

# **Parental Educative Attitudes and Socioemotional Responses in Early Childhood**

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## **ABSTRACT**

Parents shape their children's development in many different ways. Attitudes exhibited by parents are one of the principal ways. The present research primarily aimed to explore whether parental educative attitudes towards their children are associated with the children's socioemotional responses towards their parents as reported by Turkish Cypriot parents and secondly, to explore whether socioemotional responses of children is related to factors such as parental trait anxiety, parental care and social support provided by father to the mother and by the extended family to the parents. The sample consists of 54 mothers and 54 fathers of children aged between 12 and 48 months old. A questionnaire including the Turkish versions of the "Baby's Day Test" (Mertan, 1995), the "Trait Anxiety Inventory" (Oner & Le Compte, 1985) and the "Parental Bonding Instrument" (Kapçı & Küçüker, 2006) was used in data collection. The findings of the study suggest that parental educative attitudes towards their children are related to the children's socioemotional responses towards their parents. In other words, positive socioemotional responses of children increase as the parents exhibit positive educative attitudes.

**Keywords:** Parental Attitude, Child Development, Socioemotional Response, Trait Anxiety, Parental Care, Father Support, Extended Family Support

## ÖZ

Ebeveynler çocuklarının gelişimini çok farklı yollarla şekillendirir. Ebeveynler tarafından sergilenen tutumlar başlıca yollardan biridir. Bu çalışma öncelikli olarak ebeveynlerin çocuklara yönelik eğitici tutumlarının, çocukların ebeveynlere karşı olan sosyoemosyonel tepkileriyle ilişkili olup olmadığını, ikinci olarak ise çocukların sosyoemosyonel tepkilerinin, ebeveynlerin sürekli kaygı düzeyi, ebeveynlerin çocuk bakımına ilişkin bağlanması ve eşleri tarafından annelere ve geniş aile tarafından ebeveynlere sağlanan sosyal destek ile ilişkili olup olmadığını araştırmayı amaçlamaktadır. Örneklem, 12 ile 48 ay aralığındaki 54 çocuğun anne ve babasından oluşmaktadır. Veri toplamada, "Bebek Günlüğü Testi" (Mertan, 1995), "Sürekli Kaygı Envanteri" (Öner & Le Compte, 1985) ve "Anne Baba Bağlanma Ölçeği" (Kapçı & Küçükler, 2006) ölçeklerini içeren bir anket kullanılmıştır. Çalışmanın bulguları, ebeveynlerin çocuklarına yönelik eğitici tutumlarının, çocukların ebeveynlerine karşı olan sosyoemosyonel tepkileri ile ilişkili olduğunu öne sürmektedir. Diğer bir deyişle, ebeveynlerin çocuklarına yönelik eğitici tutumları pozitif olduğunda çocukların da ebeveynlerine karşı gösterdikleri sosyoemosyonel tepkileri pozitif olmaktadır.

**Anahtar Sözcükler:** Ebeveyn Tutumu, Çocuk Gelişimi, Sosyoemosyonel Tepki, Sürekli Kaygı, Çocuk Bakımı, Baba Desteği, Geniş Aile Desteği

To My Family

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“This thesis is only a beginning of my journey”.

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## LIST OF ABBREVIATIONS AND SYMBOLS

A	Autonomy
AgM	Aggression towards Mother
AgP	Aggression towards Father
AM	Affects towards Mother
AP	Affects towards Father
EFS	Extended Family Support
EMU	Eastern Mediterranean University
ERC	Emotion Regulation Checklist
ff	Father Form
<i>H</i>	High
IM	Imitation of Mother
IP	Imitation of Father
<i>L</i>	Low
LAD	Language Acquisition Device
<i>M</i>	Mean
<i>Mdn</i>	Median
MA	Mother's Affection
Max	Mother's Anxiety
ME	Education Given by Mother
mf	Mother Form
MF	Mother's Sensitivity
MP	Toilet Training by Mother
MR	Mother's Rigidity

$n$	Sample Number
$p$	Probability
PA	Father's Affection
Pax	Father's Anxiety
PBI	Parental Bonding Instrument
Pr	Cleanliness
RL	Mother's Bond Weakening
$SD$	Standard Deviation
SM	Submission to Mother
SP	Submission to Father
SPSS	Statistical Package for Social Sciences
SS	Spouse Support
STAI	State-Trait Anxiety Inventory
STAI-S	State Anxiety Inventory
STAI-T	Trait Anxiety Inventory
$t$	Critical Value
$Z$	Standard Score
$\alpha$	Alpha
$\beta$	Beta

# Chapter 1

## INTRODUCTION

Child development has been the primary focus of scientific study since the end of the nineteenth century. Although their interests take many forms, all scientists in child development share one concern: To understand the growth, change and stability that occur from conception through adolescence (Feldman, 2010).

German Philosopher Dietrich Tiedemann (1748-1803) was one of the pioneers who studied child development. The first published baby biography which included Tiedemann's systematic observations of his son's sensory motor, language and cognitive development during the first thirty months of his life have been an important contribution to the child development field (Papalia, Gross & Feldman, 2003). Another earliest contributor was English Philosopher Charles Darwin (1809-1882) who with his theory of evolution emphasized the nature and origin of infant behavior. As Tiedemann, Darwin also recorded his own son's sensory, cognitive and emotional development during his son's first year of life (Feldman, 2010). German Physiologist Wilhelm Thierry Preyer (1841-1897) who was inspired by Darwin's evolution theory also took the lead in scientific child development studies with systematic observations of his own children (Mertan, 2001). John Locke, Jean Jacques Rousseau, Granville Stanley Hall, James Mark Baldwin, Alfred Binet, John Dewey, Maria Montessori and John Broadus Watson are the other most influential early pioneers in the scientific study of child development.

As the scope of the child development field is quite broad, developmental psychologists studied several areas of development such as physical, cognitive,

language, socioemotional and moral separately. For example, American Psychologist Arnold Lucius Gesell (1880-1961) was one of the first psychologists who studied physical development including motor capacity in a longitudinal study from birth to nine years by using hundreds of hours of film recordings (Slater, Hocking & Loose, 2003). Other considerable contribution to the child development field came from Swiss Philosopher and Biologist Jean Piaget (1896-1980). Piaget's work on epistemological systems led him to the theory of cognitive development. His detailed observations on his own children's thought processes (ego-centric language) constitute a lasting and extraordinary contribution to the science of psychology (Piaget, 2002). Another well-known nativist theorist Noam Chomsky (1928- ) shed a light on the language acquisition during the early years of development. He suggested biologically based factors within the child such as Language Acquisition Device (LAD) that make language acquisition possible. On the other hand, American Psychologist Lawrence Kohlberg (1927-1987) who was student of Piaget worked on moral values and moral judgment in children and built his theory of stages of moral development.

To date in order to understand the mechanism of child development, numerous studies using natural observations, parents' reporting and video-audio recording techniques were conducted on classical developmental theories mentioned above. However, data collection has recently become more sophisticated by using new technological devices such as computerized tasks (e.g., Kimonis & Hunt, n.d.).

