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WHEN ONE SIBLING IS IN PSYCHOTHERAPY AND THE OTHER IS NOT: AN INVESTIGATION OF MOTHERS' AND TWO SIBLINGS' MUTUAL ATTACHMENT REPRESENTATIONS

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When One Sibling is in Psychotherapy and the Other is not: An Investigation of Mothers' and Two Siblings' Mutual Attachment Representations.

Bir Kardeş Psikoterapide ve Bir Kardeş Değil: Annelerin ve İki Kardeşin Karşılıklı Bağlanma Temsillerinin İncelenmesi

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LIST OF ABBREVIATIONS

AAI:	Adult Attachment Interview
ACE:	Adverse Childhood Experiences Questionnaire
ADI:	Attachment Doll-Play Interview
ADPA:	The Attachment Doll Play Assessment
ASCT:	Attachment Doll Story Completion Task
AQS:	The Attachment Q-Sort
CAI:	Child Attachment Interview
CBCL:	The Child Behavior Checklist/6-18
CDI:	Child Depression Inventory
ECR-R:	The Experiences in Close Relationships Inventory
IA:	Insightfulness Assessment
MCAST:	Manchester Child Attachment Story Task
MM:	Parental mMind-Mindedness
MSSB:	MacArthur Story Stem Battery
PDI:	Parent Development Interview
PSI:	Parental Stress Index
RAVEN/ CPM:	Raven's Coloured Progressive Matrices
RFS:	Reflective Functioning Scale
SAT:	Separation Anxiety
SCARED:	Screen for Children Anxiety Related Emotional Disorders
TIFALDI:	Turkish Expressive and Receptive Language Test

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ABSTRACT

The aim of the present study was to investigate the representations of the mothers who have a child with symptoms that was brought to psychotherapy and a sibling who was not referred. It was expected that there would be differences in terms of both mothers' capacity to reflect about these children (operationalized as reflective function (RF)) and also the content of the mothers' representations would differ amongst the two siblings. The second aim was to investigate the representations of the referred and non-referred siblings towards their mothers in terms of their attachment security (working models of the mother) and also analyze the content of the representations. In order to fulfill these aims, six mothers and their two children were included in this study. Families were accepted in the study if they had first -and second- born children within the age range of average 6–10 years and if one child was referred for psychological problems and the other sibling wasn't. Both qualitative and quantitative methods were used. In quantitative part, attachment classifications and maternal reflective functioning scores were measured by the help of Parental Developmental Interview (PDI; Aber et al., 1985), The Experiences in Close Relationships Inventory (ECR- R; Brennan et al., 1998), Attachment Doll Story Completion Task (ASCT; Bretherton et al., 1990) and Kerns Security Scale (Kerns et al., 1996). In the qualitative section, PDI and ASCT narratives were thematically analyzed to investigate the content of the representations of the mother-child dyads. Results of the study indicated that all participants' maternal reflective functioning capacities for their both referred and non-referred children were in the similar range and their capacities to understand intention of their both children were low. Moreover the majority of mothers were insecurely attached and mostly used anxious attachment patterns parallel to their low RF capasities. Result also indicated that non-referred siblings were more securely attached to their parents while referred children were insecurely attached. In qualitative part, four main themes emerged: Struggles of the symptomatic child (especially in terms of academic problems, social relationships and

conflict with their mothers), Comparison with the sibling (in terms of their maturity level, birth order position and alliance with their parents), Experiencing intense emotions (such as mothers' anger, constant effort, need for help, quilt and sadness) and She/he is just like me (especially intergenerational transmission of sibling rivalry and conflictual relationship with mother). Result showed that mothers had a tendency to see non-referred children as more powerful while they thought that referred children were more fragile. As expected siblings' maternal attachment representations was discordant. Non-referred children had more positive representations of their mothers, but referred children had more negative representations. Implications are discussed.

ÖZET

Bu çalışmanın amacı benzer demografik özelliklere ve semptomlara sahip, çocuklardan birinin psikolojik zorluklar yaşadığı ve terapiye getirildiği, diğerinin terapiye yönlendirilmediği iki çocuklu ailelerde, annelerin bu çocuklara yönelik zihinsel temsillerini araştırmaktır. Annelerin hem iki çocuğun davranışlarının ardındaki zihinsel durumları anlama kapasitelerinde (RF) hem de iki çocuğa yönelik temsillerinin içeriğinde farklılık olacağı düşünülmüştür. Çalışmanın ikinci amacı ise terapiye yönlendirilen ve yönlendirilmeyen kardeşlerin annelerine yönelik güvenli bağlanma temsilleri ve bu temsillerin içeriği arasında bir fark olup olmadığını araştırmaktır. Çalışma altı anne ve çocuklarıyla yapılmıştır. Katılımcılar, 6-10 yaşları arasında iki çocuğu olan, çocuklardan birinin psikolojik zorluklar yaşayıp terapiye getirildiği, diğer çocuğun ise terapiye yönlendirilmediği aileler arasından seçilmiştir. Çalışmada hem nitel hem de nicel method kullanılmıştır. Nicel kısımda annelerin zihinselleştirme kapasitelerini ölçmek için Parental Developmental Interview (PDI; Aber et al., 1985), bağlanma stillerini belirlemek için The Experiences in Close Relationships Inventory (ECR- R; Brennan et al., 1998) kullanılmıştır. Çocuk katılımcılar bağlanma stillerini belirlemek içinse Attachment Doll Story Completion Task (ASCT; Bretherton et al., 1990) ve Kerns Security Scale (Kerns et al., 1996) uygulanmıştır. Nitel kısımda ise anneler ile yapılan PDI görüşmeleri ve çocukların ASCT hikayeleri tematik olarak analiz edilmiştir. Çalışmanın bulguları, bütün katılımcıların her iki çocuklarına yönelik zihinselleştirme kapasitelerinin aynı düzeyde ve düşük olduğunu göstermiştir. Ayrıca annelerin çoğunluğu güvensiz kaygılı bağlanma özellikleri göstermiştir. Terapiye yönlendirilmeyen çocuklar annelerine güvenli bağlanırken, semptomatik olan ve terapiye yönlendirilen kardeşler anneleriyle güvensiz bağlanma özellikleri göstermiştir. Nitel kısımda annelerin deneyimleri dört ana tema altında toplanmıştır: Semptomatik çocukla mücadele etme, Kardeşleri kıyaslama, Yoğun duygular deneyimleme ve Çocuğu kendine benzetme. Araştırmanın sonuçları, anne ve kardeşler arasında bağlanma temsilleri açısında

uyumsuzluk olduğunu göstermiştir. Anneler terapiye yönlendiren çocuklarını daha kırılgan olarak tanımlarken, terapiye yönlendirilmeyen çocuklarını çok daha güçlü olarak betimlemiştir. Diğer yandan yönlendirilmeyen çocuklar annelerine dair daha olumlu zihinsel temsillere sahipken, terapiye yönlendirilen çocukların anne temsillerinin olumsuz olduğu bulunmuştur. Çıkarımlar tartışılmıştır.

1. INTRODUCTION

Maternal representations play a significant role in psychological research and a number of seminal studies have been conducted in order to understand their effect on mother-child relationship. Zeanah and Bonit (1995) define maternal representations as mothers' emotional and cognitive viewpoints to their children. These representations contain three important parts; the mother's view of herself as a caregiver, her child and her association with her child (George, 1996; George & Solomon, 1999), and affect mothers' parenting behavior. At the same time, they are also influenced by mothers' own attachment security (Solomon & George, 1996). Previous researches indicated that maternal representations influence mothers' caregiving behaviors and these presentations play a significant role on children's attachment. (Slade et al., 1999; Messina, Sayre, Pianta, Marvin, & Saft, 2001). While children who have received sensitive caregiving are expected to develop a secure attachment; avoidant or ambivalent contact with primary caregiver is related more with attachment insecurity. This is one of the main factors that lead such children to have difficulty in trusting towards neither to their parents nor to other people. (Ainsworth et al.1978; Belsky and Fearon 2002). As a result of these insecure attachment schemes, these children had difficulty in improving their behavioral and emotional regulation capacities. In other words, it is likely for children to fail to acquire and sustain efficient attachment strategies due to their mothers' avoidant or ambivalent caregiving approaches (George & Solomon, 1996).

In recent years several studies showed that, as a parental ability to recognize the child's mental state, parental reflective functioning (RF), plays a important role on the child's attachment development. Fonagy and his colleagues (Fonagy, et al., 1991) suggested that parents' ability to think about their own minds and their children's mental states such as thoughts, intention and belief is mediating factor of the transmission of attachment. Studies using RF scales such as Reflective Function Scale (Fonagy et al, 1998) and Parent Development Interview (Aber et al,1985)

found that there was a close link between parental RF and the child's attachment security (Grienenberger et al., 2005; Slade et al., 2005). Research also indicated that low maternal RF plays a significant role on children's insecure attachment patterns (Slade et al., 2005), which are seen as critical risk factors for psychological problems (Cassidy et al., 2013). It is, however, essential to note that attachment strategies are not transferred from a mother to each child (sibling) in the same manner. Overall, studies show that both siblings have the same attachment style towards their mother however the findings are inconsclusive and mixed in this area.

Van Ijzendoorn, Moran, Belsky, et al. (2000) found 60% similarity between siblings' attachment style towards their mother, which was parallel to the findings gained in some other studies (McCartney & Diggins, 1993; Teti & Ablard, 1989). On the other hand, Werner and her colleagues (2013) draw attention to the fact that siblings' maternal attachment representations might be different even when siblings are evaluated by the identical method. Several research have also showed that siblings' attachment patterns toward their parents were less similar. (Ward et al. 1988) Another area which is open to exploration is content of the mothers' and children' representations especially in clinical population. Moreover, siblings' attachment representations toward their mother are not sufficiently evaluated particularly in the case of presence of childhood psychopathology.

The present study aims to investigate the representations of the mothers and who have a symptomatic child, and who was brought to psychotherapy and a sibling who was not referred. It was expected that there would be differences in terms of both mothers' capacity to reflect about these children (operationalized as reflective function (RF)) and also the content of the mothers' representations would differ regarding two siblings. The second aim was to investigate the representations of the referred and non-referred siblings towards their mothers in terms of their attachment security (working models of the mother) and also analyze the content of the

representations. As with maternal representations, differences were expected in children's representations of their mothers as well. The findings of this study can be important in terms of understanding similarity and dissimilarity of attachment representations between parent and children because this issue is less clear in the literature.

In the following parts, first an overview of attachment theory will be reviewed. After that, the intergenerational transmission of attachment security between mother-child dyad will be presented which will be followed by the introduction of reflective functioning as mediating variable in this transmission. Then, main assessment measures of adult reflective functioning, maternal and child representations will be reviewed. After current studies about sibling attachment style toward their mothers and being the mother of a symptomatic child are presented, this section will be concluded with a discussion of literature regarding the relationship between maternal mentalization capability and children's maternal representations.

1.1. ATTACHMENT THEORY

Attachment theory was developed by John Bowlby as a general human necessity to form emotional ties. It contains four steps of behavior. These are: Proximity maintenance, safe haven, separation distress and secure base. (Bowlby 1969, 1982). All newborns effort to sustain the desired proximity with their mothers, perceive their mothers as a safe haven in cases of danger, feels anxious when separated from them and see their mothers as a secure base to discover the environment.

According to Bowlby, children tend to internalize experiences with their caregivers. In other words, early relationships with the caregivers become the prototypes for later relationships. These prototypes are developed based on availability and sensitivity of the caregiver to the baby at the stress time and these

behaviors shape infant's belief (Bowlby, 1982). At the end of the first year, the infant's actions are based on these expectations (Fonagy, 1999), which are also called as Internal Working Model. This model is designed depend on early experiences with the parent and determined how people think, feel and behave in close relationships. Working models consist of two major parts, one referring to the attachment figure who whether will be available and responsive when needed, and the other referring to the self who whether is worth loving and caring (Bowlby, 1973). The working models of attachment correspond to the mental representations of the world and significant individuals as well as representations of the self. Bowlby also used internal working model as a metaphor to highlight useful aspects of the representations, and Bretherton (1999) points out that these representations provide a template for the future interactions with others. Bowlby (1973), on the other hand, suggests that if a child is exposed to a constant, affirmative and responsive caregiving pattern during his childhood, these repetitive experiences make working models changeless and the child will be secure during both his childhood and adulthood (Collins et al., 2004).

1.1.1. The Strange Situation

As a another prominent figure of the attachment theory Mary Ainsworth observed infants in a laboratory atmosphere in order to examine their attachment types and as a consequence developed the concept of "Strange Situation" (Ainsworth, Blehar, Waters and Wall, 1978).

In Ainsworth's experiment, the infant attended by the mother. They enter a room where there is a stranger, and the mother talks with this stranger. Then the mother goes out and leaves the infant with the stranger. A few minutes later the mother returns. Based on their responses to this situation, infants are categorized as secure, anxious/avoidant, anxious/ambivalent. In the presence of the mother, secure infants explore their environment and become anxious when the stranger is present.

When the mother goes, these infants can be worried but they are easily calmed by the mother's return and they remain to explore. Anxious/avoidant infants do not request closeness with the mother and they do not become upset by separation. They also do not show any response to the mother's return. As for anxious/ambivalent children, even in presence of the mother, they do not try to explore the room and they become very stressful when the mother goes and these infants have huge difficulty in soothing and acting inconsistently in the case of reunion. According to Ainsworth and her colleagues, behavior in Strange Situation shows stable characteristics at least in the first years of life (Ainsworth and Bell, 1974). It is worth mentioning that Main and Solomon (1990) also observed some group of infants, who cannot be classified based on any of these three categories. Such infants show both ambivalent and avoidant behavior when the mother is present and therefore they are defined as disorganized.

Sroufe (1996) argues that sensitive caregiving plays a crucial role on infants' attachment security. Bretherton (1990) suggests that if a child has experienced a supportive relationship with a primary caregiver, the child will develop a working model of loving parent and self as worth of love. Moreover, when these children grow up, stressful situations do not be frightening and negative emotion will be tolerable. It has also been observed that such secure infants have used their mothers as secure-based and compared to the other mothers, the mothers of these infants have been more empathic, sensitive and stable to the wishes of their infants' (Ainsworth et al., 1978). Similarly, Crowell and Feldman's study (1988) show that secure mothers are more likely to be supportive towards their children and they try to prepare them efficiently prior to separation that takes place during the preschool period.

On the other hand, if a child has experienced a negative relationship with his parents; the child will develop a working model of the rejecting parents and self as unlovable (Bretherton, 1990). Insecure children do not view their mothers as secure-based due to lack of maternal sensitivity. Anxious/avoidantly-attached children

mostly experience intrusive or rejecting parenting. Therefore their emotional arousal is not regulated by caregivers. Ainsworth et al (1978) suggest that the most of the mothers of the avoidant babies tend to reject the baby's intimacy needs especially the needs for physical contact. If the mother can not be safe-based, the child does not experience any true comfort. Therefore, these children try to control their affect and avoid situations which can cause arousal or distress.

In contrast to anxious/avoidantly-attached children, those who are anxious/resistantly-attached do not tend to control their affect because their exaggerated emotion of distress is responded by caregivers. Anxious babies' mothers are often inconsistent, sometimes unresponsive and intrusive to their baby's wishes (Ainsworth et al., 1978). Therefore these children are so occupied by the possibility that their mother may not be there or that she is leaving, that they cannot exhibit their discovery behavior. The attachment needs of these children can be regarded as unfulfilled.

Considering the Disorganized attached children's experiences, one can state that their caregivers mostly create both distress and comfort (Main and Hesse, 1990). These children are usually exposed to both severe neglect and emotional, physical or sexual abuse.

Another factor that should be taken into consideration in the case of rejecting parents is that the sensitivity of the mother to her baby might be based on her own childhood experiences and her own mother's sensitivity. Bowlby (1973) suggests that rejecting parents have probably experienced negative relationship with their own parents so this type of parenting tends to be transmitted across generation.

1.1.2. Adult Attachment

Bowlby (1979) emphasizes the importance of attachment relationships, especially working models of self and others, stating that they play a crucial role in

adult relationship. According to him, early experiences with caregivers are the most noticeable factor that influences adult's expectations, feelings, behaviors and cognitions in later relationships. In line with this idea, Main focused on the relation between parents' own attachment experiences with their caregivers and their children's attachment style. To this end, she developed the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1985). Being a semi-structured interview, AAI aims to evaluate not only participants' previous attachment experiences but also assess how these experiences influence their present behavior.

Main's (1985) intention was to look into adults' present position towards their own childhood experiences rather than their original attachment types in childhood. Main, Kaplan and Cassidy (1985) obtained findings which indicate that the attachment patterns of infants in the Strange Situation can be predicted based on their parents' responses in the Adult Attachment Interview. Fonagy (1999) regards this idea as efficient to explain stability of internal working models. According to Siegel (1999), the development of AAI contributed to attachment research in a way that it was moved beyond the infant attachment to representational field.

The AAI coding system (Main & Goldwyn, 1985/1991) classifies secure and insecure adult attachment into three main categories as autonomous, preoccupied and dismissing. Secure/Autonomous individuals are capable of talking coherently about both positive and negative experiences and they tend to perform such coherent talk without minimizing or maximizing the emotion. As a result, they can understand not only their own but also their parents' behavior. As for dismissing individuals, they are associated more with short answers, avoidance, denial of memories and idealization and/or devaluation of early relationships. Preoccupied individuals, on the other hand, tend to show a confused, angry or passive attitude towards attachment figures. Despite their tendency of providing long narratives, they often fail to answer the question. A look at unresolved individuals' narratives reveals that these individuals

more often than not have lapses in their narratives especially related to loss or trauma. To illustrate, such people can speak as if they are re-experiencing the loss or trauma, talk of a dead person as if he/she were still alive or show dramatic changes in discourse style.

1.1.3. Intergenerational Transmission of Attachment

Attachment is described by Bowlby (1969/1982, 1973) as a lifelong process from "cradle to grave" and as a transferable phenomenon between generations via parenting behaviors. He assumes working models as stable within across generations. In other words parents' own attachment histories and working models have an impact on their child's attachment pattern, behaviors and interrelationship. According to Van Ijzendoorn (1995), parents' working models play a significant role in determining their behavior toward the infant. As a result of this, the infant's own attachment mental models are influenced (Steele & Steele, 1994). The bottom line is that adults' own attachment security or insecurity determines their level of responsiveness to their children.

In an attempt to explain and explore intergenerational transmission of attachment process, developmental psychology offers a model (Fonagy et al.1995). This model highlights the interconnectedness among parents' early experiences, their attachment types and their internal working model. According to the model, parents' early experiences are effective in both determining their attachment types and creating their internal working model respectively (Bowlby, 1973, 1980; Bretherton, 1985). Creation of these working models is followed by the child representation in the caregivers' mind. So, this representation leads parenting in terms of sensitive caregiving behavior (Bowlby 1969). Ainsworth and colleagues (1978) consider parental sensitivity as the primary component of the child's attachment quality. This would mean that mothers' maternal sensitivity is a determiner of children's

attachment qualities. Previous research showed that mother's sensitivity to their children's behavioral cues were related to secure attachment while unresponsive pattern of parenting was more likely to lead to insecure-avoidant attachment (Hazan and Shaver, 1994). It is also worth mentioning mothers' own perceived maternal sensitivity experiences with their caregivers at this point as it influences their parenting in adulthood. In other words, second generations perceive maternal sensitivity relied on grandparental responsiveness. A mother who has not experienced sensitive parenting from her caregivers might have difficulty in showing this sensitivity for her own child.

Despite all these observations, it would still be fair to claim that the mechanism for the transmission of attachment is more complicated than assumed. Van Ijzendoorn's (1995) meta-analysis showed that the concept of maternal sensitivity was not sufficient to justify the gap between parents–child attachment organization. In another meta-analysis which was done with 4000 mother-infant dyads, De Wolff and van Ijzendoorn (1997) found that maternal sensitivity's effect on child attachment was not significant. Thus, it can be concluded that parental sensitivity is only a small variability in attachment security and that there is a need for a better concept to understand and interpret attachment transmission.

1.2. MENTALIZATION

Main (1991), who defines metacognition as one's awareness of own mental process, underlies a relation between the transmission of attachment security and the parent's metacognitive ability. She further suggests that incoherent narratives on the AAI may be demonstrating the presence of parent's poor metacognitive quality and this might be a significant indicator of the child's insecure attachment pattern. Parents with a lack of metacognitive capacity can be inconsistent or nonresponsive toward their infants and this attitude of theirs could stem from their inability to understand infants' mental states.

Thanks to their view of mentalization as a capacity to understand others' and own behaviors in terms of intentions, desires and thoughts, Fonagy and his colleagues (1991) expanded Main's concept. According to Fonagy, this capacity shows itself in three steps: "(1) the role of mirroring, (2) the move to the interpretation of the caregiver's behavior in intentional rather than teleological terms and (3) the integration of the primitive dual form of psychic reality into a singular mentalizing representation of the mind" (Fonagy, 1999, p. 5).

An analysis of the development of mentalization shows that infants start mentalizing once they are engaged in face to face communication and emotional signals with their caregiver (Beebe, Lachmann and Jaffe, 1997). When they are 7 months, infants become sensitive to another person and try to understand their behavior by taking the expression on the mother's face as a reference point (Klinnert, Campos, Sorce, Emde and Svejda, 1982). 18-month infants start to understand another person's actions and their desires (Meltzoff, 1995; Repacholi and Gopnik, 1997). At the age of 2, they intuitively show emphatic sensing and become more interested in such feelings of others as pain, anger or pleasure (Fonagy et al., 2002). In the third year, children are able to understand that other people have feelings different from their own and that is why they begin to talk about feelings and beliefs of their own and of the others (Dunn, Bretherton and Munn, 1987). In a nutshell, full capacity to mentalize is reached towards the end of the third year.

Gergely and Watson (1996; cited in Bleiberg, 2001) draw attention to the importance of mentalizing own emotions in acquiring mentalization capacity. What happens here is that the infant uses the caregiver's reflective response as a source of information about the own internal states. Stern (1985; cited in Bleiberg, 2001) also argues that the mother's any attempt to reflect the infant's internal states results in an imperfect matching of the infant's state of mind by the mother. This allows the infant to develop a sense of being an individual with different affects. According to Bleiberg

(2001), this development later contributes to child's seeing other people as psychological beings with their own mental states. Bleiberg (2001) also differs mentalization from the insight highlighting that mentalization is a capacity to understand behavior and achieved without particular conscious effort. Understanding own and others' mental states not only makes behavior meaningful but it also allows separation of internal and external reality.

As for parents' capacity to think about their and the infant's mental states such as thoughts, feelings and desires, Fonagy and his colleagues (Fonagy, Steele, Moran, Steele and Higgitt, 1991a) assume that such a capacity acts as a mediating factor of the transmission of attachment during the relationship with their child. Fonagy and Target (1997) suggest that the parent's capacity to observe and understand the infant's mental states is related to secure attachment. Similarly, secure attachment plays a significant role in the gaining mentalization capacity. Secure mothers would be able to respond to their children's needs in a sensitive fashion. In strike contrast to these mothers, those who are insecure in relation to attachment unsurprisingly would reject, overwhelm, or fail to regulate their children's need for proximity (van IJzendoorn, 1995). According to Fonagy and his colleagues (2002), parents' understanding capacity of their children's feeling, desires, intentions recruits their children's reflective functioning capacity. In other words, it is possible to say that the child's secured attachment development and mentalization capacity is increased by the reflective caregiving. Fonagy and his colleagues (2002) assert that secure children are provided a safe environment by their parents to explore parental mental states and that this enables these children to explore both the outside world and the inner world. According to Fonagy (2002), secure infants feel more flexible to make attributions to understand mental states of their parents while avoidant children stay away to think mental state of the others.

