

T.C.

TED UNIVERSITY

GRADUATE SCHOOL

CLINICAL PSYCHOLOGY

**ON THE NAME-OF-THE-FATHER: ROLES OF
PATERNAL DEPRESSION, DYSFUNCTIONAL
DISCIPLINE, AND MATERNAL GATEKEEPING ON
CHILD EXTERNALIZING BEHAVIOR**

BERİL BAŞKÖY

ANKARA, 2025

ON THE NAME-OF-THE-FATHER: ROLES OF PATERNAL DEPRESSION,
DYSFUNCTIONAL DISCIPLINE, AND MATERNAL GATEKEEPING ON
CHILD EXTERNALIZING BEHAVIOR

A Thesis Submitted To
The Graduate School
of
TED University

by

Beril Başköy

In Partial Fulfillment of The Requirements
For
Master of Science
in
Clinical Psychology

ANKARA, 2025

Approval of the Graduate School

Prof. Dr. Ayça Tekin Koru
Dean, Graduate School

Assoc. Prof. Emrah Keser
Program Chair

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science.

Assist. Prof. Dr. Yağmur Ar
Supervisor

Examining Committee Members

Assist. Prof. Dr. Yağmur Ar

Assist. Prof. Burcu Altın

Assoc. Prof. Burcu Pınar Bulut

Department of Psychology

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

Name, Last name : Beril Başköy

Signature :

ABSTRACT

ON THE NAME-OF-THE-FATHER: ROLES OF PATERNAL DEPRESSION, DYSFUNCTIONAL DISCIPLINE, AND MATERNAL GATEKEEPING ON CHILD EXTERNALIZING BEHAVIOR

Beril Başköy

Master of Science, Clinical Psychology

Supervisor: Assist. Prof. Dr. Yağmur Ar

July, 2025

The current study aimed to investigate the relationship between paternal depression and child externalizing behavior, focusing particularly on two significant variables: dysfunctional discipline practices and maternal gatekeeping. The mediating role of dysfunctional discipline, namely, lax parenting, and the moderating role of maternal gatekeeping were examined to gain a deeper insight into the complicated relationships between paternal depression and child externalizing behavior. In the proposed theoretical model, it was hypothesized that lax parenting would mediate the relationship between paternal depressive symptoms and child externalizing behavior. Furthermore, it was predicted that maternal gatekeeping would moderate the relationship between paternal depressive symptoms and the child's externalizing behavior mediated by lax parenting. The study was conducted with 140 parent pairs whose children were between the ages of 6 and 11. The following measurements were used in the study: Beck Depression Inventory (BDI), The Masculine Depression Scale

(MDS), Trait Depression Scale (T-DEP), The Parenting Scale (TPS), Maternal Gatekeeping Scale–Mother Form (MGS-M), and Conners' Parent Rating Scale (CPRS). The results of the study did not provide support for the proposed model. Nevertheless, the findings of the study emphasize the complicated nature of familial relationships and indicate potential paths for further study and theoretical reconsideration.

Keywords: paternal depression, dysfunctional discipline, maternal gatekeeping, child externalizing behavior



ÖZET

BABA-NIN-ADI ÜZERİNE: ÇOCUK DIŞSALLAŞTIRMA DAVRANIŞLARINDA
BABA DEPRESYONU, OLUMSUZ DİSİPLİN VE ANNE BEKÇİLİĞİNİN ROLÜ

Beril Başköy

M.Sc., Klinik Psikoloji

Tez Yöneticisi: Dr. Öğr. Üyesi Yağmur Ar

Temmuz, 2025

Mevcut çalışma, baba depresyonu ile çocuk dışsallaştırma davranışları arasındaki ilişkiyi, olumsuz disiplin uygulamaları ve anne bekçilik davranışlarına odaklanarak incelemeyi amaçlamıştır. Çalışmada, baba depresyonu ile çocuk dışsallaştırma davranışları arasındaki karmaşık ilişkiye dair daha derin bir anlayış elde etmek amacıyla olumsuz disiplin uygulamaların, özel olarak, aşırı gevşek tutumun aracı rolü ve annenin bekçilik davranışlarının düzenleyici rolü incelenmiştir. Önerilen teorik modelde, aşırı gevşek tutumun, babanın depresif semptomları ile çocuk dışsallaştırma davranışları arasındaki ilişkiye aracılık edeceği varsayılmıştır. Ek olarak, anne bekçiliğinin aşırı gevşek tutum tarafından aracılık edilen baba depresyonu ile çocuk dışsallaştırma davranışları arasındaki ilişkiyi düzenleyeceği hipotez edilmiştir. Çalışma, çocukları 6-11 yaş aralığında olan 140 ebeveyn çifti ile yürütülmüştür. Beck Depresyon Envanteri (BDE), Eril Depresyon Ölçeği (EDÖ), Sürekli Depresyon Ölçeği (S-DEP), Ebeveynlik Ölçeği (EÖ), Anne Bekçiliği Ölçeği-Anne Formu (ABÖ-A) ve

Conners Ana Baba Derecelendirme Ölçeđi (CADÖ-48) ölçüm araçları olarak kullanılmıştır. Çalışmanın sonuçları önerilen model için destek sağlamamıştır fakat bu sonuçlar aile ilişkilerinin karmaşık doğasını vurgulamakta ve gelecekteki çalışmalar ile kuramsal yeniden değerdendirmeler için alternatif öneriler ortaya koymaktadır.

Anahtar Kelimeler: baba depresyonu, olumsuz disiplin uygulamaları, anne bekçiliđi, çocuk dışsallaştırma davranışları



ACKNOWLEDGMENTS

I would like to sincerely express my gratitude to my supervisor, Asst. Prof. Dr. Yağmur Ar, for all of her guidance with this thesis, especially her valuable suggestions, and, above all, her constant faith in me. I consider myself incredibly fortunate to have walked this path with her presence. I would also like to extend my sincere gratitude to my examining committee members, Assist. Prof. Burcu Altın and Assoc. Prof. Burcu Pınar Bulut, for their valuable contributions and insightful feedback.

My lovely family... Hasan Başköy, Serpil Başköy, and Mertcan Başköy. I am incredibly grateful for all your support, that you made it possible for me to write this thesis, encouraged me with every decision I took, and held my hand all the journey. Dear dad, I am so grateful that you have taught me how to maintain my courage when things get tough. From the smallest moments to the most significant turning points in my life, you have been there for me, every time. For all of your hard work, dedication, love, the values you taught me, and all the car rides filled with good music, I will always be thankful. I cannot imagine what I would do without you. My beautiful mother, words cannot express the amount of love I have for you. Your unending love, generosity, kindness, and unconditional acceptance shaped me into the person I am today. I carry your love with me, always. My dear brother, thank you for being able to erase all my worries with just a few sentences. With your pure heart, you enlighten everything and everyone around you. I feel so lucky to be your little sister. Lastly, I would like to express my sincere gratitude and love to both of my uncles from the bottom of my heart.

Beste Öziç, Gizem Atak, Meryem Torun, Özge Ayşe Güler, Serra Balcı, my beloved peers, this journey would never be the same without our friendship. I adore you all. Hatice Merve Aykaç, my dear friend, your presence means the world to me. This degree brought me many beautiful things, but your friendship is among the things I cherish the most.

And finally, to my best friend, Ezgi Yıldız. Our friendship has been a continual source of unconditional love and joy for many years. Ever since we shared the same desk in high school by chance, or by fate, we have supported each other, celebrating our little victories and overcoming obstacles together. Regardless of where life takes us, I am glad we have each other. With you, life is less complicated.



TABLE OF CONTENTS

PLAGIARISM.....	iii
ABSTRACT.....	iv
ÖZET	vi
ACKNOWLEDGMENTS	viii
TABLE OF CONTENTS.....	x
LIST OF TABLES	xii
LIST OF FIGURES	xiii
LIST OF ABBREVIATIONS.....	xiv
CHAPTER	
1. INTRODUCTION	1
1.1 The Name-of-the-Father.....	2
1.2 Lacanian Approach to Perversion	5
1.3 Paternal Depression.....	8
1.4 Dysfunctional Parenting in Discipline	10
1.4.1 Lax Parenting in Discipline.....	11
1.5 Child Externalizing Behavior.....	13
1.6 Maternal Gatekeeping	14
1.7 The Scope of the Thesis and Hypotheses.....	15
2. METHOD.....	18
2.1 Participants.....	18
2.2 Materials.....	18
2.2.1 Demographic Information Form	19
2.2.2 Beck Depression Inventory	20
2.2.3 The Masculine Depression Scale	21
2.2.4 Trait Depression Scale	21
2.2.5 The Parenting Scale	22
2.2.6 Maternal Gatekeeping Scale-Mother Form.....	22
2.2.7 Conners' Parent Rating Scale	23
2.3 Procedure	24

3. RESULTS	25
3.1 Preliminary Analysis	25
3.2 Descriptive Statistics	25
3.3 Correlations among Variables	26
3.4 Moderated Mediation Analysis	28
3.4.1 Hypothesized Model	28
3.4.2 Comparison of the Depression Measurements: MDS	30
3.4.3 Comparison of the Depression Measurements: T-DEP	31
4. DISCUSSION	33
4.1 Discussion of the Moderated Mediation Model	37
4.1.1 The Path from Depression to Laxness	39
4.1.2 The Path from Laxness to Child Externalizing Symptoms	39
4.1.3 Interaction and Indirect Effects	40
4.2 Limitations	41
4.3 The Strengths of the Study and Clinical Implications	42
REFERENCES	44
APPENDICES	
A. Study Recruitment Announcement	61
B. Informed Consent	62
C. Demographic Information Form	64
D. Beck Depression Inventory	66
E. The Masculine Depression Scale	70
F. Trait Depression Scale	71
G. The Parenting Scale	72
H. Maternal Gatekeeping Scale – Mother Form	79
I. Conners’ Parent Rating Scale	82
J. Participant Information Form	86

LIST OF TABLES

TABLES

Table 2.1 Demographic Characteristics of the Participants 19

Table 3.1 Descriptive Statistics of Variables 25

Table 3.2 Correlations Among Variables..... 27



LIST OF FIGURES

FIGURES

Figure 1.1 The Triangle Conceptualized by Lacan.....4

Figure 1.2 The Proposed Model.....17

Figure 3.1 Moderated Mediation Model: BDI.....30

Figure 3.2 Moderated Mediation Model: MDS.....31

Figure 3.3 Moderated Mediation Model: T-DEP.....32



LIST OF ABBREVIATIONS

BDI	Beck Depression Inventory
MDS	The Masculine Depression Scale
T-DEP	Trait Depression Scale
TPS	The Parenting Scale
MGS-M	Maternal Gatekeeping Scale-Mother Form
CPRS-F	Conners' Parent Rating Scale Father Form
CPRS-M	Conners' Parent Rating Scale Mother Form

CHAPTER 1

INTRODUCTION

Fathers play several important roles within the family, and their ability to carry out these roles significantly influences child development (Lamb, 2004). Despite the acknowledged importance of fathers in a child's life, there has been a relative scarcity of comprehensive research focusing on fathers' roles in the family until recently. Maternal psychopathology has been the focus of a larger body of research than paternal psychopathology, especially regarding the impact of mothers' parenting styles on child psychological outcomes (Berg-Nielsen et al., 2002; Mestermann et al., 2023; Scarlett et al., 2023). Furthermore, research on the influence of depression on family life is conducted primarily with mothers, suggesting that the outcomes of paternal depression have received relatively less attention than maternal depression (Herr et al., 2007). In the literature, research has demonstrated that children of mothers with depression are more likely to experience a variety of behavioral and emotional problems, including both internalizing and externalizing difficulties, compared to children of non-depressed mothers (Goodman et al., 2010). Similarly, research has demonstrated that paternal depression has been linked to the elevated risk of internalizing and externalizing problems in children (Sweeney & MacBeth, 2016). Yet, fathers are still notably underrepresented in research on parental psychopathology, even though both maternal and paternal psychopathology have a similar and significant influence on child psychopathology (Lamb, 2004; Xerxa et al., 2020). Although previous studies have demonstrated an association between internalizing and externalizing problems among children and paternal depression, further study is needed to explore potential underlying mechanisms. Finally, the majority of the existing literature on paternal psychopathology focuses on the postnatal period, indicating the need for further studies with children with various age groups. The current study addresses these gaps in the literature by examining the depressive symptoms of fathers whose children are between the ages of 6 and 11.

Children with early-onset conduct disorder are often at risk for developing antisocial personality disorder and delinquent behavior as adults (Christian et al., 1997; Hill,

2003; Goldstein et al., 2006). This can be interpreted as externalizing problems in children may have long-term adverse impacts on their social and psychological development. Therefore, it is essential to examine the relationship between externalizing behavior in children and the underlying family dynamics, considering the possible long-term consequences. In the existing literature, it was observed that relatively few studies have been conducted on the relationship between externalizing behavior in children and maternal gatekeeping behaviors. Moreover, our knowledge of the potential links between paternal depression and child externalizing behavior, which includes dysfunctional discipline practices, particularly lax parenting, is significantly inadequate. Accordingly, this study aimed to investigate the roles of paternal depressive symptoms, lax parenting practices among fathers, and maternal gatekeeping in influencing child externalizing behavior, providing significant insights into the understanding of complex family dynamics and informing the planning and implementation of future intervention programs.

The theoretical foundation of this study was based on Jacques Lacan's psychoanalytic framework, renowned for its insights into paternal function and clinical structures. Furthermore, the ages of the children were determined based on psychoanalytic theory, given that they had already passed through the phallic stage. In light of the relatively small number of studies grounded in Lacan's conceptual framework, this study also attempted to address the gap between psychoanalytic theory and empirical evidence.

In the first chapter, the theoretical framework and relevant concepts of Lacan were explained. Then, following an explanation of the related variables (i.e., paternal depression, dysfunctional discipline practices, lax parenting in discipline, maternal gatekeeping, and child externalizing behavior), relevant research findings were addressed and discussed. Lastly, the scope of the thesis and hypotheses were introduced.

1.1 The Name-of-the-Father

From the very beginning, in the narrative of psychoanalytic theory, the paternal function is essential, holding a prominent place in the elaboration of the Oedipus complex (Lacan, 1998). Jacques Lacan expanded the concept of the paternal function

even further beyond the theoretical framework of Sigmund Freud, introducing concepts such as the transmission of the last name, entrance into language, symbolic castration, separation, and alienation, all of which are related to the paternal function (De Neuter, 2007). Lacan underlines the restrictive function of the symbolic father by using the homophony of *Le Nom-du-Père* (i.e., Name-of-the-Father) and *le “non” du père* (i.e., the “no” of the father). This function occurs in two crucial logical moments that are conceptualized as alienation and separation (Lacan, 1973). In psychoanalytic literature, the term “alienation” is frequently used to describe the subject’s entry into the language, whereas “separation” denotes the subject’s confrontation with the Other’s desire as a question. First, alienation is marked by the “no” of the father; and the second moment is known as the separation, which takes place in the Oedipal stage, indicating the separation of the child and the mother through the Name-of-the-Father (Gökdemir-Bulut, 2017). The Name-of-the-Father (i.e., paternal metaphor or symbolic father) embodies law, authority, and the establishment of the symbolic order (Rodríguez, 2016). At its core, the function of the Name-of-the-Father is to protect the child from “*le désir de la mère*” (i.e., the desire of the mother), which indicates not only the child’s own desire for the mother but also the mother’s desire for the child (Swales, 2012). Initially, the mother is the one who is the “Other” for the child, being the primary subject of desire and love. Regardless of whether the subject is male or female, Lacan suggested that the father is always the rival and the subject always desires the mother (Evans, 1996). In this mother-child relationship, the child seeks to complete the mother through their presence, while the mother, in turn, may consider the child as being the one who can fulfill her lack. Within this context, the restrictive function of the father holds significant importance within the Oedipus complex, which is divided into three “times” by Lacan.

As shown in Figure 1, for the first time in Oedipus, a triangle is formed by the mother, the child, and the phallus, which signifies the mother’s desire (Lacan, 1973). The presence of the phallus in this triangle indicates that a relationship in which the child and the mother are fused is not possible. The child desires to become the mother’s phallus to fulfill her desire upon realizing that the mother wants something beyond the child, the imaginary phallus. In other words, the matter for the child is “to be or not to be” the object of the mother’s desire (Lacan, 1998). The concept of “lack” plays a

central role during this period. The child recognizes that the mother is incomplete because she desires more than her immediate connection to the child. This acknowledgment also entails recognizing that they are unable to fully satisfy their mother's desire and that it extends beyond them. “Che vuoi?” (i.e., “What do you want from me?”) is the question the child needs to answer (Lacan, 2014).

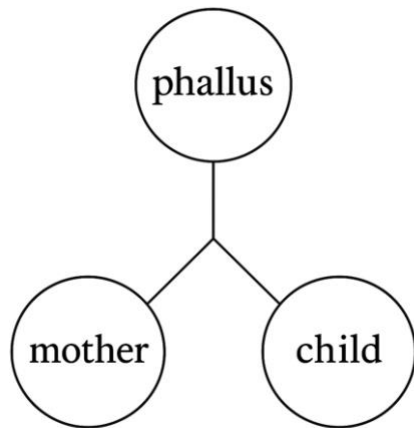


Figure 1.1 The Triangle Conceptualized by Lacan

The intervening role of the “imaginary father” defines the second phase of the Oedipus complex. As the father of the primitive horde, the father holds all power during this period. Following Freud, Lacan argues that the child always represents the symbolic phallus for the mother (Evans, 1996). In other words, the phallus represents what the mother desires to find in her child and what the child hopes to be for their mother (De Neuter & La Hulpe, 2011). By enforcing the incest taboo, the imaginary father imposes the law on the mother's desire; in theory, this is not castration of the mother but instead named privation (Lacan, 1973). What emerges at this point is that it is entirely the father's law (i.e., prohibition of incest) that returns to the child, conceived by the subject as something responsible for the privation of the mother (Lacan, 1988). At this stage, the child begins to perceive the father as a rival. Crucially, the mother's discourse either reinforces or undermines the authority of the father, making the father's position in the discourse is of the utmost importance (Swales, 2012).

Only in the final moment is castration (i.e., the symbolic lack of an imaginary object) realized (Lacan, 1973). The “real father” intervenes and castrates the child, signaling

that the child can no longer continue attempting to be the phallus for the mother, representing the final time of the Oedipus complex (Evans, 1996). The child emerges from the mother's omnipotence through the Name-of-the-Father, which is essential for the structuring of the symbolic world (Lacan, 1973). With the recognition of the law and the father's role in the mother's discourse, the mother's desire is represented by the Name-of-the-Father. The child detaches from the real dependence on the mother's desire through this symbolization. The recognition of the father's role as procreator and the fundamental function of the Name-of-the-Father are components that are deeply rooted in the symbolic order (Lacan, 1998). The symbolic order is a realm of language, culture, and patriarchal organization (Polatinsky, 2008). It indicates that, rather than the physical presence of the biological father, it is the symbolic father who is recognized as the embodiment of authority and included in the mother's discourse (Evans, 1996). In other words, the symbolic significance of the father's position as the procreator extends beyond biological considerations to encompass social, cultural, and familial symbolic meanings. Since the third stage is vital for overcoming the Oedipus complex and very important in terms of how the law is symbolized, it is just as essential as the second (Lacan, 1988).

The subject's particular engagement with the Oedipus complex and the paternal function, along with their position in relation to the Other, forms their clinical structures. According to Lacan's structural approach to psychoanalysis, three fundamental clinical structures are neurosis, psychosis, and perversion. Within the framework of this study, the primary focus was directed towards perversion among these clinical structures.