As the focus of this research is to explore the mechanism of socioemotional responses in early childhood, the area of socioemotional development will be presented in the following paragraphs.

## **1.1 Major Socioemotional Development in Early Childhood**

Socioemotional development begins from the moment children are born and continues throughout life. As the other areas of development, socioemotional development has the greatest and rapid changes in the early childhood period, generally referred to the period between birth and the age of six. According to Rubin, Bukowski and Parker (1998), early childhood socioemotional development includes systematic changes in children's expressions, appropriate regulation of emotions, understanding of their own and others' feelings, building relationships with others, and interacting in peer groups.

Emotional reactions are central part of the babies' lives. Even in the earliest months, infants have the capacity of displaying a range of emotions, including interest, disgust, distress and happiness (Izard, 2007; Sullivan & Lewis, 2003). According to Brooks (2008), the role of mothers in guiding and shaping babies' emotional reactions is primordial especially in the first three months of life. By 3 to 7 months of age, babies' innate repertoire of emotional expressions expands and other basic emotions such as sadness, anger and fear are also expressed (Sullivan & Lewis, 2003). At the end of second year, depending on cognitive development and increasing social interactions, they are also able to express more complex, self-conscious emotions (e.g., shame, guilt, embarrassment and pride) (Lagattuta, Wellman, & Flavell, 1997; Lewis, 2000). Another most important advance in socioemotional development of early childhood is emotion understanding. From the earliest months of life, babies are able to identify, understand and reason about emotions of themselves and others. Around 3 months of age, infants first become aware of emotional cues and expressions of others (Meltzoff & Moore, 1977; Walker-Andrews, 1998). At the end of first year, they also become aware of their own emotional states (Bloom, 1998). As they move to the preschool years, their ability to respond to the feelings of others develops as well and they start to exhibit



emphatic and prosocial behaviors (Ensor, Spencer & Hughes, 2011; Thompson, 1987). Children learn not only to express and understand emotions, but also to regulate their own emotions. Emotion regulation includes children's ability to control, monitor, evaluate and modify their emotional reactions. By two to four months of age, infants' limited capacity of emotional regulation gradually develops via caregiver's face to face communication and after the fourth month, they even start to soothe themselves (e.g., thumb sucking) (Eisenberg, Spinrad & Eggum, 2010). As they progress through preschool years, they become better at regulating and coping with their emotions and using a variety of emotion regulation skills more effectively such as breathing deeply in the face of distressing feelings, faking some emotions for their desires etc. (Lewis, Haviland-Jones & Barrett, 2008). In the early childhood period, children's ability to interact and establish relationships with their parents, other adults as well as with other children is another important aspect of their developing socioemotional world (Rubin, Bukowski & Parker, 1998). It is clear that the relationship between children and their caregivers is the most significant one (Schaffer, 1977). From the moment that infants are born, the way that a caregiver reacts to child's needs, desires and feelings (e.g., loving, responsive and warmth caregiving, feeding, comforting, providing support during times of stress etc.) create a foundation for child's social competency and relationships with others (Boyd, Barnett, Bodrova, Leong & Gomby, 2005; Lewis et al., 2008).

Although each socioemotional change occurs in its own timetable, the changes build on one another. As outlined below, Greenspan's six stages of socioemotional development summarize well this ongoing progress that children need to pass from birth through age four. Greenspan and Greenspan (1985) suggested that in the first stage of their model which covers the first three months of life, infants begin to develop an interest in the world around them and begin to learn about their world

through their senses. They also begin to acquire the ability to regulate their feelings and to calm themselves (e.g., mouthing an object or fingers). At the second stage (2-7 months), toddlers begin to develop an interest in the human world and begin to learn the type of relationship that they build with people (especially with the primary caregiver). By three to ten months of age (third stage), babies begin to interact with those around them through facial expressions, gestures and body language (e.g., answering a caregiver's speech through body movements and babbling). From nine to eighteen months (fourth stage), toddlers are successful at integrating their behaviors with their emotions and getting what they want and learning about themselves as separate individuals (sense of self). At fifth stage, children 18 to 36 months of age learn to create mental pictures of their ideas and start to use words and symbols to communicate their emotions, wants and feelings (e.g., instead of having a tantrum saying "I am angry", dolls hugging or hitting). The final stage covers 30-48 months of age involves exploring the difference between real and fantasy, linking an idea and a feeling beyond simply labeling and also recognizing one causes the other (e.g., "I feel sad because you did not play with me today").

Greenspan's model basically emphasizes separation individuation process as Mahler, Pine and Bergman (1975) suggested that child's psychological separation from the caregiver and growing awareness of being an individual become apparent.

## **1.2 Developmental Theories**

There are several theories which address socioemotional development of children. The following are the most common theoretical approaches existing in the psychology literature which contributed valuable information on different facets of children's socioemotional development.

### **1.2.1 Attachment Theory**

The most important aspect of socioemotional development that takes place during the early months is the formation of attachment. The earliest work on attachment, which is still highly influential, was carried out by British Physician and Psychiatrist John Bowlby in 1950's. Bowlby (1958, 1969) described attachment as an enduring emotional bond that ties infant to caregiver (typically mothers or other caring adults) over time and across distance. This emotional construct forms based on how a caregiver comfort, protect, secure and responds to a child's needs for care (Bretherton, 1992; Goldberg, 1991). Based on this assumption, Ainsworth, Blehar, Walters and Wall (1978) expanded upon Bowlby's work and developed "Strange Situation" eight episodes laboratory procedure to assess attachment patterns of infants. On the basis of this experimental procedure, authors suggested four patterns of attachment including one pattern of secure attachment and three patterns of insecure attachments (resistant, avoidant and disorganized-disoriented). Children who have a secure attachment pattern use their caregiver as a secure base to explore the environment. These children are happy and trustful with caregivers, protest when caregivers leave and are happy and seek closeness when caregivers return. A secure attachment relationship can develop when parents are accepting, emotionally available and sensitive in meeting toddlers' needs. Children with resistant (also called insecure ambivalent) attachment pattern display a combination of positive and negative reactions to their caregivers. They basically characterized by showing great distress when caregivers leave and protesting strongly their absence, but having difficulty establishing closeness when caregivers return. On the other hand, children who have an avoidant attachment pattern are recognized by showing lack of concern when caregivers leave and lack of interest in their return.

In addition to these patterns of attachment, a fourth attachment pattern called disorganized-disoriented has been identified by Main, Kaplan and Cassidy in 1985.

Children with this attachment pattern are characterized by their unpredictable, inconsistent and confused behaviors. For example, children with such attachments may happily approach to the caregiver as a securely attached child and other times they may avoid from the caregiver (Main & Solomon, 1986).