In psychoanalytic literature, reflective functioning and Bion's (1962; cited in Fonagy and Target, 2005) concept of containment is regarded as interconnected. According to Fonagy (1999), secure attachment emerges based on containment. In cases where parents able to reflect infants' internal state, especially their negative feelings, the infant gives the meaning them as a controllable experience. In other word mentalization becomes a regulating factor when the baby is in distress. Having the capacity to understand her own and her child's internal states allows the mother to create safe environment for her child. (Slade et al., 2005)

1.3. RESEARCH ON MATERNAL REPRESENTATION

According to Bowlby (1982) in parent-child relationships, parents not only bring their past experiences into the current relationship but also these experience determine their interaction with their child. It might be argued that parents' internal working models lead mothers to have more specific expectations about their children's interaction with them. These expectations are called maternal representations (Slade, Belsky, Aber, & Phelps, 1999). Maternal representations, which begin during pregnancy (Stern, 1995), play a significant role in parenting.

According to Slade, Belsky, Aber and Phelps (1999), internal representations have an impact on mother's understandings about a number of things such as her child's behaviors, her own behaviors and her expectations for the relationship. In different studies, positive maternal representations were found to lead parents to nurture their children sensitively (Atkinson et al., 2005; Biringen, Matheny, Bretherton, Renouf, & Sherman, 2000). This particular type of caregiving led children to "develop representations of their mothers as supportive and representations of themselves as able to manage negative emotions" (Atkinson et al., 2005, p.52). In contrast, mothers who have negative representations, are expected to experience more difficulty engaging sensitively with their children (Trapolini,

Ungerer, & McMahon, 2007). While it is not unusual for these children to develop representations of their mothers as rejecting or insensitive, they also find it difficult to cope with negative emotions and stressors. Recent research have found a association between secure attachment and the development of emotional self-regulation, which is a protective factor for psychological problems (Kochanska, Philibert, & Barry, 2009). The study of Vondra et al. (1999) is an example of such research. They found that certain caregiver behaviors were related with changes in children attachment styles towards insecurity. Aggression, low social desirability and low emotional regulation ability were some of such maternal behaviors to be associated by Vondra et al. (1999) with changes in infant attachment patterns towards insecurity. More recently, in 2010, Splaun et al. suggested that there is a direct relation between children's internal working models and their mothers' representations of their relationship.

Solomon and George (1996), in their work on maternal representations, they concluded that maternal representations are influenced by mothers' own attachment security. That is, discovering mothers' attachment histories is crucially important for any attempt to understand how maternal representations are constructed. In this area the most common tool is Adult Attachment Interview (AAI; George, Kaplan, and Main 1996). AAI assesses adult attachment representations by focusing on their early childhood relationship with their caregivers. Using AAI, Main and Goldwyn (1998) found out how autonomous mothers discussed their own childhood experiences. The results showed that these mothers were reflective, coherent and emotionally flexible when talking about their childhood experiences. What is more, their descriptions were free from distortions. Cassidy (1994), on the other hand, found that dismissing mothers either reduced or ignored negative affect in the AAI. Gunnar and Tanaka (2004) also reported to have found feelings of unhappiness, fatigue, unconcern and disengagement among dismissing mothers.

On the other hand a significant correlation was found between caregiver's coherence score on the AAI and infant attachment security (Main et al., 1985) Mothers who were classified as safe and preoccupied respectively on AAI differed considerably in their attitude towards their children (Main et al., 1985). While mothers classified as safe on AAI, as in the study of Ainsworth and colleagues (1978), established a direct relationship with their children being more sensitive, relevant and accepting towards them, mothers classified as preoccupied were more likely to gain control over their children. Compared to these two groups, dismissing parents were more distant and had little interaction with their children, however.

On the other side, "London Parent-Child Project" (Fonagy et al., 1991b) showed noticeable similarities between caregivers and children's attachment organizations. This process led to the development of Reflective Functioning Scale (RFS; Fonagy et al, 1998). RFS was established in order to evaluating how the individual talks about past and present relationships with attachment figures. Reflective functioning was initially assessed by applying the Reflective Functioning Scale (RFS) to the Adult Attachment Interview (AAI; Main and Goldwyn, 1998). According to RFS, participants' reflectiveness arises when they are aware of mental states or try to understand mental states underlying behavior (Fonagy et al., 1998). According to this scale, people with low reflective functioning capacity tend to describe themselves and others generalized and do not mention psychological features. A comparison based on RF reveals that while individuals with an average RF are able to offer some psychological attributions, people with higher RF demonstrate to be consistent in understanding mental states. Fonagy and his colleagues (1991b) also found a strong association between reflective functioning and AAI attachment classification. Individuals who are classified as Secure/Autonomous on AAI, they also get higher scores on reflective functioning. Conversely, those who cannot maintain coherence during the interview and classified as insecure tend to score lower on reflective functioning.

Fonagy, Steele, Moran, Steele and Higgitt (1991) highlight some characteristics of parents who have secure infants by comparing them with individuals who lose coherence during interview. They maintain that the former group is aware of their children's and their own mental states, which enables them to meet their children's needs. Yet, the latter group tends to score lower on reflective functioning, which shows that they are not able to integrate, monitor and manage their mental states during the interview.

Another significant instrument that serves to assess mothers' representations is The Parent Development Interview (PDI; Aber et al., 1985). It was designed to assess a mother's representations of her child, herself as a parent and her relationship with her child. The PDI evaluates representations derived from a current and ongoing relationship with a specific child. The interview includes questions about mother's relationship with her child, specific feeling states such as happiness, neediness, guilt, anger, joy and separation. There are also some questions about parents' own childhood experiences with their own parents. In contrast the AAI which focused on past and recalled relationships, PDI was developed to specifically evaluate the parental mental representations of the child in ongoing relationship (Slade et al., 2005a).

Using PDI, the study by Slade and colleagues (1999) revealed a noticeable difference between dismissing mothers and autonomous mothers. Dismissing mothers scored highest on the anger dimension of the PDI, whereas autonomous mothers scored maximum on the joy-pleasure/coherence dimension. In the same study, mothers who scored high on the joy-pleasure/coherence dimension were also found to be more positive in their parenting behavior.

Slade et al. (2005b), examined the relation between maternal RF and attachment, obtained results that showed a significant difference in RF scores of autonomous mothers and dismissing, preoccupied and unresolved mothers. Autonomous mothers had much higher RF scores compared to the insecurely attached group. Focuing on the relationship between mental states and caregiving

behavior, Grienenberger, Kelly and Slade (2005) found a noticeable link between maternal RF capacity and the quality of affective communication between mother-child dyad. Furthermore, they maintained that children of mothers having disruptive behavior were likely to behave differently from those of mothers with more attuned behavior in a way that such infants were disorganized or resistant while the children of mothers with more attuned behavior tended to be securely attached. Moreover in their another study, Slade et al. (1999) found a link between maternal representations and parenting behaviors. Their observation revealed that mothers having positive representations about their relationship with their children are more inclined to show more sensitive parenting. Also a strong correlation was found by Slade et al. (2005) between adult attachment and parental reflective functioning. This means that the infant's attachment pattern is determined by the mother's reflecting capacity. The findings of their study helped Slade et al. to associate low levels of maternal RF with insecure attachment. To be more specific, they concluded that especially the lowest parental RF capacity predicted resistant and disorganized attachment type in children, while higher levels of maternal RF were associated with secure attachment.

Parental mind-mindedness (MM) is another way to understand mothers' mind. It is described by Meins (1997, p.108) as "a parent's tendency to treat his or her child as an individual with a mind, as assessed through the parent's behavioral responses to and verbal interpretation of the child's behavior." Meins et al. (1998, 2002) conducted various studies and found that mothers of secure children are much more likely to make mentalistic attributes to describe them and that these children show higher theory of mind performance. On the other hand, mothers of insecurely attached children have a tendency to use more physical attributes and these children show relatively lower theory of mind performance. In their study, Meins and colleagues (2001) found that infant attachment security could be brought about by parents' proper mind-related statements to their infants during parent–child communications. In line with Meins and colleagues, Arnott and Meins (2007) also

found a correlation between parents' mind-mindedness and high parental RF on the AAI.

Another preferred tool of mothers studies is Insightfulness Assessment (IA, Oppenheim & Koren-Karie, 2009) IA aims to evaluate parents' understanding capasity of their children's behaviors and emotionss. During IA procedure, parents are shown some video segments about their interaction with their children and are asked about children's thoughts and feelings during these segments.

Studies using the IA have examined links among the IA and maternal sensitivity. Koren-Karie et al. (2002) found that mothers classified as Insightful were more sensitive to toward their infants than those not classified as insightful. They suggested that insightfulness play significant role on child attachment security via stimulating sensitive caregiving behavior (Koren-Karie et al., 2002). Other studies with IA supported the associations between the maternal insightfulness and infant-mother attachment (Koren-Karie, Oppenheim, Dolev, Sher, & Etzion, Carasso, 2002; Oppenheim, et al., 2001). In both studies indicated that mothers classified as positively insightful had secure children whereas mothers classified as one-sided or mixed had insecurely attached children.

1.4. RESEARCH ON CHILDREN'S REPRESENTATION

Beginning in the early 1980s, several other researchers embarked on studies on the quality of attachment and level of mentalization in children. Such studies led to development of some assessment tools, which are still frequently used today. Some of these instruments which are designed to understand children's attachment-related representations are as follows: Separation Anxiety Test (SAT; Kaplan 1987; Main et al., 1985), The Attachment Q-Sort (AQS; Waters & Deane 1985), The Attachment Story Completion Task (ASCT; Bretherton et al., 1990), The Attachment Doll Play

Assessment (ADPA, George and Solomon, 1990–2016), Attachment Doll-Play Interview (ADI; Oppenheim 1997), Manchester Child Attachment Story Task (MCAST; Green et al., 2000), Child Attachment Interview (CAI; Target, Fonagy & Shmueli, Goetz, 2003), and MacArthur Story Stem Battery (MSSB; Bretherton & Oppenheim, 2003).

The first representational attachment measure designed for children was the Separation Anxiety Test (SAT), which was improved by Kaplan (1987; Main et al., 1985) from Kalgsbrun and Bowlby's (1976) version. In his version, Kaplan (1987) developed four different responses forms for separation scenes. These are: Resourceful children, inactive children, ambivalent children and fearful children. Among these, "resourceful" children were those who were able to display emotional openness and create coherent explanations. The second pattern, "inactive" children, on the other hand, focused more on negative emotion and revealed how much the child was upset, but failed to explicate the child's reaction in response to separation. Being the third pattern, "ambivalent" children described contradictory parental behaviors. The final pattern, "fearful children, either became silent or showed symptoms of fear. There was significant link among these four classifications of responses and children attachment patterns observed in the Strange Situation in infancy.

What findings from studies using these techniques have shown is that secure children had a tendency to construct coherent stories (Solomon et al., 1995). In their narratives, these secure children often portrayed not only emotionally available caregivers but also children who they think are worthy of the caregiver's support (Bretherton Ridgeway & Cassidy, 1990; Solomon et al., 1995; Waters et al., 1998). Unlike secure children, insecure children either refused to complete the task or said they did not know what happened next. Some of their responses were far from being coherent and some of these children did not offer any resolution since they could not deal with the story stem's main issues (Bretherton et al., 1990; Main et al., 1985;

Solomon et al., 1995). Avoidant children, on the other hand, avoided discussing attachment issues at all. Their denial of the separation with parents caused avoidant children to lessen the importance of the relationships between them (Cassidy, 1988; Solomon et al., 1995). In contrast to avoidant children, ambivalent children tended to describe enjoyable events during separation stories (Solomon et al., 1995). As for disorganized children, they were observed to have difficulties creating a story. They also often portrayed children and caregivers who either was helpless or abusive (Solomon et al., 1995).

Researchers have also discovered associations between children's answers to relationship-oriented story stems and their social behaviors (George et al., 1995; Oppenheim et al., 1997; Page & Bretherton, 2001; Warren, Oppenheim & Emde, 1996). Being in this group of researchers, Warren and her colleagues (1996) found out that children's production of destructive themes in narratives and teacher reports of externalizing behavior were connected. Those children who tended to produce more aggressive themes in their narrative were evaluated by their teachers as having externalizing behavioral problems. In line with what Warren and her colleagues found, Oppenheim et al. (1997) reported that children who were described as having behavioral problems by mothers were likely to be those who portrayed caregivers in the doll story stems as being negative or abusive.

Another noticeable feature of these narrative assessments was that sensitive parenting was often linked with children's positive representations. Oppenheim and colleagues (Oppenheim et al., 1997; Oppenheim, Emde & Wamboldt, 1996) highlighted that children experienced sensitive caregiving, tended to produce more coherent and prosocial narratives in the MacArthur Story Stem Battery. On the other hand Gloger-Tippelt, Gomille, Koenig, and Vetter (2002) found a strong match between mothers' AAI classification and children's ASCT attachment representations. Previous researchers (Bretherton, Ridgeway & Cassidy, 1990) have

also suggested an association between children's capacity to talk coherently in doll story completion tasks and their attachment security.

These results suggest that story-completion techniques that are used for children to produce narratives about attachment themes demonstrate to be conducive to assess security of attachment among young children (Oppenheim, D., 1997).

1.5. SIBLING STUDIES

It is observed that siblings' attachment style towards their mother and whether they develop the same attachment patterns has not been studied as much as attachment transmission from parent to child. In most of the existing research, researchers opted to choose only one child within each family to be demonstrative of the siblings. This was caused by their assumption that brothers and sisters growing up in the same family with the same caregivers would show similar attachment patterns toward their parents. Existence of these joint surroundings led researchers to expect a high concordance of siblings' maternal attachment style in their studies. Yet, this relation has not been explored to its fullest potential. While Van Ijzendoorn, Moran, Belsky, et al. (2000) found around 60% similarity for siblings' attachment behavior toward their parents, similar results were gained from other studies with dizygotic twins (e.g. O'Connor & Croft, 2001).

Van Ijzendoorn and et al. (2000) conducted a study to explore sibling's attachment relationships. To this end, they examined birth order position, differences in maternal sensitivity and gender of siblings as possible sources of concordance of non-concordance in their study. The results of the study revealed significant concordance between siblings attachment style (62%). Moreover, they also found a discrepancy between siblings attachment pattern toward their mothers depend on their gender and birth order position. The former group was more likely to form concordant relationships with their mother (68%) than the latter.

McCartney and Diggins (1993) also studied siblings and found similar results. While they found levels of concordance of 54% of attachment security of siblings towards their mother, they partially explicated non-concordance with such factors as differences in the siblings' temperaments, in the mothers' perceptions of their children's similarities and in the experiences of the mothers with each child.

Teti and Ablard (1989) generated a study with both siblings by evaluating them with different measures: the Strange Situation for the youngest sibling and the Attachment Q- Sort for the older sibling. Out of 47 sibling pairs, 30 appeared to be concordant (64%). Neither the age of the siblings nor the gender composition of the pairs had an impact on concordance. Yet, non-concordance might be related to the oldest sibling's experience of the birth of a younger sibling.

On the other hand, it has been indicated through several empirical studies in the literature that attachment patterns in siblings and twins are only modestly concordant. Ward et al. (1988), for example, examined the attachment concordances of 61 sibling pairs. They found that 60% of the first-born children had secure attachment qualities, while 40% of the first-born children had insecure attachments.

Stievenart and Roskam (2013), focused on the concordance of attachment representations in two-parent, two-child families and reported that secure/insecure attachment patterns were not generally similar between the parent and his or her children. Their study also demonstrated the concordance of attachment representations between parent and child to be less clear than the concordance of parents' attachment representations and children's attachment behavior.

In another recent study about siblings' attachment representations, Werner and colleagues (2015) obtained results which indicate the possibility that siblings' attachment representations towards their mother less similar despite measure of siblings by the same method at the same time. They found only a 43% secure-

insecure concordance rate between siblings' attachment representations. Another result of this study was about certain factors and attachment concordance: while sibling's gender, age differences and differences in parental stress were not related to attachment concordance, there was a relation between gender of the first-born child and attachment concordance with parent.

These results indicate siblings may develop different attachment representations toward their parent, which are also likely to be independent of their parents' attachment representations. Belsky (2005) suggested that family environment might influence siblings differently.

1.6. PREVIOUS RESEARCH STUDING PARENTAL REPRESENTATION AND CHILD PSYHOPATHOLOGY

Most of the previous research in the literature has focused on the effects of parental representations on caregiving behaviors and mother-child attachment (Slade et al., 1999; Messina et al., 2001). However associations between parent and child representations have rarely been studied in clinical samples and mostly neglected. One of the noticeable studies in this area was done by Splaun and collegues (2010). In this study, they investigated similarity between mothers' and children's representations with 92 mother-child dyads where the children are at high risk for psychopathology due to exposure to potentially abusive or neglectful circumstances. The Parent Development Interview and Attachment Story Completion Task were used to assess maternal and children's representations respectively. Children of mothers who expressed high levels of happiness, competence, and low aggression were able to address negative themes and feelings in their stories. Thus, these abovementioned qualities seem to enable mothers to help their children acquire the ability to both talk and resolve difficult situations and feelings.

Previous studies also indicated that children who experience consistent and

sensitive caregiving are more likely to develop secure working models of relationships compared to children who experience inconsistent, rejecting or intrusive caregiving. Such children do not only develop insecure working models, but they are also at greater risk for developing psychological distress. (Cassidy, 1994; Main, 1996).

Gottman and colleagues (1996) have demonstrated dissimilarity between children whose parents provide emotional support or not. According to the results of their study, children experienced more emotional support by their parents show less sign of physiological stress and physical illness, higher academic achievement and better peer relations compared to unsupported children.

Kortlander and colleagues (1997) examined maternal attributions regarding their child's capacity to cope with a stressful situation. The results of their study showed that mothers with anxiety-disorder (AD) children expected their children to be more upset and less confident in performance task. In another study, Udy and colleagues (2014), assessed maternal expectancy bias in a sample of 43 clinically anxious, 30 clinically anxious-depressed and 44 non-clinical control children, 8-14 years of age. The results revealed a positive bias by mothers of non-clinical children. Unlike these mothers, those in clinical groups did not exhibit this positive expectancy bias. Moreover, mothers of clinical children reported lower expectations than mothers of non-clinical children.

Studies with child-report measures suggested that when compared with control children, clinically anxious children tend to perceive their parents as less accepting (Siqueland et al, 1996).

Dix (1991) focused on parenting and concluded that distressed relationships, chronic negative emotion in particular, both influences and is influenced by interactions that undermine parents' concerns and children's development. Dix also

maintained that children differed in their elicitation of emotions from parents and that this was caused by some characteristics, which that make certain children more likely than others to elicit positive or negative emotions from parents (1991). That is, a child's temperament or diagnosis might influence the parent's capacity to treat the child as a psychological agent. It was discovered that aggressive children's misbehavior is attributed by their mothers as hostile intent (Dix & Lochman, 1990; MacKinnon-Lewis, Lamb, Arbuckle, Baradaran & Volling, 1992; Smith & O'Leary, 1995). Katz and Windecker-Nelson (2004) demonstrated that mothers of children with conduct problems tend to have difficulty in engaging not only these children emotional world but also their own emotions.

On the other hand, studies that zoom into ADHD populations have provided the literature with remarkable results regarding mother child representation. Ilardi (2010), who examined the relationship between maternal RF and the psychosocial functioning of children with varying diagnoses of ADHD, LDs and associated behavior disorders. The findings of Ilardi's study indicated that mother's high reflective functioning capacity is positively linked with child's ego-development, emotion regulation ability and positive representations (2010).

Similar results were also obtained in some other studies which mostly focused on mothers' experiences. For example, the findings that emerged from the research Whalen and his colleagues (2006) conducted with families living with ADD/ADHD, LDs and behavior problems. They found that mothers had difficulty in managing their day-to-day tasks. Parents also reported more negative moods and high levels of anger.

In addition to these issues, problems with the marital relationship have also been reported for this population (Hechtman, 1996; Brown & Pacini, 1989) and mothers were reported to perceive their experience of the responsibility of caring for their children as overwhelming (Peters & Jackson, 2008).

Peters and Jackson (2008) also found that mothers more often than not felt blamed for their child's difficulties by their environments. Yet, they added that mothers also attributed blame to themselves and felt guilty.

Rothstein (2012), who investigated the experience of mothers with children having ADHD, learning disabilities and behavior problems, found nine themes in regard to the mother's parenting experience: "1) the child's experiencing difficulties; 2) frustration and anger; 3) the mothers experiencing difficulties; 4) guilt; 5) loss; 6) worry; 7) overcoming problems; 8) learning from experience; 9) wish for the child to reach his potential." (Rothstein, A., 2012, p.120)

This review of the literature reveals that only few studies have examined mothers' experiences with symptomatic children and very little has been discovered about the representation of mother and child in clinical population. Moreover, there has not been an in-depth evaluation of the siblings' attachment representations toward their mothers in the presence of psychopathology. Therefore, new research examining these concepts is essential to help fill this gap in the literature.

1.7. THE PRESENT STUDY

Until recently, it was agreed that mother's attachment security was a fundamental component of the child's attachment security. However, current studies have revealed that attachment patterns in childhood are mostly related to parents' mentalization capacity. This means that parents' reflective functioning ability becomes a significant factor to explain the transmission of attachment security. Caregivers who have the capacity to reflect their children mental states also support their children to understand of their own mind and emotional states (Bram & Gabbard, 2001). Therefore, parents' capacity to reflect the children's emotional experiences undoubtedly plays a significant role in children's representations of themselves and their parents. However the literature is inconclusive about whether mothers who have two children also have different representations towards them,

especially in cases where the mother brings one child for psychological services and not the other. Similarly, the referred and non-referred children's attachment and internal representations towards their mother is not investigated thoroughly.

The current study attempts to investigate of mothers' and two siblings' mutual attachment representations.

Questions Explored:

1. What are the representations of the mothers towards their both children, in the case of one sibling is brought to psychotherapy and the other sibling is not referred? Are these representations similar or different for both children ?

2. What are the representations of the referred and non-referred siblings towards their mothers in regard to their attachment security? Is the content of these representations similar or different?

Hypotheses:

Hypothesis 1: Significant differences were expected in terms of both the capacity of these mothers to reflect on these children (operationalized as reflective function) and the qualitative content of the mothers' representations of the two siblings.

Hypothesis 2: Significant differences were expected in both referred and non-referred children's representations of their mothers in terms of attachment security (working models of the mother).

In order to fulfill these aims, six mothers and their two children were included in this study. Participants were selected from patients who applied to Bilgi University Psychological Consulting Center in need of psychological help for their children. Families were accepted in the study if they had first -and second- born children within the age range of average 6–10 years and if one child was referred for psychological problems and the other sibling wasn't. In this study, both qualitative

and quantitative methods were implemented. The aim of the quantitative study was to investigate the maternal RF capacity, attachment security, children's attachment style toward their mothers. The goal of the qualitative study was to investigate differences with regards to mother's representations of their referred child and the non-referred sibling. Similarly, each the qualitative differences in the representations of the two siblings towards their mother were investigated.

2. METHOD

2.1. SAMPLE

Sample for this study were selected from all the patients who applied to Bilgi University Psychological Consulting Center psychological help for their children. Families were accepted in the study on condition that they had first -and second- born children within the age range of average 6-10 years and if one child had psychological problems and other sibling was not referred to the psychological center.

Qualitative studies usually are done with very few people. Generally five or six participants have been recommended for a student project. (Smith, 2004). Therefore six mothers and their two children were included in this study. Participant selection was based on the similarity that their demographics and referral reasons such as academic problems, children's ages, mothers' education level and economic status in order to ensure fairly homogeneity.