1.2 Lacanian Approach to Perversion

The word "perversion" originates from the Latin "pervertere", meaning "to turn around" (Swales, 2012). However, beyond merely turning around and deviating from social norms, perversion is something else entirely, structurally, according to Lacan (1975). Perverse acts not only include routinely engaging in particular deviant sexual activities but also indicate a specific structural position in reference to the Other (Swales, 2012). Even though some sexual behaviors are strongly associated with

perverse structures, non-perverse individuals can participate in these behaviors, whereas perverse subjects never partake in these behaviors (Evans, 1996). Therefore, in Lacanian theory, what is most important in perversion is the structural position of the subject concerning the Other, rather than specific deviant behaviors.

Lacan's nosological classifications vary from one another based on different positions of the subject in relation to the Other, each having specific foundational operations (Lacan, 2010). These mechanisms are recognized as repression for neurosis, disavowal for perversion, and foreclosure for psychosis, which are all related to paternal function (Fink, 1997). Disavowal refers to the act of refusing to acknowledge an aspect of reality or a fundamental signifier. In perversion, the subject, who perceives that the mother does not have a phallus (i.e., indicating the lack of a signifier), disavows the castration of the Other since it is not symbolized by the Name-of-the-Father (Fink, 1977). In other words, although the subject reaches the third stage of Oedipus, the child disavows the Name-of-the-Father since the paternal metaphor is not sufficiently endorsed. Hence, the structure of perversion is related to the disavowal of castration, which indicates the incompleteness of the Other (Lacan, 1973; Lacan, 2006). According to Lacan, as with Freud, disavowal is always followed by an acknowledgment of that which is disavowed at the same time. Thus, the pervert knows about castration but also denies it (Evans, 1996).

The foremost challenge in understanding perversion is trying to grasp a child's emotional connection with their mother, which is not only based on their vital dependence but is also deeply intertwined with their mother's love. This love indicates a deep desire for her desire, and identification with the imaginary phallus (Lacan, 2001). The imaginary phallus represents the mother's desire and lack. Hence, the child identifies with it as being acknowledged by the mother as the fulfillment of her desire, as the thing that completes her (Polatinsky, 2008). However, in perversion, the Name-of-the-Father, which gives a child the potential to "be" something other than the jouissance of the mother, fails to define this lack (Ragland-Sullivan, 1992). Therefore, the subject has undergone alienation but not separation, and remains committed to being the mother's "*play-thing*", becoming the object of her excessive jouissance, which finds no boundaries in the embodiment of a paternal structure (Bernstein, 2015).

Lacan (1991) uses the metaphor of being in the mouth of a crocodile to indicate the desire of the mother. Being in the crocodile's mouth is anxiety-provoking for the child since it is unpredictable when the crocodile will close its jaws. This metaphor emphasizes the significance of the paternal role. For a child, the mother's omnipotence can be hazardous; her lack should be defined so that the subject may identify with her desire and reestablish oneself through language (Ragland-Sullivan, 1992). In its essence, the child cannot become a subject fully brought into being until the mother's lack is identified and symbolized by the Name-of-the-Father (Fink, 1997).

Another aspect in which the previously mentioned clinical structures differ from one another is their engagement with the law. In contrast to the entire absence of the law in psychosis, and the definitive establishment of the law in neurosis, which is only conquered in fantasy, in perverse structure, the subject struggles to bring the law into existence (Fink, 1997). In perversion, while the father is recognized within the family system, the symbolic father, representing the law and authority, is not accepted. Lacan proposed that this contradictory position of the father is related to the father's disinterest in the mother-child relationship and/or the mother's "discourse" about the father's position in the family (Swales, 2012). When the authority of the father is reduced to a "merely" symbolic value, it loses the formality of being a symbol. It is considered a law without any sanction when not obeyed (Gökdemir-Bulut, 2017). As a result, the pervert invents his own laws and abides by them, or as Lacan would say, he constructs his own version of the father (i.e., père-version). In other words, the pervert knows the law but simultaneously does not want to be aware of it (Bernstein, 2015).

There are several reasons that contribute to the deficiency in paternal function. As previously emphasized, one significant contributing factor can be the mother's discourse, such as statements that intentionally undermine the father's authority. Another reason may be the father's unwillingness or inability to fully participate in the mother-child relationship. This might occur, for instance, if the individual is depressed, since the overall state of functionality might be adversely affected by depression.

1.3 Paternal Depression

Major depressive disorder is characterized by several symptoms, including depressed mood, loss of interest in activities, feelings of excessive guilt or worthlessness, disturbances in sleep patterns, and recurrent thoughts about suicide, according to DSM-5 (American Psychiatric Association, 2013). Although depression has become more prevalent, men regularly have lower depression rates than women (Abate, 2013; Albert, 2015; Kuehner, 2017). Several explanations have been proposed for the sex differences in depression, including biological and psychological factors, gender socialization, and coping and response mechanisms (Addis, 2008; Branney & White, 2008; Kuehner, 2017). Additionally, researchers argue that the criteria for diagnosing depression might not accurately reflect how males experience the condition. While a decrease in activity and a dysphoric mood is evident in both men and women, social withdrawal, anger, and irritation are significantly more prevalent in men (Spector, 2006). According to Brownhill et al. (2005), the way depression manifests itself varies by gender, and a trajectory of emotional stress expressed through maladaptive behaviors (i.e., acting out and acting in) contributes to hostility, violence, and suicide in some men with clinical depression. Accordingly, Pollack (1998) suggested the term major depressive disorder—*male type*—a new subtype of depression, as relying solely on the symptomatology of the DSM-5 may cause depression in men to remain underdiagnosed. The signs and symptoms of this proposed subtype consist of withdrawal, anger, abuse of substances, and denial of depression. As a result, in addition to the standard depressive symptoms described in the DSM-5, therapists ought to investigate other depressive expressions that might result from masculine gender roles (Fields & Cochran, 2010). One of the most important manifestations to consider is externalizing behavior. Following this, according to the results of research conducted by Genuchi and Mitsunaga (2015), depressed men showed significantly higher levels of externalizing symptoms than depressed women.

Externalizing or withdrawal behaviors related to depression can lead to numerous problems within the family system and have been found to be significantly associated with lower levels of marital satisfaction (Fink & Shapiro, 2013; Goldfarb & Trudel, 2019; MacKenzie et al., 2014). For instance, the relationship between family

functioning and symptoms of parental depression is examined by Herr et al. (2007). According to the results, men who are depressed, whether they are currently or were previously depressed, have lower family functioning compared to those who are not depressed. This suggests that although their depression has remitted, if a person has previously experienced depression, their current marital functioning might be adversely impacted. Furthermore, there is an association between depressive symptomatology and marital problems, and both of these factors taken together could increase the likelihood of maladjustment among children and adolescents (Kouros et al., 2008).

Although paternal depressive symptoms have not received as much attention as maternal depressive symptoms, accumulating evidence indicates that depressed fathers experience similar declines in parenting competence as depressed mothers and parental depression has been associated with emotional difficulties in children (Callender et al., 2012; Gutierrez-Galve et al., 2018; Martin et al., 2023). Research and meta-analysis findings indicate that paternal depression is significantly and positively correlated with psychopathology among children, greater conflict, and rejection in parenting, as well as diminished involvement and sensitivity to the children (Davis et al., 2009; Kane & Garber, 2004; Wilson & Durbin, 2010). In a comprehensive study conducted by Lyons-Ruth et al. (2002), depression and its influence on the family have been examined in close to seven hundred fathers. Results indicated that depressed parents, regardless of gender, tended to spend less time and make less physical contact with their children. Moreover, fathers and mothers are more likely to become frustrated with their children, considering the difficulties they face in setting boundaries and routines in their children's lives.

Ultimately, it is recognized that the ability of parents to provide guidance and nurture their children is significantly impacted by depression (Berg-Nielsen et al., 2002). Furthermore, it has become clear that problems with discipline are related to symptoms of parental depression (Leung & Slep, 2006). Accordingly, depending on their symptoms, parents who are depressed may struggle with setting boundaries for their children. There is a growing body of evidence suggesting that depression significantly

alters family dynamics and the father-child relationship, affecting parenting styles and discipline practices.

1.4 Dysfunctional Parenting in Discipline

Parenting styles, as conceptualized by Baumrind in the 1960s, have received widespread recognition and extensive study in the field of child psychology. The three primary styles of parenting, as described by Baumrind (1966), are recognized as authoritative, authoritarian, and permissive. Later, a fourth style, known as neglectful, was included. High levels of warmth, attentiveness, and support, along with clear expectations and rules, characterize authoritative parenting, which has become recognized as the most effective parenting style (Steinberg, 2001). A consistent source of warmth and support, especially in uncertain times, authoritative parents provide emotional care while also establishing boundaries, guidelines, and routines (Wolfe & McIsaac, 2011). On the other hand, authoritarian parents, who lack warmth and responsiveness, exhibit strict authority and high levels of control (Carter & Welch, 1981). Lastly, permissive parents tend to accept and approve of their children's behavior without questioning its reasons or roots. They are more likely to give in to their children's inappropriate demands and be unable to use appropriate discipline strategies when children misbehave (Leung & Slep, 2006). Even if the child's behavior is harmful to others, it is deemed acceptable, and the parents feel powerless to get the child to follow the rules (Önder, 2009).

There is a strong relationship between parenting styles and discipline practices. The term "discipline" describes the techniques that parents use to discourage misbehavior. While it may be assumed that discipline solely refers to severe and punitive measures, the concept encompasses a broader range of parental strategies (Locke & Prinz, 2002). The Parenting Scale, developed by Arnold et al. (1993) to measure dysfunctional parenting in discipline situations of parents, includes the following factors: laxness, overreactivity, and verbosity. The scale was initially developed as a self-report questionnaire to investigate parents' approaches to discipline when confronting misbehavior, even when disciplinary actions are not used regularly (Prinz et al., 2004). They suggest that overactivity may be an indicator of authoritarian parenting,

while the factor of verbosity is associated with persistently talking to a child despite its ineffectiveness and may inadvertently reinforce the behavior. Lastly, permissive parenting corresponds to lax parenting (Prinz et al., 2004).

1.4.1 Lax Parenting in Discipline

Lax parenting in discipline is characterized by “permissiveness” and “inconsistency” and is linked to both internalizing and externalizing problems in children (Arnold et al., 1993; Parent et al., 2016). In light of the existing literature, children’s internalizing and externalizing problems have been repeatedly associated with both harsh and lax discipline (Berg-Nielsen et al., 2002; Dowling et al., 2009; Kuppens & Ceulemans, 2018). Parents of children with behavioral problems are more likely to use inconsistent or harsh discipline and provide insufficient monitoring (Berg-Nielsen et al., 2002). Thereof, a child’s relationship with aggression and externalizing behavior is strongly related to parental discipline strategies (Del Vecchio & O’Leary, 2006). In accordance with this, a recent study examined the relationship between parental boundaries and adolescent deviant behavior, and results indicate that efficient boundary-based parenting, characterized by authoritative parenting, is associated with decreased levels of externalizing behavior (Lassi, 2025). Similarly, according to the findings of a meta-analysis, the authoritative parenting style has been linked to decreased levels of externalizing behaviors among children. In contrast, a greater likelihood of externalizing problems has been associated with authoritarian and permissive parenting styles (Pinquart, 2017). In addition, children of permissive parents often struggle with emotion regulation, and they are more likely to participate in risky behaviors, including substance use and early sexuality in adolescence (Wolfe et al., 2008). Kim et al. (2005) aimed to investigate the relationship between laxness and overreactivity and child internalizing and externalizing symptoms, with a focus on the moderating effects of child gender. The findings indicated a significant correlation between boys’ externalizing symptoms and lax parenting.

Parental discipline practices are closely linked to parents’ psychological well-being, and depression, which affects various aspects of a person’s life, is a significant factor influencing these practices. Children’s development is profoundly influenced by

parenting styles, particularly for children whose parents—either one or both—experience depression (Wang et al., 2021). Parents’ tendency to interact with their children and set proper boundaries while providing them some degree of autonomy is particularly significant in terms of parenting styles and parental depression (Middleton et al., 2009). In this context, depressive symptomatology may impede parents’ ability to maintain that balance, thereby often leading to dysfunctional parenting styles. According to the literature, there is a significant association between parental depression and more inconsistent and harsh parenting (Mj & Lj, 2009; Lovejoy et al., 2000; Venta et al., 2016). Research has shown that maternal depression and the mother’s ability to provide clear boundaries are significant predictors of externalizing behaviors in children. Similarly, paternal depression and difficulties in limit-setting have also been identified as significant predictors associated with children’s externalizing problems (Middleton et al., 2009). The manifestation of depressive symptoms might impair the father’s capacity to maintain firm yet consistent authority over their children, and depressed fathers refrain from “giving in” to their children’s tantrums through negative reinforcement (Elgar et al., 2007; Marchand & Hock, 1998). In line with the body of literature on men’s depression, fathers may exhibit externalizing or withdrawal behaviors in their relationships with their children and their discipline practices. Many factors can impact the manifestations of externalizing or withdrawal behaviors and the subsequent disciplinary practices. The role of attributions is particularly significant among these contributing factors. Depressive parents’ attributions of their child’s behaviors or their competence as a parent can significantly influence their discipline practices and anger expression. In line with this, the relationship between depressive symptoms, anger expression, parent-centered or child-centered attributions, and discipline strategies is examined by Leung and Slep (2006). Path analysis demonstrated that depressive symptoms predicted both parent-centered and child-centered attributions. Parent-centered causal attributions were associated with laxness, while child-centered attributions correlated with overreactivity. The findings of this study have significant importance, as two dysfunctional parenting approaches—harsh and lax discipline—might encourage or maintain externalizing behavior in children (Del Vecchio & O’Leary, 2006).

1.5 Child Externalizing Behavior

One of the most common reasons for psychological referrals among children is externalizing behavior (Brinkmeyer & Eyberg, 2003). Frick and colleagues (1993) conducted a meta-analysis of 44 published studies and classified externalizing behavior into four categories: aggression (e.g., fights, bullying), oppositionality (e.g., temper, stubbornness), property violations (e.g., lying, animal cruelty), and status offenses (e.g., drug use, running away). Externalizing behavior is an umbrella concept that includes several maladaptive behaviors expressed through acting out or socially unacceptable ways.

There is widespread consensus that maternal depression and child externalizing behavior are strongly correlated, yet the results are inconclusive regarding the association between paternal depression and child externalizing behavior (Cheung & Theule, 2019). For instance, Callender et al. (2012) investigated the relationship between parental depressive symptoms, evaluations of a child's behavior, the use of physical punishment, and child externalizing behavior. According to results, increased externalizing behavior in children was significantly correlated with parental depressive symptoms. These results suggest that behavioral problems among children might be influenced by parental depression. For this end, Kane and Garber (2004) conducted a meta-analysis that investigated the associations between paternal depression, child psychopathology, and father-child conflict. Results indicated a positive and significant association between paternal depression and psychopathology in children.

Externalizing behavior in children is a complicated phenomenon that has a strong connection to the dynamics of the family system. In particular, these behaviors have a relationship not only to paternal depression or paternal discipline practices but also to the complex interactions that are formed within the family, including the mother's relationship with the father and the child. For instance, according to the results of longitudinal research conducted by Altenburger and Schoppe-Sullivan (2021), mothers' perceptions of their maternal gate-closing behaviors were found to be related to externalizing behavior in children.

1.6 Maternal Gatekeeping

In literature, the term “maternal gatekeeping” is primarily used to describe mothers’ efforts to influence fathers’ involvement with their children, either by encouraging or discouraging father-child interaction (Zvara et al., 2016). Maternal gatekeeping was initially conceptualized by Allen and Hawkins (1999) with three main components that are standards and responsibilities (i.e., mother’s resistance to give up control of family matters by establishing strict standards); maternal identity confirmation (i.e., external validation of the mothering identity); and differentiated family roles (i.e., mother’s expectations for a distinct set of domains for men and women, as well as a clear division of duties). In this way, mothers assume the role of managers by planning, arranging, and scheduling the fathers’ involvement in childcare, thereby maintaining their primary responsibility for parenting work (Gaunt, 2008).

In the expanded conceptual model of maternal gatekeeping proposed by Puhlman and Pasley (2013), maternal gatekeeping behaviors encompass three main dimensions: control, encouragement, and discouragement. Control refers to the management of resources, energy, and boundaries; higher levels of control dimension in this context indicate being the ultimate decision-maker in matters related to parenting. Secondly, the term “encouragement” indicates the behaviors of mothers who collaborate with their partners, expressing appreciation for the father’s involvement, and speaking with encouraging language. Lastly, the term “discouragement” refers to behaviors that include negative criticism directed toward the father (Aktaş & Duman, 2021).

As stated previously, maternal gatekeeping might be either encouraging (i.e., supporting father involvement) or discouraging (i.e., gate-closing behaviors; criticizing the father’s behavior). Beliefs and behaviors that discourage paternal involvement are referred to as gate-closing (Trinder, 2008). In this context, the mother’s discouraging behavior might be both overt and/or covert. For instance, the mother might openly criticize the father or, when the father is interacting with the child, the mother might roll her eyes (Puhlman & Pasley, 2013). For various reasons, including a negative assessment of the father’s ability to care for the children, mothers may engage in gatekeeping behaviors (Schoppe-Sullivan et al., 2008). For instance,

Fagan and Barnett (2003) investigated the relationship among father involvement, maternal gatekeeping, mothers' perceptions of the father role, and mothers' evaluations of father competence. According to their results, fathers' perceived competence and childcare involvement are negatively correlated with maternal gatekeeping behaviors. Maternal gatekeeping behaviors, such as restricting and managing fathers' involvement, which are sometimes rooted in concerns about the father's competence, may impair fathers' active participation in parenting. On the other hand, the mother's discouragement and obstruction of father involvement may also be favorable for fathers who lack an interest or motivation in getting involved with their children (Puhlman & Pasley, 2013). Lack of interest in interacting with the child may sometimes be related to paternal difficulties. For instance, according to research conducted by Thomas and Holmes (2020), fathers with higher levels of depression reported more maternal gatekeeping.

1.7 The Scope of the Thesis and Hypotheses

The study focused on paternal depression, lax parenting, maternal discouragement, and child externalizing behavior, grounded on Lacan's theoretical explanations regarding the clinical structure of perversion and the empirical findings in the literature. The father's underlying reluctance or inability to fully engage in the relationship between mother and child may hinder the castration process within the Oedipus complex and could potentially facilitate the formation of a perverse structure in the child. Accordingly, paternal depressive symptoms and related lax parenting in discipline were theoretically conceptualized as indicators of deficiency in the paternal function, which might endanger the child's relationship with the law and the castration process. At this point, according to the theoretical framework, the mother's discourse with the child regarding the father's behavior holds significant importance. In other words, the pervert structure is related to the child's refusal to adequately respect the second Other and to the first Other's lack of respect for the second Other, which is apparent in the first Other's discourse (Swales, 2012). Therefore, the mother's discouraging behaviors were hypothesized to refer first to Other's discourse along with behaviors and attitudes that criticize the father's role and participation in the family system. Consequently, the absence of the father's symbolic intervention in the mother-

child relationship has the potential to lead to the child's problems with the law and externalizing behavior. Swales (2012) argues that there are many similarities between antisocial personality disorder and Lacan's perverse structure, such as the antisocial person's tendency to provoke others. Thus, externalizing behavior was hypothesized to be an indicator of a perverse structure in childhood, according to research based on antisocial personality disorder and childhood conduct disorder. To better comprehend the complicated relationships between paternal depressive symptoms and child externalizing behavior, the mediating role of lax parenting in discipline and the moderating role of maternal discouragement were examined in the current research.