Based on attachment pattern, children show different socioemotional outcomes. According to Hofer (2006), the nature of attachment during infancy affects how people relate to others throughout the rest of their lives. In general, secure attachment is considered to be the best foundation for later socioemotional development. For example, children who are securely attached to their caregiver at early ages were found later to be more outgoing and more socially competent with peers (Berlin, Cassidy, & Belsky, 1995; Sroufe, Egeland, Carlson & Collins, 2005), emotionally regulated, open and flexible in emotion expression (Kochanska, 2001; van Ijzendoorn, 2007), less anxious (Thompson, 1991), resourceful and curious (Bretherton, 1996) and more freely and confidently learning about their environment (Dallaire & Weinraub, 2005) than children classified with other patterns of attachments.

### **1.2.2 Social Learning Theory**

The social learning theory proposed by Albert Bandura in 1963 has become another influential theory in the field of child development. This theory basically argues that children learn new information and behaviors by observing and imitating the behaviors, attitudes and emotional reactions of people around them (also called as models) (Bandura, 1971). Although many influential models (e.g., caregivers, siblings, friends, teachers, TV characters and other significant people) take part in the life of children, clearly the prominent and most influential model that observed and

imitated by children are their parents. According to Bandura (1969), values, attitudes and behavior patterns are primarily transmitted to the children through their parents. He would claim that children who have seen their parents being kind, warm and caring will tend to be the same. On the other hand, children who have seen their parents being violent, argumentative, wrongdoing and punished are most likely to model hostile, cold and aggressive behaviors (Bandura, 1965; Bandura, Ross & Ross, 1961; Straus, 1991).

The “Bobo Doll” experiment of Bandura empirically demonstrates that children acquire many favorable and unfavorable behaviors simply by watching and listening to others around them forms the basis of his social learning theory. Bandura’s (1992) more recent studies stress the importance of cognition and propose social cognitive theory instead of social learning theory. Social cognitive theory suggests that children progressively become more selective in what they imitate.

### **1.2.3 Ecological Systems Theory**

The Ecological Systems Theory proposed by Urie Bronfenbrenner in the 1970’s basically emphasizes the role of reciprocal relationship between a child and the child’s environment. According to Bronfenbrenner (1994), there are five distinct levels of environment (microsystem, mesosystem, exosystem, macrosystem and chronosystem) that simultaneously influence a child’s development. The innermost layer, microsystem refers to the everyday or immediate environment (e.g., family, extended family, school, neighborhood or childcare environments) in which children lead their lives and have direct social interactions. Among the environmental settings in microsystem, the family was seen as the primary and the most critical one in shaping the development of a child (Arditti, 2005; Warren, 2005). According to Bronfenbrenner (1979), the way the parents interact with the child (e.g., encouraging, nurturing etc.) profoundly influences the way the child grows and develops. The

other level of environment, mesosystem involves the relationships and interactions between two or more settings in a child's life (e.g., the interrelationships between parents at home and caregivers at day care). The exosystem describes a larger social system that influences the child but with which the child does not have any active role and direct contact (e.g., workplace schedule of parent). The macrosystem which is outermost layer in the child's environment represents the larger cultural influences (e.g., the type of governments, religious, ethnicity, socioeconomic status, culture etc.) on a child's development. Finally, the chronosystem which underlies each of the previous systems refers to the influences of environmental events, major life transitions and sociocultural circumstances (e.g., divorce of parents, growing up during the earthquake of Marmara in Turkey, changes in the ratio of employed women) on the development of a child.

In the following paragraphs parental attitudes on children's socioemotional development will be presented

### **1.3 Parental Attitudes**

Parents with their attitudes and behaviors play a fundamental role in the formation of their children's first experiences and in determination of their developmental outcomes. As Aslan (1992) suggested, a child's self-concept is a reflection of the attitudes of her/his parents.

Parental attitudes are defined by Grusec (2006) as "cognitions that predispose an individual to act either positively or negatively toward a child" (p.2). As "parenting style depends on the behavior and attitude of parents" (Kordi & Baharudin, 2010, p. 218), parents' attitudes have been extensively examined through the child rearing studies. The concept of parenting style was first identified on western industrial

culture by Diana Baumrind in 1960's and later updated by Eleanor Maccoby and John Martin in 1980's. Baumrind (1971) proposed three different parenting styles namely authoritarian, authoritative and permissive. The authoritarian parents are basically characterized by restrictive, punitive, controlling, self-righteous and rigid responses. These parents expect their children to be submissive to their demands, obedient to their rules and respectful for their authority. They do not give opportunity to their children for expressions of their disagreements, restricts their autonomy and also ignores the wishes and requirements of them. On the other hand, the authoritative parents are characterized by nurturance, warmth, flexible, rational and supportive responses. These parents value moderate control and emphasize the independence and individuality of their children. They are also attentive to the needs and preferences of their children and willing to listen and reason with them. Finally, the permissive parents are characterized by involved, acceptant, non-punitive, and affirmative responses. These parents behave highly responsive to their children's needs or wishes and find very difficult to say no to them. They also place little or no limits on their children's behavior and even react to inappropriate behaviors of their children with a great tolerance. Children of permissive parents can make their own decisions on matters and regulate their own behaviors.

As stated above, Maccoby and Martin (1983) extended the three basic parenting styles of Baumrind later to four by adding uninvolved parenting style. The uninvolved parents are characterized by their indifferent, rejecting, neglecting, and less responsive behaviors toward the children. These parents are detached emotionally from their children. They spend very little effort and time on the needs of their children and see their role as no more than feeding, clothing and providing shelter for them.

The impacts of parenting style and attitude on children's sociemotional outcomes mainly come from Baumrind's classical studies. For example, findings from preschool children with authoritarian parenting style showed that they tend to be withdrawn and unhappy (Baumrind, 1967), dependent on others, hostile acting out and nervous (Baumrind 1966; 1971) and also tend to have low self-esteem (Coopersmith, 1967; Darling, 1999,) and poor social skills (Maccoby & Martin, 1983) compared to other groups of children with different parenting styles. In a more recent study conducted by Pei (2011), it was found that a parental attitude with lack of warmth and power-assertive discipline at preschool age was positively related to aggressive and defiant behaviors of children. Moreover, preschool children raised by authoritative parents are considered to have the most desirable profiles such as being socially competent (Baumrind, 1989), cooperative, independent and self-controlled (Baumrind, 1971) than those with authoritarian parents. Another study carried by Paulussen-Hoogeboom, Stams, Hermanns, Peetsma, and Van Den Wittenboer (2008) concluded that children who were disciplined with authoritative parenting style at around age 3 have fewer incidences of negative externalizing behaviors such as hyperactivity, aggression and disobedience. On the other hand, permissive parents seem to have children who, in many ways share the undesirable characteristics of children of authoritarian parents. The children who face with permissive parenting style were shown to be impulsive and aggressive (Baumrind, 1967), insecure, threatened and hostile (Baumrind, 1971), low on self-reliance and self-control (Baumrind, 1972) and also egocentric and uncooperative (Taner-Derman & Bařal, 2013) than those from families with the other parenting styles. In another study on permissive parenting style, Mauro and Harris (2010) found that mothers of preschool children who did not delay gratification exhibited teaching behaviors and childrearing attitudes consistent with a permissive parenting style. Furthermore,



Casas et al. (2006) indicated that permissive parental attitude was also positively related to aggression in children ranged from 2 years 6 months to 5 years 10 months. Finally, children of neglectful and uninvolved parents tended to be poor in social competency (Baumrind, 1989) and tend to have high levels of aggression (Patterson, DeBaryshe & Ramsey, 1989) compared to children from other parenting styles. A study carried on Turkish culture by Günalp (2007) revealed significant negative effect of indifferent and apathetic parental attitude on self-esteem and significant positive effect of democratic parental attitude on self-confidence in 5-6 years old children attending preschool. Baumrind (1989) argue that among the four basic parenting styles, uninvolved parenting style is the least successful one.