2.1.1. Ethical Considerations

At Bilgi University Psychological Consulting Center, all the clients have been informed about the research processes and they have been requested to sign a consent form, which included approval for being recorded and taking part in the any research

project within the Consulting Center. The parents have provided written consent and the children's verbal acceptance has been taken.

2.1.2 Mothers

Mothers were 37 (m=37.8) years old, on average, ranging from 31 to 41. Half of the mothers graduated from high school (Mother 3, mother 4, mother 6), two parents graduated from university (Mother 1 and mother 2), and one mother was primary school graduate (Mother 5). All the mothers were married and not working. In terms of socio-economic status, there were families with mid (n=4), mid-low (n=1), and middle-high (n=1) socio-economic status.

2.1.3. Children

The common presenting problem among referral children was the difficulty in school setting apart from their individual psychological problems. Children had the same biological parents and lived with their parents. Child sample consisted of 8 girls and 4 boys. Most of the children were in the elementary school (n=9) and two of them were in secondary school. There was only one participant who is in kindergarten. Children were 8 (M=8.25) years old, on average, ranging from 5 to 11. In addition the academic failure, participants' other referral reasons were, anger management, hyperactivity and relational problems (Referred child 1 and referred child 6), daydreaming and attention deficit (Referred child 2), learning problems (Referred child 3), obsession (Referred child 5), social isolation and relational problems (Referred child 4). Most of the symptomatic children (n=4) have received past psychological help and finished the process prematurely while psychiatric treatments for two of the symptomatic children are still in progress. (Referred child 1 and referred child 5)

The birth order of the referred children indicated that the majority of them were firstborn children (Referred child 1, referred child 2, referred child 4 and

referred child 5). In the same way, referred child 1's and referred child 2's mothers were firstborn children in their families. Only referred child 3 and referred child 6 were born as second children like their mothers.

2.2. MEASURES

2.2.1. Scales Given To Mothers

2.2.1.1. Symptom Scales as Demographic Variable

2.2.1.1.1. Parental Stress Index (PSI; Abidin, R. R., 2012)

Parenting Stress Index, (PSI), which was developed by Abidin (2012), is a self-reported questionnaire. PSI is mostly used to investigate parental stress levels in regard to a caregiver's relationship with his/her child between the ages of 1 month and 12 years. PSI consists of two parts as child and parent. The core aim of the PSI is to describe parents' stress levels and understand their origin. In this study, only parenting subscale was used since the aim was to understand how stress is associated with parenting. Parent Domain contains seven subscales: Competence, Isolation, Attachment, Health, Role Restriction, Depression, and Spouse/Parenting Partner Relationship. The items of the scale range from 1 (strongly disagree) to 5 (strongly agree). High scores are considered significant high level of stress. Test–retest reliability coefficients of the total stress score was between .55 and .82; for the Child Domain was between .69 and .91; for the Parent Domain was between .65 and .96. Turkish standardization of the scale was done by Çekiç et al. (2015) and test-retest reliability was found to be α= .78, (child subtest) and α= .74 (parent subtest).

2.2.1.1.2. Adverse Childhood Experiences Questionnaire (ACE; Dube et al., 2003; Felitti et al., 1998)

ACE Study questionnaire (Dube et al., 2003; Felitti et al.,1998) was developed as a screening measure of childhood maltreatment and in this study it was administered to look into the mother's past as well as the current trauma history of the child. The test consists of both dichotomous items which demand *yes* or *no* as an answer and questions that require to answer by a response of once, twice, sometimes, often or very often. All of the questions screen whether or not participant had experiences abuse, neglect and household dysfunction prior to 18 years of age. Any score higher than 4 is interpreted as adverse effects of early child mistreatment and a risk of physical and mental health problems in adulthood.

2.2.1.2 Attachment Scales

2.2.1.2.1 The Experiences in Close Relationships Inventory (ECR- R; Brennan et al., 1998)

As a self-report measure, Experience in Close Relationships Inventory (ECR-R) consists of likert type questions to measure adult attachment (Brennan et al., 1998). In this study, ECR-R was used to understand participants' attachment pattern in close relationship. The measure contains two main factors as anxiety and avoidance. The items were divided into two. While the odd numbered items loaded on anxiety factor, the even ones loaded on avoidance factor. The items were rated on a scale ranging from 0 (strongly disagree) to 6 (strongly agree). YIYE-II, the Turkish standardization of the ECR-R by Selçuk et al. (2005) was also used in the study. The reliability for the ECR-R was found to be α= .94 for avoidance and α = .91 for anxiety .The internal reliability for the Turkish adaptation of the inventory, YIYE-II, was found to be α= .90 for avoidance and α= .86 for anxiety and test-retest reliability was found to be α= .81 for avoidance and α= .82 for anxiety (Selçuk et al., 2005).

2.2.1.3. Representation Measure

2.2.1.3.1.The Parent Development Interview (PDI; Aber et al., 1985)

The Parent Development Interview (PDI; Aber et al., 1985) was developed in order to understand mother's representations of her child, herself as a parent, and her relationship with her child. As a semi-structured interview, it contains 45 questions. In this study, this type of measure was used in order to understand the participants' reflective functioning capacity for both children. The PDI focuses on present and ongoing relationship between parent and child. The interview contains some items which ask the mother to for adjectives to describe the child. Other questions focus mothers' parenting ability stating their strengths and weaknesses, specific feelings such as happiness, neediness, guilt and anger. There are also numerous questions that inquire about how she has been influenced by her own parents. The PDI were scored using The Addendum to the Reflective Functioning Scoring Manual (Slade et al., 2004). It is ranging from 1 (negative RF) to 9 (full RF). Scores under 5 show either negative or low RF, whereas scores of 5 and above indicate clear evidence of mentalizing capacities. Scoring is based on verbatim transcripts of the PDI. In this study participants' PDI responses were also analyzed qualitatively to explore content of representations.

2.2.2 Scales Given To Children

2.2.2.1. Symptom Scales as Demographic Variable

2.2.2.1.1. The Child Behavior Checklist/6-18 (CBCL/6-18; Achenbach, 1991)

As a checklist, CBCL/6-18 was developed to measure children's functioning, competence and problem behaviors by Achenbach (1991). The CBCL/6-18 was used in this study to conduct an assessment of symptoms and problem behaviors of the referred children. CBCL consists of eight syndrome categories which are classified under two main groups, namely Internalizing Behavior Problems and Externalizing Behavior Problems. Items are rated according to the three likert scale ranging from

0=not true, 1=somewhat true to 2=very true. Additionally the scale also reports Total Behavior Problem. In order to report the severity of the symptoms, given symptom scores are evaluated as being at borderline, clinical or non-clinical level according to a cut-off score. In this study, the problems were scored by the mothers. CBCL's test-retest reliability is α=.90 for Internalizing, α=.94 for Externalizing and α=.97 for Total Problem categories. The Turkish standardization of the scale was done by Erol, N., Arslan, B. L., & Akçakın, M. (1995) with the internal consistency of α=.88 and test-retest reliability of α=.84 for the Total Behavior Problems category.

2.2.2.1.2 Child Depression Inventory (CDI, Kovacs, 1985)

The CDI was developed by Kovacs for use in assessing childhood depressive symptoms. This study used the CDI for referred children, who were aged between 6 and 10, in order to screen any depressive symptoms of theirs. The items were rated between 0 and 2. The highest possible score was 54. High total scores indicate severe depression and the cut-off point is 19. The internal consistency coefficient of the original scale is 0.86. The reliability coefficient of the test-retest is 0.72. The scale was adapted into Turkish by Oy. The test-retest reliability coefficient was found by Oy to be 0.80.

2.2.2.1.3 The Screen for Children Anxiety Related Emotional Disorders (SCARED; Birmaher et al., 1997)

In order to assess childhood anxiety disorders determined by DSM IV, it was developed by Birmaher and his colleagues (1997). In this study, all referred children's anxiety levels were evaluated by the SCARED. It contains five subscales: Panic Disorder/Somatic Symptoms, Social Anxiety Disorder, Generalized Anxiety Disorder and School Avoidance and Separation Anxiety. Each item is evaluated between 0 (rarely right or not right) and 2 (right or mostly right). Any score above

30 indicated clinical level anxiety. Turkish standardization of the scale was done by Karaceylan (2004) and Crombach and alfa coefficient was found as .88-.91 respectively.

2.2.2.1.4. Raven's Coloured Progressive Matrices (CPM; Raven, J. C., 1947)

As a non-verbal intelligence test of abstract reasoning, Raven's Progressive Matrices developed by Dr. John C. Raven (1947). In this study, Colored Progressive Matrices (CPM) was used to ensure that the child participants did not differ significantly in regard to their level of intelligence. CPM was designed to assess mental capacities of not only children aged from five to 11 years old but also mentally disabled individuals. The items of CPM consist of a drawing with a missing part. Participants were asked to complete by choosing one among six alternative responses. Raven consists of three sets with 12 items in each. The sum of these sets composes the general score. The minimum score is zero and the maximum score is 36. The Raven's Tests have shown high internal consistency coefficients, mostly in the .80s and .90s, and a good test-retest reliability between .70 and .90, but for low score ranges are lower.

2.2.2.1.5. Turkish Expressive and Receptive Language Test – (TIFALDI; Güven& Berument, 2010)

This test was developed (Güven & Berument, 2010) in order to evaluate children's Turkish speaking ability between ages 2 and 12. In this study, TIFALDI was used to ensure that the children did not differ significantly in regard to their language abilities. TIFALDI consists of two parts as expressive and receptive language subtest. Expressive subtest consists of 80 target words which are ranged from simple to challenging and black and white drawn picture cards. The child is asked to name the picture of each card. The reliability of the Expressive subtest test is found between 97 % and 99 % for every age group (Güven & Berument, 2010).

TIFALDI receptive subtest contains black and white drawn picture cards and 104 target words ranged from simple to difficult. Per picture card describes a certain word and kids are expected to select the right picture among others. This subtest's reliability rate is found between 97% and 99 % for all age group (Güven & Berument, 2010).

2.2.2.2 Attachment Measures

2.2.2.2.1 Kerns Security Scale (Kerns et al., 1996)

Kerns Security Scale (Kerns et al., 1996) was developed in order to assess children's views of security in parent-child relationships in middle childhood and early adolescence. In this study, this scale was used in order to understand child participants' attachment pattern toward their mothers. This scale has both mother and father form. In this study only mother form was applied. Kerns Security Scale consists of 15 items which are rated on a 4-point scale using "Some kids... other kids..." design. Higher scores indicate a more secure attachment. Kerns et. al. (1996) reported reliability alphas of .84 and .88, respectively. The Turkish standardization of the scale was done by Sümer and Şendağ (2009) with the internal consistency of α=.88 (father form) and α=.84 (mother form).

2.2.2.2.2 Attachment Doll Story Completion Task (ASCT; Bretherton et al.,1990)

Attachment Doll Story Completion Task (ASCT) was developed by Bretherton et al. (1990). In this study, ASCT was conducted in order to explore the children's attachment representations and attachment types. The children' responses were also evaluated qualitatively to see content of these representation. ASCT starts with a warm-up story about a birthday party, than it consists of 5 story stems. The

first story is about a little mischief in the presence of the mother (spilled juice), the second is about fear (monster in the bedroom), the third is about pain (hurt knee), the fourth is about separation from parents (departure) and the final story is about the parents returning (reunion). The participants are requested to complete each story by narrating and acting out using small family figures. Each story stem offerings a stressful conflict which activates attachment-related thoughts and feelings.

The stories were recorded and transcribed verbatim. For the classification of attachment representations, the criteria defined by Bretherton et al. (1990) were used. For a classification of security, the child needed to have resolved the presented conflict in a positive way either by using parental support or by acting in a confident way. As for attachment-insecurity, avoidant classification was assigned if a child completed a story in a disengaging way, ignoring the emotional content of the presented conflict. If the participant struggled to find a solution but was stuck in the problem or lost themselves in irrelevant details, the child was classified as ambivalent. Children's odd responses characterized by violence, death or other catastrophic scenes resulted in disorganized classifications.

2.3. PROCEDURE

Prior to conducting interviews, some new questions were added to PDI in order to better understand content of mothers' representations toward their children. This was followed by a pilot study with a mother to test the meaning of these questions. After the order of some questions was changed, PDI became ready for interviews to be used in the study.

Mothers with both children were invited to counseling department. During the session, audio and visual recordings were made depending on their consent. This process consisted of three stages: First, mothers were asked to fill out the scales of

Parental Stress Index (PSI) as demographic variable, The Experiences in Close Relationships Inventory (ECR-R) to measure their attachment styles, Adverse Childhood Experiences (ACE) as demographic variable and The Child Behavior Checklist (CBCL) to assess their children symptoms.

Then both children were simultaneously evaluated by a different therapist separately in different therapy rooms. Referred children received Raven as demographic variable, Kerns Security Scale and Attachment Doll Story Completion Task (ASCT) to measure their attachment styles, Turkish Expressive and Receptive Language Test (TIFALDI) as demographic variable. After that, the children were asked to complete Child Depression Inventory (CDI) and The Screen for Children Anxiety Related Emotional Disorders (SCARED) to assess their symptoms. In a similar way, Raven (as demographic variable), Kerns and ASCT and TIFALDI (as demographic variable) were administered to each non-referred sibling separately. Symptom scales were not administered to non-referred children due to the fact that their families have not expressed a problem or need for psychological help with these children.

After the administration of these tests, the mother was invited to the room to conduct Parental Developmental Interview (PDI) while children were playing in the waiting room. In total, this process lasted approximately 2.5 hours. At the end of the assessment process, a feedback session with the mother was scheduled for two weeks later in order to inform her about both children's level of functioning.

Data was analyzed both qualitatively and quantitatively.

2.3.1 Qualitative Part

In order to determine the main themes, mothers' Parental Developmental Interviews and ASCT responses of their children were recorded, verbatim transcribed and thematic analysis applied. Transcriptions were conceptualized independently and

themes were created. Firstly, the content codes were identified to show the core of the data. Secondly, a long list of codes was determined by ranging the relevant codes together and collecting them under a containing theme. After that, possible themes were created. If there was not enough data to support them, these themes were excluded. (Boyatzis, 1998). Reliability of results was discussed with the advisor to figure out main themes of the study for inter-coder agreement. Consequently, the main themes which best represented the experiences of mothers were identified.

2.3.2 Quantitative Part

2.3.2.1. Parental Developmental Interview Coding Procedure

Based on The Addendum to the Reflective Functioning Scoring Manual (Slade et al., 2005), each Parental Developmental Interview was scored by the thesis advisor Sibel Halfon (an Assistant Professor and a clinical psychologist), a certified PDI trainer and a reliable coder.

2.3.2.2. The Coding System For ASCT Narratives

Sait Uluç, (an Associate Professor and a clinical psychologist) who is one of the developers of the coding system of Secure Base Script, conducted a one-day training on September 26, 2016 at Istanbul Bilgi University. In order to be a reliable rater of ASCT, a 12-hour training was received. Coders were second and third-year students of Istanbul Bilgi University, Child-Adolescence Clinical Psychology, MA Program. Then the narratives were coded with the help of the thesis advisor, who is at same time the reliable coder and trainer of the ASCT course. The intra class correlation was found as .70. At the end of the training program, data were coded separately by two independent coders based on Coding of the Adapted Version of the Attachment Doll Story Completion Task (Bretherton, Ridgeway & Cassidy, 1990) in order to maximize the coding validity.

3. RESULT

In the first section of the results, quantitative findings of attachment classifications of both mothers and siblings and maternal reflective functioning scores will be presented. In the second section, thematic analysis results will be presented to see content of representations of mothers and siblings. Table 1 portrays a brief summary of the quantitative results.

Table 1.

Summary of the Results

	PDI Referred Child	PDI Sibling	PSI Total score	ECR-R Score	CDI	SCARED Score	CBCL Score	Kerns Score	Kerns Score	ASCT Total Criteria
Mother1	4	3	175	130						
Mother2	3	3	216	58						
Mother3	4	3	198	91						
Mother4	5	5	187	89						
Mother5	3	3	209	54						
Mother6	4	4	166	162						
Referred Child 1					3	45	70	50		Insecure
Referred Child 2					4	29	62	52		Fairly Secure
Referred Child 3					1	48	47	55		Fairly Secure
Referred Child 4					6	40	63	57		Secure
Referred Child 5					2	21	56	56		Insecure
Referred Child 6					0	9	78	38		Insecure
Non-referred Child 1									40	Fairly Secure
Non-referred Child 2									49	Secure
Non-referred Child 3									42	Fairly Secure
Non-referred Child 4									48	Fairly Secure
Non-referred Child 5									45	Insecure
Non-referred Child 6									42	Fairly Secure
Mean	3,83	3,5	191,83	97,33	191,83	32	62,67	51.33	44,33	
SD	0,68	0,76	19,45	41,91	19,45	15,15	10,76	7,03	3,61	

Note: PSI= Parental Stress Index, CDI = Child Depression Inventory, SCARED=The Screen for Children Anxiety Related Emotional Disorders, CBCL= The Child Behavior Checklist, PDI = Parental Developmental Interview, ECR-R = The Experiences in Close Relationships Inventory, ASCT= Attachment Doll Story Completion Task.

3.1. DEMOGRAPHIC RESULT

3.1.1. Mother Part

In order to understand participants' stress levels, Parental Stress Index (PSI, Abidin, 2012) have been applied (please see Table 2). The stress levels of all parents have been found to be very high. Mother 2 in particular had the highest stress level of all the parents. Mother 5 and mother 3 were also observed to suffer from stress. Compared to these participants, mother 6 was a calmer participant with her low stress score.

The results also revealed that the participants' perception of their competence in parenting is low. These parents did not appear confident in their management skills, nor did they seem to believe in their own control capacities on their children. With regard to their competence, while mother 3 was observed to have the most problems, mother 1 indicated to be the most competent participant.

In the attachment subtest, mother 2 was found to have difficulty in establishing a secure attachment with their children. It was also found that mother 2 had difficulty in role restriction. Finally, she reported to feel being controlled and dominated by her child's needs and demands and to lose her personal identity. This participant's low score in Health subscale indicates that her physical energy to cope with her responsibilities as a parent might be limited. Mother 6, on the other hand, did not voice many complaints in regard to these topics.

PSI results highlight the possibility that particularly mother 2, mother 5, and mother 3 suffered from depression. This finding can be explained by these mothers' lack of resiliency to bounce back from situational upsets. Likewise, the isolation scores obtained from mother 2 and mother 5 were higher than other participants,

which is a likely indication of absence of a large social-emotional support network of friends and relatives. Moreover, some noticeable problems with their partners have been by all mothers. It is probable that the participants did not feel supported or appreciated by the child's other parent. Mother 5's score in this subscale; however, was noticeably higher than others. Table 2 potrays the details of mother stress level.

Table 2.

Mothers' Parental Stress Index Scores

	PSI Competence Subscale	PSI Attachment Subscale	PSI Role Restriction Subscale	PSI Depression Subscale	PSI Partner Problems Subscale	PSI Isolation Subscale	PSI Health Subscale	PSI Total Score
Mother1	38	29	22	27	25	17	17	175
Mother2	45	34	27	38	25	27	20	216
Mother3	48	29	23	36	24	20	18	198
Mother4	42	29	19	33	25	20	19	187
Mother5	42	31	24	37	28	28	19	209
Mother6	40	30	16	27	16	21	16	166
Mean	42,50	30,33	21,83	33,00	23,83	22,17	18,17	191,83
SD	3,56	1,97	3,87	4,94	4,07	4,36	1,47	19,45

Note: PSI= Parental Stress Index

The mother's level of past trauma and the current trauma history were assessed by Adverse Child Experience (ACE; Dube et al., 2003; Felitti et al., 1998) Compared to positive experiences such as absence of childhood abuse and neglect, more negative childhood experiences such as abuse, emotional neglect, domestic violence, incarceration, and alcohol-drug issues (M=5.83, SD=2.04) were reported by most of the mothers (M=3.83, SD=2.23). The highest negative scores belong to mother 1 and mother 6 (negative scores=8). Mother 6 in particular did not report any positive childhood experiences at all. On the other hand, mother 3 and mother 5 had higher positive scores with more childhood experiences than their past negative

experiences (Positive scores=6). According to ACE responses, mother 3 and mother 4 were found to be the participants who were exposed to physical violence only, while mother 5 and mother 6 reported to have been exposed to both physical and emotional violence. Mother 1 and mother 2, on the other hand, stated that they suffered from physical, emotional and sexual abuse in their childhood. The negative childhood experiences that were reported by mother 1 and mother 2 were living with a mother with psychological problems and growing up with an alcoholic parent, respectively.

The parents' evaluation of their children's trauma experiences revealed that positive childhood experiences were reported by nearly all participants. There was no report of exposure to violence or growing up with a mentally ill parent (M=5.67, SD=0.82). In addition, no negative experience such as exposure to parental abuse or neglect was reported (M=2.67, SD=2.16). Mother 1 and mother 5 expressed their belief that their children had no negative experiences, whereas mother 6 and mother 2 stated that they believed the positive and negative experiences of their children to be almost equally common.

3.1.2. Children Part

In order to determine referred children's functioning level, symptoms and problem behaviors Child Depression Inventory (CDI; Kovacs, 1985), The Screen for Children Anxiety Related Emotional Disorders (SCARED; Birmaher et al., 1997) and The Child Behavior Checklist (CBCL/6-18; Achenbach, 1991) was administered. Referred children's symptoms scales scores are shown at Table 3.

SCARED results indicated that half of the referred children (Child 1, child 3 and child 4) suffered from anxiety disorder especially panic disorder and somatic symptoms were very common among referred child 1, child 2, child 3 and child 4. Especially referred child 3's anxiety score was the highest in all participants. On the other hand referred child 3 was the only one participant whose CBCL score were in normal range. Similar that, referred child 6 who had the lowest score on SCARED

while his CBCL internalizing problems scores were in borderline clinical range. These differences can be explained by different evaluations of the mother and the child, because CBCL was filled by mothers while SCARED was filled by children.

On the other hand, for referred child 1 and child 4, CBCL showed similar results in accordance with the SCARED scores. These children were classified as clinical range in terms of their internalizing problems. Similarly referred child 1 reported clinical depression signs on Child Depression Inventory (CDI).

Based on CBCL it can be said that internalizing problems were more common among referred participants. Only in two cases, both externalizing and internalizing problems were observed (Referred child 1 and child 6).

Table 3.

Children's Symptoms Scales Scores

	CDI	SCARED Panic Subtest	SCARED School Phobia Subtest	SCARED Social Anxiety Subtest	SCARED Separation Anxiety Subtest	SCARED Generalized Anxiety Subtest	SCARED Total score	CBCL Internalizing Subtest	CBCL Externalizing Subtest	CBCL Total Score
Referred Child 1	25	19	5	6	7	8	45	71	65	70
Referred Child 2	16	14	3	6	2	4	29	61	56	62
Referred Child 3	5	20	8	6	6	8	48	43	53	47
Referred Child 4	8	13	5	5	8	9	40	70	54	63
Referred Child 5	2	4	2	8	5	2	21	65	50	56
Referred Child 6	9	0	2	3	3	1	9	60	78	78
Mean	10,8	11,67	4,17	5,67	5,17	5,33	32,00	61,67	59,33	62,67
SD	8,38	8,07	2,32	1,63	2,32	3,44	15,15	10,19	10,46	10,76

Note: CDI = Child Depression Inventory, SCARED=The Screen for Children Anxiety Related Emotional Disorders

CBCL= The Child Behavior Checklist

Note: Bolder scores indicate clinically significant scores.