Clinician's "traditional" assumptions in several domains, such as ethics, authority, neutrality, and therapeutic techniques, are significantly challenged by the subject of perversion. While perversion takes place, it is difficult for therapists to remain neutral and objective while providing treatment (Swales, 2012). Therefore, examination of this structure is important for both clinical implications by emphasizing maternal discouragement as a risk factor and highlighting the importance of identifying and addressing paternal depression, but also by addressing the gap in the literature. This gap in literature includes relatively few studies based on paternal depression, specifically with this age group; a considerable lack of research based on maternal discouragement and child externalizing behavior; and a scarcity of studies based on psychoanalytic theory.

The thesis proposed the following hypotheses (Hs), which are based on previous findings in the literature:

H1. Paternal depressive symptoms will be related to higher levels of lax parenting among fathers.

H2. Lax parenting will mediate the relationship between paternal depressive symptoms and the child's externalizing behavior.

H3. The relationship between paternal depressive symptoms and the child's externalizing behavior mediated by lax parenting will vary depending on the levels of maternal discouragement.

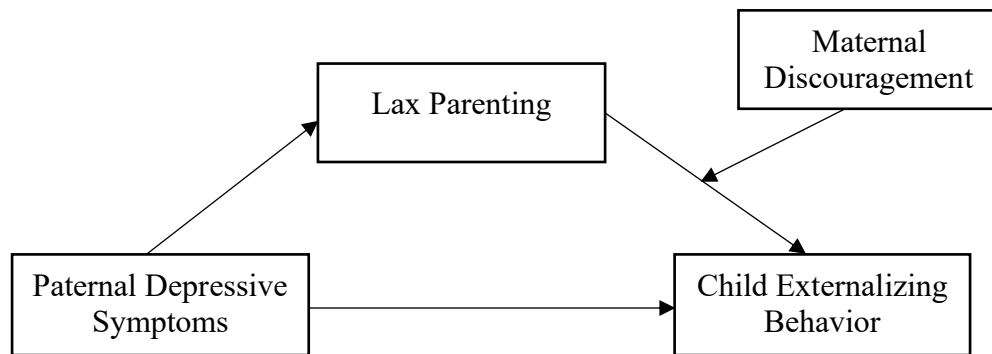


Figure 1.2 The Proposed Model

In addition to testing the proposed model, the study also sought to investigate whether different measures of paternal depression influence the significance and strength of effects within the suggested model. For this end, three measures were used, each reflecting a different aspect of paternal depressive symptomatology, and each of these measurements was independently entered into the model.

CHAPTER 2

METHOD

2.1 Participants

In the present study, parent pairs with children aged between 6 and 11 constituted the sample. According to G*Power analysis (Faul et al., 2007), for a medium effect size ($f^2 = 0.15$), with a power of 0.80, and an alpha level of 0.05, a minimum sample size of 92 participants was required. The study initially involved a total of 250 mothers and 200 fathers. Ultimately, a total of 140 parent pairs were included in the analysis after eliminating participants who missed the attention check questions, those who completed incomplete forms, and parent pairs that could not be matched.

The study's inclusion criteria were as follows: (1) having a child between the ages of 6-11, (2) the parents must be married or living together, and (3) both parents must volunteer to participate in the study. The study's exclusion criteria for mothers were having any neurological disease or psychiatric diagnosis that could affect the research; for fathers, having a psychiatric diagnosis other than depression or any neurological disease; for children, having any neurological disorder.

2.2 Materials

Within the scope of the current thesis, the following questionnaires were filled out by the participants: The Demographic Information Form, Beck Depression Inventory (BDI), The Masculine Depression Scale (MDS), Trait Depression Scale (T-DEP), The Parenting Scale (TPS), Maternal Gatekeeping Scale-Mother Form (MGS-M), and Conners' Parent Rating Scale (CPRS). Fathers have completed the Demographic Information Form, BDI, MDS, T-DEP, TPS, and CPRS. On the other hand, mothers have completed the MGS-M and CPRS. The psychometric characteristics of the measurements were addressed in this section.

2.2.1 Demographic Information Form

The Demographic Information Form, which consists of 16 items, was developed by the researchers to gather details about parents' ages, educational level, and socioeconomic status; the number of children they have and ages of the children; the age of children for whom the scales will be completed; the gender of the pertinent child; and the participants' diagnostic status concerning the exclusion criteria.

Table 2.1 Demographic Characteristics of the Participants

Variables		N	%	M	SD
Father's Birth Year				42	5.69
Father's Educational Level					
	Primary School	16	11.4		
	Secondary School	17	12.1		
	High School	43	30.7		
	University	63	45.0		
	Master's Degree	1	0.7		
	Doctoral Degree	0	0		
Mother's Birth Year				39	5.60
Mother's Educational Level					
	Primary School	16	11.4		
	Secondary School	13	9.3		
	High School	53	37.9		
	University	57	40.7		
	Master's Degree	1	0.7		
	Doctoral Degree	0	0		
Socioeconomic Status (SES)					
	Low	9	6.4		
	Middle	120	85.7		
	High	11	7.9		

		N	%	M	SD
Child's Gender					
	Boy	72	51.4		
	Girl	68	48.6		
Number of Children					
	1	25	17.9		
	2	62	44.3		
	3	40	28.6		
	4	12	8.6		
	5	1	0.7		
	5+	0	0		
Age of the Child					
	6	3	2.1		
	7	34	24.3		
	8	47	33.6		
	9	29	20.7		
	10	21	15.0		
	11	6	4.3		

2.2.2 Beck Depression Inventory (BDI)

BDI is a widely recognized 21-item self-report questionnaire developed by Beck et al. (1961) to evaluate the severity of depression symptoms. Each item provides a four-point Likert scale with scores ranging from 0 to 3. Higher scores indicate more severe depressive symptoms (e.g., "I do feel like a failure." receives a score of 0, and "I feel I am a complete failure as a person" receives a score of 3). The Turkish adaptation of BDI was conducted by Hisli (1988), and the cut-off point of the scale was reported as 17. Internal consistency and reliability coefficients for the BDI were determined as 0.80 and 0.74, respectively (Hisli, 1988). In the current study, to address the current symptoms of depression, fathers completed the BDI, and the Cronbach alpha value of the scale was .82.

2.2.3 The Masculine Depression Scale (MDS)

The 44-item, 4-point Likert-type (1=*None or little of the time*, 2=*Some of the time*, 3=*Most of the time*, 4=*All of the time*) MDS was developed by Magovcevic and Addis (2008) to evaluate the masculine features of major depressive disorder. The questions were designed to address both internalizing (e.g., “I don’t feel as powerful”) and externalizing symptoms of depression among men (e.g., “I have been drinking a lot”). The Turkish adaptation was conducted by Tarsuslu and Durat (2020). As a result of the factor analysis, the scale, which had 44 items, was reduced to 18 items. Higher scores indicate the severity of masculine depression symptomology. The MDS, internalizing, and externalizing subscales had Cronbach’s values of 0.91, 0.92, and 0.74, respectively (Tarsuslu & Durat, 2020). In the current study, the MDS was completed by fathers to assess the masculine features of depressive symptomatology. The Cronbach’s alpha values for the total scale, internalizing, and externalizing subscales were .91, .92, and .61, respectively.

2.2.4 Trait Depression Scale (T-DEP)

Spielberger and colleagues (2003) developed the State-Trait Depression Inventory, which consists of two scales, each with ten items. State depression refers to depressive symptoms impacted by present situations, whereas trait depression refers to long-term, continuous depressive tendencies. Five items on each scale represent the presence or absence of depression. Both scales focus primarily on cognitive-affective symptoms, and somatic symptoms are not included (Krohne et al., 2002). Cronbach’s alpha coefficients of the scales were found between .90 and .96, respectively (Spielberger et al., 2003). 4-point Likert type (1=*Never*; 2= *Sometimes*; 3= *Often*, and 4= *Always*), the T-DEP, is used to gather data regarding the father’s “general” depression levels. T-DEP has a two-factor structure: euthymia (i.e., items indicating the absence of depression) and dysthymia (items indicating the presence of depression). The adaptation study was conducted by Özer and Özer (2006) and Cronbach’s alpha value for the T-DEP was reported as .83. The T-DEP was filled out by fathers in the current study to assess their “overall” depression levels and Cronbach’s alpha values were found to be .83 for the total scale; .73 for euthymia, and .83 for dysthymia.

2.2.5 The Parenting Scale (TPS)

TPS was developed by Arnold et al. (1993) to assess parents' dysfunctional discipline practices. There are statements on both sides of each item rated on a 7-point Likert-type scale (e.g., *I am the kind of parent that... sets limits on what my child is allowed to do* 1 2 3 4 5 6 7 *lets my child do whatever he or she wants*). The initial scale comprises a total of 30 items and is divided into 3 factors: laxness, overreactivity, and verbosity. Cronbach alpha coefficients were determined to be .83 for laxness, .82 for overreactivity, .63 for verbosity, and .84 for total scores (Arnold et al., 1993). Thereafter, a different three-factor structure; lax, overreactive, and hostile was identified by Rhoades and O'Leary (2007). The adaptation of the scale into Turkish was carried out by Tüfekçi and Deniz (2014), who concluded that the scale was compatible with its three-factor structure. According to the results, Cronbach's alpha was reported as .74 for the total scale; .58 for the lax, .65 for overreactive, and .64 for hostile parenting styles. In the current study, the TPS was completed by fathers to assess lax parenting practices, and analyses were conducted using the initial factor structure. The Cronbach alpha value of the scale was .70 for the total scale; .62 for laxness, .76 for overreactivity, and .43 for verbosity.

2.2.6 Maternal Gatekeeping Scale-Mother Form (MGS-M)

MGS, developed by Puhlman and Pasley (2017) to evaluate the encouraging, discouraging, and controlling behaviors of mothers toward fathers, consists of 42 items measured on a 6-point Likert scale (0 = *Never*, 5 = *Always*). The degree to which mothers promote father involvement with their children through supportive behaviors is reflected in the *encouragement* subscale (e.g., *Say positive things about how he talks/interacts with the child*). On the contrary, *discouragement* is the negative attitudes mothers display toward fathers, implying that fathers are undesirable, incompetent, or ineffectual (e.g., *Tell the child what you think the father did wrong*). Lastly, *control* describes the power mothers have over fathers as parents by serving as the final arbiters of family roles, rules, and functioning (e.g., *Supervise his interactions with the child*) (Puhlman & Pasley, 2013). The Cronbach alpha coefficients of the subscales (i.e., encouragement, discouragement, and control) ranged between .72 and

.82 for the mother form, respectively (Puhlman & Pasley, 2017). The adaptation of the scale to Turkish was conducted by Aktaş and Aydın (2020), and the internal consistency values of the subscales (i.e., encouragement, discouragement, and control) were determined. The Cronbach alpha values are respectively .81, .66, and .74. In the current study, the MGS was filled out by mothers to assess maternal attitudes toward fathers, and the Cronbach alpha value of the scale was .77 for the total scale; .84 for encouragement; .77 for discouragement, and .76 for control.

2.2.7 Conners' Parent Rating Scale (CPRS)

CPRS was initially developed as a comprehensive checklist for gathering parental reports of the presenting challenges for children who were transferred to an outpatient mental health facility (Conners, 1970). A parental interview concerning the child's difficulties was conducted using this scale. A parental interview concerning the child's difficulties was conducted with this scale (Conners et al., 1998). CPRS, restandardized by Goyette et al. (1978), consists of 5 subscales and 48 items. The subscales are conduct problem (e.g., *doesn't like or doesn't follow rules or restrictions*), impulsive-hyperactive (e.g., *restless, always up and on the go*), learning problem (e.g., *difficulty in learning*), anxiety (e.g., *worries more than others*), and psychosomatics (e.g., *headaches*), respectively. The scoring weights are 0, 1, 2, and 3 on a 4-point Likert-type scale, and greater symptoms are indicated by higher scores (Goyette et al., 1978). Turkish adaptation study was performed by Dereboy et al. (2007), and the total scale Cronbach's alpha coefficient was determined as .90. In the current study, the CPRS was filled out by both fathers and mothers to assess the child's externalizing. One rationale for obtaining measures from both parents was to analyze the extent of divergence in their evaluations of their children's challenges. Results obtained from the fathers were used to calculate levels of child externalizing behavior, and the Cronbach alpha values for the scale were determined: .93 for the total scale score, .88 for the conduct problem, .80 for the impulsive-hyperactive, .69 for the learning problem, .77 for anxiety, and lastly .74 for psychosomatics.

2.3 Procedure

As a first step, ethical approval was received from the TED University Human Subjects Ethics Committee. To recruit participants, convenience sampling and snowball sampling techniques were combined. Some participants were reached via the online platforms and completed the questionnaires via Qualtrics, while others received hard-copy questionnaires through acquaintances. Ultimately, a total of 140 parent pairs were included in the analysis, with 130 participating through hardcopy questionnaires, and the remaining 10 participants completed the survey online.

To reach participants online, the Study Recruitment Announcement (Appendix A) was shared through social media platforms (e.g., Instagram, Twitter, and Facebook). Parents who volunteered and met the inclusion criteria received the Informed Consent Form (Appendix B). The Qualtrics algorithm directed parents to different questionnaires based on their indications of parental status (e.g., “I am a mother” and “I am a father” options). This ensured that survey respondents could not view the other parent’s responses to the questionnaires. To match the data in the analysis, participants were asked to create a nickname. For this purpose, mothers were required to write the last letter of their name, their birth year, and the first two letters of their name. Conversely, fathers were asked for the last letter of the child’s mother’s name, their birth year, and the first two letters of their name. For instance, if the mother’s name is Beril and the birth year is 1999, the nickname would be “L1999BE.” They were instructed to write a nickname based on the initial name on the ID card.

To increase the reliability of the study, a total of three attention-check items have been used in the Maternal Gatekeeping Scale-Mother Form and Conners’ Parent Rating Scale. Both mothers and fathers were informed of the researcher’s e-mail addresses for any questions or further information. Following the completion of the scales, participants were provided with a Participant Information Form (Appendix J) that included an outline of the study’s objectives and an explanation of the variables. Completing the survey took approximately 20 to 30 minutes for fathers and an average of 10 minutes for mothers.

CHAPTER 3

RESULTS

This section explained the preliminary analysis, descriptive statistics, correlations between variables, and the results of the moderated mediation analysis.

3.1 Preliminary Analysis

Primarily, the printed forms were examined, and seventy forms that were either unfilled or failed to meet the attention check questions were excluded from data input. Followingly, participants whose nicknames did not match were excluded, and any missing data were examined. Additionally, online data entry was completed. Subsequently, outliers were examined, and for six values that were more than ± 3.29 standard deviations (z-scores) from the mean, the winsorizing technique was performed. This technique was chosen to maintain the data structure while minimizing the impact of extreme values. Following that, descriptive analysis was conducted.

3.2 Descriptive Statistics

Table 3.1 demonstrates the descriptive statistics and Cronbach's alpha coefficients of the scales and subscales. The skewness and kurtosis values of the scales and subscales entered in the final analysis were found to be within an acceptable range (George & Mallery, 2010).

Table 3.1 Descriptive Statistics of Variables

	Min.	Max.	Mean	Skewness	Kurtosis	Cronbach's Alpha
BDI	0	26	6.79	.83	.13	.82
MDS	18	36	21.99	1.36	.93	.91
T_DEP	10	29	17.65	.22	-.74	.83
TPS	1.33	4.37	3.17	-.61	.01	.70
laxness	1	5.91	3.29	-.13	-.20	.62
MGS_M	42	107	72.46	.28	-.37	.77
discouragement	0	30	11.32	.35	-.57	.77
CPRS_F	0	73	24.79	.98	1.09	.93

	Min.	Max.	Mean	Skewness	Kurtosis	Cronbach's Alpha
conduct_f	0	18	4.03	1.37	1.52	.88
CPRS_M	0	71	26.84	.82	.67	.93
conduct_m	0	19	4.07	1.53	1.86	.92

Note: BDI= Beck Depression Inventory. MDS = The Masculine Depression Scale. T-DEP = Trait Depression Scale. TPS = The Parenting Scale. MGS-M = Maternal Gatekeeping Scale-Mother Form. CPRS_F = Conners' Parent Rating Scale Father Form. CPRS_M = Conners' Parent Rating Scale Mother Form.

3.3 Correlations among Variables

To examine correlations among the study variables, Pearson correlation analysis was performed. First, as demonstrated in Table 3, there was a statistically significant correlation between child externalizing behavior and the other variables. The three variables (BDI, MDS, T-DEP) indicating paternal depressive symptoms have shown a significant and positive correlation with child externalizing behavior. Particularly, child externalizing behavior was significantly correlated with paternal BDI ($r = .36, p < .01$), MDS ($r = .36, p < .01$), and T-DEP scores ($r = .48, p < .01$). The relationship between the total score of the TPS, indicating father's dysfunctional discipline practices, and the child externalizing behavior was positive and significant ($r = .38, p < .01$). Similarly, discouraging behaviors of mothers (i.e., discouragement) and child externalizing behavior were significantly correlated ($r = .45, p < .01$). The correlation between lax parenting and mother's discouraging behaviors was also positive and significant ($r = .29, p < .01$). However, the relationship between lax parenting, subscale of TPS, and the child externalizing behavior was non-significant ($r = .15, p > .05$). Finally, the mother form and the father form of CPRS were found to have a positive and significant correlation ($r = .66, p < .01$).

Table 3.2 Correlations Among Variables

	1	2	3	4	5	6	7	8	9	10	11	12
1. Gender	-											
2. BDI	.12	-										
3. MDS	.17*	.42**	-									
4. T_DEP	.09	.50**	.63**	-								
5. TPS	-.04	.32**	.38**	.40**	-							
6. laxness	-.10	.14	.24**	.20*	.72**	-						
7. MGS_M	.02	.02	.14	.20*	.33**	.22**	-					
8. discouragement	.04	.29**	.37**	.41**	.47**	.29**	.59**	-				
9. CPRS_F	.20*	.36**	.41**	.50**	.45**	.28**	.20*	.39**	-			
10. conduct_f	.26**	.36**	.36**	.48**	.38**	.15	.17*	.45**	.82**	-		
11. CPRS_M	.01	.26**	.36**	.39**	.39**	.24**	.23**	.48**	.66**	.60**	-	
12. conduct_m	.10	.21*	.36**	.38**	.34**	.19*	.17*	.54**	.60**	.73**	.82**	-

Note: BDI= Beck Depression Inventory. MDS = The Masculine Depression Scale. T-DEP = Trait Depression Scale. TPS = The Parenting Scale. MGS-M = Maternal Gatekeeping Scale-Mother Form. CPRS_F = Conners' Parent Rating Scale Father Form. CPRS_M = Conners' Parent Rating Scale Mother

3.4 Moderated Mediation Analysis

The moderated mediation statistical model of Hayes (2013), Model 14, was performed to test the proposed model in the current study. The paternal depressive symptoms were used as the predictor variable (X) in the statistical analysis, along with lax parenting as the mediator (M), maternal gatekeeping, particularly, maternal discouragement as the moderator (W), and externalizing behavior as the outcome variable (Y). The gender of the child was included as a covariate in the analysis. The analysis was performed with SPSS 26 (Statistical Package for the Social Sciences), and the moderated mediation analysis was performed by PROCESS SPSS macro with a bootstrapping sample size of 5,000 and 95% confidence intervals.

