissediyorum	1	2	3	4
2. Kendimi emniyette hissediyorum.	1	2	3	4
3. Huzursuzum.	1	2	3	4
4. Pişmalık duygusu içindeyim.	1	2	3	4
5. Kendimi rahat hissediyorum.	1	2	3	4
6. İçimde bir sıkıntı hissediyorum.	1	2	3	4
7. İleride olabilecek kötü olayları düşünerek üzülüyorum.	1	2	3	4
8. Kendimi dinlenmiş hissediyorum.	1	2	3	4
9. Kendimi kaygılı hisseyorum.	1	2	3	4
10. Kendimi rahatlık içinde hissediyorum.	1	2	3	4
11. Kendime güvenim olduğumu hissediyorum.	1	2	3	4
12. Kendimi sinirli hissediyorum.	1	2	3	4
13. İçimde bir huzursuzluk var.	1	2	3	4
14. Çok gergin olduğumu hissediyorum.	1	2	3	4
15. Sukunet içindeyim.	1	2	3	4
16. Halimden memnunum.	1	2	3	4
17. Endişe içindeyim.	1	2	3	4
18. Kendimi fazlasıyla heyecanlı ve şaşkın hissediyorum.	1	2	3	4
19. Kendimi neşeli hissediyorum.	1	2	3	4
20. Keyfim yerinde.	1	2	3	4

Aşağıda kişilerin kendilerine ait duygularını anlatmada kullandıkları bir takım ifadeler verilmiştir. Her ifadeyi okuyun, sonra da **genel olarak** nasıl hissettiğinizi, ifadelerin sağ tarafındaki alternatiflerden en uygun olanını işaretlemek suretiyle belirtin. Doğru ya da yanlış cevap yoktur. Herhangi bir ifadenin üzerinde fazla zaman sarfetmeksizin **genel olarak** nasıl hissettiğinizi gösteren cevabı işaretleyin.

	Hiç	Biraz	Oldukça	Tamamen
21. Keyfim yerindedir	1	2	3	4
22. Çabuk yorulurum	1	2	3	4
23. Olur olmaz hallerde ağlayacak gibi olurum.	1	2	3	4
24. Diğerleri kadar mutlu olmayı isterdim.	1	2	3	4
25. Çabuk karar veremediğim için fırsatları kaçıırım.	1	2	3	4
26. Kendimi zinde hissederim.	1	2	3	4
27. Sakin, kendime hakim ve soğukkanlıyım.	1	2	3	4
28. Güçlüklerin yenemeyeceğim kadar biriktiğini hissediyorum.	1	2	3	4
29. Gerçekte çok önemli olmayan şeyler için endişelenirim.	1	2	3	4
30. Mutluyum.	1	2	3	4
31. Herşeyi kötü tarafından alırım.	1	2	3	4
32. Kendime güvenim yok.	1	2	3	4
33. Kendimi emniyette hissederim.	1	2	3	4
34. Sıkıntı ve güçlük veren durumlardan kaçırım.	1	2	3	4
35. Kendimi hüznü (kederli) hissederim.	1	2	3	4
36. Hayatımdan menunum.	1	2	3	4
37. Aklımdan bazı önemsiz düşünceler geçer ve beni rahatsız eder.	1	2	3	4
38. Hayal kırıklıklarımı öylesine ciddiye alırım ki unutamam.	1	2	3	4
39. Tutarlı bir insanım.	1	2	3	4
40. Son zamanlarda beni düşündüren konular yüzünden gergin ve huzursuzluk içindeyim.	1	2	3	4