As a control variable, intelligence (CPM, Raven, J. C., 1947) and language test (TIFALDI; Guven & Berument, 2010) were applied both referred and non-referred children. Results showed that almost all children were equal. Tifaldi result indicated that both receptive and expressive language development were ahead of their age for all participants. (n=12) The average of nonverbal intelligence test results for 8 children was found 75 percent. The performance of 2 children (Referred child 4, non-referred child 5) remained at 25 percent whereas 2 children had 95 percent (Non-referred child 1, referred child 5). It was noticeable that, unlike her brother's very high score, non-referred child 5 performed very poorly on Raven. Although her family did not need a help for her, non-referred child 5 may have some problems. As for referred child 4's low performance on Raven , it might be said that her emotional problems such as her isolation and relational conflicts can be inhibit her mental skills.

3.2. RESULTS OF PDI and ATTACHMENT SCALES

Parental Developmental Interview (PDI) scores show that except for mother 4, all participants' maternal reflective functioning capacities, mother 2 and Mother 5's in particular, were low. This might cause them to fail to understand underlying intentions, desires and feelings of their children's behavior (Please see Table 4). PDI results also indicated that all participants' maternal reflective functioning capacities for their both referred and non-referred children were in the similar range.

The Experiences in Close Relationships Inventory (ECR-R) results showed the majority of mothers (n=4) to have insecure anxious attachment patterns, whereas only one mother was reported to use insecure avoidant attachment strategy (mother 6), and another mother used both of them equally (mother 5). (Please see Table 3). Similar to their ACE scores, mother 6 and mother 1's had by far the highest insecure attachment scores of all participants. Mothers' Reflective Functioning and Attachment Scores are shown on Table 4.

Table 4.

Mothers' Reflective Functioning (PDI) and Attachment Scores (ECR-R)

	Parental Reflective Functioning Score for Referred Child	Parental Reflective Functioning Score for Non-Referred Child	ECR-R Attachment Anxiety	ECR-R Attachment Avoidance	ECR-R Attachment Total Score
Mother1	4	3	68	62	130
Mother2	3	3	34	24	58
Mother3	4	3	50	41	91
Mother4	5	5	47	42	89
Mother5	3	3	27	27	54
Mother6	4	4	75	87	162
Mean	3,83	3,5	50,17	47,17	97,33
SD	0,68	0,76	18,67	23,73	41,91

Note: PDI = Parental Developmental Interview, ECR-R = The Experiences in Close Relationships Inventory

As for children's perceptions of security in parent-child relationships, Kerns Security Scale results showed that generally referred children's scores of attachment securities with their mothers were high (Please see Table 5). Referred child 6 had the lowest attachment security while referred child 3 had the highest attachment score on Kerns. Referred Children's attachment scores were displayed on Table 5.

Table 5.

Referred Children's Kerns Attachment Scale Scores

	Kerns Attachment Scale Mother Subtest Score
Referred Child 1	50
Referred Child 2	52
Referred Child 3	55
Referred Child 4	57
Referred Child 5	56
Referred Child 6	38
Mean	51,33
SD	7,03

It was noticeable that attachment security scores were higher in referral children (Kerns mother m=51.53) compared to their non-referred siblings (Kerns mother m= 44.33) Table 6 portrays the details of non-referred children's Kerns scores.

Table 6.

Non-referred Children's Kerns Attachment Scale Scores

	Kerns Attachment Scale Mother Subtest Score
Non-referred Child 1	40
Non-referred Child 2	49
Non-referred Child 3	42
Non-referred Child 4	48
Non-referred Child 5	45
Non-referred Child 6	42
Mean	44,33
SD	3,61

Apart from Kerns, Attachment Doll Story Completion Task (ASCT) also indicated that non-referred siblings, unlike referred siblings who showed insecure attachment patterns (n=3), were more securely attached to their parents (n=5). (Please see table 7) Non-referred siblings had only one insecurely attached child among them (non-referred child 5), while there was only one securely attached child in clinical population (referred child 4). This difference might have stemmed from the fact that Kerns is a self-report scale and it is filled out by children. However, similar to Kerns results, referred child 6, who received the lowest score on Kerns, was found insecurely attached on ASCT. ASCT also showed that avoidant rates were more common in both groups. Only referred child 6 showed insecure disorganized attachment pattern. Both referred and non-referred children's ASCT scores are shown on Table 7.

Table 7.

Children's Children's Attachment Doll Story Completion Task (ASCT) Scores

	ASCT Total Criteria	ASCT Secure Rating	ASCT Avoidant Rating	ASCT Ambivalent Rating	ASCT Disorganized Rating
Referred Child 1	Insecure	1	4	2	1
Referred Child 2	Fairly Secure	4	2	1	1
Referred Child 3	Fairly Secure	2	4	3	1
Referred Child 4	Secure	4	3	1	1
Referred Child 5	Insecure	2	3	2	1
Referred Child 6	Insecure	1	2	1	4
Non-referred Child 1	Fairly Secure	4	3	2	1
Non-referred Child 2	Secure	5	2	1	1
Non-referred Child 3	Fairly Secure	4	3	1	1
Non-referred Child 4	Fairly Secure	2	1	4	1
Non-referred Child 5	Insecure	1	5	1	1
Non-referred Child 6	Fairly Secure	2	5	1	1

Note: ASCT= Attachment Doll Story Completion Task

3.3. SUMMARY OF THE RESULTS

Quantitative results from the present study portrayed important findings for mothers' reflection capacities and attachment securities in parent child relationships. The prominent point on the PDI results was that except one mother, all participants' maternal reflective functioning capacities for their both referred and non-referred children were in the similar range. Mothers seem to have difficulty to link mental states and behaviors of their both referred and non-referred children. As expected ECR-R results showed that the majority of mothers were insecurely attached and mostly used anxious attachment patterns. As for children's attachment, Kerns Security Scale results reveled that referred children's scores of attachment securities with their mothers were higher than their non-referred siblings. On the contrary, Attachment Doll Story Completion Task indicated that non-referred siblings more securely

attached to their parents unlike their referred. It seemed that non-referred siblings had only one insecurely attached child among them, while there was only one securely attached child in clinical population. Another noticeable point was that in contrast to their mothers'anxious attachment patterns, avoidant attachment pattern was very common among children.

One of the other important findings about the adult participants was that all parents reported high level stress on PSI and difficulty in parenting in terms of controlling their children. PSI results also showed that half of the participants suffered from depression. Moreover on ACE, majority of mothers reported more negative childhood experiences such as abuse, emotional neglect, domestic violence and alcohol-drug issues. On the other hand, when parents evaluated their children's trauma experiences, they expressed that positive childhood experiences were more common.

Another noteworthy finding was that although both referred and non-referred children were nearly equal in terms of intelligence and language development according to Raven and Tifaldi results, all of referral children had difficulty in school setting and so they applied for psychological help. Based on CBCL it might be said that internalizing problems were more common among these participants. Only in two cases, both externalizing and internalizing problems were observed. SCARED results indicated that half of the children suffered from anxiety disorder especially panic disorder and somatic symptoms. Besides one referred child reported clinical depression signs on Child Depression Inventory.

3.4. QUALITATIVE ANALYSIS

3.4.1 Qualitative Analysis of Parental Developmental Interview

Four main themes were gathered from the qualitative analysis of mothers' parental developmental interview: Struggles of the symptomatic child, Comparison

with the sibling, Experiencing intense emotions and she/he is Just Like Me. The quotes are labeled as M1 (Mother1), M2 (Mother 2) and etc. in order to highlight the specific experiences of the participants in the study.

3.4.1.1 Struggles of the Symptomatic Child

It was noted that all the participants had a tendency to define their referred children as individuals who had difficulties. Many parents maintained that these children are in need of their own support and talked about their interrelational and academic difficulties. The struggles of the symptomatic child emerged as School, Lack of emotion regulation leading to loneliness, Difficulty in staying calm and Vulnerability.

3.4.1.1.1 School

All the participants expressed that their referred children struggled with academic problems and especially reported their failure to show their real performance and refusal to study. A mother further explained this by saying "He refuses to take part in the lesson and do anything that it entails. We are having trouble because of this." (M1).

Another participant said, "For a year, she never copied what the teacher wrote on the board into her notebook. She kept drawing sketches of the animal figures in his notebook." (M3). Another mother expressed, "He is never silent when we study. He keeps saying things like 'I got bored!" "I should use the bathroom." What I mean is that he is always on the move. (M6).

Many mothers reported they became angry and desperate due to the academic difficulties that their referred children suffered from. For instance, one mother said, "For example, when I help him with his homework, when I kindly ask him to do a certain thing, he does not do it. And I can tolerate only for a while, then I

pull his hair and yell at his." (M6) A mother also verbalized, "A placement exam was done prior to his entrance to school, and as for marking instructions, they were strictly told not to mark out of the boxes. Hearing this, he paid so much attention to marking boxes properly that he answered hardly any of the questions in the sections of social sciences, religious culture and moral knowledge, and science. He did not have enough time. I always remind him to skip the questions he finds to challenging not to lose time, but no! He can't just do it! (M5). Another mother stated, "She writes most numbers like 9,7,3,5 backwards. She sometimes writes them correctly when I remind her to do so. But, she still confuses shapes. And, whenever we start studying, we always get stressed a lot. We always have quarrel." (M3)

Mothers, on the other hand, also adopted a mediator role between school and their children. For instance, a mother pointed out, "I often go to school because he constantly calls me saying, 'Mom, come, pick me up, I am bored, I am not going to attend the class.' He attends the physical education class or takes part in school trips. When he sits an exam, he makes up all the answers." (M1)

Another mother expressed, "Her primary school teacher told us that he daydreams in class or stands up and gets busy doing something else, and that she usually does not do homework. Then I thought I needed professional help because I don't want her to be excluded at school." (M4)

A mother explained this by saying "She has 50 questions in her test booklet. 66 children take the test and she ranks the 66th because she skips 6 of the questions. She got only 11 questions correct, and the rest was wrong. She marks the boxes without reading the questions. She finds writing and reading boring. And I have to go and ask her teacher to let her retake the test." (M3)

In addition to these, one of the mothers said that they had difficulty controlling the referred child and had to change schools. She explained this by saying "Now, the school does not want us. There was an incidence of fight in school. He

sabotaged the lesson as he was not paying attention. He swore at teachers and fought with his friends. And when he feels he is unwanted in a place, he stops going there. After the fight, he had at the end of school year, last year, his friends at school abandoned him. This is our second private school." (M1)

3.4.1.1.2 Lack of Emotion Regulation Leading to Loneliness

Many participants maintained that their referred children had difficulties in their social relations and suffered from loneleness due to the fact that they were not able to regulate their own negative feelings and behaviors. As one participant indicated, "He lacks self-confidence and finds it difficult to socialize. Because of these, he can't control his emotions and doesn't know what to do and how to act when he is with his friends. A simple joke may sound like an insult to him and it can cause him to use violence, this is our biggest problem right now. So, he troubles himself and he has nobody around him now. Let alone friends, I can say that he doesn't even have a best friend. And unfortunately he does this to himself." (M1)

Another mother stated: "His biggest problem is his communication with his friends. He often resorts to violence when he can't get what he wants, or he screams. This is his attitude. And then nobody wants his around." (M6)

3.4.1.1.3 Difficulty in Staying Calm

Mothers who were interviewed expressed that they had difficulty coping with their children due to the fact that there was a lot of struggle between them. They emphasized that they just yell at each other and this is the only way they could communicate. For instance, a mother pointed out, "But, she is kind of a child that makes you yell at her a lot. Let me put it this way, she only obeys when I yell at her. I mean, it is only when I yell at her that she listens." (M4). Another mother stated, "She jumps on me even if when I talk about something trivial with her. Even I make

it clear to her that I mean no harm, she jumps on me. This has happened a couple of times in the last week. For example, she studies and then has a break. When the break takes a little bit long, I say 'Come on Sude, the break took so long.' And she says "Oh, mom!" And I say "I didn't mean to frustrate you, you will lose your concentration," and she goes like "Ok, mom." This is what we are going through." (M2)

The mothers also point out that this conflicting communication with the referred children makes them angry. "I get angry when she ignores me. For example, I see that she has only 5 minutes to leave for school, but she does not even have her socks on yet. This can irritate me. I get mad at her, then I make explanations for my anger, such as 'you will be late, you will miss the class.' But, sometimes I just get angry." (M2)

3.4.1.1.4. Vulnerability

Nearly all of the mothers reported that their referred children have difficulty in adapting to the outside world and expressing themselves well, and that they need support all the time. Especially mothers defined their children as vulnerable because of their social, akademic and emotional difficulties. They stated that they were very worried about them because of this. One of the themes that is common in mothers' concerns about their children is whether their friends want them or not.

A mother also verbalized, "If he is labeled once, it will haunt his for the rest of his life. And if he resigns himself to this, it will last for all his life. For example, he now says 'I'm naughty.' I tell him that he is not naughty, but energetic. But, it's me who says this. Others call him naughty." (M6)

Another mother indicated, "She is an anxious child. A reserved child who keeps his knowledge for herself. She keeps it that way because she is afraid that her

knowledge is not accurate. That's why she cannot share it with others." (M4)

The same participant noted that anxiety and negative feelings of the child lead to some symptoms. She illustrated some of these symptoms as such: "She already had a habit of thumb sucking. And there is a lot happening to her bed. She had problems with classes at school and she has peed herself. She started comparing herself with her friends. Once she sang at school, for example, and she was too anxious and scared. Actually, she is not like that at home." (M4)

3.4.1.2 Comparison with the Sibling

It was seen that all the interviewed mothers constantly compared the two children from different aspects. The mothers were observed to be more closely related, especially with their first child. Moreover, they tended to see their referred children more fragile compared to the other non-referred children, whom they considered to be much stronger. On the other hand, there was a difference between the relationship that the siblings had established with the two parents. The theme of Comparison with the Sibling consists of the following categories: Independence/Growing up by herself, Maturity/Agreeableness, Privilege of first-born child, I'm with him/her all the time and Sharing children as parents.

3.4.1.2.1 Independence /Growing up by Herself

The prevalent discourse of all the participants on the non-referred children was that the child is responsible and self-fulfilling. For this reason, most of the mothers had a tendency to think that the non-referred children did not need their parenting.

A mother stated: "I am not worried about her. (Non-referred child) I really think that she can stand on her own legs. If she goes on like this, god willing, and

may god spare us any other illnesses, she is responsible and that's why I don't have keep going to school to check on her. I don't even ask her about school." (M1) Another mother expressed this by saying, " She can feed herself. (Non-referred child) And she can take a bath on her own. Actually, for the last two years, she has been taking a bath on her own. I never interfere in her studies. When she has homework, she does it herself. She is aware of her responsibilities." (M5) Another common feature of these non-referred children, which was mentioned by the mothers, is that they are stubborn and assertive. A mother, for example, reflected, "He acts as he likes. You can never stereotype him. This is how he is." (M6)

Another mother explained: "She cries a lot. She cries especially when she wants to make you do something. Actually, she uses this. She is a bit dominant. She wants everything her way. And she uses all her trump cards until she gets things done her way." (M4) A mother verbalized: "She is very stubborn. She is a go-getter. I know she wouldn't let others oppress her. But he (referred child) is a little bit more withdrawn, and he might be oppressed. But she wouldn't let this happen." (M5)

Another common characteristic of non-referred children that the mothers voiced is that they had grown up without parental support. The mothers of these children were not too concerned about their upbringing.

To illustrate, a mother verbalized: "I did not care much about her upbringing. (Non-referred child) I mean, I did not have much trouble during her babyhood. I never worried about how she would grow up. I was much more worried about my daughter (Referred child). As for her childhood, I was not worried at all. I was protective of her too, but I can say that I did not take care of her much." (M4)

Another mother indicated, "I don't recall what her first words were (Non-referred child). So, as I did not care much about such things, I can say that she grew up on her own, and this helped her become responsible." (M1)

The same mother, on the other hand, said that she did not intend to make her stronger. She further explained this saying, "I mean, I wanted her to be strong because she (Referred child) was a timid child. She was like that even when she was younger, she was outgoing, but at the same time timid. But I guess I brought up she (Non-referred child) to be more ambitious. Maybe I did so because I was trying to prove that I could cope with these emotions, difficulties and handle these children on my own, with my spouse." (M4)

3.4.1.2.2. Maturity/ Agreeableness

When comparing their two children, the mothers think that non-referred ones are much more mature and compatible. It was remarkable that these children were also appreciated by society.

For instance, a mother pointed out, "She is smart and successful at school. She is a child of distinction. I mean she is a rational person, just like a grown-up." (M4)

Another mother reported, "You can have conversation with him as if he were an adult. For example, he can have a chat with you like an adult or you can talk about a movie with him like an adult." (M6)

Another participant expressed this by saying: "Her teacher also agrees that she is a very successful child, for her age. And she is attending kindergarten right now. For example, her teacher says that she was the one who used the word nurturing and that she is a child who can take care of and play with a doll." (M6)

It was also noticeable that non-referenced children were able to meet their parents' expectations while their siblings had difficulty in overcoming their problems. As a mother reflected, "It's a lot easier to mother him (Non-referred child). He (Referred child) is a more exhausting. When I told him (Non-referred child) to stop when he was the same age as his referred sibling, he would. I can, for example, send

him (Non-referred child) to the supermarket. When he was 6 or 7, I would give him the shopping list for him to shop. He could go and buy bread. But when I send him (Referred child) to buy bread, if I tell him to buy two breads, he buys one and gets something else that he wants. You always go after him. This is how he is." (M6)

Another mother explained, "I feel sorry for him (Referred child). I know he is just a child, but he still acts as if he was younger. Although he is the elder brother, she acts like his elder sister. For example, when we prepared to come here, she helped him get dressed, and she and I helped him put on his socks." (M1)

As Mother 1 mentions, non-referred children tends to be more caring as they are more mature. For example, another mother verbalized, "She is very caring. Even for little things, for example, if I complain about a headache, she immediately asks me if I have a fever or want a blanket. She takes care of me. She (Referred child) is not like that." (M2)

While these siblings' maturity seems to be appreciated, it was observed that it sometimes caused their mothers to have a sense of guilt. For example, a mother stated, "He grew up so fast. I don't know if we were too hard on him because of his sister. Honestly, I sometimes feel guilty. I say to myself that we brought him to maturity too early. After his sister's birth, we kept telling him that he is the elder brother and has new responsibilities. I think we did this too much and we were too hard on him." (M6)

3.4.1.2.3 Privilege Of The First-Born Child

All the mothers who were interviewed expressed that their first child was very special to them. They explained that their first motherhood experience was very unique and they could not live the same with the second child. Thus explaining that they felt different and behaved differently while raising two siblings. Nearly all the

mothers emphasized that they were very careful when they raised their first-born child.

For instance, a mother pointed out, "To begin with, she is very special. It's because she made me a mother. I was like nothing, but then became a mother thanks to her. When she (Non-referred child) was born, I was already a mother. I became a mother for the second time. But with her (Referred child), it was totally a different thing. You experience a lot of things for the first time: you get pregnant, feel her inside your belly, give birth, and then breastfeed. With second child, I already knew all these things. She is my second child, but she sees a mother in me. It's very different with her (Referred child). I mean both have their places, but being the first-born, she (Referred child) is special. She is a princess." (M2)

Another mother explained a similar experience: "She (Referred child) is my first child. She is very important to me. I raised her a little bit differently than her (Non-referred child). I was more protective. I didn't even let people kiss her. As it was my first motherhood experience, I was too afraid that she would be infected or I did not even let people flush the toilet if she was about to fall asleep." (M4)

Yet another mother explained this by saying, "My first child (Referred child), even his first kick is exciting. Once he kicked, I would shout to my husband. Actually, you would not love your first child differently, but because we experienced the excitement of the first-born with his, things such as diapering, feeding, and breastfeeding for the first time ever, he is different." (M5)

Similarly, another participant expressed this by saying "First experiences are always more valuable. The first time when he walked or cut a tooth. I nurtured him (Referred child) for a year, but I nurtured her (Non-referred child) for three months and then started work. We were too relaxed with her. The thing is that I don't recall any memories of her eating or walking. But I can remember his like they were yesterday. The first experiences." (M1)

3.4.1.2.4. I'm With Him/Her All the Time

It is worth noting that all the participants defined a more intense relationship with their referred children.

For instance, one mother indicated that: "He always wants to play with me. We still sleep together. He wants to sleep with me. He doesn't want to sleep alone. We go everywhere together." (M1)

Another mother stated, "For example, we performed Umrah together. Like in the game we just played, he did not leave me alone. 'It is not because I want to go with you, but I don't know what to do without you for 15 days', he said." (M5)

Same mother added that, "I take care of everything about him. He tells me about everything including his studies. I can say that he never goes anywhere without me. These are the things that I can think of off the top of my head. She (Non-referred child) is usually with her grandfather at home. She is not as close to me as him." (M5)

Another remarkable feature of the interviews was that nearly all the mothers find similarities between themselves and their referred children. Mother 4 explained this by saying "I am a very naïve woman. I think she (Referred child) takes after me in this respect. She (Non-referred child) is not like me. She is more aggressive, but she (Referred child) is more naïve, just like me."

These similarities between the mothers and their referred children are not only seen in their personality traits, but also in the psychological difficulties they went through. For example, same mother pointed out, "Yes, I was like her (Referred child) at when I was at primary school. When, for example, a friend of mine took my book, I wouldn't be able to tell her that it was mine. But this was at primary school. Later on, at secondary school and high school, I changed to such an extent that the teachers called me shameless. I am hopeful that she will change, too." (M4)

Another mother stated, "Just like her, I remember having a different experience with learning how to read and write when I was at primary school. They did not care about this much at home. They told me that I was going to learn how to read and write sooner or later. I remember starting to read at the end of 2nd grade. That's why I do not force her either." (M3)

The mothers felt that they had different feelings towards their two children and therefore they were not able to mother them in the same way.

A mother verbalized, "I'm stronger when I see myself as her (Non-referred child) mother, but I'm more emotional as her (Referred child) mother. It's different. For example, I composed a song for her (Referred child) when she was born. When I held them, I had a song composed for each. They are quite sentimental songs. And I get sentimental when I sing them. But I experienced this to a great extent with her. This might have passed to her. But I composed a more cheerful song for her (Non-referred child)." (M4)

The mothers also acknowledged their tendency to keep their non-referred children in the background.

A mother explained this by saying, "My elder son (Non-referred child) is pushed into the background. He might be expecting little bit more attention. I feel that. He sometimes approaches me saying that he does not understand something about one of his classes, subtly trying to give me the message that I pay much more attention to him (Referred child). The other day, he asked me the meaning of the word 'hâşâ,' and I told him there was no point in asking me while he has a dictionary and the Internet at his disposal. He is expecting as much attention as it is paid to my referred child." (M6)

Mother 3 shared her similar experiences: "She (Referred child) and I are always happy when we are together. I always stroke her and we sleep together. This bothers her (Non-referred child) little bit. She says 'you always sleep with your

daughter.' Even if I sleep with her (Non-referred child), she (Referred child) always joins us.

Another mother said, "I took care of everything about she (Referred child) myself and this hasn't changed a bit. But she (Non-referred child) is more enthusiastic. She gets dressed herself. I never interfere. But I have to take care of everything when it comes to her (Referred child)." (M4)

3.2.1.2.5. Sharing Children as Parents

According to the mothers, siblings seem to have shared their parents among themselves. While the referred children are mostly with the mother; the non-referred children are closer to the father.