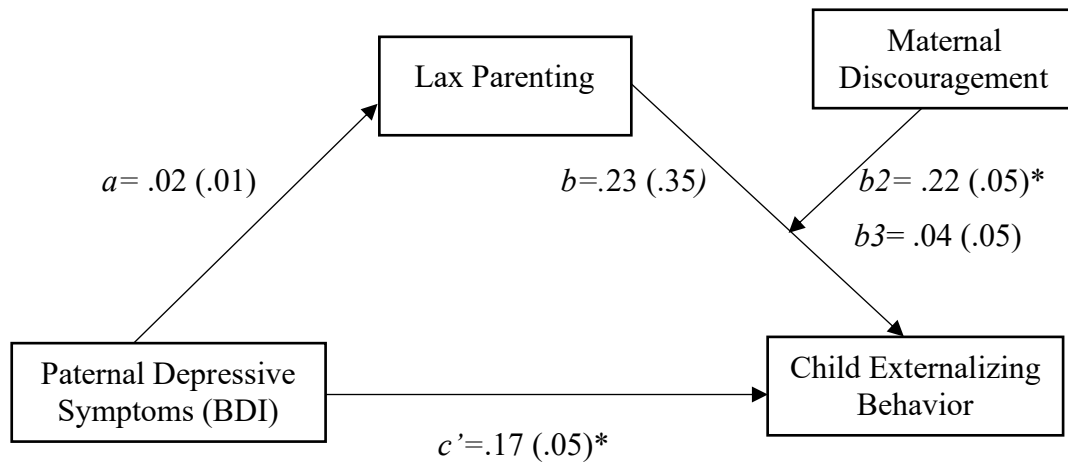
An analysis of the required assumptions was conducted before the moderated mediation model was implemented. Assumptions of the normality of errors, linearity, and homoscedasticity were met. Followingly, the independence of the residuals' assumption was examined. The Durbin-Watson statistic was conducted considering that members of the same family (parent pairs) constituted the research sample. A test statistic value of 2 indicates that the residuals were uncorrelated, and it can range from 0 to 4 (Field, 2012). In the current study, the Durbin-Watson score of 1.93 indicated that the independence of the residuals' assumption was met. Moreover, none of the variables demonstrated any correlations greater than .70. Lastly, all predictors had VIF values below 10 and tolerance values above 0.1, indicating that the model had no multi-collinearity problems (Field, 2012). Overall, each assumption required to conduct the moderated mediation analysis was fulfilled.

3.4.1 Hypothesized Model

In the current study, it was hypothesized that dysfunctional discipline practices, particularly lax parenting, would mediate the positive relationship between paternal depressive symptoms and children's externalizing behavior. Furthermore, it was predicted that maternal discouragement would moderate the relationship between lax parenting and the child's externalizing behavior. Specifically, it was expected that lax parenting would mediate the relationship between paternal depressive symptoms and children's externalizing behavior only when maternal discouragement is high.

The findings indicated that our moderated-mediation model accounted for 31% of the variance in children's externalizing behavior ($F(5, 134) = 11.97, p < .01$). The relationship between paternal depressive symptoms and lax parenting was found to be non-significant ($\beta = .02, SE = .01, t = 1.54, p > .05$; 95 % $CI [-.01, .05]$). There was also a non-significant relationship between lax parenting and child externalizing behavior ($\beta = .23, SE = .35, t = .67, p > .05$; 95 % $CI [-.45, .92]$). On the other hand, the direct effect of paternal depressive symptoms on child externalizing behavior was significant ($\beta = .17, SE = .05, t = 3.04, p < .01$; 95 % $CI [.06, .27]$). Child's gender, as a covariate in the model, significantly predicted child externalizing behavior ($\beta = 1.88, SE = .64, t = 2.94, p < .01$; 95 % $CI [.62, 3.14]$), however, did not predict lax parenting ($\beta = -.22, SE = .16, t = -1.34, p > .05$; 95 % $CI [-.53, .10]$).

The indirect effect was found to be non-significant since confidence intervals include zero at all levels of discouragement, indicating that lax parenting did not mediate the relationship between paternal depressive symptoms and child externalizing behavior. The interaction effect between lax parenting and maternal discouragement on child's externalizing behavior was also not statistically significant, indicating that maternal discouragement did not moderate the relationship between lax parenting and child's externalizing behavior ($\beta = .04, SE = .05, t = .73, p > .05$; 95 % $CI [-.07, .14]$). Yet, the relationship between discouragement and child externalizing behavior was found to be significant ($\beta = .22, SE = .05, t = 4.50, p < .01$; 95 % $CI [.13, .32]$).



Indirect Effect/ Discouragement low $\beta = .00 (.01)$, 95 % *CI* [-.02, .02]

Indirect Effect/ Discouragement moderate $\beta = .00 (.01)$, 95 % *CI* [-.01, .03]

Indirect Effect/ Discouragement high $\beta = .01 (.01)$; 95 % *CI* [-.02, .04]

Note: For every path coefficient, the regression weights are unstandardized, and the standard errors are provided within parentheses. $*p < .05$

Figure 3.1 Moderated Mediation Model: BDI

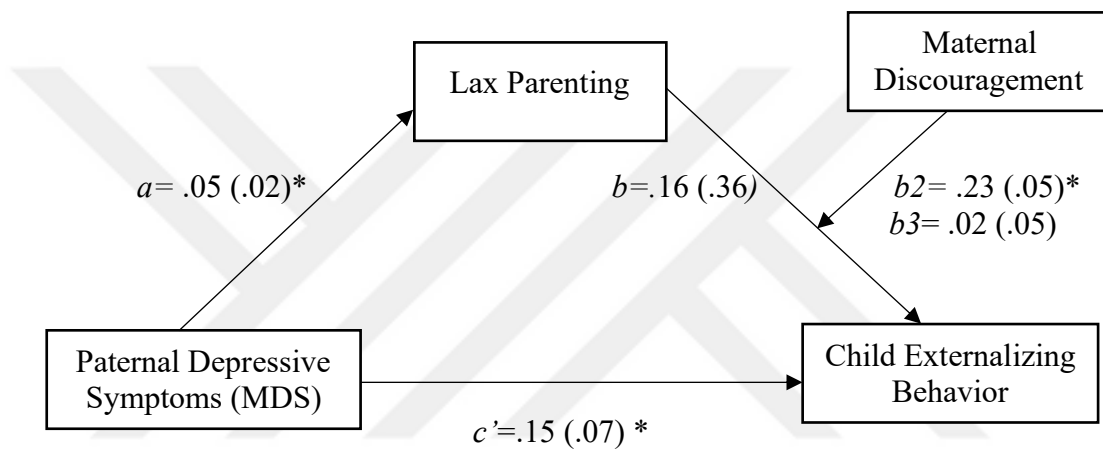
3.4.2 Comparison of the Paternal Depression Measurements: MDS

To assess paternal depressive symptoms, the study gathered data from fathers using three different measurement materials (i.e., BDI, MDS, and T-DEP) to examine their effects on the moderated mediation analysis.

According to the results obtained from the second measurement, the MDS, moderated-mediation model accounted for 29% of the variance in child externalizing behavior ($F(5, 134) = 10.74, p < .01$). There was a significant relationship between lax parenting and paternal depression symptoms ($\beta = .05, SE = .02, t = 2.99, p < .01$; 95 % *CI* [.02, .08]). However, the relationship between lax parenting and child externalizing behavior was found to be non-significant ($\beta = .16, SE = .36, t = .45, p > .05$; 95 % *CI* [-.55, .86]). The direct effect of paternal depressive symptoms on child externalizing behavior was significant ($\beta = .15, SE = .07, t = 2.16, p < .05$; 95 % *CI* [.01, .29]). The child's gender, as a covariate in the model, significantly predicted child externalizing

behavior ($\beta = 1.86$, $SE = .66$, $t = 2.83$, $p < .05$; 95 % CI [.56, 3.16]), however, did not predict lax parenting ($\beta = -.27$, $SE = .16$, $t = -1.69$, $p > .05$; 95 % CI [-.58, .05]).

The indirect effect of paternal depression symptoms on child externalizing behavior through lax parenting was found to be non-significant at all levels of discouragement. The interaction effect was also non-significant ($\beta = .02$, $SE = .05$, $t = .41$, $p > .05$; 95 % CI [-.08, .13]), indicating that maternal discouragement did not moderate the relationship between lax parenting and child externalizing behavior.



Indirect Effect/ Discouragement low $\beta = .00 (.02)$, 95 % CI [-.05, .05]

Indirect Effect/ Discouragement moderate $\beta = .01 (.02)$, 95 % CI [-.03, .04]

Indirect Effect/ Discouragement high $\beta = .01 (.03)$, 95 % CI [-.04, .07]

Note: For every path coefficient, the regression weights are unstandardized, and the standard errors are provided within parentheses. $*p < .05$

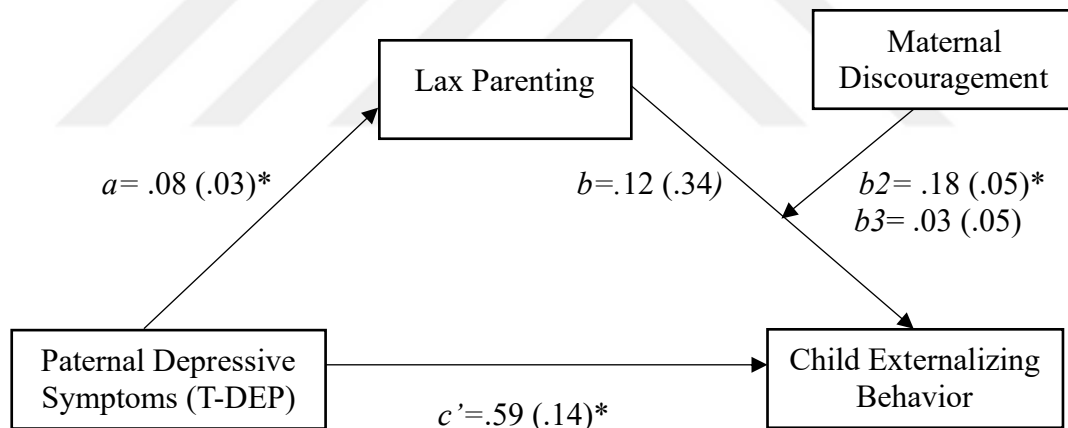
Figure 3.2 Moderated Mediation Model: MDS

3.4.3 Comparison of the Paternal Depression Measurements: T-DEP

According to the results obtained from the third measurement, the T-DEP, the moderated-mediation model accounted for 35% of the variance in child's externalizing behavior ($F(5, 134) = 14.57$, $p < .01$). The relationship between paternal depressive symptoms and lax parenting was found to be significant ($\beta = .08$, $SE = .03$, $t = 2.52$, $p < .05$; 95 % CI [.02, .15]). However, the relationship between lax parenting and

children externalizing behavior was found to be non-significant ($\beta = .12$, $SE = .34$, $t = .36$, $p > .05$; 95 % $CI [-.54, .79]$). The direct effect of paternal depressive symptoms on child externalizing behavior was significant ($\beta = .59$, $SE = .14$, $t = 4.34$, $p < .01$; 95 % $CI [.32, .87]$). As a covariate in the model, the child's gender did not predict lax parenting ($\beta = -.22$, $SE = .16$, $t = -1.39$, $p > .05$; 95 % $CI [-.53, .09]$), but it did significantly predict child externalizing behavior ($\beta = 1.89$, $SE = .62$, $t = 3.07$, $p < .01$; 95 % $CI [.67, 3.11]$).

The indirect effect was found to be non-significant since confidence intervals include zero at all levels of discouragement, indicating that lax parenting does not mediate the relationship between paternal depressive symptoms and child externalizing behavior. The interaction effect was also non-significant ($\beta = .03$, $SE = .05$, $t = .54$, $p > .05$; 95 % $CI [-.07, .13]$), indicating that maternal discouragement did not moderate the relationship between lax parenting and child externalizing behavior.



Indirect Effect/ Discouragement low $\beta = -.01$ (.04), 95 % $CI [-.10, .07]$

Indirect Effect/ Discouragement moderate $\beta = .01$ (.03), 95 % $CI [-.06, .07]$

Indirect Effect/ Discouragement high $\beta = .03$ (.05), 95 % $CI [-.08, .12]$

Note: For every path coefficient, the regression weights are unstandardized and the standard errors are provided within parentheses. * $p < .05$

Figure 3.3 Moderated Mediation Model: T-DEP

CHAPTER 4

DISCUSSION

The purpose of this thesis was to propose and test a model that would explain the relationship between paternal depression and child externalizing behaviors in the context of psychoanalytic theory. The study specifically examined the mediating role of paternal lax parenting (M) and the moderating role of maternal discouragement (W) on the relationship between paternal depression measures (X) and child externalizing behaviors (Y). In the existing literature, only a small number of studies have examined the relationship between paternal depression and child outcomes within early childhood (Tichovolsky et al., 2016). This study was conducted with parents of children aged 6 to 11. Moreover, to the best of our knowledge, the relationship between paternal depression and the externalizing behaviors of children has not been examined with a potential theoretical mechanism. According to the study's results, the suggested model was not significantly supported. Potential statistical and theoretical explanations for the obtained results, a discussion of relevant literature, along with limitations, and clinical implications were addressed in the following section.

First, the correlation analysis provided essential insights into the relationships among study variables (i.e., paternal depression, lax parenting, maternal discouragement, and child externalizing behaviors), which helped us explain the non-significant moderated mediation model that we proposed. All three different measurements of paternal depression (i.e., BDI, MDS, and T-DEP) demonstrated significant positive relationships with each other, indicating that although each measurement assessed different aspects of depression, they were significantly associated, consistent with the existing literature (Krohne et al., 2002; Magovcevic & Addis, 2008). While BDI assessed the current depressive symptomology, MDS was particularly used to capture the masculine expressions of depression (e.g., anger/hostility and impulsivity), and T-DEP was utilized to capture the depressive nature of fathers' mental structures (Beck et al., 1961; Magovcevic & Addis, 2008; Spielberger et al., 2003). The moderate-to-low correlations obtained among the measures provided support for the empirical findings, indicating that although these measures assessed different clinical

manifestations of depression, they do not address identical mental structures (Endler et al., 2000). Secondly, all measures of paternal depression showed significant positive associations with fathers' perception of externalizing behaviors among children, consistent with the literature (Kane & Garber, 2004; Kane & Garber, 2008). What was both intriguing and theoretically sensible was the relatively high correlation coefficients between trait depression scores and fathers' perceptions of general problematic behaviors, as well as externalizing behaviors, highlighting the significance of the outcomes of more consistent depression on children's symptomatology. Lacan emphasized that, instead of focusing on current symptomatic presentations, the fundamental mental structures have a more lasting impact on psychic operations. The depressive symptoms of the subject are viewed as rooted in their clinical structure rather than as a temporary condition (Hook & Vanheule, 2022). Specifically, the subject's position in the symbolic order and their stance regarding the operations of desire and *jouissance* define their fundamental mental structure and relationships with others. Thus, fathers' depression as a general tendency may be more clearly reflected in their perceptions of their children's problematic behaviors and their relationships with them (Davé et al., 2009; Ringoot et al., 2015). In fact, existing research on the association between the chronicity of parental depression and child psychopathology may provide indirect evidence for this theoretical explanation as well. Accordingly, parents with chronic depression tend to be less sensitive to their children's psychosocial needs and report greater impairments in their children compared to those of non-depressed parents and parents with episodic depression (Dachew et al., 2023; Fihrrer et al., 2009; Foster et al., 2007; Hentges et al., 2020; O'Connor et al., 2016). Still, a note of caution is warranted here. Even though trait depression scores had relatively higher correlation coefficient values with children's externalizing behaviors compared to other depression measures, the strength of the correlation only showed a slight increase. As a result, along with well-established measuring tools, it is essential that future research also incorporates measurement tools that reflect depression as a general tendency, rather than a singular structure.

Thirdly, in contrast to our expectations, fathers' lax parenting scores had comparatively lower correlation coefficient values with paternal depression, and a non-significant relationship with child externalizing behavior. The results regarding the

correlation between paternal depression and lax parenting were consistent with previous research, which has demonstrated small-to-moderate associations between parental depression and parenting behaviors (Galbally & Lewis, 2017; Lovejoy et al., 2000; Venta et al., 2016). Lovejoy et al. (2000), for instance, conducted a comprehensive meta-analysis of 46 observational studies that examined the relationship between parenting behaviors and parental depression. Parental behaviors have been categorized into three main types: positive, negative, and disengaged parenting. Disengaged parenting, which is defined by a lack of involvement, was significantly associated with depression, with a moderate effect size. An important consideration is that these studies on parental depression and parenting styles have predominantly included mothers rather than fathers, highlighting the necessity for studies examining the particular relationship between paternal depression and parenting styles (Galbally & Lewis, 2017). The results regarding the correlation between lax parenting and child externalizing behavior, however, were contrasted with the previous research, highlighting a general tendency between lax parenting and child behavioral problems (Alizadeh et al., 2011; Carbone et al., 2024; Kim et al., 2005). For instance, a recent comprehensive meta-analysis examined the relationship between parenting styles and externalizing problems, and a greater likelihood of externalizing behavior in children has been associated with lax parenting (Pinquart, 2017). We believe that the relatively small correlation coefficients that lax parenting had with paternal depression measures and the non-significant association it had with offspring externalizing symptoms may be mainly accounted for by the poor psychometric properties of the laxness subscale of the TPS. Although the laxness subscale demonstrated moderate-to-strong internal consistency in the original study, its reliability qualities appear to be problematic in both the Turkish adaptation study and our research, suggesting that the item structure of laxness may be sensitive to responses influenced by cultural practices in Turkey. For instance, a recent study by WenLi et al. (2025) focused only on two parenting styles (i.e., authoritarian and authoritative) while examining the relationship between parenting styles and child externalizing behaviors. Particularly, permissive parenting was not included in the study due to cultural parenting practices in Chinese samples. Accordingly, cultural factors may have contributed to the non-significant association between lax parenting and child

externalizing behavior in the current study. This is why, in a future analysis, we plan to conduct structural equation modeling (SEM) to test the item fits in this sample and to analyze the proposed paths through SEM.

Fourth, maternal discouragement was significantly correlated with all three measures of paternal depression and child externalizing symptoms, indicating that higher levels of maternal discouragement regarding the father's involvement might be associated with higher levels of paternal depressive symptoms and disruptive behaviors in children. These results are consistent with previous research, indicating a general tendency toward increased levels of maternal discouragement and decreased levels of parenting competence and father involvement. (Altenburger et al., 2018; Fagan & Barnett, 2003; Schoppe-Sullivan et al., 2008; Wang et al., 2019). According to recent research, depressive symptoms in fathers were also associated with higher levels of reported maternal gatekeeping (Thomas & Holmes, 2020). The study's findings suggest that the father's symptoms of depression may influence the mother's gatekeeping behaviors; alternatively, it is also possible that the fathers may perceive exacerbated levels of maternal gatekeeping due to their depressive symptoms (Thomas & Holmes, 2020). Notably, in our study, maternal reports were used rather than paternal self-reports, due to the biases that might result from the father's depressive symptomology. In our study, results indicated a similar pattern: all measures of paternal depression were significantly correlated with maternal discouragement. In addition to paternal depression and competence, maternal gatekeeping may also play a role in fathers' parenting practices. In this regard, Wang et al. (2024) investigated the relationship between maternal gatekeeping, paternal parenting practices, and aggression in children. According to results, higher levels of maternal gatekeeping were found to be significantly associated with lower levels of paternal involvement, negative paternal parenting practices, and higher levels of aggression in adolescents. These results suggest that maternal discouragement can contribute to externalizing problems in children by reducing opportunities for constructive father-child relationships and increasing family conflict.

The positive and significant correlations between maternal discouragement, paternal depression, and child externalizing symptoms are likewise noteworthy from a

psychoanalytic standpoint. Particularly, within the Lacanian framework, the interplay between maternal discouragement and the father-child relationship, as well as the father's position in the family, is not simply related, but is strongly connected. In this study, maternal discouragement was conceptualized as the mother's discourse that undermines the father's symbolic position. Criticizing the father and expressing this criticism in the presence of the child may damage the child's sense of paternal authority. The symbolic function of the father may fail if the mother's discourse consistently undermines the father's authority. In this instance, the symbolic father may be merely recognised on a surface level in the family (Gökdemir-Bulut, 2017; Swales, 2012). Symbolic father embodies law and authority (Rodríguez, 2016). It is therefore related to the child's relationship with the law, the father's authority, and paternal discipline practices. In this study, results suggested that higher levels of maternal discouragement are associated with paternal depressive symptoms and increased child externalizing behaviors. These results may empirically highlight the importance of mothers' discourse and the importance of the symbolic father within the family.