In addition to the above parental attitudes, both parents' attitudinal consistency and their agreements while disciplining the child are important factors that predict socioemotional outcomes. The inconsistency of attitudes can emerge in two ways; due to a difference of opinion between the parents about the discipline of a child or due to the parents' own changing behaviors and attitudes. For instance, while one of the parents is exhibiting a tolerant attitude towards the child, the other can exhibit a repressive and authoritarian attitude towards the child. On the other hand, one day a behavior exhibited by the child reacted with indulgence by a parent may be penalized by the same parent in another day. An extensive body of research has indicated a link between inconsistent parenting practices and socioemotional outcomes of children. For example, the emergence of oppositional, aggressive, impulsive and hyperactive behaviors of preschool children has primarily been linked with the inconsistent parenting practices (Campbell, 1990; Gardner, 1989; Kuczynski, Kochanska, Radke-Yarrow & Ginius-Brown, 1987; Snyder, Cramer, A Frank & Patterson, 2005; Sutton, Cowen, Crean & Wyman, 1999; Wahler & Dumas, 1986).

#### **1.4 Factors Influencing Parental Attitudes**

Parental attitudes depend on a variety of factors. In this section, these factors will be discussed under four main categories: child's temperament, parental anxiety, parental bonding and social support provided by father to the mother and by extended family to the parents.

#### **1.4.1 Temperament**

Constitutionally based individual differences in emotional and behavioral processes that are present from birth are generally referred to as a child's temperament (Goldsmith, et al., 1987, Sanson, Hemphill & Smart, 2004).

Research on temperament began in 1956 with the work of Alexander Thomas, Stella Chess and their colleagues in the New York Longitudinal Study (NYLS). By longitudinally observing infants' (from 3 months of age to adulthood) characteristic responses to daily situations and using parents' interviews about them, Thomas, Chess, Birch, Hertzog and Korn (1963) identified nine characteristics of temperament including activity level, rhythmicity, distractibility, approach-withdrawal, adaptability, persistence-attention span, intensity of reaction, mood and threshold of responsiveness. These characteristics were also used to classify children into three types of temperaments as difficult, easy and slow to warm up (Thomas & Chess, 1977). Children with difficult temperament were recognized as withdrawing, fussy, tend to cry frequently, hard to soothe, irregular in eating and sleeping habits and slow to adjust to new situations. In contrast, children with easy temperament were generally positive, cheerful and easy to soothe, adapt quickly to new experiences and establish easily regular routines. Finally, children with slow to warm up temperament were described as inactive, withdrawing from new situations, adapting slowly, showing calm reactions to environment stimuli and generally negative in mood.

The recent studies inspired by Thomas and Chess' classical work proposed new classifications of temperament. Three broad categories (extraversion/surgency,

negative affectivity, and effortful control) that have been suggested by Rothbart and Bates (2006) and two broad categories (uninhibited and inhibited) that have been suggested by Kagan (2003) are the most extensively used ones. The category of extraversion/surgency was characterized by high level of activity and impulsivity, positive emotions (e.g., happiness, high level of smiling, laughter and excitement), low shyness and sensation seeking. In contrast, negative affectivity was characterized by negative emotions (e.g., fear, anger, frustration, sadness, distress and discomfort), low soothability and high shyness. The last category of Rothbart and Bates, effortful control (also called as self-regulation) included the traits of “inhibitory control, attentional focusing and shifting, perceptual sensitivity and low-intensity pleasure” (Rothbart, 2004, p. 495). On the other hand, Kagan’s (2003) classification of temperament has focused on inhibited or shy children who react negatively to and withdraw from unfamiliar people, objects and situations and uninhibited or sociable children who display positive emotion to and approach unfamiliar people, objects and situations.

In the course of time, it has been increasingly recognized that the child is also a very active and influential participant in parent-child interaction especially with his/her temperament (Belsky, 1984; Belsky, 1990; Lytton, 1990). There is especially widespread evidence of the direct impact of child temperament on a range of parenting behaviors. For example, in several studies infants’ and toddlers’ negative affectivity and difficult temperament has been related to negative parenting behaviors over time such as less responsiveness and interaction (Campbell, 1979; Davidov & Grusec, 2006), aversive and rejective responses (Rutter, 1987), high control (Kyrios & Prior, 1990), discomfort in the role of parent (Sheeber & Johnson, 1992), parental stress (Grych & Clark, 1999) and negative discipline (Fite, Colder, Lochman, & Wells, 2006). Furthermore, a study conducted by Rubin, Nelson,

Hastings and Asendorpf (1999) found that shyness at 2 years of age were associated with less independence encouragement of parents at 4 years of age. The opposite results showing the relationship between children's demanding temperamental characteristics and positive parenting behaviors are also available. For example, poor behavioral and emotional regulation was found to be associated with high maternal warmth (Rubin, Hastings, Chen, Stewart & McNichol, 1998), caregiving and social interaction (Fish & Crockenberg, 1986). On the other hand, children's positive affect, self-regulation and easy temperament were found to be related to parental responsiveness, social interaction and affection (Hinde, 1989; Kyrios & Prior, 1990; Volling & Belsky, 1991).

Temperament and its relationship with parenting are also believed to predict socioemotional development of children. For example, in the early childhood period, in numerous studies (Eisenberg et al., 2001; Fagan, 1990; Fox, Schmidt, Calkins, Rubin & Coplan, 1996; Ledingham, 1991; Rothbart & Bates, 2006) difficult and inhibited temperaments, negative affectivity and low effortful control have been associated with the subsequent development of externalizing (angry and aggressive behaviors, acting out, hyperactivity, impulsivity) and internalizing behaviors (anxiety, fearfulness, social withdrawal). On the other hand, the contribution of the interaction between temperament (especially difficultness, negative affectivity and low self-regulation) and parenting (poorer, punitive, with negative discipline and low warmth) at early childhood to later socioemotional outcomes (externalizing and internalizing behavior problems, antisocial behaviors) has also been widely documented (Cameron, 2010; Fisher & Fagot, 1992; Paterson & Sanson, 1999; Smart & Sanson, 2001).

#### **1.4.2 Parental Anxiety**

Anxiety, as a worldwide common experience affects the majority of parents and their children in different ways and degrees. A study conducted by Wittchen and Jacobi (2005) showed that adults experiencing significant anxiety symptoms was estimated approximately 12 % per year. This proportion provides some clues regarding the number of parents who suffered from anxiety and also the children who are raised by anxious parents.