For instance, a mother pointed out, "She (Non-referred child) doesn't tell me much seeing that I'm more intimate with her (Referred child). She (Non-referred child) is much closer to her father. She tells everything to her father before I share them with him." (M3) Another mother reflected: "It's because he (Non-referred child) is much closer to his father. He is close to me as well, but I took care of he (Referred child). When he was born, so he (Non-referred child) got closer to his father." (M6).

According to Mother 6, his husband was not involved because he had difficulty in controlling the referred child. She explained, "There is a barrier between his and his father because of his restlessness. He is closer to me. My elder son (Non-referred child) is, however, much closer to his father as he is more obedient. His father does not want him (Referred child) saying that he would misbehave.' I think because we spend more time with him, he wants me to be with him." (M6)

The mothers sometimes tried to balance between their referred children and their father in order to help maintain the quality of the relationship between them. For

example, Mother 5 indicated: "He sometimes has an attitude towards his father. At such times, I try to make him understand the situation by saying, 'Your father works hard and he is sometimes in traffic for 2 to 3 hours, and therefore he could be exhausted and may not spare as much time for you'. In this way, I try to calm him down as I don't want him to be cross with his father."

Yet, it was found out that the mothers sometimes had to put some distance between fathers and the referred children as they frowned on the way the fathers treated the referred children. A mother expressed this by saying "For example, his father asks him to stand in the corner of the room as a punishment when he does not obey him. That's why I did not leave his upbringing to his father much. To be honest, I did not want his father to intervene because I don't think his methods are right." (M6)

Another noteworthy point is that while the fathers can tolerate being away from their children for a short time, the mothers can't tolerate such a separation. To illustrate, a mother pointed out, "We left them with their grandmother this summer. We were happy that we were going to have the time of our life for two days, but I missed them so much that I kept saying that we should call them. My husband tried to comfort me by telling me to leave the kids alone so that both the kids and I could have some space. But I missed them a lot." (M2)

Mother 4 expressed this by saying, "I'm so unhappy when my daughters are not around. I'm so relaxed, but I can't enjoy it because I miss them, their voices. I got so much used to them that I've been told I keep frowning when they are not around. My husband is never like that.

Another mother verbalized: "My husband is not affected much, but I guess I can't even breathe. I can only tolerate not seeing both of my children until evening." (M3)

3.4.1.3 Experiencing Intense Emotions

Almost all the participants revealed that they suffered from intense negative emotions due to their children's symptoms and that they had difficulty in coping with and regulating such feelings. Despite all hardships, many mothers are still hopeful, and they continue to struggle for their referred children. What the mothers experienced most intensely was anger, constant effort/remaining hopeful, need for help, and guilt/sadness.

3.4.1.3.1 Anger

The most intense emotion that the participants felt in the face of their children's symptoms was reported to be anger. They usually thought that their children were in fact able to control their own behavior, and this idea caused the mothers to get angry with them.

For instance, one mother indicated, "That he is restless and naughty. These drive me crazy. I never hit him, but I yell at him. Everybody in the apartment building hears me. I scream so loud. I do this quite often. Some scorning and insult as well, when I truly get mad." (M6)

Another mother said: "I want them to be meticulous. I get angry and sometimes I bruise them." (M5)

One reason for the mothers' anger seemed to be their impatience. For example, a mother verbalized: "I sometimes get tired of the way she is. I tell her to stop being like that or I say to her, 'what's the point? I tell you that I have faith in you. What is it that stops you?' I sometimes question this and can get angry with

her." (M4)

The mothers were also angry that the children could not show their real potential. For example, Mother 3 expressed this by saying "What annoys me when I help her with her studies is her homework that she would take to the class the following day and that her classmates and teacher would not see her like I do. I get angry with her. I say: 'This will upset you, and you will come back home. Your friends will think that you are not successful, but actually you are very successful. You can achieve anything if you wish. It's in your power.

3.4.1.3.2 Constant Effort / Remaining Hopeful

Most of the participants emphasized that they were devoting themselves to their children, trying to do everything they could. A mother verbalized: "I'm a very sacrificing mother. I was such a sociable person both before and after I got married. All of a sudden, I stopped going out, I mean, I devoted my whole life to them." (M4)

Another participant indicated: "It's because I always try to position myself according to them. I do my best to meet their needs." (M6) Mother 3 verbalized this by saying, "I'm quite positive. Sometimes, I am demoralized, but I immediately pull myself together. I focus on the solution, because I believe I should be a role model for my child." Another mother also stated: "There are times that I think I am insufficient. Having a child is a heavy responsibility. I do my best for her/him to improve. I mean, I now live for them." (M1)

It was noticeable that some mothers had tried to adjust their attitude in order to improve their relationship with their referred children. For example, a mother reflected: "For one thing, I somehow couldn't overcome my quick temper. I'm less angry these days. I'm on antidepressant. People say these drugs have side effects, but I tell them such side effects are no more important than how I can possibly harm my children. I don't care about any side effects as long as these antidepressants help me

treat my children better. I don't mind the side effects. I just don't want to maltreat my children." (M2) Mother 5 expressed this by saying: "I might be little bit hard on him about his studies. I might have restricted him, but I am now trying to leave him alone. I fear that he might explode one day at high school because of my pressure on him."

3.4.1.3.3 Need For Help

Most of the mothers were seen to be struggling with their children's difficulties on their own. The most prominent theme that emerged at this point was the mothers' need of adequate spouse support. For example, Mother 6 explained this by saying, "I didn't get much support from my husband. I shoulder the responsibility of the children. My husband acts as the breadwinner only. That's it. I take them to school, pick them up from school, and take care of both his (Referred child) and his (Non-referred child) studies. For example, the other day, I asked my husband to check his answers for the test, and he said; 'I don't know about this.' He is also a high school graduate like me. Use the İnternet. I think fathers just don't want to be bothered. In this case, I get exhausted and find it difficult to cope with such difficulties."

Another participant added, "I really got exhausted as I was always busy. I'm so worried about my children. I often fear that I would not be sufficient for them. I now expect my husband to do all. I've reached thirty years old, but I feel I've spent my whole life like that." (M5)

The participants also indicated that they needed help not only from their spouses but also from their own family members. One of them said, "I raised both of my children on my own. I had no one with me. It was like the people I needed most were not there. To be honest, this frustrated me. Both of us were alone. It was so difficult to raise them. My husband and I had to deal with every single thing about

them. One wonders why our parents or siblings were not there when they were needed." (M4)

3.4.1.3.4 Guilt/ Sadness

Some of the mothers interviewed were seen to hold themselves responsible for the psychological problems of their children. For this reason, they reported to experience an intense sense of guilt. For example, Mother 5 indicated that by saying, "he does not want me to work. He becomes so happy when he sees us in bed on Sundays. I think he does such things because I am a working-mother. Maybe, he is reacting to this, because he is a child who shows how he feels." Another mother verbalized: "Did I cause this? I might have made some mistakes. I don't think I'm sufficient. I'm aware of this. I just can't remain calm. We might sometimes get angry and yell at him, or even use violence." (M6)

Mother 2 said, "I question if she would still answer back if I were not such a quick-tempered person. I'm angry with myself about this. I feel guilty when I am angry with her or yell at her."

Most of the participants are also worried about their children's future. They expressed difficulty and intense sorrow in accepting their children's problems. For example, Mother 2 verbalized this by saying, "I feel sorry for her as this can cause problems for her in her life in the future. For example, that she is not good at organizing her time. This might affect her badly. She might miss an appointment. She is quick-tempered. If she can't control this at work, like me, she can have problems in her social life as well. I feel sorry because this might affect her badly."

Mother 4 also shared similar experiences: "I often question why this is like that. I feel sorry. Because I'm not the same age as her, I want her to get things off her chest, but at the same time I know that it's not easy for her. When she is anxious, she distorts her mouth. She does something different. I understand it looking at her eyes. She has certain gestures. These upset me. I feel terribly sorry, yes."

Another mother mentioned: "I sometimes see something and it upsets me very much. I say to myself that I wish it wasn't like this and that I wish I could turn the clock back. I wish he were not like that. But, if it were not this, I think there would be other things. I believe in fate. So, it's will of God. (M1)

3.4.1.4. She/he is Just Like Me

The mothers who were interviewed also expressed that they saw some traces from their own past life in their present life now. They mentioned that especially their relationship with their mother and siblings are today decisive in their relationship with their own children. The theme of the repetition of the past consists of sibling rivalry and conflict with mother .

3.4.1.4.1 Sibling Rivalry

During the interviews, the participants highlighted some similarities between their own relationship with their siblings and their children's sibling relationships. Nearly all of the mothers complained about jealousy among their own children, and similarly they described their fighting with their own brothers in the past. For instance, a mother pointed out: "For example, he (Non-referred child) is quite tidy. He can't stand his toys being broken or scattered around. He (Referred child) is just the opposite. He makes a mess, and he (Non-referred child) can't stand this. He wants to be obeyed, so they constantly fight." (M6), and she verbalized her past experiences by saying "I couldn't get on well with my elder brother. It's still the same. Actually, he is right. And I don't like to be dominated. That's why we used to quarrel very often. He often told me what to do and what not to do. He would say, 'If I'm doing it, you also have to do it.' These are the things that caused us to quarrel." (M6). Mother 2 mentioned: "My sister and I used to fight a lot about the usual things between two sisters. Now, I see that I was jealous of her. When I was a kid, I didn't

think I was jealous. But now I feel that I was jealous. When I was at primary school, I used to have my friends at home. I wouldn't want her to play with us. This shows that I was jealous. Now, this is what my daughters are like."

Another mother stated: "As she (Referred child) grows up, her sister's attitude towards her changes. When she was younger, it was different. Now that she sees her (Referred child) power and place at home, she gets jealousy." (M3) She further talked about her past sibling relationship: "My elder sister and I were like twins. We wouldn't want our younger sister around. She would always use my possessions without my consent. We used to fight. We couldn't get on well."

3.4.1.4.2 Conflict With Mother

Almost all the participants mentioned that they had a distant and conflicting relationship with their mother. Some of the participants were angry at their mothers for lack of interest and intimacy in their relationship. For instance, a mother pointed out: "I wish she had been more protective and caring. I always think that she could have loved us more. She used to complain about us to my father on the phone. I would get mad at her." (M1)

One participant emphasized this by saying, "I felt more intimate with my grandmother rather than my mother. I kept judging my mother for her dressing or the way she talked. We had many conflicts, especially during my puberty. I had my own ideas and she had her own. She would tell me that I was too stubborn. I would always answer back and tell her that she was wrong." (M3) When they thought of their relationship with their children, some participants realized that they were acting like their mothers. A mother, for example, said, "That my mother used verbal and physical violence affected me badly. It also had an effect on how I now treat my own children. I was thinking I was supposed to become a calm mother who would not yell at her children, just the opposite of my mother, but I now think that I'm just becoming like her." (M2) Another participant indicated: "While having tantrums or

threatening my children with a slipper, I automatically think of my mother. I'm just like her now. (M3)

This similarity between the participants and their own mother reveals itself in many areas. For example, Mother 3 said that she liked her mother not only because she never used punishment, but also because she sacrificed a lot. She said, "I'm a very patient sacrificing mother. I don't think any other mother would tolerate what my daughter does. I've tolerated Ecem's tantrums since her babyhood. My mother was also sacrificing, devoted and merciful. So am I. Our genes are alike."

Another participant maintained that she wanted to treat her children differently than how she was treated by her mother. She said, "I was quite fond of my mother before I got married. I was always in her lap. I thought that my mother felt the same for me. But she was never there when I needed her after I got married. I believe I'm very fond of my children as my mother was not affectionate towards me. For example, I still keep saying to myself that I'll never leave my children alone even after they get married." (M4)

3.4.2. Qualitative Analysis of Attachment Doll Story Completion Task

Qualitative analysis of children's story stem narratives revealed three main themes: Differences in parental representation, Seeing the parents as a unit and Positive relationship with the parents. The quotes are labeled as C1 (Referred Child), S1 (Non-referred Sibling 1), and so on in order to share the specific experiences of the participants in the study.

3.4.2.1.Differences in Parental Representation

Compared to their non-referred siblings, referred children's maternal representations were found to be more negative. While non-referred siblings

generally defined their mothers as concerned, loving and close, referred children considered their mothers to be emotionally distant, inadequate, and punitive. This might indicate that these children do not relate to their mothers as closely as their mothers felt. For example, when reflecting on the story that the child accidentally spilt fruit juice, a referred child indicated: "His mother got mad and told Murat that he would eat on the floor because he was grounded. Murat ate in the corner on the floor. (C6)

As for the story that his parents left the child, a referred child verbalized: "And then the kids says 'No, I'll go with you'. And the mother says 'No!'. Then the kid starts crying, and the mother says 'Okay.' They all get on the car, but the mother doesn't take the kid with her. And the kid starts running after them. But he can't reach them and goes back home crying." (C5)

About a story where a child saw a monster at night, a non-referred child showed more positive maternal representation by saying that: "And then her father comes running and asks, 'What happened, my daughter?' She say, 'There is a monster.' He turns on the light and asks, 'Where is the monster?' Her mother, who overhears them, comes and says 'I put a strawman in the garden. I guess its shadow reflected on the wall and you thought it was a monster. Go to sleep. And the girl falls asleep." (S1)

Both siblings, on the other hand, showed positive representation of their father, who was generally described as interested and soothing. For the story that the child accidentally spilt fruit juice, a non- referred child commented, "Her father brings a napkin and says, 'Such is life'. And then gives her a new one. The child goes on eating." *(S1)*

About the story of the parents returning from their vacation, a referred child said, "Then his parents arrive. Hamza shouts to his father. Hamza has missed him. He kisses his father. He asks his mother 'Where have you been?' "We won't tell you.' responds her mother. (C5)

About a story where a child falls and twists his knee while playing, a referred child said, "After saying that his knee hurts, he went to bed (Turning it facedown) and fell asleep. Then his father carried Murat home. (C6)

3.4.2.2 Seeing The Parents As A Unit

It was noticeable that non-referred children viewed their parents as a whole and expressed equal distance and closeness with their both parents, unlike their referred siblings. For example, about a story where a child saw a monster at night, a non-referred child said, "They went to her room and asked her what happened, 'Melis, what happened?' She says, 'Mom, there is a monster.' Her mom answers, 'Dear, it is your shadow.' They said, 'Dear, it is not a monster and you shouldn't be afraid. Go to sleep.' They said, 'We are here with you. They waited there for Melis to fall asleep.' (S2)

As for referred children, it was obvious that unlike their siblings, they perceive their both parents distant and expressed the need for their fathers. They generally described their families as parents who provided help automatically, but lacked emotional closeness.For instance, for the story where a child falls and twists his knee while playing, a referred child indicated: "His parents arrive. They check it, and if it is serious they take him to hospital, if not, they take him home." (C6)

Another referred child verbalized: "They shout to their parents, 'Mom!!!' The father is not around again. He's waiting. Then, they arrive. They help him stand up and put a bandage on his knee. They say, 'We are done,' and then they leave." (C5)

3.4.2.3 Positive Relationship with The Parents

It was noticeable that generally non-referred children defined a secure attachment relationship with their parents, and they emphasized that they could calm down with their support, trust both parents and enjoy their presence.

For example, a non-referred child pointed out: "When she is sound asleep, her parents come to check if Ece is okay. They drop a kiss on her cheek." (S4)

About the story of the parents returning from their vacation, a non-referred child said: "Melis runs to her parents and hugs them. Her parents unpack their suitcases. Then they eat at a big beautiful table. Her grandmother and Melis made a big cake to celebrate her parents' returning." (S2)

Referred children, however, showed more negative emotions and refused to have close ties with their parents. For example, about the story of the parents returning from their vacation, a referred child said, "Ilayda says that she doesn't want to go. She doesn't want her parents. Although they say that they will come back at the weekend, Ilayda insists on not going." C3)

As for the story where a child saw a monster, a referred child commented, "Later on the girl says, 'peekaboo!'. Her parents get scared and run away. Her sister goes upstairs. When she says that she is afraid of monsters, her elder sister sleeps with her. Her parents do not come." (C2)

4. DISCUSSION

The primary aim of this study was to investigate the representations of the mothers who have a child with symptoms that was brought to psychotherapy and a sibling who was not referred. Significant differences were expected in terms of both the capacity of these mothers to reflect on these children (operationalized and measured as reflective function (RF)) and the qualitative content of the mothers' representations of the two siblings. The secondary aim was to both investigate the representations of the referred and non-referred siblings towards their mothers in regard to their attachment security (operationalized as the working models of the mother) and to qualitatively analyze the content of the representations. In order to fulfill these aims, both quantitative and qualitative methods were used. While quantitative analysis included the measurement of attachment classifications and

maternal reflective functioning scores by the help of Parental Developmental Interview, The Experiences in Close Relationships Inventory, Attachment Doll Story Completion Task, and Kerns Security Scale, a thematic analysis which was conducted to investigate the content of the representations of the mother-child dyads formed the qualitative part of the analysis.

In this section, initially a summary of the quantitative findings will be presented. It was expected that there would be a difference in mothers' reflection functioning capacities between their referred and non-referred children. However, contrary to expectations, PDI results indicated that all participants' maternal reflective functioning capacities for their both referred and non-referred children were found to be in the similar range. PDI results also showed that these mothers' reflective capacity is low and they might have difficulty in linking between mental states and behaviors of their both children. The Experiences in Close Relationships Inventory also revealed that the majority of mothers were insecurely attached and mostly used anxious attachment patterns parallel to their low RF capacities.

Secondly, a difference was expected in the representations of the referred and non-referred siblings towards their mothers in terms of their attachment security. As expected, Attachment Doll Story Completion Task results indicated that non-referred siblings were more securely attached to their parents, while referred children were insecurely attached. On the other hand, Kerns Security Scale results displayed that referred children's scores of attachment securities with their mothers were higher when compared to their non-referred siblings. This discrepancy will be discussed later in the following section.

As for qualitative analysis, mothers' Parental Developmental Interviews and children's Attachment Doll Story Completion Task narratives were analyzed via a thematic analysis to understand the content of the representations. Four main themes emerged from this analysis: Struggles of the symptomatic child, Comparison with the non-referred sibling, Experiencing intense emotions, and she/he is just like me. As

expected, there was a difference between mothers' representations of their referred and non-referred children. The result showed that mothers might have a tendency to see non-referred children as more powerful, and therefore they gave them more responsibilities. Yet, mothers considered their referred children to be more fragile, and this led them to establish a very close relationship with them to meet their needs. On the other hand the prominent point in these results is that non-referred children seemed to have more positive representations of their mothers, but referred children were not.

4.1. DISCUSSION OF QUANTITATIVE FINDINGS

To begin with the RF scores of the mother for the referred and the non-referred children, as stated above, the findings did not indicate any noticeable difference. Mothers' low and similar reflective functioning capacities toward their both referred and non-referred children might be explained by nature of mentalization. As a global capacity mentalizing refers to the one's ability to understand himself and others in terms of mental states. Once this capacity is inhibited an individual may not understand neither one's own feelings, intentions and desires nor others' behavior (Fonagy et al., 1998). In a similar way, in the current study it might be said that mothers not only fail to make sense of their own internal experiences but also they had difficulty in reflecting their both children.

The following two factors might help further explain this finding: First, the demographic findings of the adult participants in the current study revealed that all parents reported high level stress on Parental Stress Index (PSI), and that half of the participants suffered from depression. Second, on Adverse Childhood Experience (ACE), the majority of mothers reported that the relationship with their primary caregivers showed more negative childhood experiences such as emotional, sexual and physical abuse, emotional neglect, domestic violence and alcohol-drug issues.

Literature shows that parental experience of trauma can be considered as a possible element affecting a parent's reflective functioning capacity. In other words the experience of early childhood trauma may impact not only an adult's reflective functioning, but also parental reflective functioning. Chiesa and Fonagy (2014), who elaborate on lower reflective functioning scores, state that such lower scores are often brought about by negative childhood experiences and RF plays an important role on emerging psychiatric problems. Lieberman et al (2015) suggested that parents with negative early childhood experiences such as abuse or neglect have difficulty in sensitive caregiving when their distress is triggered. They further point out that such parents are likely to feel threatened and overwhelmed by children's signs of the need for caretakers and that this can lead to emotional misinterpretations at parents. Attachment theorists, on the other hand, suggest a relation between early relational experiences in childhood and the organization of the attachment system maintaining that the former has an impact on the latter (Fonagy et al., 2002; Slade et al., 2005). In this context, children's attachment can be adversely affected by the fact that primary caregivers experienced childhood trauma (Carlson, 1989). The other two determining factors behind attachment insecurity are thought to have been insensitive caregiving and maltreating (Bakermans-Kranenburg & Van IJzendoorn 2009). Fonagy and Target (1997) also correlate the parent's capacity to interpret the infant's mental states with secure attachment. Based on this, it can be speculated that participants in the current study might have had difficulty in reflecting on their children's mental states due to their insecure attachment organizations.

Regarding the mothers' stress levels, research has demonstrated that stress has significant effects on mentalizing capacity. Bateman and Fonagy (2006) drew attention to differences in mentalization between securely and insecurely-attached individuals, which they believed to be substantial under high levels of stress. This being said, it is also worth noting that reflective functioning of insecurely attached individuals exposed to stressful situations suffers significantly. According to Adam et al. (2004), for example, found that distressed mothers are very likely to fail to

accurately interpret their children's needs due to their negative mental state. Accordingly, such mothers, compared to relatively less distressed mothers, might tend to behave less sensitively in their relationship with their children (Trapolini et al., 2008). To illustrate, Mills-Koonce et al. (2011) reported that mothers with chronic symptoms of distress were found to be the least sensitive when it comes to reflective thinking about their children.

It was also noteworthy that the results of the current study highlighted that half of the adult participants probably suffered from depression. Previous findings indicated that depression was associated with intense damages in social and interpersonal functioning. Fischer –Kern et al. (2013), who investigated to what extent female inpatients with depression can mentalize, found that such participants, compared to the healthy controls, tended to have considerably more difficulty in mentalization. They stated that the results of their study indicated depression severely inhibited their interpreting capacity of their own and others' mental states. In their another study, Fischer–Kern et al. (2008) compared depressed patients with borderline patients (RF approximately 3) and healthy individuals (RF approximately 5), and they found that the depressive group demonstrated to have less capacity for mentalization. In the current study, it can be explicated that participants' reflectiveness toward their both children might have suffered from their depressive features and high level of stress.

Regarding the second aim of the study, which was to investigate the representations of the referred and non-referred siblings, as expected, it was found that the non-refereed siblings were more securely attached towards their mothers. However, opposite results were obtained on the Kerns security scale, which indicated that referred children's security scores were higher than their non-referred counterparts. As a self-report questionnaire, Kern security scale is based on participants' consciously evaluation of the quality of their attachment relationships. Self-report measurements show little association with other measures of attachment security. In addition, Security Scale has not proven to be consistently correlative with

other attachment security measures (Kerns et al., 2008; Kerns et al., 2007). In contrast to self-report questionnaires, narrative methods of attachment assessment are not based on subjects' active awareness. As a narrative method, Attachment Doll Story Completion Task showed to provide more valid results (Bretherton et al., 1990). This can be attributed to the fact that it is possible with Attachment Doll Story Completion Task to differentiate individual dissimilarities in attachment security at the level of representation.

As for the difference in representations of the referred and non-referred siblings towards their mothers in terms of their attachment security, it might be argued that family environment might influence siblings differently. Belsky (2005) suggested that siblings could produce different attachment representations, and these representations can be independent of their parents' attachment representations. At this point, the findings of this current study supported Belsky's suggestions as it was noticeable that in contrast to their mothers' anxious-insecure attachment patterns, avoidant-insecure attachment pattern was very common among referred children and secure attachment pattern was prevalent among non-referred children. Based on the findings of the studies on siblings' attachment bonds toward their parents, a number of researchers (Caspers et al, 2007; O'Connor & Croft, 2001; van Ijzendoorn et al 2000) have repeatedly asserted that there have been just moderate similarities between parents' attachment organizations with multiple offspring. Benenson (1998) also pointed out that some differences could be observed in the way parents raise their children and interact with them.