4.1 Discussion of the Moderated Mediation Model

In contrast to our expectations, maternal discouragement did not buffer the adverse effects of paternal depression on child-externalizing symptoms through the mediating role of lax parenting. Still, the direct impacts of fathers' depression on offspring's disruptive behaviors were significant across all three measurements, suggesting that paternal depression might be a risk factor for children to display externalizing symptoms. Once more, paternal trait depression (i.e., T-DEP) demonstrated an increased statistical significance with externalizing behavior in children, suggesting that more stable depressive tendencies in fathers may be particularly influential on child externalizing behavior. Numerous studies in the literature investigated the association between mothers' depression and child psychopathology outcomes. These studies showed significant positive relationships between maternal depression and child internalizing problems, externalizing symptoms, emotional maladjustment, and general impairment (Ahun et al., 2017; Claessens et al., 2015; Goodman et al., 2010; Urizar & Muñoz, 2021). Possible explanatory mechanisms were also provided in

studies, indicating that mothers with depression may be more likely to engage in insensitive interactions with their children, experience attachment issues, and employ dysfunctional parenting strategies (Ahun & Côté, 2018; Goodman, 2020; Goodman et al., 2020). Besides, a consistent relationship has also been noted between maternal and paternal depression scores. Despite the over-emphasis of the adverse impacts of maternal depression, paternal depression studies are still in their infancy, and existing studies usually focus on the post-partum period (Edward et al., 2014; Gutierrez-Galve et al., 2015). Addressing this gap, Kane and Garber (2004) conducted a meta-analysis to examine the relationship between paternal depression and internalizing and externalizing problems in children. The study included children of different ages, and results indicated a significant relationship between paternal depression and externalizing problems. Furthermore, father-child conflict was identified as one of the potential mediators between the relationship between paternal depression and child outcomes. Later on, Ramchandani and Psychogiou (2009) identified further possible pathways, including marital discord and difficulties in parenting, that may explain the relationship between paternal psychopathology and children's difficulties.

The results regarding paternal depression and child externalizing behavior might be interpreted within Lacan's explanations regarding melancholia. First of all, in Lacanian theory, depression is not classified as a structure in itself, such as neurosis, psychosis, or perversion. Instead, depression is understood to be a symptom that might manifest through these foundational structures and related to concepts such as loss, lack, and objet petit a (Hook, 2017). "The objet petit a" refers to the object-cause of desire, which is something fundamentally dependent on lack, promises to provide wholeness, but was never actually possessed (Hook & Vanheule, 2022). However, in melancholia, the subject considers that it was found and lost, instead of recognizing it as a constitutive lack (Özkan & Baltacı, 2020). As emphasized by Žižek (2000), this lack is recognized as a loss in melancholy, as though the lacking object had previously been owned before being lost. It is also possible to conceptualize depression or melancholia with persistent indifference towards external objects (Malichin, 2014). In this regard, the presence of melancholy in a father can have a significant impact on his function within the family. For instance, it is possible for a depressed father to be

emotionally distant or unable to hold the function of symbolic father, which could behaviorally manifest as lax parenting.

4.1.1 The Path from Depression to Laxness

Depression can lead to a variety of parenting challenges, such as a lack of warmth, disinterest, and intolerance (Galbally & Lewis, 2017; National Research Council and Institute of Medicine, 2009). Lack of interest and energy is one of the fundamental symptoms of depression, according to DSM-5 (American Psychiatric Association, 2013). A father experiencing such symptoms of depression might be more likely to exhibit more inconsistent, uninvolved, or permissive parenting in their interactions with their children, and their ability to maintain consistent discipline may be impaired by depression (Fite et al., 2006; Leung & Slep, 2006). Therefore, it was hypothesized that paternal depression would be associated with higher levels of lax parenting in discipline. The results demonstrated that two depression measures, the MDS and the T-DEP, provided support for this hypothesis. Lax parenting was found to be predicted by higher levels of paternal depressive symptoms, which suggests that fathers who experience more depressive symptoms might find it more challenging to set clear boundaries. The reason that this association was significant across two depression measures might be attributed to the instruments focused on different aspects of depression, one being more sensitive to the masculine expressions of depression, and the other capturing a general depressive structure. Despite these significant associations, the coefficient values were found to be small between paternal depressive symptoms and lax parenting.

4.1.2 The Path from Laxness to Child Externalizing Symptoms

Lax parenting was hypothesized as an indicator of a failure of the symbolic father. For instance, when a child says something socially inappropriate, parents typically intervene to establish a boundary. The father may attempt to handle the situation by providing the child a straightforward directive, such as to stop. Furthermore, the father might emphasize his authority by stating, “You must stop, because daddy says so.” Here, the “daddy” represents the Name-of-the-Father, the symbolic father (Hook & Vanheule, 2022). On the other hand, a lack of such interventions might be a

characteristic of lax parenting, which can hinder the child's relationship with the law, potentially contributing to externalizing behavior. The existing research has previously supported the theoretical foundation of this path. Accordingly, children of permissive parents may struggle with following rules and accepting authority, as they may not have been taught to take responsibility for their actions. They might disrespect other people's rights and well-being (Johnson, 2016). However, in our study, lax parenting did not predict child externalizing behavior, which contradicts existing research suggesting that lax parenting is related to child disruptive behaviors (Awada & Shelleby, 2021; Hoeve et al., 2009; Parent et al., 2015; Pinquart, 2017). The previously noted concerns about the scale's psychometric properties may account for some of the nonsignificant findings between lax parenting and child externalizing behavior in our study.

4.1.3 Interaction and Indirect Effects

Maternal discouragement did not moderate the relationship between lax parenting and externalizing behavior, despite being a significant predictor of child externalizing behavior. Consequently, neither the interaction nor the indirect effects are found to be statistically significant. A possible theoretical explanation for the findings that child externalizing behavior was significantly predicted by maternal discouragement but not by lax parenting might reflect the central role of the mother's discourse. This suggests that the maternal discouragement, which indicates a disregard towards the father's position, the mother's discourse, might be more significant than the father's concrete behaviors alone (Lacan, 2001). Further possible explanations may account for these non-significant findings, which will be addressed and discussed under the limitations.

Lastly, the gender of the child has been linked with problems that are either internalizing or externalizing (Matos et al., 2017). Therefore, it was included in the analysis as a covariate. According to the study's results, child externalizing behavior was significantly predicted by the child's gender; boys were found to be more likely to exhibit externalizing behaviors, which is in line with the explanations of Lacan, which suggest that males are more likely to be the structurally vulnerable in terms of perversion (Lacan, 2001). These results are also in line with previous meta-analytic

research demonstrating that boys are more likely than girls to exhibit externalizing emotions, including anger (Chaplin & Aldao, 2013). On the other hand, the child's gender did not significantly predict the father's lax parenting, suggesting that the father's discipline practices were not influenced by whether the child was a boy or a girl. Gender was only included as a covariate in this study, and no further analysis was conducted regarding gender differences. Future studies might further investigate the structural familial relationships that vary by the gender of the child.

4.2 Limitations

Although this study contributes particularly to the psychoanalytic literature and the growing body of literature on paternal depression, parenting behavior, and externalizing problems in children, it is essential to recognize several limitations. First, the measurement used to assess fathers' lax parenting practices, the mediator variable in the analysis, is one of the study's limitations. Initially, an exploratory factor analysis (EFA) was conducted, and the scale was found to correspond closely with the original item structure rather than the alternative factor structures. The Cronbach alpha value and correlations between the laxness subscale and other variables, however, were found to be relatively weak. Moreover, when further analyses were conducted, the results were found to be significant after excluding lax parenting from the model. Therefore, it must be considered that the measure may not have sufficiently represented the father's lax parenting in the current study, and it might have contributed to lowering the analysis's overall statistical significance.

Second, the study did not include a clinical sample addressing paternal depression and child externalizing behavior. Overall, the study's results demonstrated that fathers' reported depression levels were comparatively low. Consequently, the statistical significance of the proposed model might have been weakened by the low levels of depressed symptomatology in the current sample. In a clinical sample with higher levels of paternal depression and externalizing problems in children, depressive symptoms may have a greater effect on parenting and child outcomes. As a result, the findings of the study have limited generalizability to clinical groups. Future studies might include mixed-method designs that combine both self-report instruments and

observational information to acquire a more thorough understanding of paternal depression and its impact on child development.

Third, the data were obtained from self-report and parent-report measures, which increases the likelihood of social desirability bias. For instance, participants might minimize their symptoms, behaviors, or externalizing problems in their children. To this end, future research might employ observational approaches and gather data from multiple sources, including teacher reports.

4.3 The Strengths of the Study and Clinical Implications

This study has a number of noteworthy strengths. First and foremost, the study aimed to empirically test psychoanalytic theory, addressing a significant gap between the theory and empirical evidence. Despite having a profound theoretical foundation and a comprehensive understanding of human nature, psychoanalytic theory lacks adequate empirical research. Secondly, the systemic and comprehensive measurement of paternal depression symptoms is another important methodological strength of the study. The study gathered data from three different scales to comprehend paternal depression in a more multidimensional manner, including its internalized, externalized, and gender-related manifestations, as well as its stability. Results highlighted the theoretical and clinical significance of paternal depression, which has received less attention compared to maternal mental health. Maternal gatekeeping behaviors have been assessed through maternal self-report to reduce any potential bias resulting from the father's own depressive symptoms. Furthermore, the study collected data from both mothers and fathers to measure externalizing behaviors in children. Particularly, considering parental psychopathology, this decision reduces the limitations of single-informant bias. Taken together, this study provides a significant contribution to both academic research and clinical practice with its methodology.

This study has several significant clinical implications considering Lacanian psychoanalytic theory, particularly regarding the concept of paternal function and the clinical structure of perversion. From a Lacanian perspective, the results of this study emphasize the role of the father, paternal function, concerning conduct problems in children. Perversion refers to a clinical structure rather than just a description of

deviant conduct, and it is related to structural position in reference to the Other. In this study, the two primary theoretical concepts in this structure, a deficiency in the symbolic father and the mother's discourse, were examined. The findings indicate that higher levels of externalizing behaviors in children are significantly related to both maternal discouragement and paternal depressive symptoms. These results suggest that in clinical practice, therapists should consider the paternal function, and more importantly, the mother's discourse in either encouraging or discouraging the father's position, rather than focusing solely on the child's symptoms. In addition to assessing the father's palpable behaviors, therapists ought to examine the structural dynamics of the family.

Lastly, even having its foundation in the Lacanian theoretical framework, this study is not aimed at demonstrating that particular maternal or paternal behaviors linearly and directly result in specific clinical structures. The results of this study are considered as possible representations of underlying familial dynamics that might influence a child's behavioral expressions rather than as categorical diagnostic indicators.

REFERENCES

- Abate, K. (2013). Gender Disparity in Prevalence of Depression among patient population: A Systematic review. *Ethiopian Journal of Health Sciences*, 23(3). <https://doi.org/10.4314/ejhs.v23i3.11>
- Addis, M. E. (2008). Gender and depression in men. *Clinical Psychology: Science and Practice*, 15(3), 153–168. <https://doi.org/10.1111/j.1468-2850.2008.00125.x>
- Ahun, M. N., Consoli, A., Pingault, J., Falissard, B., Battaglia, M., Boivin, M., Tremblay, R. E., & Côté, S. M. (2017). Maternal depression symptoms and internalising problems in the offspring: the role of maternal and family factors. *European Child & Adolescent Psychiatry*, 27(7), 921–932. <https://doi.org/10.1007/s00787-017-1096-6>
- Ahun, M. N., & Côté, S. M. (2018). Maternal depressive symptoms and early childhood cognitive development: a review of putative environmental mediators. *Archives of Women's Mental Health*, 22(1), 15–24. <https://doi.org/10.1007/s00737-018-0870-x>
- Aktaş, G. A., & Aydın, A. (2020). Anne bekçiliği ölçeği anne formunun Türkçeye uyarlanması: Geçerlik ve güvenirlik çalışması. *Türk Psikoloji Yazıları*, 23(45), 63-77.
- Aktaş, G. A., & Duman, M. E. (2021). Genişletilmiş anne bekçiliği kavramsal modelinin anneye özgü değişkenler açısından değerlendirilmesi. *Uluslararası İnsan Çalışmaları Dergisi*, 4(8), 217-237.
- Albert, P. R. (2015). Why is depression more prevalent in women? *Journal of Psychiatry and Neuroscience*, 40(4), 219–221. <https://doi.org/10.1503/jpn.150205>
- Alizadeh, S., Talib, M. B. A., Abdullah, R., & Mansor, M. (2011). Relationship between Parenting Style and Children's Behavior Problems. *Asian Social Science*, 7(12). <https://doi.org/10.5539/ass.v7n12p195>

- Altenburger, L. E., Schoppe-Sullivan, S. J., & Dush, C. M. K. (2018). Associations between maternal gatekeeping and fathers' parenting quality. *Journal of Child and Family Studies*, 27(8), 2678–2689. <https://doi.org/10.1007/s10826-018-1107-3>
- Altenburger, L. E., & Schoppe-Sullivan, S. J. (2021). Infant negative affect moderates longitudinal associations between maternal gatekeeping and toddlers' social-emotional difficulties. *International Journal of Behavioral Development*, 45(6), 513–523. <https://doi.org/10.1177/01650254211023971>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Arnold, D. S., O'Leary, S. G., Wolff, L. S., & Acker, M. M. (1993). The Parenting Scale: A measure of dysfunctional parenting in discipline situations. *Psychological Assessment*, 5(2), 137–144. <https://doi.org/10.1037/1040-3590.5.2.137>
- Awada, S. R., & Shelleby, E. C. (2021). Bidirectional Associations between Child Conduct Problems and Parenting Practices in Early Childhood. *Journal of Child and Family Studies*, 30(11), 2705–2717. <https://doi.org/10.1007/s10826-021-02104-0>
- Baumrind, D. (1966). Effects of authoritative parental control on child behavior. *Child Development*, 37(4), 887–907. <https://doi.org/10.2307/1126611>
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of general psychiatry*, 4(6), 561-571.
- Berg-Nielsen, T. S., Vikan, A., & Dahl, A. A. (2002). Parenting Related to Child and Parental Psychopathology: A Descriptive Review of the Literature. *Clinical Child Psychology and Psychiatry*, 7(4), 529–552. <https://doi.org/10.1177/1359104502007004006>
- Bernstein, J. W. (2015). Review of Perversion: A Lacanian psychoanalytic approach to the subject. *Psychoanalytic Psychology*, 32(3), 553-557. <https://doi.org/10.1037/a0035854>

- Branney, P., & White, A. (2008). Big boys don't cry: depression and men. *Advances in Psychiatric Treatment*, 14(4), 256–262. doi:10.1192/apt.bp.106.003467
- Brinkmeyer, M. Y., & Eyberg, S. M. (2003). Parent-child interaction therapy for oppositional children. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-based psychotherapies for children and adolescents* (pp. 204–223). The Guilford Press.
- Brownhill, S., Wilhelm, K., Barclay, L., & Schmied, V. (2005). 'Big build': hidden depression in men. *The Australian and New Zealand journal of psychiatry*, 39(10), 921–931. <https://doi.org/10.1080/j.1440-1614.2005.01665.x>
- Callender, K. A., Olson, S. L., Choe, D. E., & Sameroff, A. J. (2012). The effects of parental depressive symptoms, appraisals, and physical punishment on later child externalizing behavior. *Journal of Abnormal Child Psychology*, 40, 471–483.
- Carbone, A., Pestell, C., Nevill, T., & Mancini, V. (2024). The indirect effects of fathers' parenting style and parent emotion regulation on the relationship between father self-efficacy and children's mental health difficulties. *International Journal of Environmental Research and Public Health*, 22(1), 11. <https://doi.org/10.3390/ijerph22010011>
- Carter, D., & Welch, D. (1981). Parenting styles and children's behavior. *Family relations*, 191-195.
- Chaplin, T. M., & Aldao, A. (2012). Gender differences in emotion expression in children: A meta-analytic review. *Psychological Bulletin*, 139(4), 735–765. <https://doi.org/10.1037/a0030737>
- Cheung, K., & Theule, J. (2019). Paternal depression and child externalizing behaviors: A meta-analysis. *Journal of Family Psychology*, 33(1), 98–108. <https://doi.org/10.1037/fam0000473>
- Christian, R. E., Frick, P. J., Hill, N., Tyler, L., & Frazer, D. R. (1997). Psychopathy and Conduct Problems in Children: II. Implications for subtyping children with

- conduct problems. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(2), 233–241. <https://doi.org/10.1097/00004583-199702000-00014>
- Claessens, A., Engel, M., & Curran, F. C. (2015). The effects of maternal depression on child outcomes during the first years of formal schooling. *Early Childhood Research Quarterly*, 32, 80–93. <https://doi.org/10.1016/j.ecresq.2015.02.003>
- Conners, C. K. (1970). Symptom patterns in hyperkinetic, neurotic, and normal children. *Child Development*, 41(3), 667–682. <https://doi.org/10.2307/1127215>
- Conners, C. K., Sitarenios, G., Parker, J. D., & Epstein, J. N. (1998). The revised Conners' Parent Rating Scale (CPRS-R): factor structure, reliability, and criterion validity. *Journal of Abnormal Child Psychology*, 26(4), 257–268. <https://doi.org/10.1023/a:1022602400621>
- Dachew, B., Ayano, G., Duko, B., Lawrence, B., Betts, K., & Alati, R. (2023). Paternal depression and risk of depression among offspring. *JAMA Network Open*, 6(8), e2329159. <https://doi.org/10.1001/jamanetworkopen.2023.29159>
- Davé, S., Sherr, L., Senior, R., & Nazareth, I. (2009). Major paternal depression and child consultation for developmental and behavioural problems. *British Journal of General Practice*, 59(560), 180–185. <https://doi.org/10.3399/bjgp09x407063>
- Davis, R. N., Caldwell, C. H., Clark, S. J., & Davis, M. M. (2009). Depressive symptoms in nonresident african american fathers and involvement with their sons. *Pediatrics*, 124(6), 1611–1618. <https://doi.org/10.1542/peds.2009-0718>
- De Neuter, P. (2007). Du père œdipien aux tiers symboligènes. *Cliniques méditerranéenne*, (1), 109-124.
- De Neuter, P. & de La Hulpe, C. (2011). Le père, ses instances et ses fonctions dans l'enseignement de Lacan et aujourd'hui, un quart de siècle plus tard. *Cahiers de psychologie clinique*, 37, 47-73. <https://doi.org/10.3917/cpc.037.0047>

- Del Vecchio, T., & O’Leary, S. G. (2006). Antecedents of Toddler Aggression: Dysfunctional parenting in Mother-Toddler dyads. *Journal of Clinical Child and Adolescent Psychology*, 35(2), 194–202. https://doi.org/10.1207/s15374424jccp3502_3
- Dereboy, Ç., Şenol, S., Şener, Ş. ve Dereboy F. (2007). Connors Kısa Form Öğretmen ve Ana Baba Derecelendirme Ölçeklerinin geçerliği. *Türk Psikiyatri Dergisi*, 18(1), 48-58.
- Dowling, C. B., Slep, A. M. S., & O’Leary, S. G. (2009). Understanding preemptive parenting: relations with toddlers’ misbehavior, overreactive and lax discipline, and praise. *Journal of Clinical Child & Adolescent Psychology*, 38(6), 850–857. <https://doi.org/10.1080/15374410903258983>
- Edward, K., Castle, D., Mills, C., Davis, L., & Casey, J. (2014). An Integrative Review of Paternal Depression. *American Journal of Men S Health*, 9(1), 26–34. <https://doi.org/10.1177/1557988314526614>
- Elgar, F. J., Mills, R. S., McGrath, P. J., Waschbusch, D. A., & Brownridge, D. A. (2007). Maternal and paternal depressive symptoms and child maladjustment: the mediating role of parental behavior. *Journal of Abnormal Child Psychology*, 35(6), 943–955. <https://doi.org/10.1007/s10802-007-9145-0>
- Endler, N. S., Macrodimitris, S. D., & Kocovski, N. L. (2000). Depression: The Complexity of Self-Report Measures1. *Journal of Applied Biobehavioral Research*, 5(1), 26–46. <https://doi.org/10.1111/j.1751-9861.2000.tb00062.x>
- Ergün, S., Hekimoğlu, E. C., & Gençöz, F. (2022). An Investigation on the Relation of the Fetish Object with the Phallus. *Ayna Klinik Psikoloji Dergisi*, 9(2), 332–350. <https://doi.org/10.31682/ayna.1047639>
- Evans, D. (1996). *An introductory dictionary of lacanian psychoanalysis*. Routledge.
- Fagan, J., & Barnett, M. (2003). The relationship between maternal gatekeeping, paternal competence, mothers’ attitudes about the father role, and father involvement. *Journal of family issues*, 24(8), 1020-1043.

- Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175–191. <https://doi.org/10.3758/BF03193146>
- Field, A., Miles, J., & Field, Z. (2012). *Discovering Statistics Using R*. SAGE.
- Fields, A., & Cochran, S. V. (2010). Men and Depression: Current Perspectives for Health Care Professionals. *American Journal of Lifestyle Medicine*, 5(1), 92–100. <https://doi.org/10.1177/1559827610378347>
- Fihrrer, I., McMahon, C. A., & Taylor, A. J. (2009). The impact of postnatal and concurrent maternal depression on child behaviour during the early school years. *Journal of Affective Disorders*, 119(1–3), 116–123. <https://doi.org/10.1016/j.jad.2009.03.001>
- Fink, B. (1997). *A clinical introduction to Lacanian psychoanalysis: Theory and technique*. Harvard University Press.
- Fink, B. C., & Shapiro, A. F. (2013). Coping mediates the association between marital instability and depression, but not marital satisfaction and depression. *Couple and Family Psychology Research and Practice*, 2(1), 1–13. <https://doi.org/10.1037/a0031763>
- Fite, P. J., Colder, C. R., Lochman, J. E., & Wells, K. C. (2006). The mutual influence of parenting and boys' externalizing behavior problems. *Journal of Applied Developmental Psychology*, 27(2), 151–164. <https://doi.org/10.1016/j.appdev.2005.12.011>
- Foster, C. J. E., Garber, J., & Durlak, J. A. (2007). Current and past maternal depression, maternal interaction behaviors, and children's externalizing and internalizing symptoms. *Journal of Abnormal Child Psychology*, 36(4), 527–537. <https://doi.org/10.1007/s10802-007-9197-1>
- Frick, P. J., Lahey, B. B., Loeber, R., Tannenbaum, L., Van Horn, Y., Christ, M. A. G., Hart, E. A., & Hanson, K. (1993). Oppositional defiant disorder and conduct disorder: A meta-analytic review of factor analyses and cross-validation in a

- clinic sample. *Clinical Psychology Review*, 13(4), 319–340.
[https://doi.org/10.1016/0272-7358\(93\)90016-F](https://doi.org/10.1016/0272-7358(93)90016-F)
- Galbally, M., & Lewis, A. J. (2017). Depression and parenting: the need for improved intervention models. *Current Opinion in Psychology*, 15, 61–65. <https://doi.org/10.1016/j.copsyc.2017.02.008>
- Gaunt, R. (2008). Maternal gatekeeping: Antecedents and consequences. *Journal of family issues*, 29(3), 373-395.
- Genuchi, M. C., & Mitsunaga, L. K. (2015). Sex differences in masculine Depression. *The Journal of Men's Studies*, 23(3), 243–251. <https://doi.org/10.1177/1060826514561986>
- George, D. and Mallery, M. (2010). SPSS for Windows Step by Step: A Simple Guide and Reference, 17.0 Update, 10th Edition, Pearson, Boston.
- Gökdemir-Bulut, B. P. (2017). Lacanyen Bakış Açısından Pervert Yapı Kavramı ve Terapötik Öneriler. *Ayna Klinik Psikoloji Dergisi*, 4(1), 26-38 . DOI: 10.31682/ayna.470731
- Goldfarb, M. R., & Trudel, G. (2019). Marital quality and depression: a review. *Marriage & Family Review*, 55(8), 737–763. <https://doi.org/10.1080/01494929.2019.1610136>
- Goldstein, R. B., Grant, B. F., Ruan, W. J., Smith, S. M., & Saha, T. D. (2006). Antisocial personality disorder with childhood- vs. adolescence-onset conduct disorder: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *The Journal of nervous and mental disease*, 194(9), 667–675. <https://doi.org/10.1097/01.nmd.0000235762.82264.a1>
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Child Psychology & Psychiatry & Allied Disciplines*, 38(5), 581–586. <https://doi.org/10.1111/j.1469-7610.1997.tb01545.x>
- Goodman, S. H., Rouse, M. H., Connell, A. M., Broth, M. R., Hall, C. M., & Heyward, D. (2010). Maternal Depression and Child Psychopathology: A Meta-Analytic

- Review. *Clinical Child and Family Psychology Review*, 14(1), 1–27. <https://doi.org/10.1007/s10567-010-0080-1>
- Goodman, S. H. (2020). Intergenerational transmission of depression. *Annual Review of Clinical Psychology*, 16(1), 213–238. <https://doi.org/10.1146/annurev-clinpsy-071519-113915>
- Goodman, S. H., Simon, H. F. M., Shambraw, A. L., & Kim, C. Y. (2020). Parenting as a Mediator of Associations between Depression in Mothers and Children's Functioning: A Systematic Review and Meta-Analysis. *Clinical Child and Family Psychology Review*, 23(4), 427–460. <https://doi.org/10.1007/s10567-020-00322-4>
- Goyette, C. H., Conners, C. K., & Ulrich, R. F. (1978). Normative data on revised Conners Parent and Teacher Rating Scales. *Journal of abnormal child psychology*, 6(2), 221–236. <https://doi.org/10.1007/BF00919127>
- Gutierrez-Galve, L., Stein, A., Hanington, L., Heron, J., & Ramchandani, P. (2015). Paternal Depression in the postnatal Period and Child Development: Mediators and moderators. *PEDIATRICS*, 135(2), e339–e347. <https://doi.org/10.1542/peds.2014-2411>
- Gutierrez-Galve, L., Stein, A., Hanington, L., Heron, J., Lewis, G., O'Farrelly, C., & Ramchandani, P. G. (2018). Association of maternal and paternal depression in the postnatal period with offspring depression at age 18 years. *JAMA Psychiatry*, 76(3), 290. <https://doi.org/10.1001/jamapsychiatry.2018.3667>
- Güvenir, T., Özbek, A., Baykara, B., Arkar, H., Şentürk, B. ve İncekaş, S. (2008). Güçler ve Güçlükler Anketi'nin (GGA) Türkçe uyarlamasının psikometrik özellikleri. *Çocuk ve Gençlik Ruh Sağlığı Dergisi*, 15(2), 65-74.
- Hayes, A. F. (2013, April 22). *Introduction to Mediation, Moderation, and Conditional Process Analysis*. Guilford Press.
- Hentges, R. F., Graham, S. A., Fearon, P., Tough, S., & Madigan, S. (2020). The chronicity and timing of prenatal and antenatal maternal depression and anxiety

- on child outcomes at age 5. *Depression and Anxiety*, 37(6), 576–586. <https://doi.org/10.1002/da.23039>
- Herr, N. R., Hammen, C., & Brennan, P. A. (2007). Current and past depression as predictors of family functioning: A comparison of men and women in a community sample. *Journal of Family Psychology*, 21(4), 694–702. <https://doi.org/10.1037/0893-3200.21.4.694>
- Hill J. (2003). Early identification of individuals at risk for antisocial personality disorder. *The British journal of psychiatry. Supplement*, 44, S11–S14. <https://doi.org/10.1192/bjp.182.44.s11>
- Hisli, N. (1989). Beck Depresyon Envanterinin üniversite öğrencileri için geçerliği, güvenirliği. *Psikoloji dergisi*, 7(23), 3-13.
- Hook, D. (2017). The Failings of Depression: A review of Lacanian Psychoanalytic Critiques. *Acta Psychopathologica*, 03(05). <https://doi.org/10.4172/2469-6676.100127>
- Hook, D., & Vanheule, S. (2022). Lacan on Depression and Melancholia. In *Routledge eBooks*. <https://doi.org/10.4324/9781003216391>
- Johnson, S. A. (2016). Parenting Styles and Raising delinquent children: Responsibility of parents in encouraging Violent behavior. *Forensic Research & Criminology International Journal*, 3(1). <https://doi.org/10.15406/frcij.2016.03.00081>
- Kane, P., & Garber, J. (2004). The relations among depression in fathers, children's psychopathology, and father-child conflict: A meta-analysis. *Clinical Psychology Review*, 24(3), 339–360. <https://doi.org/10.1016/j.cpr.2004.03.004>
- Karreman, A., van Tuijl, C., van Aken, M.A.G., & Deković, M. (2009). Predicting Young Children's Externalizing Problems: Interactions among Effortful Control, Parenting, and Child Gender. *Merrill-Palmer Quarterly* 55(2), 111-134. <https://dx.doi.org/10.1353/mpq.0.0020>.

- Kim, H., Arnold, D. H., Fisher, P. H., & Zeljo, A. (2005). Parenting and preschoolers' symptoms as a function of child gender and SES. *Child & Family Behavior Therapy*, 27(2), 23–41. https://doi.org/10.1300/j019v27n02_03
- Kouros, C. D., Merrilees, C. E., & Cummings, E. M. (2008). Marital Conflict and Children's Emotional Security in the Context of Parental Depression. *Journal of marriage and the family*, 70(3), 684–697. <https://doi.org/10.1111/j.1741-3737.2008.00514.x>
- Krohne, H. W., Schmukle, S. C., Spaderna, H., & Spielberger, C. D. (2002). The state-trait depression scales: an international comparison. *Anxiety, Stress & Coping*, 15(2), 105-122.
- Kuehner C. (2017). Why is depression more common among women than among men? *The lancet. Psychiatry*, 4(2), 146–158. [https://doi.org/10.1016/S2215-0366\(16\)30263-2](https://doi.org/10.1016/S2215-0366(16)30263-2)
- Kuppens, S., & Ceulemans, E. (2018b). Parenting Styles: A Closer look at a Well-Known concept. *Journal of Child and Family Studies*, 28(1), 168–181. <https://doi.org/10.1007/s10826-018-1242-x>
- Lacan, J. (1973). *Le séminaire de Jacques Lacan: La relation d'objet 1956-1957*.
- Lacan, J. (1973). *Les quatre concepts fondamentaux de la psychanalyse*.
- Lacan, J. (1975). *Le séminaire de Jacques Lacan: Les écrits techniques de Freud, 1953-1954*.
- Lacan, J. (1991). *Le Séminaire Livre XVII, tome 17: L'envers de la psychanalyse*. Éditions du Seuil.
- Lacan, J. (1998). *Le séminaire de Jacques Lacan: Les formations de l'inconscient: 1957-1958*.
- Lacan, J. (2001). *Écrits: A selection*. In Routledge eBooks.
- Lacan, J. (2006). *Le séminaire de Jacques Lacan: D'un autre à l'autre, 1968-1969*.
- Lacan, J. (2010). *Identification: The seminar of Jacques Lacan, Book IX 1961-1962* (C. Gallagher, Trans.).

- Lacan, J. (2014). *Anxiety: The Seminar of Jacques Lacan*. Polity.
- Lamb, M. E. (Ed.). (2004). *The role of the father in child development*. John Wiley & Sons.
- Lassi, N. (2025). Boundary Parenting: A Framework for Reducing Deviance Among Young People. *Youth Justice*, 0(0).
- Leung, D., & Slep, A. M. S. (2006). Predicting inept discipline: The role of parental depressive symptoms, anger, and attributions. *Journal of Consulting and Clinical Psychology*, 74(3), 524–534. <https://doi.org/10.1037/0022-006x.74.3.524>
- Locke, L. M., & Prinz, R. J. (2002). Measurement of parental discipline and nurturance. *Clinical Psychology Review*, 22(6), 895–929. [https://doi.org/10.1016/s0272-7358\(02\)00133-2](https://doi.org/10.1016/s0272-7358(02)00133-2)
- Lovejoy, M., Graczyk, P. A., O'Hare, E., & Neuman, G. (2000). Maternal depression and parenting behavior. *Clinical Psychology Review*, 20(5), 561–592. [https://doi.org/10.1016/s0272-7358\(98\)00100-7](https://doi.org/10.1016/s0272-7358(98)00100-7)
- Lyons-Ruth, K., Wolfe, R., Lyubchik, A., & Steingard, R. J. (2002). Depressive Symptoms in parents of children under age 3: Sociodemographic predictors, current correlates, and associated parenting Behaviors. In *Cambridge University Press eBooks* (pp. 217–260). <https://doi.org/10.1017/cbo9780511499753.008>
- MacKenzie, J., Smith, T. W., Uchino, B., White, P. H., Light, K. C., & Grewen, K. M. (2014). Depressive symptoms, Anger/Hostility, and relationship quality in young couples. *Journal of Social and Clinical Psychology*, 33(4), 380–396. <https://doi.org/10.1521/jscp.2014.33.4.380>
- Magovcevic, M., & Addis, M. E. (2008). The Masculine Depression Scale: Development and psychometric evaluation. *Psychology of Men & Masculinity*, 9(3), 117–132. <https://doi.org/10.1037/1524-9220.9.3.117>

- Malichin, A. (2014). What depression? or the elimination of the subjective causality of pain? *The Open Pain Journal*, 7(1), 59–66. <https://doi.org/10.2174/1876386301407010059>
- Marchand, J. F., & Hock, E. (1998). The relation of problem behaviors in preschool children to depressive symptoms in mothers and fathers. *The Journal of Genetic Psychology*, 159(3), 353-366.
- Martin, A. F., Maughan, B., Konac, D., & Barker, E. D. (2023). Mother and father depression symptoms and child emotional difficulties: a network model. *The British Journal of Psychiatry*, 222(5), 204–211. <https://doi.org/10.1192/bjp.2023.8>
- Matos, A. P., Salvador, M. C., Costa, J. J., Pinheiro, M. R., Arnarson, E., & Craighead, W. E. (2017). The relationship between internalizing and externalizing problems in adolescence: does gender make a difference?. *Canadian International Journal of Social Science and Education*, (8), 45-63.
- Mestermann, S., Arndt, M., Fasching, P. A., Beckmann, M. W., Kratz, O., Moll, G. H., Kornhuber, J., & Eichler, A. (2023). The Father's Part: Influences of Paternal Psychopathology and Parenting Behavior on Child and Adolescent Well-Being. *Healthcare*, 11(15), 2119. <https://doi.org/10.3390/healthcare11152119>
- Middleton, M., Scott, S. L., & Renk, K. (2009). Parental depression, parenting behaviours, and behaviour problems in young children. *Infant and Child Development*, 18(4), 323–336. <https://doi.org/10.1002/icd.598>
- Mj, E., & Lj, S. (2009). *Depression in Parents, Parenting, and Children: Opportunities to Improve identification, Treatment, and Prevention*. <http://www.ncbi.nlm.nih.gov/pubmed/25009931>
- National Research Council and Institute of Medicine. (2009). *Depression in parents, parenting, and children: Opportunities to improve identification, treatment, and prevention*. The National Academies Press. <https://doi.org/10.17226/12565>

- O'Connor, E. E., Langer, D. A., & Thompson, M. C. (2016). Maternal Depression and Youth Internalizing and Externalizing Symptomatology: Severity and chronicity of past maternal depression and current maternal depressive symptoms. *Journal of Abnormal Child Psychology*, 45(3), 557–568. <https://doi.org/10.1007/s10802-016-0185-1>
- Önder, A. ve Gülay, H. (2009). Reliability and validity of parenting styles & dimensions questionnaire. *Procedia Social and Behavioral Sciences*, 1, 508–514. doi:10.1016/j.sbspro.2009.01.092
- Özer, A. K., & Özer, S. (2006). Durumsal - sürekli depresyon ölçeğinin faktöriyel alt yapısı. *Doğuş Üniversitesi Dergisi*, 7(2), 210-217.
- Özkan, A., & Baltacı, S. (2020). Freud ve Lacan'ın Psikanalitik Kuramlarında Yastan Ayrışan Melankolik Özne. *Studies in Psychology*, 40(2), 317-333. <https://doi.org/10.26650/SP2019-0056>
- Parent, J., McKee, L. G., & Forehand, R. (2016). Seesaw discipline: The interactive effect of harsh and lax discipline on youth psychological adjustment. *Journal of child and family studies*, 25, 396-406.
- Pinquart, M. (2017). Associations of parenting dimensions and styles with externalizing problems of children and adolescents: An updated meta-analysis. *Developmental psychology*, 53(5), 873.
- Polatinsky, S., & Hook, D. (2008). On the ghostly father: Lacan on Hamlet. *The Psychoanalytic Review*, 95(3), 359-385.
- Pollack, W. S. (1998). Mourning, melancholia, and masculinity: Recognizing and treating depression in men. *New Psychotherapy for Men*. New York: John Wiley, 13-34.
- Prinz, P., Onghena, P., Hellinckx, W., Grietens, H., Ghesquière, P., & Colpin, H. (2004). Parent and child personality characteristics as predictors of negative discipline and externalizing problem behaviour in children. *European Journal of Personality*, 18(2), 73–102. <https://doi.org/10.1002/per.501>

- Puhlman, D. J., & Pasley, K. (2013). Rethinking maternal gatekeeping. *Journal of Family Theory & Review*, 5(3), 176–193. <https://doi.org/10.1111/jftr.12016>
- Puhlman, D. J., & Pasley, K. (2017). The maternal gatekeeping scale: Constructing a measure. *Family Relations*, 66(5), 824-838.
- Ragland-Sullivan, E. (1992). The Paternal Metaphor: A Lacanian Theory of Language. *Revue Internationale de Philosophie*, 46(180 (1)), 49–92. <http://www.jstor.org/stable/23949429>
- Ramchandani, P., & Psychogiou, L. (2009). Paternal psychiatric disorders and children's psychosocial development. *The Lancet*, 374(9690), 646–653. [https://doi.org/10.1016/s0140-6736\(09\)60238-5](https://doi.org/10.1016/s0140-6736(09)60238-5)
- Rhoades, K. A., & O'Leary, S. G. (2007). Factor structure and validity of the parenting scale. *Journal of clinical child and adolescent psychology: the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53*, 36(2), 137–146. <https://doi.org/10.1080/15374410701274157>
- Ringoot, A. P., Tiemeier, H., Jaddoe, V. W., So, P., Hofman, A., Verhulst, F. C., & Jansen, P. W. (2015). Parental depression and child well-being: young children's self-reports helped addressing biases in parent reports. *Journal of Clinical Epidemiology*, 68(8), 928–938. <https://doi.org/10.1016/j.jclinepi.2015.03.009>
- Rodríguez, L. S. (2016). The Oedipus Complex from Freud to Lacan. *Australasian Journal of Psychotherapy*, 34(2), 7-30.
- Scarlett, H., Moirangthem, S., & Van Der Waerden, J. (2023). The impact of paternal mental illness on child development: an umbrella review of systematic reviews and meta-analyses. *European Child & Adolescent Psychiatry*. <https://doi.org/10.1007/s00787-023-02261-1>
- Schoppe-Sullivan, S. J., Altenburger, L. E., Lee, M. A., Bower, D. J., & Dush, C. M. K. (2015). Who are the gatekeepers? Predictors of maternal

gatekeeping. *Parenting*, 15(3), 166–186. <https://doi.org/10.1080/15295192.2015.1053321>

Schoppe-Sullivan, S. J., Brown, G. L., Cannon, E., Mangelsdorf, S. C., & Sokolowski, M. S. (2008). Maternal gatekeeping, coparenting quality, and fathering behavior in families with infants. *Journal of Family Psychology*, 22(3), 389–398. <https://doi.org/10.1037/0893-3200.22.3.389>

Spector, A. Z. (2006). Fatherhood and depression: A review of risks, effects, and clinical application. *Issues in Mental Health Nursing*, 27(8), 867-883.