Anxiety in parents has received a special interest especially as a risk factor for parent-child interaction and healthy child development. Researches investigating parental anxiety in relation to these aspects have focused predominantly on mothers and their anxiety in the postnatal period. In a study conducted by Nicol-Harper, Harvey and Stein (2007) on postnatal maternal anxiety, for mothers with high trait anxiety, reduced maternal responsivity and lower emotional tone during interaction with their infants (10-14 months of age) were found. Other patterns of behaviors which anxious mothers exhibited when interacting with their children were less sensitivity (Kertz, Smith, Chapman & Woodruff-Borden, 2008; Stevenson-Hinde, Chicot, Shouldice & Hinde, 2013), less warmth and more criticism in stressful situations (Crosby Budinger, Drazdowski & Ginsburg, 2013), less granting of autonomy and more catastrophizing (Whaley, Pinto & Sigman, 1999) and also more withdrawn or disengaged behaviors (Woodruff-Borden, Morrow, Bourland & Cambon, 2002).

On the other hand, researches investigating maternal anxiety in relation to children's developmental problems have obtained findings especially regarding the relationship between maternal anxiety and anxiety in children (Beidel & Turner, 1997; Meadows, McLanahan & Brooks-Gunn, 2007; Podina, Mogoșe & Dobrea, 2013; Schreier, Wittchen, Höfler & Lieb, 2008). Children of parents with high anxiety were also found at risk for developing communicative problems (Murray,

Cooper, Creswell, Schofield & Sack, 2007), conduct problems (Glasheen, Richardson & Fabio, 2010), emotional and disruptive problem behaviors (e.g., internalizing and externalizing problems) during their childhood (Nilsen, Gustavson, Kjeldsen, Roysamb & Karevold, 2013).

### **1.4.3 Parental Bonding**

Although the term “bonding” is often used interchangeably with the term of attachment, it actually refers to the tie of a parent to an infant (Gouin-Décarie, 1987). According to Parker, Tupling and Brown (1979), parental bonding has the principal dimensions of “care” and “control/overprotection” and types of “optimal bonding (high care-low control)”, “weak or absent bonding (low care-low control)”, “affectionate constraint (high care-high control)” and “affectionless control (low care-high control)”.

Studies of parental bonding have devoted considerable attention to its correlation with the parent-child relationship. For example, a study conducted by Tam and Yeoh (2008) found that the stronger parental bonding (high level of care) leads to better parent-child relationship (more positive affect, more father involvement, more mother identification, better communication and less anger and resentment between parents and children). Similar results were further supported by the study of Bean, Lezin, Roller and Taylor (2004), in which when the parental bonding was high, parents and children had a better relationship as they were more likely to have high affection, warmth and trust, to communicate openly, to enjoy having activities together and less likely to experience hostility and resentment in their relationship. Conversely, when the parental bonding was low, parents and children were more likely to have poor communication, to pay less respect for one another, to provide less emotional support and to experience hostility and anger towards each other (Bean et al., 2004).

The association between parental bonding experiences and child development has been also widely studied. According to Fogel (1997), an early stronger parental bonding forms the basis for later healthy personality development. A study supported this assumption found that there is a link between optimal bonding (high care-low protection) and a number of personality characteristics such as self-confidence, self-discipline, adaptability, emotional stability, low levels of distress as well as less depressive symptoms (Avagianou & Zafiropoulou, 2008). On the contrary, in the same study, lack of parental care and overprotection were related to low self-esteem, introversion, distress, emotional instability and depressive symptoms. Parental bonding with high level of overprotection in childhood has also been suggested as a potential factor predisposing to the anxiety symptoms in adulthood (Lima, Mello & Mari, 2010; Parker, 1983; Riskind et al., 2004).

#### **1.4.4 Social Support**

In recent decades, increasing rate in employed mothers has led to the increased responsibilities which need to be fulfilled by mothers. The difficulty of fulfilling these increasing responsibilities by mothers alone has noticed the importance of support provided to them by the other important figures of family namely fathers and grandparents.

These changing life conditions have been effective in redefining the role of fathers in the family (Doyle & Paludi, 1998). Traditional societal norms that accepted fathers as “breadwinners at work” and mothers as “primary caregivers at home” replaced with the new norms which emphasize the equality and cooperation between men and women. Fathers have become more involved in their children’s caregiving and in sharing responsibilities with their wives in household. According to Lamb (2001), in the last 25 years, fathers in Western Europe and North American societies are increasingly taking on responsibilities related to child care including

feeding, bathing, sleeping and diapering the baby. Recently, it has been concluded that fathers are as good as mothers at taking care of, nurturing and bonding with children, even as early as in infancy (Lamb, 2010).

With the recognition of increasing fathers' involvement in the lives of their children, there has been a special interest in the literature on the fathers' contribution to the child development. A number of positive benefits of involved and caring fathers bring to the lives of their children were documented in the child development literature. More specifically, children with highly involved fathers were found to be securely attached to their fathers, better adjusted to unfamiliar situations, better in social relationships with peers, more curious to explore the world around them, more kindly towards others, more obedient to their parents, more responsible, more confident and more likely to exhibit self-control and pro-social behaviors (Amato, 1994; Cox, Owen, Henderson & Margand, 1992; Mosley & Thompson, 1995; Parke, 1996; Pruett, 2000; Rosenberg & Wilcox, 2006).

Fathers can also influence their children indirectly through their relationships with their wives. The quality of the relationship between mother and father was seen an important predictor of both parents' parenting behaviors and outcomes of their children (Rosenberg & Wilcox, 2006). Fathers who had a good relationship with their wives were found to be involved and spend quality time with their children, to be more responsive, affectionate and confident with them and more self-controlled in dealing with their defiant behaviors. These involved fathers also had psychologically and emotionally healthy children with less violent and aggressive behaviors in their relationships (Lamb, 1997; Rosenberg & Wilcox, 2006). Similarly, mothers who were provided emotional support and encouragement by their husbands were more likely to be better in the parenting role, to pass on these positive parenting feelings to their children and to have children with better emotional outcomes (Cummings,



Goeke-Morey & Raymond, 2004). Conversely, children of mothers who have anger and stonewall husbands were found to be more anxious, withdrawn and antisocial (Gable, Crnic & Belsky, 1994).

Along with fathers, the role of grandparents in the lives of their children and grandchildren has also important place. They contribute to the nuclear family in many ways; sometimes as a storyteller, family historian, playmate, mentor and caregiver to their grandchildren, sometimes as a provider of wisdom, emotional, psychological, material and practical support to their children and sometimes as a negotiator of family relationships (Arber & Timonen, 2012; Brooks, 2008; Thomas, Sperry & Yarbrough, 2000). Recently, as a consequence of mothers' participation in labor force, caregiver roles of grandparents have come to the fore. Geographic proximity is the most important factor in the fulfillment of this role by grandparents (Mertan, 2003). When grandparents live close by, daily contact of family with them naturally increases and they can be more involved in caregiving of their grandchildren. The Turkish Cypriot family is a good example for providing intergenerational caregiving services. The amalgam structure of nuclear and extended family and the strong intra-familial relations of Turkish Cypriots have allowed mothers to prefer grandparents as caregiving providers for their children (Mertan, 1995; 2003). This important role undertaken by grandparents has brought along the issue of how the development of children relates to caregiving by grandparents. Researchers have obtained two opposing results on this issue. One of these results acquired evidences of increased risk of psychological, emotional and behavioral problems among children under grandparent care (Ghuman, Weist & Shafer, 1999; Smith & Patrick, 2007). Another result obtained evidences of non-parental and grandparental cares' benefits on social and emotional development and well-adjustment of grandchildren (Andersson, 1989; Solomon & Marx, 1995).