Another significant finding that the current study revealed about child participants was that the majority of referred children were insecurely attached and first-born children. However, in the study, second-born children were mostly securely attached. In this regard, Samuels (1980) suggested that older siblings may act as an attachment figure for younger siblings. In line with Samuels, Stewart (1983) found that older siblings tended to relief their younger siblings. For example, in the absence

of the primary caregiver, an older sibling can comfort a younger sibling during a stressful situation (Stewart, 1983; Teti & Ablard, 1989).

4.2 DISCUSSION OF QUALITATIVE FINDINGS

Four themes were revealed from the Parental Developmental Interview and Attachment Doll Story Completion Task narratives in the attempt to find answers to the research questions. The first question was whether the content of the mothers' representations toward their symptomatic and non-symptomatic children would differ or not. It was seen that there was a significant difference in mothers' representations toward their referred and non-referred children.

According to the results, the common experience among all mothers with their referred children was to constantly think of them and do everything to meet their needs. It was noticeable that the mothers had serious difficulty separating themselves from the referred children believing that these children desperately needed them, and therefore the mothers ignored their own needs and saw the need of these children as their own priority. However, almost all participants stated that they wanted their referred children to behave, think and feel the same way they themselves do. In other words, they seemed to have a difficulty tolerating their children's thinking differently. On the other hand, they did not define such merged relationship with their non-referred children.

This finding might be explained by separation individuation process, which Mahler (2000) states that this process plays significant role on development of the child's psychological self. It is also suggested by object relations theory that an optimal maternal distance is necessary for a mother to notice the infant's developing needs (Blatt, 2004; Mahler, 2000). According to Hock and Schirtzinger (1992), in order to see themselves as separate from the child, mothers should be developed a healthy sense of self. Otherwise, mothers experience a feeling of loss or rejection because of separation, which is termed maternal separation anxiety by Hock et al.

(1989). According to Blatt (2004), this behavior of mothers' is likely to block the separation-individuation process in children resulting in a merging relationship. In the current study, all of the six mothers expressed both their fear of losing their referred children and urge to merging with them.

A few studies (Hock et al., 1989; Kagan, 1984) associated mothers' attachment styles with their ability to evaluate children's needs regarding separation. Crowell and Feldman (1991), who investigated mother and child behavior during separation-reunion, indicated that preoccupied mothers were not as helpful in supporting their children for the separation and that they were not only very anxious but also quite unwilling to leave the room. They added that the interviews of mothers in the preoccupied group demonstrated separation is a difficult area for them. On the other hand, Sroufe and Fleeson (1986) pointed out that behavioral problems were the main reason why insecurely attached mothers brought their children to the clinic. They further elaborate that it is theoretically possible that mothers' insecure attachment styles might be risk for children to develop such problems. The findings from the current research indicated all of the adult participants, who are insecurely attached, described a symbiotic relationship with their referred children.

On the other hand, the mothers described a more distance relationship with their non-referred children who were securely attached. It might be possible that these mothers allowed their non-referred children to individuation thanks to their lack of separation anxiety toward these children. In other words, it can be considered that non-referred children did not develop psychological symptoms and that they had more positive maternal representation as they achieved separation from their mothers. Klein and Dunlop (1997) suggested that traumatic experiences of parents impact their parenting and interaction with their children. The qualitative analysis they conducted support this statement as it revealed being overprotective to be a feature of traumatized parents. Other themes that emerged in their study were lack of boundaries and difficulty with separation. They drew attention to involvement of traumatized parents in their offspring's life and concluded that these parents might

have a symbiotic relationship with their children, while the urge for separation and individuation is problematic for both parties. The findings of the current study overlap with these results. Most of the six participants in the current study reported childhood trauma and they defined an overprotective and symbiotic relationship with their referred children.

Another noticeable point was that all of the participants highlighted priority for their firstborn children. Mothers expressed that while they remembered everything about their first children, they did not remember much detail about their other children. Another remarkable finding was that the majority of the referred children attending the study were the first-born children of their families. The majority of participants in the current study described their second-born (and non-referred) children as stronger, more social and stubborn, while they defined their firstborn (and referred) children as more anxious, fragile and identified with them. The mothers in the study also stated that they had more ambitions about their first-born children and for this reason they were more interested in every detail of their life. However, they expressed that they did not intervene so much in their second children's life due to lack of ambitions about these children.

As for this discrepancy between the firstborn and the second-born, Adler (1927) stated that the birth order of the child had an impact on the parents' caregiving behaviors and added that there was a research supports the idea that parents treated first and later-born children differently. Koch (1954) also reported that parents tended to be more attentive to the first-born, while Rosen (1961) found out that the parents were talking and interacting more with the first child. It was also indicated that parents guided, interfered with and reacted to first-borns more (Hilton, 1967; Stout, 1960).

Birth order position was believed to influence the child's personality as well. Sulloway (1996) argued that birth order is a determining factor in differences among siblings and asserted that firstborns are typically more worried, dreadful, identical with parents, while later-borns are generally more helpful, relaxed,

empathetic, admired, stubborn, adventurous and friendly. The current study's findings overlap with these previous ones. In the current study, generally second-born children were described as powerful while firstborn childrenwere characterized by their mothers with their vulnerability.

It was seen that the mothers generally described their children as two characters that were completely opposite to each other. The participants of the current study mostly defined non-referred children as more selfish, stubborn and extrovert, while they described referred child as emotional, helpless and lonely. Such opposite sibling roles were showed by many research findings such as succeeding/failing, sickly/healthier (Vogel and Bell, 1960) and goodness/badness (Cleveland & Miller, 1977). Opposite parental images also shaped opposite role behavior between siblings. Pocock (1992) suggested that the parents may perceive children's personality based on their earlier traumatic experiences, and that this leads difference development due to siblings' identification with this parental percept. Chess and Thomas (1984) suggested that parents with trauma tend to see themselves in their own children and that their perception may lead to opposite role images between siblings. To illustrate, it is possible for a parent who was previously distressed by issues of achievement to see a pair of siblings as successful and failing. These siblings may identify with these opposite roles and they try to be different from each other. That is, parents tend to project some parts of their identities on the sibling pair. According to Cooklin (1979), traumatized parents may be unintentionally perceived their one child as the bad, while the other child is projected as the 'good child' which these parents desire they had been. Similar to these findings, in the current study, the majority of the participants tended to see their non-referred children as successful and unproblematic, while they were prone to perceive their referred children needy and fragile. This contrast between siblings might be an indicator of un-integrated parental projections.

Shoshan (1989) claims that the baby may performance as an absorbent of parents' negative feelings in order to minimize such emotions of their parents. According to Shoshan, that parents might unconsciously pass their fantasies to their

children contributes to this process, and children "become the 'containers' for their parents' projections" (p.193). Shoshan also suggested that such parents unintentionally tend to use their children "as a psychic recovery through projective identification" (p.193) Therefore these caregivers disposed of their undesired parts by projecting it into the child, who internalizes it. Finally, he maintains that this might cause obedient behavior and difficulty with separation in children. Parallel to these findings, it might be suggested that the mothers in the current study transmitted their negative emotions to their referred children, and this might have caused psychological symptoms and separation difficulty to emerge.

It is worth noting; however, that although some mothers attending the current study recognized psychological difficulties of their non-referred children, they were not considering getting help for them. These participants tended to normalize their non-referred children problems or explain their difficulties as if it was part of their personality configuration. They might have tried to maintain contrary sibling roles between their children. According to Lobitz and Johnson (1975), mothers of clinic-referred children and those of non-clinic children differ in that the former group behaved more negatively and authoritatively. Griest et al. (1980) indicated that another discriminator between clinic and non-clinic children was how their mothers perceive their children. They concluded that what determines their children's need for psychological help was maternal sensitivity and interaction with the child. Similarly, most of the mothers in the current study tended to perceive problems of their first-born children they are close to, while they did not notice the problems of the second-born children they feel away.

Another noticeable thing in the results was that the experiences of the mothers with both children were very different. Many participants reported that the emotions reminded by their children were very different, thus explaining that they treated their referred and non–referred children very differently. For example, many mothers stated that they felt more emotional and treated the referred child more softly, while they treated non-referred children firmly. This shows that parents may not have the

same emotional connection with all their children. Emphasizing this distinction, Plomin (1994); Dunn (1995), and their colleagues (e.g., Plomin, Reiss, Hetherington &, Howe, 1994) drew attention to the importance of understanding variations in parent-child interactions within families. A number of studies have also explored the role of parental perceptions in the development of infants. Broussard and Hartner (1971), for instance, found that babies are significantly influenced when their mothers identify them negatively during the first month. They drew this conclusion from the study they did with a group of mothers who had consistently perceived their babies as more difficult than average. Results showed that only a fraction of these babies were classified as healthy at age 4. Similar to this finding, in the current study, the children who are perceived vulnerable and non-self-sufficient by their mothers tended to develop psychological problems and referred to psychotherapy.

The second question was to explore whether the representations of the referred and non-referred siblings towards their mothers differed, and this was measured in terms of their attachment security (working models of the mother). As expected, differences were found between siblings' attachment representations toward their mothers. The prominent point in these results was that non-referred children had more positive representations of their mothers, but referred children did not. In a family narrative study, Oppenheim, Emde, and Warren (1997) found that mothers' low level psychological distress plays a significant role on positive parental representation in children's stories. In another study comparing depressed and non-depressed mothers, Toth and colleagues (2009) found an association between maternal depressive symptoms and their child's negative parent representations. A link between marital conflict and young school age children's negative representations, such as aggression, blaming and ignoring, has also been found by Shamir et al. (2001). Finally, Yoo et al. (2014) reported children with more distressed mothers to represent their mothers a lot more negatively. As for the current study, all of the six mothers reported high level of stress and stated that their both children might be affected by their negative emotions in a different way. Unlike their non-

referred sibling, referred children, who are closer to their mother, might be more affected by mothers' stress and develop negative representations.

On the other hand, children ASTC narratives indicated that non-referred children tend to see their parents as a whole and express equal distance and closeness with their both parents, unlike their referred siblings. According to qualitative results, overall non-referred children defined a secure attachment relationship with their parents and they emphasized that they could calm down with their support, trust and enjoy with both their mothers and fathers. Referred children, on the other hand, showed more negative emotions and refused to have close ties with their parents. Researchers have found that children's attachment securities determine their behaviors. For instance securely attached children show more socially appropriate behaviors than those classified as insecurely attached. (Schneider, Atkinson, & Tardif, 2001). In other words insecurely attached children are not able to manage stress and they more likely to show more negative emotions and externalizing behaviors (Greenberg, 1999; Van IJzendoorn et al.,1999).

In the current study, the non–referred children portrayed a closer relationship with their fathers in their story stem narratives, whereas referred children reported their need of fathers. Absence of fathers in referred children's life might lead to these negative representations. Previous research underlines the importance of the role of fathers in child development, especially in facilitating separation individuation (M. Mahler, F. Pine, and A. Bergman, 1975). Mahler suggests that the father as an external figure in child's life, able to supports separation individuation period. Abelin (1975), who also emphasizes the father's role in this process, asserts that the father is a crucial figure in the process of separation-individuation. According to Klein, as an external object in infants mind, fathers may help to lessen the infant's disturbance towards the mother (as cited in Stone, 2008).

Abelin (1975) also highlighted the father's role in early triangulation. He states that in the presence of both their parents, infants experience early triangulation and this may play significant role on infants' construction of both self-image and

symbolic thought. Mischel (1961) believes, on the other hand, the father's presence or absence from the home to play an important role in a child's delaying gratification. The exhibition of aggressive urges is thought not to be frightening to the father, and this is the very cause why the child is able to transform his aggression into nondestructive forms (Demby, 1990). While Henderson (1980) also draws attention to the role of the father as a neutral barrier for the child's aggressive behavior. Winnicott (1964), uses 'buffer' for the father's role in lessening the hate in mother-infant relationship. At this point, it is worth noting that the negative maternal representation of referred children in story stem narratives might be explained by the absence of the father.

This being said, it is essential to refer to Davies and Cummings's (1994) ecological approach at this point. According to them, child development should be contextualized within family which features factors that interact with one another. They list these factors as parent characteristics (e.g., mental health, personality traits), parent-child relations, and the marital dyad (e.g., marital satisfaction, marital conflict). Although the current study has not focused on mothers' personality characteristics, marital issues and family climate per se, these might help understand differences between referred and non-referred children's representation of mothers. Referred children's psychological difficulties may be a sign of some problems in family and couple relationships. In other word referred children might have been unconsciously selected to show the family's inner conflicts (Bowen,1978). According to Bowen children who have difficulty in separation from their caregivers might be tend to developing symptoms. Bowen defines that as " when a child responds anxiously to the tension in the parents' relationship, which in turn is mistaken for a problem in the child." (as cited in Brown, 1999; p. 99)

4.3. INTEGRATION OF QUANTITATIVE AND QUALITATIVE FINDINGS

Considering the findings and the sample of the current study, it can be said that there were not differences in terms of mothers' capacity to reflect on their both referred and non-referred children. All of the six adult participants in the current study seemed to have difficulty in reflecting on their both referred and non-referred children's inner experiences, attributing mental states to their behaviors and having the capacity to reflect on their own internal experience associated to their children's behaviors. It is possible that their reflectiveness might adversely affected by their insecure attachment patterns, high level of stress, depression, and adverse childhood experiences. However, the content of the mothers' representations was very divergent among both their children. The participants tended to see their non-referred children as more powerful and self-sufficient, whereas the mothers thought that referred children were more fragile and needed their help.

As expected, the representations of the referred and non-referred siblings towards their mothers in terms of their attachment security were very different, like the content of these representations. Most of the referred children were classified as insecurely attached and had negative representations toward their mothers, while the majority of the non-referred children had positive representations toward their mothers and were classified as securely attached. This might be explained by the fact that the mothers' relationship with her both children were very different.

Birth order might be one of the reasons why the mothers have different representations and relationships with their referred and non-referred children. According to the findings, it was noticeable that most of the mothers described a merging relationship with their first-born children, while they defined a more distant relationship with their second born children. Moreover, adult participants tended to see the referred children in a position with a very strong need for their needs to be met, while the non-referred children were seen as self-sufficient and powerful. As such, some mothers had difficulty in accepting even the psychological difficulties experienced by these children and immediately normalized them. Marleau et al.

(2006) reported first-born children to show more internalized symptoms than second-born children, who were reported, on the other hand, to have more positive interactions with their mothers than first-born children. The findings of the current study also support their results.

Opposite parental images might have also played a role in shaping their relationship with their both child. For instance, while the mothers in the current study seemed to be not uncomfortable with their non-referred children being closer to their fathers, however these mothers wanted to be closer with their referred children more. This might be due to the mothers' separation anxiety and fear of losing their referred children. All of the mothers in the study highlighted their need for very close relationship with their referred children. Therefore, presence of the father in mother–referred child relationship might be interruptive for these mothers.

There can be also a link between mother-child relationship conflict and couple unity. When a problem with a child arises, the couple may difficulty in staying together as parenting partners and therefore they may form alliances with different children which threatens the hierarchical structure of the family which exacerbates children's problems.

According to the findings, it was also noticeable that the non-referred children tend to see their parents as a whole and expressed equal distance and closeness with their both parents, unlike their referred siblings. One of the reasons of this could be that the non-referred children not only contact their mothers, but they also get in touch with their fathers. Therefore, they might be less affected by their mothers' negative transmission such as trauma, depression, and stress. It might be suggested that presence of the father can be protective of symbiotic relationship between the child and the mother (Mahler, 2000).

Another finding which is worth to mention is that the referred children's mothers were defined as emotionally distant, inadequate, and punitive. These children might not relate to their mothers as closely as their mothers felt. Their negative representation might be due to their mothers' inability to see their needs for

separation and individuation. Moreover, in their narratives, positive father theme was noticeable. This might indicate their need to get in touch with their fathers.

4.4. IMPLICATIONS OF THE RESULTS FOR RESEARCH

These findings of the current study are significant since the literature has a limited number of studies on the siblings' attachment representation toward their mothers. Most research seems to have used one child within each family to be demonstrative of the siblings. There are also no studies with a sample of mothers who have a child with symptoms that was brought to psychotherapy and a sibling who was not referred. A review of the relevant literature also reveals that the number of sibling studies in clinical population, in particular, is very limited. It is seen that previous studies tended to use either qualitative or quantitative approaches. However, both methods were used in this study and this enabled to obtain much richer and more comprehensive findings. Both representation of mothers and siblings and the content of these representations were analyzed. The dissimilarity of attachment representations between parent and children were one of the important result because this issue is less clear in the literature.

Therefore, the findings of the current study are expected to help fill the abovementioned gaps in the literature and inspire future research.

4.4.1. Clinical Implications

This study has several clinical implications. First, several differences emerged between siblings. Although both siblings have mothers who had difficulty in reflecting on their children's inner experiences and insecurely attached, the children are still able to develop secure attachment patterns. One of the children was classified as insecurely attached, while another sibling was classified as securely attached with the same parents. Similarly, in the same family one child developed psychological

problems, while the other sibling might continue to grow up healthy. Therefore, health professionals should take these findings into account in their clinical assessments and try to find and support protective factors such as having equal distance and closeness with their both parents, being self-sufficient, having more social relationships and interests and academic success for children's attachment security and psychological well-being.

Another implication for clinical experience may be that mothers' projections, own personal issues and behaviors played a significant role in children's psychology. According to this study's findings, the mothers tended to consider their two children as completely opposite of each other. For instance, the participants described their non-referred children as more powerful and self-sufficient, whereas they reported the referred children to be more fragile. This indicates that clinicians must be alert to the projection of mothers when they seek information from them about their children. Moreover, mothers' stress level, depressive symptoms and adverse childhood experiences may affect children psychology in a negative way. For this reason, clinicians should not only work with children, but they should also help mothers especially with their negative representations about their one child.

It is also essential that health professionals not only study with children but also support the mothers. According to the findings, it is noticeable that most of the mothers tended to have a merging relationship with their first-born children. This urges clinicians to be aware of the mothers who need affiliation and to provide support for separation from their children. What is more, in same cases, parental projection might shape their relationship with their both children. Mothers may also have difficulty in accepting psychological difficulties of their other children and immediately normalize them. In such cases, the clinician should be aware of parental projection and gather detailed information about the other sibling. Moreover prenatal programs which address these projection processes to prepare mothers can be developed.

Another implication can be that the findings supported the idea that fathers can be an important figure in child development, especially in facilitating separation individuation. Clinicians, therefore, should include fathers in the therapy process when they work with children. It would also be helpful that clinicians encourage fathers to have more responsibilities in their children's life and support them in this endeavor. Moreover when there are coalitions in the family, the whole family's structure must be aligned where the parents can form an authority and caring partnership with both children.

4.4.2 Limitations and Recommendations for Further Research

This study has various limitations. To begin with, it should be emphasized that findings of the current study cannot be generalized due to small sample size and nature of qualitative data. Even though the both adult and child participants in this study were selected based on the similarity between demographics and reason for referral, some differences among the participants could be found. Moreover in this study only referred children were applied symptom scales. In other word non-referred children were not assessed whether they had a psychological problems or not. Therefore this may lead to misunderstandings between variables.

This study attempts to investigate the representations of the mothers and their both referred and non-referred children. For further research, researchers could look into associations between fathers' reflective functioning capacity, attachment securities and content of their representations for their both referred and non-referred children. In the future research, parents' attachment classifications can be evaluated with different measures such as AAI which also allows to assess parents' childhood experiences with their own caretakers. In addition to this, the link among parents' personality characteristics, marital satisfaction, family climate, and children's family representations stands as another potential focus for future research. The current study only included mothers, for further research using family-level assessment tools

strongly recommended. Furthermore a qualitative study on possible reasons for symptomatic behavior of the referred children can be important. To understand posible explanation of children's psychological difficulties, examination of family structure is essential.

Moreover, in this study four main themes emerged: Struggles of the symptomatic child (Especially in terms of academic problems, social relationships and conflict with their mothers), Comparison with the sibling (In terms of their maturity level, birth order position and alliance with their parents), Experiencing intense emotions (Such as mothers' anger, constant effort, need for help, quilt and sadness) and She/he is just like me (Especially intergenerational transmission of sibling rivalry and conflictual relationship with mother). For further research it can be recommended that in order to understand mothers' experiences with their referred children, these themes can work through. Particularly intergenerational transmission of sibling rivalry can be evaluated with a qualitative method.

4.5. CONCLUSION

The present study investigates the representations of the mothers who have a child with symptoms that was brought to psychotherapy and a sibling who was not referred. It was expected that there would be differences in terms of both mothers' capacity to reflect about these children (Operationalized as reflective function (RF)) and the content of the mothers' representations. The second aim was to investigate the representations of the referred and non-referred siblings towards their mothers in terms of their attachment security (Working models of the mother) and analyze the content of the representations. As for maternal representations, differences were expected in children's representations of their mothers as well.

Through this study, it is seen that all the participants' maternal reflective functioning capacity for their both referred and non-referred children were in the similar range and its capacity to understand the intention of their both children were

low. Moreover, the majority of mothers is insecurely attached and mostly used anxious attachment patterns parallel to their low RF capacity. The findings also indicated that the non-referred siblings were more securely attached to their parents, while the referred children were insecurely attached. As a result of qualitative analysis, four main themes emerged: Struggles of the symptomatic child, Comparison with the sibling, Experiencing intense emotions, and She/he is just like me . As expected, differences between mother and siblings' attachment representations were noticeable. The findings also showed that mothers had a tendency to see non-referred children as more powerful, while they thought that referred children were more fragile. Non-referred children, on the other hand, had more positive representations of their mothers, compared to referred children who did not. This difference between mother and siblings' attachment representations might be affected by difficulty in separation- individuation process, the relationship between children and father, children's birth order position, and mothers' own negative past experiences, reflective functioning capacity, and attachment qualities.

REFERENCES

Abelin, E. L. (1975). Some further observations and comments on the earliest role of the father. *The International journal of psycho-analysis, 56*, 293.

Aber, J. L., Slade, A., Berger, B., Bresgi, I., & Kaplan, M. (1985). The parent development interview. *Unpublished manuscript.*

Abidin R.R. (2012). Parenting Stress Index 4th Edition- Professional Manual. Lutz, Florida: Par Inc.

Achenbach, T. M. (1991). *Manual for the youth self-report and 1991 profile.* Burlington: Department of Psychiatry, University of Vermont.

Adam, E. K., Gunnar, M. R., & Tanaka, A. (2004). Adult attachment, parent emotion, and observed parenting behavior: Mediator and moderator models. *Child development, 75*(1), 110-122.

Adler, A. (1927). Understanding human nature. *New York: Greensburg Publisher, Inc.*

Ainsworth, M. D. S., Blehar, M., Waters, E., & Wall, S. (1978). Patterns of attachment: Observations in the Strange Situation and at home. *Hillsdale, NJ: Erlbaum.*

Ainsworth, M., Bell, S. & Stayton, D. (1974). Infant-mother attachment and social development. In M. P. Richards (Ed.), *The introduction of the child into a social world (pp. 99-135).* London: Cambridge University Press.

Arnott, B., & Meins, E. (2007). Links among antenatal attachment representations, postnatal mind–mindedness, and infant attachment security: A preliminary study of mothers and fathers. *Bulletin of the Menninger Clinic, 71*(2), 132-149.