Spielberger, C.D., Ritterband, L.M., Reheiser, E.C., & Brunner, T. (2003). The nature and measurement of depression. *International Journal of Clinical and Health Psychology*, 3, 209-234.

Steinberg, L. (2001). We know some things: Parent–Adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence*, 11(1), 1–19. <https://doi.org/10.1111/1532-7795.00001>

Swales, S. S. (2012). *Perversion: A Lacanian psychoanalytic approach to the subject*. Routledge.

Sweeney, S., & MacBeth, A. (2016). The effects of paternal depression on child and adolescent outcomes: A systematic review. *Journal of Affective Disorders*, 205, 44–59. <https://doi.org/10.1016/j.jad.2016.05.073>

Tarsuslu, B., & Durat, G. (2020). Psychometric properties of the Masculine Depression Scale in Turkish male university students. *Perspectives in Psychiatric Care*, 57(1), 1–8. <https://doi.org/10.1111/ppc.12561>

Thomas, C. R., & Holmes, E. K. (2020). Are father depression and masculinity associated with father perceptions of maternal gatekeeping?. *Journal of family psychology : JFP : journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 34(4), 490–495. <https://doi.org/10.1037/fam0000604>

Tichovolsky, M. H., Griffith, S. F., Rolon-Arroyo, B., Arnold, D. H., & Harvey, E. A. (2016). A longitudinal study of fathers' and young children's depressive

- symptoms. *Journal of Clinical Child & Adolescent Psychology*, 47(sup1), S190–S204. <https://doi.org/10.1080/15374416.2016.1212357>
- Trinder, L. (2008). Maternal gate closing and gate opening in postdivorce families. *Journal of family issues*, 29(10), 1298-1324.
- Tüfekçi, Aysel, & Deniz, Ü. M. İ. T. (2014). An adaptation study of the parenting scale into Turkish. *European Journal of Research on Education*, 2(2), 192-201.
- Urizar, G. G., & Muñoz, R. F. (2021). Role of Maternal Depression on Child Development: A Prospective Analysis from Pregnancy to Early Childhood. *Child Psychiatry & Human Development*, 53(3), 502–514. <https://doi.org/10.1007/s10578-021-01138-1>
- Venta, A., Velez, L., & Lau, J. (2016). The role of parental depressive symptoms in predicting dysfunctional discipline among parents at high-risk for child maltreatment. *Journal of child and family studies*, 25, 3076-3082.
- Wang, X., Yu, Y., Zhu, R., & Ji, Z. (2019). Linking maternal gatekeeping to child outcomes in dual-earner families in China: the mediating role of father involvement. *Early Child Development and Care*, 191(2), 187–197. <https://doi.org/10.1080/03004430.2019.1611568>
- Wang, Y., Shi, H., Wang, Y., Zhang, X., Wang, J., Sun, Y., Wang, J., Sun, J., & Cao, F. (2021). The association of different parenting styles among depressed parents and their offspring's depression and anxiety: a cross-sectional study. *BMC Psychiatry*, 21(1). <https://doi.org/10.1186/s12888-021-03512-8>
- Wang, H., Xu, P., & Jiang, Y. (2024). Exploring the Relationship between Maternal Gatekeeping with Paternal Parenting and Adolescent Aggression. *Behavioral Sciences*, 14(7), 517. <https://doi.org/10.3390/bs14070517>
- WenLi, Z., Tiemei, X., Shuangqi, L., Qun, Y., Jingbo, Z., & Sijie, S. (2025). Parenting styles and externalizing problem behaviors of preschoolers: mediation through self-control abilities and emotional management skills. *Frontiers in Psychology*, 16. <https://doi.org/10.3389/fpsyg.2025.1433262>

- Wilson, S., & Durbin, C. E. (2010). Effects of paternal depression on fathers' parenting behaviors: a meta-analytic review. *Clinical psychology review*, 30(2), 167–180. <https://doi.org/10.1016/j.cpr.2009.10.007>
- Wolfe, D. A., Jaffe, P. G., & Crooks, C. V. (2008). *Adolescent risk behaviors: Why Teens Experiment and Strategies to Keep Them Safe*. Yale University Press.
- Wolfe, D. A., & McIsaac, C. (2011). Distinguishing between poor/dysfunctional parenting and child emotional maltreatment. *Child Abuse & Neglect*, 35(10), 802–813. <https://doi.org/10.1016/j.chiabu.2010.12.009>
- Xerxa, Y., Rescorla, L. A., Van Der Ende, J., Hillegers, M. H., Verhulst, F. C., & Tiemeier, H. (2020). From Parent to Child to Parent: Associations between parent and Offspring Psychopathology. *Child Development*, 92(1), 291–307. <https://doi.org/10.1111/cdev.13402>
- Žižek, S. (2000). Melancholy and the Act. *Critical inquiry*, 26(4), 657-681.
- Zvara, B. J., Mills-Koonce, W. R., & Cox, M. J. (2016). Intimate partner violence, maternal gatekeeping, and child conduct problems. *Family Relations*, 65(5), 647–660. <https://doi.org/10.1111/fare.12221>

APPENDICES

Appendix A: Study Recruitment Announcement

Merhaba,

Ben Beril Başköy. TED Üniversitesi Klinik Psikoloji Yüksek Lisans Programı'nda öğrenim görmekteyim. Tez danışmanım Dr. Öğr. Üyesi Yağmur Ar ile çocuk dışsallaştırma sorunları ile ebeveynlik davranışları arasındaki ilişkiyi araştırdığımız bir tez çalışması yürütmekteyiz. Bu amaçla, katılımcı olarak 6-11 yaş aralığında çocuğu bulunan ebeveynlere ulaşmayı hedefliyoruz. Bu çalışma kapsamında cevaplamanızı beklediğimiz anket sorularını eşiniz ile aynı çocuğu düşünerek cevaplamanız gerekmektedir. Soruları cevaplamak üzere seçtiğiniz çocuğunuzun yaşının ise 6-11 aralığında bulunması gerekmektedir.

Çalışmaya katılım kriterleri aşağıdaki gibidir:

- 6-11 yaş aralığında bir çocuğunuzun olması.
- 6-11 yaşında çocuğu bulunan ebeveynlerin evli/birlikte yaşıyor olması.
- Her iki ebeveynin çalışmaya katılmaya gönüllü olması.

Babaların doldurması gereken anket soruları yaklaşık olarak 30; annelerin doldurması gereken anket soruları ise yaklaşık olarak 20 dakika sürmektedir. Çalışmaya katılım tamamen 'gönüllülük esasına' dayalıdır.

Herhangi bir sorunuz olması durumunda aşağıdaki iletişim adresinden bana ulaşabilirsiniz.

İletişim:

Beril Başköy

Appendix B: Informed Consent

Sayın Katılımcı,

Bu araştırma Dr. Öğr. Üyesi Yağmur Ar danışmanlığında TED Üniversitesi Klinik Psikoloji Tezli Yüksek Lisans Programı öğrencisi Beril Başköy tarafından yürütülmektedir. Çalışmada çocuk dışsallaştırma sorunları ile ebeveyn davranışlarının ilişkisinin incelenmesi amaçlanmaktadır. Bu çalışmaya katılmak tamamen gönüllülük esasına dayalıdır. Katılımınız, çocuk dışsallaştırma davranışlarını anlamak ve ileride yapılacak önleme ve müdahale çalışmalarının oluşturulması adına önem taşımaktadır. Bu nedenle şimdiden katkınız ve desteğiniz için teşekkür ediyoruz. Katılımcılarımız 6-11 yaş arası çocuğu olan anne ve babalardan oluşmaktadır. Araştırmaya her iki ebeveynin de katılımı gereklidir. Babaların doldurması gereken anket soruları yaklaşık olarak 30; annelerin doldurması gereken anket soruları ise yaklaşık olarak 20 dakika sürmektedir. Sizden alınan bilgiler gizli tutulacak ve yalnızca bilimsel amaçlar adına kullanılacaktır. Verdiğiniz cevaplara yalnızca araştırmacılar tarafından erişilebilecektir. Elde edilen veriler araştırmacıların kişisel dosyasında şifreli bir dosyada saklanacaktır. Araştırma sonunda elde edilen veriler toplu bir şekilde değerlendirilecektir. Anket soruları genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak soruları cevaplarken herhangi bir nedenden ötürü rahatsızlık duymanız halinde sebebini belirtmeksizin anketi doldurmayı yarıda bırakabilirsiniz. Araştırmadan ayrılmanız durumunda verileriniz kullanılmayacaktır. Çalışma ile ilgili bir sorunuz olması durumunda adresine çekinmeden e-posta atabilirsiniz.

İletişim:

Beril Başköy

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda bırakabileceğimi biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum. Yukarıdaki şartları okudum. Bu araştırmaya katılmayı kabul ediyorum.

Evet ()

Hayır ()

Appendix C: Demographic Information Form

1. Doğum Tarihiniz

2. Diğer ebeveynin doğum tarihi

3. Eğitim durumunuz? (Son alınan diplomaya göre)

Okuryazar değilim () Okuryazarım () İlkokul () Ortaokul () Lise ()
Üniversite () Yüksek Lisans () Doktora ()

4. Diğer ebeveynin eğitim durumu? (Son alınan diplomaya göre)

Okuryazar değilim () Okuryazarım () İlkokul () Ortaokul () Lise ()
Üniversite () Yüksek Lisans () Doktora ()

5. Ailenizin aylık toplam gelir durumunu nasıl tanımlarsınız?

Düşük () Orta () Yüksek ()

6. Kaç çocuğunuz var?

Bir () İki () Üç () Dört () Beş () Daha fazla ()

7. Çocuklarınızın yaşları nedir?

8. Anketi kaç yaşındaki çocuğunuz için dolduruyorsunuz? **(Bazı anket sorularını eşiniz ile aynı çocuğu düşünerek cevaplamanız gerekmektedir. Bu soruların başındaki yönergelerde bu bilgi size sunulacaktır. Çocuğunuzun yaşının 6-11 aralığında bulunması gerekmektedir.)**

9. Anketi dolduracağınız çocuğunuzun cinsiyeti?

Kız çocuğu () Erkek çocuğu ()

10. Geçmişte doktor veya psikiyatrist tarafından tanı konan bir rahatsızlığınız oldu mu?

Evet () Hayır ()

11. Yanıtınız evet ise bu rahatsızlık nedir?

12. Yanıtınız evet ise ne zaman tanı aldınız?

13. Geçmişte çocuğunuza doktor veya psikiyatrist tarafından tanı konan bir rahatsızlık oldu mu?

Evet () Hayır ()

14. Yanıtınız evet ise bu rahatsızlık nedir?

15. Geçmişte diğer ebeveyne doktor veya psikiyatrist tarafından tanı konan bir rahatsızlık oldu mu?

Evet () Hayır ()

16. Yanıtınız evet ise bu rahatsızlık nedir?

Appendix D: Beck Depression Inventory

Bu form **son bir (1) hafta içerisinde** kendinizi nasıl hissettiğinizi araştırmaya yönelik 21 maddeden oluşmaktadır. Her maddenin karşısındaki dört cevabı dikkatlice okuduktan sonra, size en çok uyan, yani sizin durumunuzu en iyi anlatanı işaretlemeniz gerekmektedir.

- 1-
 - a) Kendimi üzgün hissetmiyorum.
 - b) Kendimi üzgün hissediyorum.
 - c) Her zaman için üzgünüm ve kendimi bu duygudan kurtaramıyorum.
 - d) Öylesine üzgün ve mutsuzum ki dayanamıyorum.
- 2-
 - a) Gelecekte umutsuz değilim.
 - b) Geleceğe biraz umutsuz bakıyorum.
 - c) Gelecekte beklediğim hiçbir şey yok.
 - d) Benim için bir gelecek yok ve bu durum düzelmeyecek.
- 3-
 - a) Kendimi başarısız görmüyorum.
 - b) Çevremdeki birçok kişiden daha fazla başarısızlıklarım oldu sayılır.
 - c) Geriye dönüp baktığımda, çok fazla başarısızlığımın olduğunu görüyorum.
 - d) Kendimi tümüyle başarısız bir insan olarak görüyorum.
- 4-
 - a) Her şeyden eskisi kadar zevk alabiliyorum.
 - b) Her şeyden eskisi kadar zevk alamıyorum.
 - c) Artık hiçbir şeyden gerçek bir zevk alamıyorum.
 - d) Bana zevk veren hiçbir şey yok. Her şey çok sıkıcı.
- 5-
 - a) Kendimi suçlu hissetmiyorum.
 - b) Arada bir kendimi suçlu hissettiğim oluyor.
 - c) Kendimi çoğunlukla suçlu hissediyorum.
 - d) Kendimi her an için suçlu hissediyorum.

- 6- a) Cezalandırıldığımı düşünmüyorum.
b) Bazı şeyler için cezalandırılabilceğimi hissediyorum.
c) Cezalandırılmayı bekliyorum.
d) Cezalandırıldığımı hissediyorum.
- 7- a) Kendimden hoşnutum.
b) Kendimden pek hoşnut değilim.
c) Kendimden hiç hoşlanmıyorum.
d) Kendimden nefret ediyorum.
- 8- a) Kendimi diğer insanlardan daha kötü görmüyorum.
b) Kendimi zayıflıklarım ve hatalarım için eleştiriyorum.
c) Kendimi hatalarım için çoğu zaman suçluyorum.
d) Her kötü olayda kendimi suçluyorum.
- 9- a) Kendimi öldürmek gibi düşüncelerim yok.
b) Bazen kendimi öldürmeyi düşünüyorum fakat bunu yapamam.
c) Kendimi öldürebilmeyi isterdim.
d) Bir fırsatını bulsam kendimi öldürürüm.
- 10- a) Her zamankinden daha fazla ağladığımı sanmıyorum.
b) Eskisine göre şu sıralarda daha fazla ağlıyorum.
c) Şu sıralarda her an ağlıyorum.
d) Eskiden ağlayabilirdim, ama şu sıralarda istesem de ağlayamıyorum.
- 11- a) Her zamankinden daha sinirli değilim.
b) Her zamankinden daha kolayca sinirleniyor ve kızıyorum.
c) Çoğu zaman sinirliyim.
d) Eskiden sinirlendiğim şeylere bile artık sinirlenmiyorum.

- 12- a) Diğer insanlara karşı ilgimi kaybetmedim.
b) Eskisine göre insanlarla daha az ilgiliyim.
c) Diğer insanlara karşı ilgimin çoğunu kaybettim.
d) Diğer insanlara karşı hiç ilgim kalmadı.
- 13- a) Kararlarımı eskisi kadar kolay ve rahat verebiliyorum.
b) Şu sıralar kararlarımı vermeyi erteliyorum.
c) Kararlarımı vermekte oldukça güçlük çekiyorum.
d) Artık hiç karar veremiyorum.
- 14- a) Dış görünüşümün eskisinden daha kötü olduğunu sanmıyorum.
b) Yaşlandığımı ve çekiciliğimi kaybettiğimi düşünüyorum ve üzülüyorum.
c) Dış görünüşümde artık değiştirilmesi mümkün olmayan olumsuz değişiklikler olduğunu hissediyorum.
d) Çok çirkin olduğumu düşünüyorum.
- 15- a) Eskisi kadar iyi çalışabiliyorum.
b) Bir işe başlayabilmek için eskisine göre kendimi daha fazla zorlamam gerekiyor.
c) Hangi iş olursa olsun, yapabilmek için kendimi çok zorluyorum.
d) Hiçbir iş yapamıyorum.
- 16- a) Eskisi kadar rahat uyuyabiliyorum.
b) Şu sıralarda eskisi kadar rahat uyuyamıyorum.
c) Eskisine göre 1 veya 2 saat erken uyanıyor ve tekrar uyumakta zorluk çekiyorum.
d) Eskisine göre çok erken uyanıyor ve tekrar uyuyamıyorum.
- 17- a) Eskisine kıyasla daha çabuk yorulduğumu sanmıyorum.
b) Eskisinden daha çabuk yoruluyorum.
c) Şu sıralarda neredeyse her şey beni yoruyor.
d) Öyle yorgunum ki hiçbir şey yapamıyorum.

- 18-** a) İştahım eskisinden pek farklı değil.
b) İştahım eskisi kadar iyi değil.
c) Şu sıralarda iştahım epey kötü.
d) Artık hiç iştahım yok.
- 19-** a) Son zamanlarda pek fazla kilo kaybettiğimi sanmıyorum.
b) Son zamanlarda istemediğim halde üç kilodan fazla kaybettim.
c) Son zamanlarda istemediğim halde beş kilodan fazla kaybettim.
d) Son zamanlarda istemediğim halde yedi kilodan fazla kaybettim.
- 20-** a) Sağlığım beni pek endişelendirmiyor.
b) Son zamanlarda ağrı, sızı, mide bozukluğu, kabızlık gibi sorunlarım var.
c) Ağrı, sızı gibi sıkıntılarım beni epey endişelendirdiği için başka şeyleri düşünmek zor geliyor.
d) Bu tür sıkıntılar beni öylesine endişelendiriyor ki, artık başka bir şey düşünemiyorum.
- 21-** a) Son zamanlarda cinsel yaşantımda dikkatimi çeken bir şey yok.
b) Eskisine oranla cinsel konularla daha az ilgileniyorum.
c) Şu sıralarda cinsellikle pek ilgili değilim.
d) Artık cinsellikle hiçbir ilgim kalmadı.

Appendix E: The Masculine Depression Scale

Aşağıda eril depresyonu değerlendirmek için **son 2 hafta** içerisinde kendinizi nasıl hissettiğinize yönelik ifadeler yer almaktadır. Aşağıdaki ifadeleri okuduktan sonra, size en çok uyan, yani sizin durumunuzu en iyi anlatan ifadeyi işaretlemeniz gerekmektedir.