## 1.5 The Current Study

The main focuses of the present study are twofold: to explore educative attitudes of parents and their children's socioemotional responses. Although parental attitudes clearly predict the responses of children, especially socioemotional aspect, limited studies tested this link empirically. Moreover, authors working on parental attitudes and children's development have examined the socioemotional responses in the context of mothers' attitudes only (e.g., Bor, Brennan, Williams, Najman & O' Callaghan, 2003; Hastings & Rubin, 1999) and they have mainly worked with school-aged children and adolescents (e.g., Steinberg, Lamborn, Darling, Mounts & Dornbusch, 1994; Turner, Chandler & Heffer, 2009; Wolfradt, Hempel & Miles, 2003).

While in the last 30 years in Western culture, studies taking into consideration various aspects of parental child rearing attitudes multiplied, in Turkey both the theoretical and empirical studies on this domain remained very limited (Yılmaz, 1999). These limited studies have mainly examined attitudes and behaviors of adolescents' and school-aged children's parents in relation to self-perception, psychological adjustment and academic success (e.g., Karadayı, 1994; Kaya, Bozaslan & Genç, 2012; Sarı, 2007; Sezer, 2010; Yıldız, 2004; Yılmaz, 2001). The cross cultural studies of Kağıtçıbaşı (1970; 1996; 2000; 2005) on family comparing self and family concepts both in Turkish and other cultures (e.g., American, Greek etc.) emphasized the importance of parental child rearing attitudes on the development of self. For example, Kağıtçıbaşı (2000) argued that in developed and urbanized areas with commitment to the culture, the authoritative parenting attitudes which enable the development of autonomous-related self in children are becoming the dominant parenting attitude. Moreover, in urbanized, industrialized, high level of welfare areas the dominant parenting attitude which enables the development of

autonomous-separate self in children is the permissive parenting attitude (Kağıtçıbaşı, 2000).

Additionally, limited studies examined factors such as parental trait anxiety, parental care and social support as influencing socioemotional responses of children. The role of maternal trait anxiety in the relationship between mothers' educative attitudes and children's socioemotional responses has also been neglected in previous studies. Researches on maternal anxiety suggested that mothers with anxiety are more likely to engage in behaviors that put their children at high risk for developing negative behaviors (Kertz et al., 2008; Crosby et al., 2013; Woodruff-Borden et al., 2002). This claim comes from one to one analysis (mother anxiety-mother behaviors and mother anxiety-child development). Also, these analyses usually claimed maternal anxiety as a negative aspect on child development. These studies brought the idea to explore whether parents' educative attitudes would have a mediator role between maternal anxiety and socioemotional responses.

Unlike previous studies, the present study will examine both parents' attitudes and socioemotional responses of children towards each parent in early childhood period within the social context including parental care, parental trait anxiety and social support.

Therefore, the current study aims to investigate in Turkish Cypriots sample parents' educative attitudes towards their children whose ages vary between 12 and 48 months and children's socioemotional responses. The relations of aforementioned factors with the children's socioemotional responses and the predictive role of maternal trait anxiety in mothers' educative attitudes and children's socioemotional responses relationship are also aimed to be studied. In accordance with the general aim of the study, it is mainly hypothesized that positive socioemotional responses of children will increase as the positive parental educative attitudes increase. As a

composite measure parental educative attitudes include affection, anxiety, rigidity, concern with education, sensitivity, toilet training and bond weakening. In addition to the main hypothesis, the following six sub-hypotheses will also be investigated:

- 1) Positive socioemotional responses of children will increase as the parental trait anxiety decreases.
- 2) Positive socioemotional responses of children will increase as the parental care increases.
- 3) Positive socioemotional responses of children will increase with the social support provided by husbands to the mothers and by extended family to the parents.
- 4) Child's socioemotional responses will differ in age cohorts.
- 5) Positive socioemotional responses of children will increase with the consistency between the mother's and father's attitudes.
- 6) The relationship between maternal trait anxiety and children's socioemotional responses will be mediated by the maternal educative attitudes.

## Chapter 2

### METHOD

In the following part detailed information regarding research sample, data collection materials and data collection process will be presented.

#### 2.1 Participants

The participant sample consisted of 54 mothers and 54 fathers of normally developing children in the early childhood period. Of these children 30 were boys and 24 were girls. The mean age of the children was 31.42 ( $SD=10.85$ ) with a range of 12-48 months.

The ages of mothers in the sample ranged from 24 to 46 years old, with a mean of 32.58 ( $SD= 3.81$ ) and the ages of fathers ranged from 27 to 56 years old, with a mean of 35.13 ( $SD= 4.65$ ). Also, the first marriage ages of mothers ranged from 16 to 36 years old, with a mean of 25.82 ( $SD= 3.57$ ) and the first marriage ages of fathers ranged from 19 to 44 years old, with a mean of 28.22 ( $SD= 4.45$ ). While the mean years of schooling for mothers was 14.18 ( $SD= 2.10$ ), the mean years of schooling for fathers was 13.66 ( $SD= 2.40$ ). Furthermore, 100 % of fathers and 79 % of mothers were employed.

Additionally, all parents were either Turkish Cypriots ( $n= 100$ ) or Turkish citizens ( $n= 8$ ) in majority from urban areas (83 %) who were married couples and living with their children in North Cyprus.

#### 2.2 Materials

In this study, a questionnaire was used for data collection. The questionnaire (see Appendix A) consisted of two different forms: Mother Form (mf) and Father Form (ff).

### **2.2.1 The Mother Form**

The mf of questionnaire comprised of four sections: the demographic information for family members, the Baby's Day Test, the Trait Anxiety Inventory (STAI-T) and the Parental Bonding Instrument (PBI).

#### **2.2.1.1 The Demographic Information**

The demographic information section was developed by Mertan in 1995, in order to gather information such as age, nationality etc. of the mother, father and child and also the condition of social support provided by the father to the mother and by the extended family to the nuclear family. It consisted of 80 questions in total.