Atkinson, M., Doherty, P., & Kinder, K. (2005). Multi-agency working: models, challenges and key factors for success. *Journal of Early Childhood Research, 3*(1), 7-17.

Bakermans-Kranenburg, M. & Van IJzendoorn, M.H. (2009) The role of disconnected and extremely insensitive parenting in the development of disorganized attachment: validation of a new measure, *Attachment & Human Development*, 11, 419–443.

Bateman A, Fonagy P. (2006) *Mentalization based treatment: a practical guide.* Oxford: Oxford University Press.

Beebe, B., Lachmann, F., & Jaffe, J. (1997). Mother-Infant interaction structures and presymbolic self - and object representations. *Psychoanalytic dialogues*, *7*(2), 133-182

Belsky, J., & Fearon, R. P. (2002). Infant–mother attachment security, contextual risk, and early development: A moderational analysis. *Development and psychopathology*, *14*(2), 293-310.

Belsky, J. (2005). The developmental- and evolutionary psychology of intergenerational transmission of attachment. In C. S. Carter, L. Ahnert, K. Grossman, S. Hrdy, M. Lamb, S. Porges & N. Sascher (Eds.) *Attachment and bonding: A new synthesis (pp. 169-198).* Cambridge, MA: MIT Press.

Benenson, J. F., Morash, D., & Petrakos, H. (1998). Gender differences in emotional closeness between preschool children and their mothers. *Sex Roles*, *38*(11), 975-985.

Biringen, Z., Matheny, A., Bretherton, I., Renouf, A., & Sherman, M. (2000). Maternal representation of the self as parent: Connections with maternal sensitivity and maternal structuring. *Attachment & Human Development*, *2*(2), 218-232.

Birmaher, B., Khetarpal, S., Brent, D., Cully, M., Balach, L., Kaufman, J., & Neer, S. M. (1997). The screen for child anxiety related emotional disorders (SCARED): scale construction and psychometric characteristics. *Journal of the American Academy of Child & Adolescent Psychiatry*, *36*(4), 545-553.

Blatt, S. J. (2004). Experiences of depression. *Washington, DC: APA.*

Bleiberg, E. (2001). *Treating personality disorders in children and adolescents: A relational approach.* New York: Guilford.

Bowen, M., 1978. Family Therapy in Clinical Practice, NY and London, Jason Aronson

Bowlby, J. (1979). The making and breaking of affective bonds. *London, England: Tavistock Publications*.

Bowlby, J. (1969/1982). Attachment and loss: Attachment (vol. 1). *New York: Basic Books.*

Bowlby, J. (I980). Attachment and loss,: Loss, sadness and depression (vol. 3). *New York: Basic Books.*

Bowlby, J. (1973). Attachment and loss: Separation (vol. 2). *New York: Basic Books.*

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development.* sage.

Bram, A. D., & Gabbard, G. O. (2001). Potential space and reflective functioning: Towards conceptual clarification and preliminary clinical implications. *The International Journal of Psychoanalysis*, *82*(4), 685-699.

Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult romantic attachment: An integrative overview. In J. A. Simpson & W. S. Rholes (Eds.), *Attachment theory and close relationships (pp. 46-76).* New York: Guilford Press.

Bretherton, I., & Oppenheim, D. (2003). The MacArthur Story Stem Battery: Development, administration, reliability, validity, and reflections about meaning. In R. N. Emde, D. P. Wolf, & D. Oppenheim (Eds.), *Revealing the inner worlds of young children: The MacArthur Story Stem Battery and parent-child narratives (pp. 3-26).* New York: Oxford University Press.

Bretherton, I., Ridgeway, D., & Cassidy, J. (1990).Assessing internal working models of the attachment relationship: An Attachment Story Completion Task for 3-year-olds. In T.Greenberg, D. Cicchetti, & E.M. Cummings (Eds.), *Attachment in the Preschool Years:Theory, Research, and Intervention.* University of Chicago Press: Chicago, IL.

Bretherton I., Munholland K. (1999). Internal working models in attachment relationships: A construct revisited. In: Cassidy J, Shaver PR, editors. *Handbook of attachment.* New York: Guilford Press.

Bretherton, I. (1985). Attachment theory: Retrospect and prospect. *Monographs of the society for research in child development*, 3-35.

Bretherton, 1. (1990), Open communication and internal working models: Their role in attachment relationships. In R. Thompson (Ed.), *Socioemotional development* (Nebraska Symposium, 1987). Lincoln, NE: University of Nebraska Press.

Broussard, E. R., & Hartner, M. S. S. (1971). Further considerations regarding maternal perception of the first born. *Exceptional infant, 2*, 432-449.

Brown, R. T., & Pacini, J. N. (1989). Perceived family functioning, marital status, and depression in parents of boys with attention deficit disorder. *Journal of learning disabilities, 22*(9), 581-587.

Brown, J. (1999). Bowen family systems theory and practice: Illustration and critique. *Australian and New Zealand Journal of Family Therapy, 20*(2), 94-103.

Carlson, E. A. (1998). A prospective longitudinal study of attachment disorganization/disorientation. *Child development, 69*(4), 1107-1128.

Caspers, K., Yucuis, R., Troutman, B., Arndt, S., & Langbehn, D. (2007). A sibling adoption study of adult attachment: The influence of shared environment on attachment states of mind. *Attachment & Human Development, 9*(4), 375-391.

Cassidy, J., Ehrlich, K. B., & Sherman, L. J. (2013). Child-parent attachment and response to threat: A move from the level of representation. *Nature and development of social connections: From brain to group*, 125-144.

Cassidy, J. (1994). Emotion regulation: Influences of attachment relationships. *Monographs of the society for research in child development*, *59*(2 - 3), 228-249.

Cassidy, J. (1988). Child-mother attachment and the self in six-year-olds. *Child development*, 121-134.

Cekic, A., Akbas, T., Hamamci, Z., (2015). Adaptation of Parenting Stress Index intoTurkish: The Validity and the Reliability Study, *Gaziantep University journal of social sciences,* 14, 647- 667.

Thomas, A., & Chess, S. (1984). *Origins and evolution of behavior disorders: From infancy to early adult life*. Brunner/Mazel, Publ..

Chiesa, M., & Fonagy, P. (2014). Reflective function as a mediator between childhood adversity, personality disorder and symptom distress. *Personality and mental health*, *8*(1), 52-66.

Cleveland, D. W., & Miller, N. (1977). Attitudes and Life Commitments of Older Siblings of MR Adults. *Mental Retardation*, *15*(3), 38.

Collins, N. L., & Feeney, B. C. (2004). Working models of attachment shape perceptions of social support: evidence from experimental and observational studies. *Journal of personality and social psychology*, *87*(3), 363.

Cooklin, A. (1979). A psychoanalytic framework for a systemic approach to family therapy. *Journal of Family therapy*, *1*(2), 153-165.

Crowell, J. A., & Feldman, S. (1988). Mothers' internal models of relationships and children's behavioral and developmental status: A study of mother – child interaction. *Child Development*, 59, 1273 – 1285.

Crowell, J. A., & Feldman, S. S. (1991). Mothers' working models of attachment relationships and mother and child behavior during separation and reunion. *Developmental Psychology*, 27(4), 597-605.

Davies, P.T., Cummings, E.M. (1994). Marital conflict and child adjustment: An emotional hypothesis. *Psychological Bulletin*, 116, 387–411.

Denby, S. (1990). The Role of the Father in the Son's Pre-oedipal Development. *Issues in Ego Psychology*, 13, 147-156.

Dix, T. (1991). The Affective Organization of Parenting: Adaptive and Maladaptive Processes. *Psychological Bulletin*, 110, 3-25.

Dix, T. & Lochman, J.E. (1990). Social Cognition and Negative Reactions to Children: A Comparison of Mothers of Aggressive and Nonaggressive Boys. *Journal of Social and Clinical Psychology,* 9, 418-438.

Dube, S. R., Felitti, V. J., Dong, M., Giles, W. H., & Anda, R. F. (2003). The impact of adverse childhood experiences on health problems: evidence from four birth cohorts dating back to 1900. *Preventive medicine*, *37*(3), 268-277.

Dunn, J. (1995). Children as psychologists: The later correlates of individual differences in understanding of emotions and other minds. *Cognition and Emotion*, 9, 187-201.

Dunn, J., Bretherton, I., & Munn, P. (1987). Conversations about feeling states between mothers and their young children. *Developmental Psychology*, 23, 132-9.

Erol, N., Arslan, B.L., Akçakın, M. (1995). The Adaptation and Standardization of the Child Behavior Checklist among 6-18 year old Turkish children. Eunethdis: *European Approaches to Hyperkinetic Disorder*, Sergeant J (Ed), Zürih, Fotoratar, s. 97-113.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The

adverse childhood experience (ACE) study. *American Journal of Preventive Medicine*, 14, 245–258.

Fischer-Kern, M., Fonagy, P., Kapusta, N. D., Luyten, P., Boss, S., Naderer, A., Leithner, K. (2013). Mentalizing in female inpatients with major depressive disorder. *The Journal of nervous and mental disease, 201*(3), 202-207.

Fischer-Kern, M., Tmej, A., Kapusta, N. D., Naderer, A., Leithner-Dziubas, K., Löffler-Stastka, H., & Springer-Kremser, M. (2008). The capacity for mentalization in depressive patients: A pilot study. *Zeitschrift fur Psychosomatische Medizin und Psychotherapie*, *54*(4), 368-380.

Fonagy, P. (1999). Transgenerational consistencies of attachment: A new theory. In *Paper to the Developmental and Psychoanalytic Discussion Group, American Psychoanalytic Association Meeting, Washington DC* (Vol. 13).

Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002*). Affect Regulation, mentalization, and the development of the self.* New York: Other Press.

Fonagy, P., Target, M., Steele, H., & Steele, M. (1998). *Reflective-functioning manual, version 5.0, for application to adult attachment interviews*. London, UK: University College London.

Fonagy, P. & Target, M. (1997). Attachment and reflective-function: Their role in self-organization. *Development and Psychopathology*, 9, 679-700.

Fonagy, P., & Target, M. (2005). Bridging the transmission gap: An end to an important mystery of attachment research? *Attachment and Human Development*, 7, 333-343.

Fonagy, P., Steele, H., Moran, G., Steele, M., & Higgitt, A. (1991a). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. *Infant Mental Health Journal*, 13, 200–217.

Fonagy, P., Steele, M., Steele, H., Leigh, T., Kennedy, R., Mattoon, G., et al. (1995). Attachment, the reflective self, and borderline states: The predictive specificity of the Adult Attachment Interview and pathological emotional development. In S. Goldberg, R. Muir, & J. Kerr (Eds.), Attachment Theory: *Social, Developmental and Clinical Perspectives (pp. 223 – 279).* Hillsdale, NJ: Analytic Press.

Fonagy, P., Steele, M., Moran, G. S., Steele, H., & Higgitt, A. C. (1991b). Measuring the ghost in the nursery: A summary of the main findings of the Anna Freud Centre/University College London parent–child study. *Bulletin of the Anna Freud Centre*, 14, 115-131.

George, C. (1996). A representational perspective of child abuse: Internal working models of attachment and caregiving. *Child Abuse and Neglect*, 20, 411-424.

George, C., & Solomon, J. (1999). The development of caregiving: A comparison of attachment and psychoanalytic approaches to mothering. *Psychoanalytic Inquiry,* 19, 618-646.

George, C., & Solomon, J. (1996). Representational models of relationships: Links between caregiving and attachment. *Infant Mental Health Journal*, 17, 198-216.

George C., Solomon J. (1990–2016). Attachment Doll Play Assessment and Classification System. *Oakland, CA: Mills College.*

George, C., Kaplan, N., & Main, M. (1985). The adult attachment interview (Unpublished protocol). Department of Psychology. *University of California, Berkeley, CA.*

Gloger-Tippelt, G., Gomille, B., König, L., Vetter, J. (2002). Attachment Representation in Six-Year-Olds: Related Longitudinally to the Quality of Attachment in Infancy and Mothers' Attachment Representations. *Attachment and Human Development,* 4, 18-39.

Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology*, 10, 243-268.

Griest, D. L., Forehand, R., Wells, K. C., & McMahon, R. J. (1980). An examination of differences between nonclinic and behavior-problem clinic-referred children and their mothers. *Journal of Abnormal Psychology*, *89*(3), 497.

Green, J., Stanley, C., Smith, V., & Goldwyn, R. (2000). A new method of evaluating attachment representations in young school-age children: The Manchester Child Attachment Story Task. *Attachment & Human Development*, *2*(1), 48-70.

Greenberg, M. T. (1999). Attachment and psychopathology in childhood. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications (pp. 469–496.)*

Grienenberger, J., Kelly, K., & Slade, A. (2005). Maternal reflective functioning, mother-infant affective communication, and infant attachment: Exploring the link between mental states and observed caregiving behavior in the intergenerational transmission of attachment. *Attachment and Human Development*, 7, 299-311.

Güven, A. G., & Kazak Berument, S. (2010). TİFALDİ: Türkçe İfade Edici veAlıcı Dil Testi. Ankara: *Türk Psikologlar Derneği Yayınları.*

Hazan, C. & Shaver, P. R. (1994). Attachment as an organizational framework for research on close relationships. *Psychological Inquiry*, 5, 1-22.

Hechtman, L. (1996). Families of children with attention deficit hyperactivity disorder: a review. *The Canadian Journal of Psychiatry*, *41*(6), 350-360.

Henderson, J. (1980). On fathering (the nature and functions of the father role) Part II: Conceptualization of fathering. *The Canadian Journal of Psychiatry*, *25*(5), 413-431.

Hilton, I. (1967). Differences in the behavior of mothers toward first -and later- born children. *Journal of Personality and Social Psychology*, 7, 282-290.

Hock, E., & Schirtzinger, M. B. (1992). Maternal separation anxiety: Its developmental course and relationship to maternal mental health. *Child Development*, 63, 93-102.

Hock, E., & Lutz, W. (1998). Psychological meaning of separation anxiety in mothers and fathers. *Journal of Family Psychology*, 12, 41-55.

Ilardi, M. (2010). *Reflective functioning capacity in mothers of boys with ADHD, learning disorders and associated behavior problems.* Unpublished doctoral dissertation, City University of New York.

Kagan, J. (1984). The nature ofthe child. *New York: Basic* .

Kaplan, N. (1987), *Separation Anxiety Test (SAT): Individual differences in six-year-olds' thoughts about separation: Predicted to actual experiences of separation.* Unpublished doctoral dissertation, University of California, Berkeley.

Karaceylan Cakmakci, F. (2004). Çocuklarda anksiyete bozukluklarını tarama ölçeği geçerlik ve güvenirlik çalışması. *Yayınlanmamış Uzmanlık Tezi, Kocaeli Üniversitesi. Tıp Fakültesi Çocuk Psikiyatrisi Anabilim Dalı, Kocaeli.*

Katz, L. F., & Windecker-Nelson, B. (2004). Parental meta-emotion philosophy in families with conduct-problem children: Links with peer relations. *Journal of abnormal child psychology*, *32*(4), 385-398.

Kerns, K. A., Klepac, L. ve Cole, A. (1996). Peer relationships and preadolescents' perceptions of security in the child-mother relationship. *Developmental Psychology*, 32, 457- 466.

Kerns, K. A. (2008). Attachment in middle childhood. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment (pp. 366–382).* New York: Guilford Press.

Kerns, K. A., Abraham, M. M., Schlegelmilch, A., & Morgan, T. A. (2007). Mother child attachment in later middle childhood: Assessment approaches and

associations with mood and emotion regulation. *Attachment and Human Development*, 9, 33–53.

Klinnert, M. D., Campos, J., Sorce, J., Emde, R. N., & Svejda, M. (1982). The development of social referencing in infancy. In R. Plutchik & H. Kellerman (Eds.), *Emotion: Theory, research and experience, vol. 2: Emotion in early development.* New York: Academic Press.

Koch, H. (1954). The Relations of Primary Mental Abilities in Five- and Six-Year Olds to Sex of Child and Characteristics of His Sibling. *Child Development*, 25, 209–23.

Kochanska, G., Philibert, R. A., & Barry, R. A. (2009). Interplay of genes and early mother-child relationship in the development of self - regulation from toddler to preschool age. *Journal of Child Psychology and Psychiatry, 50* (11), 1331-1338.

Koren-Karie, N., Oppenheim, D., Dolev, S., Sher, E., & Etzion-Carasso, A. (2002). Mothers' empathic understanding of their infants' internal experience: Relations with maternal sensitivity and infant attachment. *Developmental Psychology*, 38, 534-542.

Kortlander, E., Kendall, P. C., & Panichelli-Mindel, S. M. (1997). Maternal expectations and attributions about coping in anxious children. *Journal of Anxiety Disorders,* 11, 297–315.

Kovacs, M. (1985). The children's depression inventory (CDI). *Psychopharmacol. Bull., 21,* 995-998.

Lieberman, A. F., Ippen, C. G., & Van Horn, P. (2015). *" Don't Hit My Mommy!": A Manual for Child-parent Psychotherapy with Young Children Exposed to Violence and Other Trauma.* Zero to Three.

Lieberman, A. F., Ippen, C. G., & Van Horn, P. (2015). *" Don't Hit My Mommy!": A Manual for Child-parent Psychotherapy with Young Children Exposed to Violence and Other Trauma.* Zero to Three.

Lobitz, G. K., & Johnson, S. M. (1975). Normal versus deviant children: A multimethod comparison. *Journal of Abnormal Child Psychology*, *3*(4), 353-374.

Mackinnon-Lewis, C., Lamb, M. E., Arbuckle, B., Baradaran, L. P., & Volling, B. L. (1992). The relationship between biased maternal and filial attributions and the aggressiveness of their interactions. *Development and Psychopathology*, *4*(3), 403-415.

Mischel, W. (1961). Father absence and delay of gratification: Cross-cultural comparisons. *Journal of Abnormal and Social Psychology*, 63, 116-24.

Mahler, M., Pine, F., & Bergman, A. (2000). The Psychological Birth of the Human Infant: Symbiosis and Individuation. *NewYork: Basic Books.*

Mahler, M., Pine, F. & Bergman, A. (1975). The psychological birth of the human infant. *NewYork: Basic Books.*

Main, M., & Solomon, J. (1990). Procedures for identifying infants as disorganised/disoriented during the Ainsworth Strange Situation. In M. T. Greenberg, D. Cicchetti, & E. M. Cummings (Eds.), *Attachment in the preschool years (pp. 121–160).* Chicago, IL: University of Chicago Press.

Main, M., & Goldwyn, R. (1985/1991). *Adult attachment scoring and classification system*. Unpublished manuscript, University of California, Berkeley.

Main, M., & Goldwyn, R. (1998). *Adult attachment scoring and classification systems, Version 6.2.* Unpublished manuscript, University of California, Berkeley.

Main, M. (1991). Metacognitive knowledge, metacognitive monitoring and singular (coherent) vs. multiple (incoherent) models of attachment: Some findings and some directions for future research. In P. Marris, J. Stevenson-Hinde and C.Parkes, (eds), *Attachment Across the Life Cycle* (pp. 127-159). New York: Routledge.

Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened or frightening parental behavior the linking mechanism. In M. Greenberg, D. Cicchetti & E. M. Cummings (Eds.), *Attachment in the preschool years* (pp. 161-182). Chicago, IL: University of Chicago Press.

Main, M. (1996). Introduction to the special section on attachment and Psychopathology: 2, Overview of the field of attachment. *Journal of Consulting and Clinical Psychology*, 64, 237-243.

Marleau, J.D., Saucier, J.F., et al. (2006). Birth order, behavioural problems, and the mother-child relationship in siblings aged 4 to 11 years from a 2-child family. *Canadian Journal of Psychiatry*, 51, 855-863.

McCartney, K., & Diggins, A. (1993). Child, mother and relationship effects in mother-child attachment. *Paper presented at the meeting of the Society for Research in Child Development, New Orleans, LA.*

Meins, E. (1997). Security of attachment and the social development of cognition. *East Sussex, UK: Psychology Press.*

Meins, E., Fernyhough, C., Wainwright, R., Das Gupta, M., Fradley, E., & Tuckey, M. (2002). Maternal mind–mindedness and attachment security as predictors of theory of mind understanding. *Child development*, *73*(6), 1715-1726.

Meins, E., Fernyhough, C., Russell, J., Clark-Carter, D. (1998). Security of attachment as a predictor of symbolic and mentalizing abilities: A longitudinal study. *Social Development,* 7, 1–24.

Meins, E., Fernyhough, C., Fradley, E., & Tuckey, M. (2001). Rethinking maternal sensitivity: Mothers' comments on infants' mental processes predict security of attachment at 12 months. *Journal of Child Psychology and Psychiatry*, 42, 637–648.

Meltzoff, A. N. (1995). Understanding the intentions of others: re-enactment of intended acts by 18-month-old children. *Developmental Psychology*, 31, 838-850.

Sayre, J. M., Pianta, R. C., Marvin, R. S., & Saft, E. W. (2001). Mothers' representations of relationships with their children: Relations with mother characteristics and feeding sensitivity. *Journal of Pediatric Psychology*, *26*(6), 375-384.

Mills-Koonce, W. R., Appleyard, K., Barnett, M., Deng, M. Putallaz, M., & Cox, M. (2011). Adult attachment style and stress as risk factors for early maternal sensitivity and negativity. *Infant Mental Health Journal*, 32, 277-285.

O'Connor, T. G. & Croft, C. M.(2001). A Twin Study of Attachment in Preschool Children, *Child Development*, 72, 1501–1511.

Oppenheim, D., Koren-Karie, N., & Sagi, A. (2001). Mothers' empathic understanding of their preschoolers' internal experience: Relations with early attachment. *International journal of behavioral development*, *25*(1), 16-26.

Oppenheim, D., & Koren-Karie, N. (2009). Parents' insightfulness regarding their children's internal worlds: Assessment, research, and clinical implications. In C. Zeanah (Ed.), *Handbook of infant mental health (pp. 266-280).* New York: Guilford Press.

Oppenheim, D. (1997). The attachment doll play interview for preschoolers. *International Journal of Behavioral Development*, 20, 681-697.

Oppenheim, D., Emde, R. N., & Warren, S. (1997). Children's narrative representations of mothers: Their development and associations with child and mother adaptation. *Child development*, *68*(1), 127-138.

Oppenheim, D., Emde, R. N., & Wamboldt, F. S. (1996). Associations between 3-year-olds' narratives co-constructions with mothers and fathers and their story completions about affective themes. *Early Development and Parenting*, *5*(3), 149-160.

Oy, B. (1991). Çocuklar için depresyon ölçeği geçerlilik ve güvenilirlik çalışması. *Türk Psikiyatri Dergisi*, 2, 132-137.

Page, T., & Bretherton, I. (2001). Mother- and father-child attachment themes as represented in the story completions of preschoolers in postdivorce families: Linkages with teacher ratings of social competence. *Attachment and Human Development*, 3, 1-29.

Peters, K. & Jackson, D. (2009). Mothers' experiences of parenting a child with attention deficit hyperactivity disorder. *Journal of Advanced Nursing*, 65, 62–71.

Plomin, R., Reiss, D., Hetherington, E., Howe, G.W. (1994). Nature and nurture: Genetic contributions to measures of the family environment. *Developmental Psychology*, 30, 32–43.

Plomin, R. (1994). Genetics and experience: The interplay between nature and nurture. *Thousand Oaks, CA: Sage.*

Pocock, D. (1992). Parental perceptions of siblings differences: Towards a theory of sibling differentiation. *Journal of Family Therapy*, 14, 123-144.

Raven, J. C. (1947) Raven Progressive Matrices. *Cambridge: H. K. Lewis.*

Repacholi, B. M., & Gopnik, A. (1997). Early reasoning about desires: Evidence from 14- and 18-month-olds. *Developmental Psychology*, 33, 12-21.