	1=Çok Az/Hiç Bir Zaman	2= Bazen	3= Coğu Zaman	4=Her Zaman
1. Kendimi köşeye sıkışmış gibi hissediyorum.	1	2	3	4
2. Kendimi bir çukurun içindeymişim gibi hissediyorum.	1	2	3	4
3. Her şey aleyhime gibi geliyor.	1	2	3	4
4. Her şeyin kontrolümden çıktığını hissediyorum.	1	2	3	4
5. Ne yaparsam yapayım başaramıyorum.	1	2	3	4
6. Sorumluluklarımı yerine getiremeyecekmişim gibi hissediyorum.	1	2	3	4
7. Göğsümde ağır bir yük varmış gibi hissediyorum.	1	2	3	4
8. Hiçbir şey hissetmez oldum.	1	2	3	4
9. İnsanlar bana ne olduğunu anlamıyorlar.	1	2	3	4
10. Açıklayamadığım ağrı ve sızılarım oluyor.	1	2	3	4
11. İçime kapandım.	1	2	3	4
12. Ağlamak için birçok sebebim var ama ağlayamıyorum.	1	2	3	4
13. Kimse beni rahatlatmıyor.	1	2	3	4
14. Morali bozuk ama en iyisi kendime saklamak.	1	2	3	4
15. Ağlamak istiyorum ama ağlayamıyorum.	1	2	3	4
16. Çok içiyorum.	1	2	3	4
17. Keyif verici uyuşturucuları çok kullanıyorum.	1	2	3	4
18. Alkol ve uyuşturucular daha iyi hissetmeme yardımcı oluyor.	1	2	3	4

Appendix F: Trait Depression Scale

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

	Hiç	Biraz	Oldukça	Çok
1. Mutlu hissedirim.	1	2	3	4
2. Karamsar hissedirim.	1	2	3	4
3. Dağılmamış hissedirim.	1	2	3	4
4. Üzgün hissedirim.	1	2	3	4
5. Huzurlu hissedirim.	1	2	3	4
6. Neşesiz hissedirim.	1	2	3	4
7. Çökkün hissedirim.	1	2	3	4
8. Güvende hissedirim.	1	2	3	4
9. Umutsuzluk hissedirim.	1	2	3	4
10. Hayattan zevk alırım.	1	2	3	4

Appendix G: The Parenting Scale

Her çocuk zaman zaman yaramazlık yapar ya da zararlı, “yanlış” ya da ebeveynlerinin hoşlanmadığı şeyler yapar. Örneğin:

birine vurmak	sızlanmak	oyuncaklarını toplamamak
ev ödevini unutmak	yiyeceklerini fırlatmak	yatağa gitmeyi reddetmek
öfke nöbetine girmek	yalan söyleme	yemekten önce kurabiye istemek
sokağa fırlamak	karşı çıkmak	eve geç gelmek

Ebeveynlerin bu tür sorunlarla baş etmede kullandıkları birçok farklı yol ve tarz vardır. Aşağıda bazı ebeveynlik tarzlarını tanımlayan maddeler yer almaktadır. Her bir madde için sizin **son iki ay içerisinde 6-11 yaşındaki çocuğunuza yönelik ebeveynlik tarzınızı** en iyi tanımlayan yuvarlağı seçiniz.

ÖRNEK MADDE:

Yemek zamanında...

çocuğumun ne kadar yemesi gerektiği kararını kendisine bırakırım.	0---0---●---0---0---0---0	çocuğumun ne kadar yiyeceğine ben karar veririm.
---	---------------------------	--

1. Çocuğum yaramazlık yaptığında...

derhal bir şey yaparım.	0---0---0---0---0---0---0	daha sonra bir şey yaparım.
-------------------------	---------------------------	-----------------------------

2. Bir sorunla ilgili bir şey yapmadan önce...

çocuğuma birkaç defa hatırlatma ya da uyarıda bulunurum.	0---0---0---0---0---0---0	sadece bir hatırlatma ya da uyarıda bulunurum.
--	---------------------------	--

3. Üzgün ya da stres içinde olduğumda...

tahammülsüz olurum ve çocuğuma yüklenirim.	0---0---0---0---0---0---0	normalden daha tahammülsüz olmam.
--	---------------------------	-----------------------------------

4. Çocuğuma bir şey yapmamasını söylediğimde...

çok az şey söylerim.	0---0---0---0---0---0---0	çok şey söylerim.
----------------------	---------------------------	-------------------

5. Çocuğum beni sürekli rahatsız ettiğinde...

rahatsız edişleri görmezden gelebilirim.	0---0---0---0---0---0---0	rahatsız edişleri görmezden gelemem.
--	---------------------------	--------------------------------------

6. Çocuğum yaramazlık yaptığında...

genellikle çocuğumla uzun bir tartışmaya girerim.	0---0---0---0---0---0---0	herhangi bir tartışmaya girmem.
---	---------------------------	---------------------------------

7. Çocuğumu, yapmakla tehdit ettiğim şeyler...

yapabileceğimden emin olduğum şeylerdir.	0---0---0---0---0---0	aslında yapmayacağımı bildiğim şeylerdir.
---	-----------------------	--

8. Ben öyle bir ebeveynim ki...

çocuğumun yapabileceği şeylere sınırlar koyarım.	0---0---0---0---0---0	çocuğumun ne isterse onu yapmasına izin veririm.
---	-----------------------	---

9. Çocuğum yaramazlık yaptığında...

onunla uzun uzun konuşurum.	0---0---0---0---0---0	konuşmamı kısa ve öz tutarım.
--------------------------------	-----------------------	----------------------------------

10. Çocuğum yaramazlık yaptığında...

sesimi yükseltirim ya da bağırırım.	0---0---0---0---0---0	çocuğumla sakın bir şekilde konuşurum.
--	-----------------------	---

11. Eğer “hayır” demem o an işe yaramıyorsa...

başka bir yol denerim.	0---0---0---0---0---0	konuşmaya devam eder ve çocuğuma söz geçirmeye çalışırım.
------------------------	-----------------------	---

12. Çocuğumun yaptığı bir şeyi bırakmasını istediğimde...

çocuğuma kararlı bir şekilde durmasını söylerim.	0---0---0---0---0---0	çocuğuma durması için dil dökerim ya da yalvarırım.
--	-----------------------	---

13. Çocuğum gözümün önünde olmadığı zaman...

onun ne yapmakta olduğunu genellikle bilmem.	0---0---0---0---0---0	onun ne yapmakta olduğu hakkında daima bir fikrim vardır.
--	-----------------------	---

14. Çocuğumla ilgili bir sorun olduktan sonra...

genellikle ona kin beslerim.	0---0---0---0---0---0	her şey çabukça normale döner.
------------------------------	-----------------------	--------------------------------

15. Evde olmadığımız zaman...

onu evde idare ettiğim gibi idare ederim.	0---0---0---0---0---0	ona karşı daha fazla müsamaha gösteririm.
---	-----------------------	---

16. Çocuğum hoşlanmadığım bir şey yaptığında...

onu her yapışında bir şeyler yaparım.	0---0---0---0---0---0	genellikle boş veririm.
---------------------------------------	-----------------------	-------------------------

17. Çocuğumla ilgili bir sorun olduğunda...

her şey birikir ve yapmak istemediğim şeyler yaparım.	0---0---0---0---0---0	kontrolden çıkmam.
---	-----------------------	--------------------

18. Çocuğum yaramazlık yaptığıında, onun poposuna vururum, tokatlarım, sıkıca kollarından tutarım ya da döverim.

hiçbir zaman ya da nadiren.	0---0---0---0---0---0	çoğunlukla.
-----------------------------	-----------------------	-------------

19. Çocuğum istediğim bir şeyi yapmadığında...

genellikle boş veririm ya da onu kendim yaparım.	0---0---0---0---0---0	başka bir yol denerim.
--	-----------------------	------------------------

20. Haklı olarak bir tehdit ya da uyarıda bulunduğumda...

söylediğimi genellikle yapmam.	0---0---0---0---0---0	söylediğimi her zaman yaparım.
--------------------------------	-----------------------	--------------------------------

21. Eğer “Hayır” demek işe yaramazsa...

başka bir yol denerim.	0---0---0---0---0---0	çocuğuma doğru durması için güzel bir şey sunarım.
------------------------	-----------------------	--

22. Çocuğum yaramazlık yaptığında...

durumla üzülmeyen baş ederim.	0---0---0---0---0---0	öyle hayal kırıklığına uğrar ya da kızarım ki çocuğum ne kadar üzüldüğümü görebilir.
----------------------------------	-----------------------	---

23. Çocuğum yaramazlık yaptığında...

çocuğuma neden öyle yaptığını anlattırırım.	0---0---0---0---0---0	“Hayır” derim ya da başka bir yol denerim.
--	-----------------------	---

24. Çocuğum yaramazlık yapıp sonra da üzgün davrandığında...

sorunu her zaman yaptığım gibi hallederim.	0---0---0---0---0---0	sorunu bu seferlik görmezden gelirim.
---	-----------------------	--

25. Çocuğum yaramazlık yaptığında...

nadiren kötü söz ve küfür kullanırım.	0---0---0---0---0---0	hemen her zaman kötü söz kullanırım.
--	-----------------------	---

26. Çocuğuma bir şeyi yapamayacağını söylediğimde...

onu yapmasına yine de izin veririm.	0---0---0---0---0---0	söylediğime sadık kalırım.
--	-----------------------	----------------------------

27. Bir sorunla baş etmem gerektiğinde...

çocuğuma bundan dolayı üzgün olduğumu söylerim.	0---0---0---0---0---0	üzgün olduğumu söylemem.
--	-----------------------	-----------------------------

28. Çocuğum hoşlanmadığım bir şey yaptığında, onu aşağılarım, ona kötü sözler söylerim ya da lakaplar takarım...

hiçbir zaman ya da nadiren.	0---0---0---0---0---0	çoğunlukla.
--------------------------------	-----------------------	-------------

29. Ben bir sorunla baş ederken çocuğum karşılık verirse ya da yakınırsa...

yakınmalarını görmezden gelir ve söylediğime sadık kalırım.	0---0---0---0---0---0	çocuğumla yakınmaması konusunda konuşurum.
---	-----------------------	---

30. Ben “Hayır” dediğimde çocuğum üzülürse...

geri adım atar ve vazgeçerim.	0---0---0---0---0---0	söylediğime sadık kalırım.
----------------------------------	-----------------------	----------------------------

Appendix H: Maternal Gatekeeping Scale- Mother Form

Aşağıda aile yaşantısıyla ilgili bazı ifadeler verilmiştir. Lütfen her cümlenin size ne kadar uygun olduğunu işaretleyerek belirtiniz. Bu anketteki soruları yanıtlarken **lütfen 6-11 yaşındaki çocuğunuzla ilişkinizi göz önünde bulundurun.**

	Asla	Çok Nadir	Nadiren	Bazen	Çoğu Zaman	Her Zaman
1. Eşimin çocukla oyun oynama tarzını desteklerim.	0	1	2	3	4	5
2. Eşimi hizaya getiririm.	0	1	2	3	4	5
3. Çocuk bakımıyla ilgili eşimin bitirdiği işleri ben yeniden yaparım.	0	1	2	3	4	5
4. Çocukla kurduğu iletişim hakkında eşime olumlu şeyler söylerim.	0	1	2	3	4	5
5. Babasının yaptığı yanlışlar hakkındaki düşüncelerimi çocuğa söylerim.	0	1	2	3	4	5
6. Eşimin babalığını överim.	0	1	2	3	4	5
7. Eşimin babalığıyla ilgili beğenmediğim şeyleri başkalarına anlatırım.	0	1	2	3	4	5
8. Çocukla ilgili bir zorluk yaşarsam eşimden yardım isterim.	0	1	2	3	4	5
9. Eşimin çocukla etkileşimini denetlerim.	0	1	2	3	4	5
10. Eşim ve çocuğumun birlikte aktiviteler yapmaları için onlara ön ayak olurum.	0	1	2	3	4	5
11. Eşimin babalığını eleştiririm.	0	1	2	3	4	5

12. Eşimin anne babalık görevlerini katılma çabasını desteklerim.	0	1	2	3	4	5
13. Çocuk ile ilgili konularda son sözü ben söylerim.	0	1	2	3	4	5
14. Eşimle karşılıklı konuşmadan çocukla ilgili kararlar alırım.	0	1	2	3	4	5
15. Çocuğumu babasından yardım istemesi için teşvik ederim.	0	1	2	3	4	5
16. Eşime anne babalık hakkındaki fikirlerini sorarım.	0	1	2	3	4	5
17. Eşimin çocukla yapmak istediklerini kontrol ederim.	0	1	2	3	4	5
18. Bir anne babalık görevini tamamlaması için eşimi desteklerim (örneğin besleme, temizleme, eğitme gibi).	0	1	2	3	4	5
19. Çocuğun önünde eşimle tartışırım.	0	1	2	3	4	5
20. Çocukla etkileşimde olduğu sırada memnuniyetsizliğimi göstermek için eşime gözümle işaret yaparım.	0	1	2	3	4	5
Bu maddeyi okuyorsanız lütfen ‘Çoğu Zaman’ seçeneğini işaretleyiniz.	0	1	2	3	4	5
21. Eşimin çocukla geçirdiği zamanı denetlerim.	0	1	2	3	4	5
22. Eşimin çocukla geçirdiği zamanı bölerim.	0	1	2	3	4	5
23. Eşime “Çocuklar konusunda iyisin.”, “Teşekkür ederim.”, “Bu ailede olduğun için mutluyum.” gibi olumlu şeyler söylerim.	0	1	2	3	4	5

24. Anne babalık konusundaki kararların alınmasından eşimi alıkoyarım.	0	1	2	3	4	5
25. Çocuğa eşim hakkında olumlu şeyler söylerim.	0	1	2	3	4	5
26. Çocuğa nasıl babalık yapacağı konusunda eşime kurallar koyarım.	0	1	2	3	4	5
27. Çocuğumla birlikte eşim için (doğum günü, babalar günü, başarılarını kutlama gibi) kutlama etkinlikleri düzenlerim.	0	1	2	3	4	5
28. Kendi isteğimi eşime kabul ettiririm.	0	1	2	3	4	5
29. Eşimin anne babalığa ilişkin kararlarını çürütmeye çalışırım.	0	1	2	3	4	5

Appendix I: Conners' Parent Rating Scale

Aşağıda çocukların yaşadıkları yaygın pek çok sorun vardır. **Lütfen her bir maddeyi, 6-11 yaşındaki çocuğunuzun son bir ay içerisindeki davranışlarına göre derecelendiriniz.** Her bir madde için kendinize ‘Son bir ay içinde bu sorunun ne kadar görüldüğü’ sorusunu sorunuz ve her madde için en uygun yanıtı yuvarlak içine alınız. Lütfen bütün maddeleri yanıtlayınız.

	Hiçbir zaman	Nadiren	Sıklıkla	Her zaman
1. Eli boş durmaz sürekli bir şeylerle oynar. (tırnak, parmak, giysi vb...)	0	1	2	3
2. Büyüklere arsız ve küstah davranır.	0	1	2	3
3. Arkadaşlık kurmada ve sürdürmede zorlanır.	0	1	2	3
4. Çabuk heyecanlanır, ataktır.	0	1	2	3
5. Her şeye karışır yönetmek ister.	0	1	2	3
6. Bir şeyler çiğner veya emer (parmak, giysi, örtü vb..).	0	1	2	3
7. Sıksık ve kolayca ağlar.	0	1	2	3
8. Her an sataşmaya hazırdır.	0	1	2	3
9. Hayallare dalar.	0	1	2	3
10. Zor öğrenir.	0	1	2	3
11. Kıpır kıpırdır, tez canlıdır.	0	1	2	3

12. Ürkektir. (yeni durum insan ve yerlerden)	0	1	2	3
13. Yerinde durmaz, her an harekete hazırdır.	0	1	2	3
14. Zarar verir.	0	1	2	3
15. Yalan söyler masallar uydurur.	0	1	2	3
16. Utangaçtır.	0	1	2	3
17. Yaşıtlarından daha sık başını derde sokar.	0	1	2	3
18. Yaşıtlarından farklı konuşur. (çocuksu konuşma, kekeleme, zor anlaşılma)	0	1	2	3
19. Hatalarını kabullenmez, başkalarını suçlar.	0	1	2	3
20. Kavgacıdır.	0	1	2	3
21. Somurtkan ve asık suratlıdır.	0	1	2	3
22. Çalma huyu vardır.	0	1	2	3
23. Söz dinlemez ya da isteksiz ve zoraki dinler.	0	1	2	3
24. Başkalarına göre endişelidir. (yalnız kalma, hastalanma, ölüm konusunda)	0	1	2	3
25. Başladığı işin sonunu getiremez	0	1	2	3
26. Hassastır, kolay incinir.	0	1	2	3

27. Kabadayılık taslar, başkalarını rahatsız eder.	0	1	2	3
28. Tekrarlayıcı durduramadığı hareketleri vardır.	0	1	2	3
29. Kaba ve acımasızdır.	0	1	2	3
30. Yaşına göre daha çocuksudur.	0	1	2	3
31. Dikkati kolay dağılır ya da dikkatini uzun süre toparlayamaz.	0	1	2	3
32. Baş ağrıları olur.	0	1	2	3
33. Ruh halinde ani ve göze batan değişiklikler olur.	0	1	2	3
34. Kurallar ve kısıtlamalardan hoşlanmaz ve uymaz.	0	1	2	3
35. Sürekli kavga eder.	0	1	2	3
36. Kardeşleri ile iyi geçinemez.	0	1	2	3
37. Zora gelemes.	0	1	2	3
38. Diğer çocukları rahatsız eder.	0	1	2	3
39. Genelde hoşnutsuz bir çocuktur.	0	1	2	3
Bu maddeyi okuyorsanız lütfen 'Her Zaman' seçeneğini işaretleyiniz.	0	1	2	3
40. Yeme sorunları vardır (iştahsızdır, yemek sırasında sofradan sık sık kalkar).	0	1	2	3
41. Karın ağrıları olur.	0	1	2	3

42. Uykü sorunları vardır. (uykuya kolay dâlamaz, geceleri kalkar, çok erken uyanır.)	0	1	2	3
43. Çeşitli ağrı ve sancıları olur.	0	1	2	3
44. Bulantı ve kusmaları olur.	0	1	2	3
45. Aile içinde daha az kayrıldığını düşünür.	0	1	2	3
46. Övünür, böbürlenir.	0	1	2	3
47. İtilip kakılmaya müsaittir.	0	1	2	3
48. Dışkılama sorunları vardır (sık ishal, kabızlık ve düzensiz tuvalet alışkanlığı gibi).	0	1	2	3

Appendix J: Participant Information Form

Sayın Katılımcı,

Öncelikle çalışmaya sonuna kadar katılım gerçekleştirdiğiniz ve emeğiniz için teşekkür ederiz. Araştırmamızın amacı, çocuk dışsallaştırma sorunlarında baba depresif belirtilerinin, olumsuz disiplin uygulamalarının ve anne bekçilik davranışlarının ilişkisini incelemektir. Çalışmada babalara depresif belirtiler ve olumsuz disiplin uygulamalarını ölçen sorular yönelttik. Olumsuz disiplin uygulamaları alt boyutlarını aşırı gevşek tutum, aşırı tepkisel tutum ve saldırgan tutum olarak belirledik. Anneler ise bekçilik davranışlarını ölçen soruları yanıtladılar. Bekçilik davranışları, babanın aile sistemindeki rolünü ve katılımını sınırlayan veya düzenleyen tutumlara işaret etmektedir. Çocuk dışsallaştırma davranışlarını ölçmek adına ise iki ebeveyninden de ölçüm aldık. Bu şekilde ebeveynlerin çocuklarını farklı değerlendirip değerlendirmediklerini de incelemeyi hedefledik. Bu değişkenlerin gönüllü katılım formunda belirtilmiyor olmasının nedeni anket sorularını cevaplandırdığınız süre boyunca istemli veya istemsizce oluşabilecek yanlılığı engellemektir.

Herhangi bir sorunuzun olması ya da çalışma hakkında daha fazla bilgi almayı istemeniz durumunda araştırmayı yürüten Psk. Beril Başköy ile aşağıdaki e-posta adresinden iletişim kurabilirsiniz.

Çalışmanın sonuçlarının güvenilirliği adına, çalışmaya katıldığınızı bildiğiniz diğer kişiler ile detaylı bilgi paylaşımında bulunmamanızı rica ederiz.

Çalışmamıza sağladığınız katkı için tekrardan teşekkür ederiz.

Beril Başköy