From these questions, two scales namely Spouse Support (SS) and Extended Family Support (EFS) were obtained. In the SS Scale, 19 items related to domestic chores sharing between spouses took place (e.g., "cooking", "dusting", "taking child to the park", "buying toys for child etc.). For each item, the mother was required to indicate the father's responsibility for domestic chores by using a 4-point Likert scale from *not responsible* (1) to *very responsible* (4). High scores indicated high husband support. The Cronbach's alpha ( $\alpha$ ) value for the SS Scale was .78. In the EFS part, nine items related to family's daily basis meeting with the specified people such as "mother's parents", "father's parents", "mother's friends", "father's friends", "child's friends" etc. took place. For each item, the mother was required to indicate how often they met with these people with the options of "every day", "two-three times a week", "once a week", "biweekly", "once a month" and "more than once per year" responses. For the EFS Scale, only family's meeting status with the first-

degree family (parents' mothers, fathers and siblings) was used. The Cronbach's  $\alpha$  value for the EFS Scale was .48.

### **2.2.1.2 The Baby's Day Test of Mother Form**

Once the mother completed the demographic information, she continued filling the Turkish version of the Baby's Day Test which was developed by Balleyguier in 1979 and adapted from French to Turkish by Mertan in 1995. This section included 139 items regarding everyday exchanges between the mother and the child. For each item, the mother was required to evaluate her own daily attitudes toward the child and child's responses to these attitudes by using a 4 point Likert scale from *not true* (0) to *not applicable* (3). Thus, the mother's attitudes towards the child and the child's social/emotional responses towards the mother were collected under two different scales: Mother Scale and Child Scale. The Mother Scale consisted of seven categories named as; Mother's Affection (MA), Mother's Anxiety (Max), Mother's Rigidity (MR), Education Given by Mother (ME), Mother's Sensitivity (MF), Toilet Training by Mother (MP) and Mother's Bond Weakening (RL). The Mother Scale has presented good internal consistency, Cronbach's  $\alpha = 0.81$  for the full scale,  $\alpha = 0.51$  for the MA,  $\alpha = 0.67$  for the Max,  $\alpha = 0.65$  for the MR,  $\alpha = 0.59$  for the ME,  $\alpha = 0.55$  for the MF,  $\alpha = 0.90$  for the MP and  $\alpha = 0.60$  for the RL subscales. The Child Scale consisted of six categories named as; Affect towards Mother (AM), Imitation of Mother (IM), Aggression towards Mother (AgM), Submission to Mother (SM), Cleanliness (Pr), and Autonomy (A). Number of items of all categories varied between 7 and 23. The Child Scale showed solid internal consistency, Cronbach's  $\alpha = 0.90$  for the full scale,  $\alpha = 0.66$  for the AM,  $\alpha = 0.67$  for the IM,  $\alpha = 0.75$  for the AgM,  $\alpha = 0.77$  for the SM,  $\alpha = 0.89$  for the Pr and  $\alpha = 0.85$  for the A subscales. The details of Mother and Child Scales were shown in Table 2.1.

Table 2.1: The Baby's Day Test of Mother Form

Scales	Categories	Number of Items	Example
Mother Scale	Mother's Affection	10	"I take her/him on my lap for her/his meal."
	Mother's Anxiety	8	"When s/he has a fever, I immediately call a physician."
	Mother's Rigidity	10	"When s/he wants to eat again, I deny her/him."
	Education Given by Mother	10	"I prevent her/him from eating with her/his fingers."
	Mother's Sensitivity	10	"I sometimes take her/him to my bed."
	Toilet Training by Mother	7	"I put her/him on the potty."
	Mother's Bond Weakening	9	"Somebody else sometimes feeds her/him."
Child Scale	Affect Towards Mother	10	"S/he shows pleasure, when I arrive."
	Imitation of Mother	8	"S/he vocalizes back, when I talk to her/him."
	Aggression Towards Mother	10	"S/he bites me."
	Submission to Mother	17	"S/he eats, when I insist."
	Cleanliness	7	"S/he makes her/his toilet to the potty."
	Autonomy	23	"S/he washes her/his hands on her/his own."

### 2.2.1.3 The Trait Anxiety Inventory of Mother Form

The third section of mf was the STAI-T which was developed by Spielberger, Gorsuch, and Lushene in 1970 and adapted to Turkish by Oner and Le Compte in 1985. The original instrument, STAI-The State-Trait Anxiety Inventory comprised of two parts. The first part that is called the State Anxiety Inventory (STAI-S) measures individual's anxiety about an event and the second part that is called the Trait Anxiety Inventory (STAI-T) measures individual's general anxiety. As the study interested in parents' anxiety as a personality characteristic instead of temporary feelings (state anxiety) for situational events, only trait anxiety of parents was



measured. This section had 20 items (e.g., “I am content”, “I am a steady person”, “I worry too much over something that really doesn’t matter” (reverse item) etc.) which rated on a 4-point Likert scale from *almost never* (1) to *almost always* (4). The items 1, 6, 7, 10, 13, 16 and 19 of the STAI-T were reversed coded. The total score obtained from this assessment differed between 20 and 80 with higher points indicating higher levels of anxiety. The Cronbach’s  $\alpha$  value for the STAI-T of mf was .80.

#### **2.2.1.4 The Parental Bonding Instrument of Mother Form**

The last section of mf was the Turkish version of the PBI which was developed by Parker, Tupling and Brown in 1979 and adapted to the Turkish population living in Turkey by Kapçı and Küçükler in 2006. In the original instrument, there are 25 items, including 12 “care” items and 13 “overprotection/control” items. As only the items assessing parental care (i.e., affection, involvement) are in line with the aim of the study, only care subscale of PBI which were rated on a 4-point Likert scale from *very unlike* (1) to *very like* (5) was used for this study. These items consisted of statements which deal with parental warmth, understanding, accepting and how a parent expressed her/his concern for her/his child, compared to rejection and indifference such as “I spoke to my child in a warm and friendly voice” and “I help my child as much as s/he needed”. In the scoring of the instrument, items 2, 3, 8, 9, 11, 12 were reversely coded. Scores for this instrument ranged between 12 and 60 and higher scores indicated warmth, understanding and accepting parents, whereas lower scores reflected cold and rejecting parents. The Cronbach’s  $\alpha$  for the PBI of mf was .70.

#### **2.2.2 The Father Form**

The ff was administered to the fathers. The ff was shorter than mf and comprised only of three sections: the Baby's Day Test, the STAI-T and the PBI sections.

### 2.2.2.1 The Baby's Day Test of Father Form

The Baby's Day Test section of ff included 49 items. As in the mf, father's attitudes toward the child in everyday activities and the child's responses to father's attitudes were collected. For each item, the father evaluated whether the statement reflected their daily relationship by using a 4-point Likert scale from *not true* (0) to *not applicable* (3). Similar to the mf, ff comprised of two scales: Father Scale and Child Scale. The Father Scale contained only two categories namely Father's Affection (PA) with the number of items 12 and Father's Anxiety (Pax) with the number of items 6. The Father Scale showed moderate internal consistency, with the  $\alpha = 0.78$  for the full scale,  $\alpha = 0.74$  for the PA and  $\alpha = 0.49$  for the Pax subscales. The Child Scale included four categories: Affect towards Father (AP), Imitation of Father (IP), Aggression towards Father (AgP) and Submission to Father (SP) each with items varying between 5 and 10. The Child Scale also showed moderate internal consistency,  $\alpha = 0.75$  for the full scale,  $\alpha = 0.58$  for the AP,  $\alpha = 0.75$  for the IP,  $\alpha = 0.89$  for the AgP and  $\alpha = 0.42$  for the SP subscales. The details of Father and Child Scales were shown in Table 2.2.