Rosen, B. C. (1961). Family structure and achievement motivation. *American Sociological Review*, 574-585.

Rothstein, E. (2012). *Reflective functioning capacity in mothers of boys with ADHD, learning disorders and associated behavior problems*. Unpublished doctoral dissertation, City University of New York.

Rowland-Klein, D&Dunlop, R. (1998) The transmission of trauma across generations: Identification with parental trauma in children of Holocaust survivors. *Australian and New Zealand Journal of Psychiatry*, 32, 358–69.

Samuels, H. R. (1980). The effect of an older sibling on infant locomotor exploration of a new environment. *Child Development*, 51, 607–609.

Schneider, B.H., Atkinson, L., Tardif, C. (2001). Child-parent attachment and children's peer relations: A quantitative review. *Developmental Psychology*, 37, 86-100.

Selcuk, E., Gunaydin, G., Sumer, N., & Uysal, A. (2005). Yetişkin bağlanma boyutları için yeni bir ölçüm: Yakın ilişkilerde yaşantılar envanteri-II'nin Türk örnekleminde psikometrik açıdan değerlendirilmesi, *Türk Psikoloji Yazıları*, 8,1-11.

Shamir, H., Schudlich, T. D. R., Cummings, E. M. (2001). Marital conflict, parenting styles and children's representations of family relationships. *Parenting, 1* (1-2), 123-151.

Shoshan, T. (1989). Mourning and loging from generation to generation. *American Journal of Psychotherapy,* 2, 132-137.

Siegel, D. J. (1999). *The developing mind* (Vol. 296). New York: Guilford Press.

Siqueland, L., Kendall, P. C., & Steinberg, L. (1996). Anxiety in children: Perceived family environments and observed family interaction. *Journal of Clinical Child Psychology*, *25*(2), 225-237.

Slade, A. Belsky, J., Aber, J. L. & Phelps, J. L. (1999), Maternal representations of their relationships with their toddlers: Links to adult attachment and observed mothering. *Developmental Psychology*, 35, 611-619.

Slade, A., Grienenberger, J., Bernbach, E., Levy, D., & Locker, A. (2005a). Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attachment and Human Development*, 7, 283-298.

Slade, A., Bernbach, E., Grienenberger, J., Levy, D., & Locker, A. (2005b). Addendum to Reflective Functioning scoring manual for use with the Parent Development Interview. *Unpublished manuscript, City University of New York.*

Smith, A., & O'Leary, S. G. (1995). Attributions and arousal as predictors of maternal discipline. *Cognitive Therapy and Research*, 19, 459-471.

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative research in psychology*, *1*(1), 39-54.

Solomon, J., & George, C. (1996). Defining the Caregiving System. Toward a theory of caregiving. *Infant Mental Health Journal*, 17, 183-197.

Solomon, J., George, C., & De Jong, A. (1995). Children classified as controlling at age six: Evidence of disorganized representational strategies and aggression at home and at school. *Development and Psychopathology*, *7*(3), 447-463.

Splaun, A. K., Steele, M., Steele, H., Reiner, I., & Murphy, A. (2010). The congruence of mothers' and their children's representations of their relationship. *The New School Psychology Bulletin*, *7*(1), 51-61.

Sroufe, L. A., & Fleeson, J. (1986). Attachment and the construction of relationships. In W. Hartup & Z. Rubin (Eds.), *Relationships and development (pp. 51-71),* Hillsdale, NJ: Erlbaum.

Sroufe, L. A. (1996). Emotional development: The organization of emotional life in the early years. *New York: Cambridge University Press.*

Steele, H., & Steele, M. (1994). Intergenerational patterns of attachment. In D. Perlman & K. Bartholomew (Eds.), *Advances in personal relationships (pp. 93-120).* London: Kingsley.

Stern, D. N. (1995). *The motherhood constellation: A unified view of parent–infant psychotherapy.* New York: Basic Books.

Stewart, R. B. (1983). Sibling interaction: The role of the older child as teacher for the younger. *Merrill-Palmer Quarterly*, 29, 47–68.

Stievenart, M., & Roskam, I. (2013). Concordance of attachment representations in mother-and father-child dyads and between siblings. *Psychologica Belgica, 53*(3).

Stone, D. K. (2008). *The forgotten parent: The father's contribution to the infant's development during the pre-Oedipal years*. Doctoral dissertation, Auckland University of Technology.

Stout, A. M. (1960). *Parental behavior toward children of differing ordinal position and sibling status.* Unpublished Ph.D. dissertation, University of California, Berkeley.

Sulloway, F. J. (1996). Born to Rebel: Birth Order. *Family Dynamics, and Creative Lives, New York: Pantheon.*

Sumer, N., Anafarta-Sendag, M. (2009). Attachment to parents during middle childhood, self-perceptions, and anxiety. *Türk Psikoloji Dergisi*, 24, 86-103.

Target, M., Fonagy, F., & Shmueli-Goetz, Y. (2003). Attachment representation in school-age children: The development of the child attachment interview (CAI). *Journal of Child Psychotherapy*, 29, 171–186.

Teti, D. M., & Ablard, K. E. (1989). Security of attachment and infant-sibling relationships: A laboratory study. *Child Development*, 60, 1519-1528.

Toth, S. L., Rogosch, F. A., Sturge-Apple, M., & Cicchetti, D. (2009). Maternal depression, children's attachment security, and representational development: An organizational perspective. *Child Development,* 80, 192-208.

Trapolini, T., Ungerer, J., Mcmahon, C. (2007) Maternal depression and children's attachment representations during the preschool years. *British Journal of Developmental Psychology*, 25, 247–261.

Udy, C.M., Newall, C., Broeren, S., Hudson, J.L.J. (2014) Maternal expectancy versus objective measures of child skill: Evidence for

absence of positive bias in mothers' expectations of children with internalizing disorders. *Journal of abnormal child psychology,* 42, 439-451.

Van Ijzendoorn, M. H. & De Wolff, M. S. (1997). In search of the absent father-Meta-analyses of infant-father attachment: A rejoinder to our discussants. *Child Development,* 68(4), 604-609.

Van Ijzendoorn, M. H. (1995). Adult attachment representations, parental responsiveness, and infant attachment: A meta-analysis on the predictive validity of adult attachment interview. *Psychological Bulletin*, 117, 387- 403.

Van IJzendoorn, M.H., Moran, G., Belsky, J., Pederson, D., Bakermans-Kranenburg, M.J., & Kneppers, K. (2000). The similarity of siblings' attachments to their mothers. *Child Development,* 71, 1086–1098.

Van IJzendoorn, M.H., Schuengel, C., & Bakermans-Kranenburg, M.J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and Psychopathology*, 11, 225–249.

Vogel, E.F., Bell, N.W. (1960). The emotionally disturbed child as a family scapegoat. In: Bell NW, Vogel EF, editors. *A modern introduction to the family*. New York: Free Press.

Vondra, J. I., Hommerding, K. D., & Shaw, D. S. (1999). Stability and change in infant attachment in a low-income sample. *Monographs of the Society for Research in Child Development*, 119-144.

Ward, M. J., Vaughn, B. E., & Robb, M. D. (1988). Social-emotional adaptation and infant-mother attachment in siblings: Role of the mother in cross-sibling consistency. *Child Development*, 59, 643-651.

Warren, S. L., Oppenheim, D., & Emde, R. N. (1996). Can emotions and themes in children's play predict behavior problems? *Journal of the American Academy of Child & Adolescent Psychiatry*, *35*(10), 1331-1337.

Waters, E., & Deane, K. (1985). Defining and assessing individual differences in attachment relationships: Q-methodology and the organization of behavior in infancy and early childhood. *Monographs of the Society for Research in Child Development,* 50, 41-65.

Waters, E., & Gao, Y. (1998). Secure base q-sort for parents. *Unpublished manuscript, State University of New York at Stony Brook.*

Werner, H., Zahn, S., Tietze, K., Walitza, S., Zulauf Logoz, M. (2013). Attachment representations in preschool siblings assessed by the Attachment Story Completion Task. *Journal of Child and Family Studies*, *23*, 917-933.

Werner, H., Zahn, S., Tietze, K., Walitza, S., Zulauf Logoz, M. (2015). Concordance of Attachment Representations in Preschool Siblinhs Assessed by the Attachment Story Completion Task. *Journal of Child and Family Studies,* 24, 576- 590.

Whalen, C.K., Henker, B., Jamner, L.D., Ishikawa, S.S., Floro, J.N., Swindle, R., Perwien, A.R., Johnston, J.A. (2006) .Toward mapping daily challenges of living with ADHD: maternal and child perspectives using electronic diaries. *Journal of Abnormal Child Psychology*, 34,115-130.

Winnicott, D. W. (1964). What about father. In D. W. Winnicott, *The Child, the Family, and the Outside World.* Reading, Massachusetts: Addison-Wesley Publishing Company.

Yoo, Y. S., Popp, J., & Robinson, J. (2014). Maternal distress influences young children's family representations through maternal view of child behavior and parent-child interactions. *Child Psychiatry & Human Development*, 45, 52–64.

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

APPENDICES

APPENDIX A: Parental Developmental Interview (PDI)

PARENTAL DEVELOPMENTAL INTERVIEW (PDI)

A. Çocuk Hakkındaki Görüşler

1.Öncelikle, çocuğunuzun nasıl biri olduğuna dair biraz fikir sahibi olarak başlamak isterim... Çocuğunuzu tarif eden 3 sıfat seçerek başlayabilir miyiz? Şimdi her sıfatın üzerinden geçelim. _____ ile ilgili aklınıza gelen herhangi bir olay ya da anı var mı?

2. Peki şimdi çocuğunuza dönelim... Tipik bir haftada, onun yapmaktan hoşlandığı, vaktini ayırdığı şeyler nelerdir?

3.Ve en fazla problem yaşadığı şeyler nelerdir?

4.Çocuğunuzda en çok ne hoşunuza gidiyor?

5.Çocuğunuzda en az hoşlandığınız şey nedir?

B. Çocuk ile İlişkisi Hakkındaki Görüşler

1.Çocuğunuzla olan ilişkinizi yansıttığını düşündüğünüz 3 sıfat seçmenizi rica ediyorum. Şimdi de bu sıfatların üzerinden geçelim. _____ ile ilgili aklınıza gelen herhangi bir olay ya da anı var mı?

2. Son bir hafta içinde, çocuğunuzla gerçekten iyi anlaştığınız bir anı anlatabilir misiniz?

3. Şimdi de, son bir hafta içerisinde çocuğunuzla iyi anlaşmadığınız bir anı anlatır mısınız?

4.Çocuğunuzla olan ilişkiniz, onun gelişimine ya da kişiliğini nasıl etkiliyor sizce?

C. Ebeveynlikte Duygusal Deneyim

1.Bir anne/baba olarak kendinizi tanımlayabilir misiniz?

2.Anne/baba olarak size en çok keyif veren şey nedir?

3.Anne/baba olarak sizi en çok zorlayan ya da size en çok acı veren şey nedir?

4.Çocuğunuzla ilgili en çok nelerden endişe duyuyorsunuz?

5.Çocuğunuzun olması sizi nasıl değiştirdi?

6. Son 1-2 hafta içinde, bir anne/baba olarak öfkeli hissettiğiniz bir zamanı anlatır mısınız?

6a. Bu duygular, çocuğunuzda nasıl bir etki uyandırıyor?

7.Son 1-2 hafta içinde, bir anne/baba olarak kendinizi suçlu hissettiğiniz bir anı anlatır mısınız?

7a. Bu duygular, çocuğunuzda nasıl bir etki uyandırıyor?

8.Son 1-2 hafta içinde, birinin sizinle ilgilenmesine ve size bakmasına ihtiyaç duyduğunuzu hissettiğiniz bir zamanı anlatır mısınız? (Gerekirse şu sorular eklenebilir: Bana bu durumdan biraz daha bahseder misiniz? Bu ihtiyaç duygularınızla nasıl başa çıktınız?)

8a. Bu duygular, çocuğunuzda nasıl bir etki uyandırıyor?

9.Çocuğunu üzgün olduğunda ne yapar? Bu *sizi* nasıl hissettirir? Bu zamanlarda siz ne yaparsınız?

10.Çocuğunuzun, kendini reddedilmiş hissettiği oldu mu?

D. Ebeveynin Aile Öyküsü

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

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

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

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

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

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

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

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

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

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

E. Ayrılık/Kayıp

1.Şimdi de, çocuğunuzla birlikte olmadığınız, ayrı olduğunuz bir zamanı düşünmenizi rica ediyorum. Bunu bana anlatır mısınız?

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

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

F. Geriye ve İleriye Bakış

1. Çocuğunuz şimdi _____ yaşında ve siz deneyimli bir annesiniz. Tüm bu deneyimi en baştan yeniden yaşasaydınız, neleri değiştirirdiniz? Neleri değiştirmezdiniz?

G. Ek Sorular

1. İlk kez anne olmaya nasıl karar verdiniz, ikinciye nasıl verdiniz ?

2. X (terapiye getirilen çocuk) ve Y'nin (terapiye getirilmeyen kardeş) annesi olmak arasında nasıl bir fark var ?

3. X'in bu sıkıntılarını nasıl açıklıyorsunuz ?

4. Neden ve nasıl X için yardım almaya karar verdiniz?

5. X'nin yaşadığı zorluklar, sizi duygusal olarak nasıl etkliyor ? X'in .....gibi problemlerinin olması ilişkinizi nasıl etkiliyor ?

6. X'in yaşadığı zorluklar, Y ile olan ilişkinizi nasıl etkiliyor ?

8.Sizce neden Y bu tip deneyimler yaşamadı?

9. Siz hiç X'inkine benzer zorluklar yaşadınız mı ?

Appendix B: The Experiences in Close Relationships Inventory (ECR- R)

THE EXPERIENCES IN CLOSE RELATIONSHIP INVENTORY (ECR-R)

Aşağıdaki maddeler romantik ilişkilerinizde hissettiğiniz duygularla ilgilidir. Maddelerde sözü geçen "birlikte olduğum kişi" ifadesi ile romantik ilişkide bulunduğunuz kişi kastedilmektedir. Eğer halihazırda bir romantik ilişki içerisinde değilseniz, aşağıdaki maddeleri bir ilişki içinde olduğunuzu varsayarak cevaplandırınız. Her bir maddenin ilişkilerinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşılarındaki 7 aralıklı ölçek üzerinde, ilgili rakam üzerine çarpı (X) koyarak gösterirsiniz.
Eksiksiz doldurduğunuzdan emin olunuz. Teşekkürler.

1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 7

İlişkimle ilgili hiçbir şekilde katılmıyorum		Kararsızım/ Fikrim yok				Tamamen katılıyorum	
1. Birlikte olduğum kişinin sevgisini kaybetmekten korkarım.	1	2	3	4	5	6	7
2. Gerçekte ne hissettiğimi birlikte olduğum kişiye göstermemeyi tercih ederim.	1	2	3	4	5	6	7
3. Sıklıkla, birlikte olduğum kişinin artık benimle olmak istemeyeceği korkusuna kapılırım.	1	2	3	4	5	6	7
4. Özel duygu ve düşüncelerimi birlikte olduğum kişiyle paylaşmak konusunda kendimi rahat hissederim.	1	2	3	4	5	6	7
5. Sıklıkla, birlikte olduğum kişinin beni gerçekten sevmediği kaygısına kapılırım.	1	2	3	4	5	6	7
6. Romantik ilişkide olduğum kişilere güvenip dayanmak konusunda kendimi rahat hissetmekte zorlanırım.	1	2	3	4	5	6	7
7. Romantik ilişkide olduğum kişilerin beni, benim onları önemsediğim kadar önemsemeyeceklerinden endişe duyarım.	1	2	3	4	5	6	7
8. Romantik ilişkide olduğum kişilere yakın olma konusunda çok rahatsızdır.	1	2	3	4	5	6	7
9. Sıklıkla, birlikte olduğum kişinin bana duyduğu hislerin benim ona duyduğum hisler kadar güçlü olmasını isterim.	1	2	3	4	5	6	7
10. Romantik ilişkide olduğum kişilere açılma konusunda kendimi rahat hissetmem.	1	2	3	4	5	6	7
11. İlişkilerimi kaderime çok takarım.	1	2	3	4	5	6	7
12. Romantik ilişkide olduğum kişilere fazla yakın olmamayı tercih ederim.	1	2	3	4	5	6	7
13. Benden uzakta olduğunda, birlikte olduğum kişinin başka birine ilgi duyabileceği korkusuna kapılırım.	1	2	3	4	5	6	7
14. Romantik ilişkide olduğum kişi benimle çok yakın olmak istediğinde rahatsızlık duyarım.	1	2	3	4	5	6	7
15. Romantik ilişkide olduğum kişilere duygularımı gösterdiğimde, onların benim için aynı şeyleri hissetmeyeceğinden korkarım.	1	2	3	4	5	6	7
16. Birlikte olduğum kişiyle kolayca yakınlaşabilirim.	1	2	3	4	5	6	7
17. Birlikte olduğum kişinin beni terk edeceğinden pek endişe duymam.	1	2	3	4	5	6	7
18. Birlikte olduğum kişiyle yakınlaşmak bana zor gelmez.	1	2	3	4	5	6	7
19. Romantik ilişkide olduğum kişi kendimden şüphe etmeme neden olur.	1	2	3	4	5	6	7
20. Genellikle, birlikte olduğum kişiyle sorunlarımı ve kaygılarımı tartışmam.	1	2	3	4	5	6	7
21. Terk edilmekten pek korkmam.	1	2	3	4	5	6	7

	1 Hiç katılmıyorum	2	3	4 Kararsızım/ fikrim yok	5	6	7 Tamamen katılıyorum
22. Zor zamanlarımda, romantik ilişkide olduğum kişiden yardım istemek bana iyi gelir.	1	2	3	4	5	6	7
23. Birlikte olduğum kişinin, bana benim istediğim kadar yakınlaşmak istemediğini düşünürüm.	1	2	3	4	5	6	7
24. Birlikte olduğum kişiye hemen hemen her şeyi anlatırım.	1	2	3	4	5	6	7
25. Romantik ilişkide olduğum kişiler bazen bana olan duygularını sebepsiz yere değiştirirler.	1	2	3	4	5	6	7
26. Başımdan geçenleri birlikte olduğum kişiyle konuşurum.	1	2	3	4	5	6	7
27. Çok yakın olma arzum bazen insanları korkutup uzaklaştırır.	1	2	3	4	5	6	7
28. Birlikte olduğum kişiler benimle çok yakınlaşınca gergin hissederim.	1	2	3	4	5	6	7
29. Romantik ilişkide olduğum bir kişi beni yakından tanıdıkça, "gerçek benden hoşlanmayacağından korkarım.	1	2	3	4	5	6	7
30. Romantik ilişkide olduğum kişilere güvenip dayanma konusunda rahatımdır.	1	2	3	4	5	6	7
31. Birlikte olduğum kişiden ihtiyaç duyduğum şefkat ve ilgiyi görememek beni öfkelendirir.	1	2	3	4	5	6	7
32. Romantik ilişkide olduğum kişiye güvenip dayanmak benim için kolaydır.	1	2	3	4	5	6	7
33. Başka insanlara örnek olamamaktan endişe duyarım.	1	2	3	4	5	6	7
34. Birlikte olduğum kişiye şefkat göstermek benim için kolaydır.	1	2	3	4	5	6	7
35. Birlikte olduğum kişi beni sadece kızgın olduğumda önemser.	1	2	3	4	5	6	7
36. Birlikte olduğum kişi beni ve ihtiyaçlarımı gerçekten anlar.	1	2	3	4	5	6	7

Appendix C: Kerns Security Scale

KERNS SECURITY SCALE

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

1.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar annelerine kolayca güvenirler.	AMA	Bazı çocuklar annelerine güvenip güvenemeyecekleri konusunda emin değildirler.	Bana biraz benziyor ☐	Bana çok benziyor ☐

2.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar yaptıkları her şeye annelerinin çok karıştığını düşünürler.	AMA	Bazı çocuklar kendi başlarına bir şeyler yapmalarına annelerinin izin verdiğini düşünürler.	Bana biraz benziyor ☐	Bana çok benziyor ☐

3.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar için annelerinin yardım edeceğine inanmak kolaydır.	AMA	Bazı çocuklar için annelerinin yardım edeceğine inanmak zordur.	Bana biraz benziyor ☐	Bana çok benziyor ☐

4.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar annelerinin onlarla yeterince zaman geçirdiğini düşünürler.	AMA	Bazı çocuklar annelerinin onlarla yeterince zaman geçirmediğini düşünürler.	Bana biraz benziyor ☐	Bana çok benziyor ☐

5.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar annelerine ne düşündüklerini veya hissettiklerini söylemekten **pek hoşlanmazlar.**	**AMA**	Bazı çocuklar annelerine ne düşündüklerini veya hissettiklerini söylemekten **hoşlanırlar.**	Bana biraz benziyor ☐	Bana çok benziyor ☐

6.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar her şeyde annelerine **ihtiyaç duymaz.**	**AMA**	Bazı çocuklar hemen hemen her şey için annelerine **ihtiyaç duyar.**	Bana biraz benziyor ☐	Bana çok benziyor ☐

7.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar **"Keşke anneme daha yakın olabilseydim"** derler.	**AMA**	Bazı çocuklar **annelerine olan yakınlıklarıyla mutludurlar.**	Bana biraz benziyor ☐	Bana çok benziyor ☐

8.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar **annelerinin onları gerçekten sevmediğinden** endişe duyarlar.	**AMA**	Bazı çocuklar **annelerinin onları sevdiğinden eminlerdir.**	Bana biraz benziyor ☐	Bana çok benziyor ☐

9.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar annelerinin onları **anladığını** hissederler.	**AMA**	Bazı çocuklar annelerinin onları **anlamadığını** hissederler.	Bana biraz benziyor ☐	Bana çok benziyor ☐

10.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar annelerinin onları terk etmeyeceğinden **gerçekten eminlerdir.**	**AMA**	Bazı çocuklar annelerinin onları terk edebileceğinden **bazen endişelenirler.**	Bana biraz benziyor ☐	Bana çok benziyor ☐

11.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar ihtiyaç duyduklarında annelerinin **yanlarında olamayacağını düşünerek endişelenirler.**	**AMA**	Bazı çocuklar ihtiyaç duyduklarında annelerinin **yanlarında olacağından eminlerler.**	Bana biraz benziyor ☐	Bana çok benziyor ☐

12.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar annelerinin kendilerini **dinlemediğini** düşünürler.	**AMA**	Bazı çocuklar annelerinin onları **gerçekten dinlediğini** düşünürler.	Bana biraz benziyor ☐	Bana çok benziyor ☐

13.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar üzgün olduklarında annelerinin **yanına giderler.**	**AMA**	Bazı çocuklar üzgün olduklarında annelerinin **yanına pek gitmezler.**	Bana biraz benziyor ☐	Bana çok benziyor ☐

14.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar **"Keşke annem sorunlarımla daha çok ilgilense"** derler.	**AMA**	Bazı çocuklar **annelerinin onlara yeterince yardım etliğini** düşünürler.	Bana biraz benziyor ☐	Bana çok benziyor ☐

15.

Bana çok benziyor ☐	Bana biraz benziyor ☐	Bazı çocuklar anneleri etrafta olduğunda **kendilerini daha iyi hissederler.**	**AMA**	Bazı çocuklar anneleri etrafta olduğunda **kendilerini daha iyi hissetmezler.**	Bana biraz benziyor ☐	Bana çok benziyor ☐