Table 2.2: The Baby's Day Test of Father Form

Scales	Categories	Number of Items	Example
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Father Scale	Father's Affection	12	"I kiss her/his every day."
	Father's Anxiety	6	"I occasionally go to look at her/him while s/he was sleeping."
Child Scale	Affect towards Father	9	"S/he kisses me, when I kissed her/him."
	Imitation of Father	7	"S/he tries to wear my clothes."
	Aggression Towards Father	10	"S/he says bad words to me."
	Submission to Father	5	"S/he obeys me, when I scolded her/him."

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### **2.2.2.2 The Trait Anxiety Inventory of Father Form**

The STAI-T in the ff was exactly the same as that administered to the mothers. The Cronbach's  $\alpha$  value for the STAI-T of ff was .84.

### **2.2.2.3 The Parental Bonding Instrument of Father Form**

The PBI in the ff was also exactly the same as that administered to the mothers. The Cronbach's  $\alpha$  value for the PBI of ff was .70.

## **2.3 Procedure**

For this study to take place, firstly ethics approval was obtained from EMU Psychology Department Ethics and Research Committee (see Appendix B). After permission was granted, participants were accessed by using the snowball technique from different locations in North Cyprus.

Prior to receiving consent, participants were informed about the study and ensured that they were willing to take part. Parents were provided appropriate instructions and were assured of full confidentiality. They were also guaranteed to ask the investigator any questions they might have during the completion of the questionnaire over the telephone. After informed consent was taken, the questionnaire was given to the parents with the requirement to complete mf and ff

separately. Parents completed the forms at their convenience either at home or at the workplace. For mothers it took in average 35 minutes and for fathers in average 25 minutes to complete the respective forms. The data collection process took a total of 4 months. Once all the data had been collected, statistical analysis was conducted using the computer program Statistical Package for Social Sciences (SPSS-Version 20).

## **Chapter 3**

# RESULTS

In accordance with the purposes of the study, the data collected by the Baby's Day Test, the STAI-T, the PBI, the SS and EFS scales were analyzed in this section. In the following paragraphs, findings obtained by t-test comparisons, correlation analysis and pathway analysis were presented. According to the research questions, the Baby's Day Test scales (mother-child, father-child) were used either as the total scale scores (parent's attitudes and child's responses) or category scores separately.

## 3.1 Descriptive Statistics

To test the hypotheses of study, means for each category/scale were calculated. As dichotomization of variables by median split simplify the analyses and presentation of results (MacCallum, Zhang, Preacher & Rucker, 2002), the t-test comparisons were conducted by the median split as those having high and low levels of that category/scale (such as high and low "mother's affection"). The results were presented below in an order corresponding to the hypotheses of the study.

### 3.1.1 Hypothesis 1

To test the first hypothesis that positive socioemotional responses of the children will increase as the positive parental educative attitudes increase, t-tests were conducted on the parents' and child's scales/categories (namely mf and ff separately) of the Baby's Day Test.

Firstly, the t-test conducted between the total mother and child scales of mf showed that mothers who exhibit higher positive educative attitudes ( $M = 1.29$ ,  $SD = 0.16$ ) reported higher positive socioemotional responses by their children than mothers who exhibit lower positive educative attitudes ( $M = 1.05$ ,  $SD = 0.25$ ),  $t(52) = 4.04$ ,  $p < .01$ . In this respect, findings obtained from t-test comparisons of

mother scale categories and total child scale of mf revealed that mothers who have higher anxiety ( $M = 1.24, SD = 0.20$ ), higher rigidity ( $M = 1.24, SD = 0.20$ ), higher insist on toilet training ( $M = 1.27, SD = 0.15$ ) and lower bond weakening ( $M = 1.09, SD = 0.27$ ) significantly received lower positive socioemotional responses than mothers who have lower anxiety ( $M = 1.10, SD = 0.26$ ),  $t(52) = 2.15, p < .05$ , lower rigidity ( $M = 1.11, SD = 0.25$ ),  $t(52) = 2.14, p < .05$ , lower insist on toilet training ( $M = 1.13, SD = 0.27$ ),  $t(52) = 2.27, p < .05$  and higher bond weakening ( $M = 1.26, SD = 0.17$ ),  $t(52) = 2.79, p < .01$  as reported by mothers.

As regards, the t-test conducted for the total father and child scales of ff revealed the similar result as for the total mother scale. Fathers who exhibit higher positive educative attitudes ( $M = 1.09, SD = 0.18$ ) reported higher socioemotional responses by their children than fathers who exhibit lower positive educative attitudes ( $M = 0.93, SD = 0.18$ ),  $t(52) = 3.13, p < .01$ . The results obtained from t-test comparisons of father scale categories and total child scale of ff indicated that fathers who exhibit higher affectionate ( $M = 1.08, SD = 0.17$ ) and lower anxious attitudes ( $M = 0.91, SD = 0.16$ ) significantly received higher positive socioemotional responses than fathers who exhibit lower affectionate ( $M = 0.93, SD = 0.19$ ),  $t(52) = 2.94, p < .01$  and higher anxious attitudes ( $M = 1.09, SD = 0.19$ ),  $t(52) = 3.50, p < .01$  as reported by fathers. The summary of significant results was given in Table 3.1.

Table 3.1: Medians, Means and Standard Deviations of Parent Scales/Categories for Child Scale

Note. \* $p < .05$ ; \*\* $p < .01$

Scales/Categories	Child Scale			
	<i>Mdn</i>	<i>M (SD)</i>		<i>t</i>
		<i>L</i>	<i>H</i>	
Total Mother Scale	1.37	1.05 (0.25)	1.29 (0.16)	4.04**
(Mother's Educative Attitudes)				
Mother's Anxiety	1.25	1.10 (0.26)	1.24 (0.20)	2.15*
Mother's Rigidity	0.90	1.11 (0.25)	1.24 (0.20)	2.14*
Toilet Training by Mother	0.30	1.13 (0.27)	1.27 (0.15)	2.27*
Mother's Bond Weakening	0.77	1.09 (0.27)	1.26 (0.17)	2.79**
Total Father Scale	1.38	0.93 (0.18)	1.09 (0.18)	3.13**
(Father's Educative Attitudes)				
Father's Affection	1.58	0.93 (0.19)	1.08 (0.17)	2.94**
Father's Anxiety	1.16	0.91 (0.16)	1.09 (0.19)	3.50**

On the other hand, findings obtained from t-test comparisons of total mother scale and child scale categories of mf revealed that, mothers who exhibit higher positive educative attitudes ( $M = 1.69$ ,  $SD = 0.21$ ) reported higher affectionate responses by their children than mothers who exhibit lower positive educative attitudes ( $M = 1.49$ ,  $SD = 0.29$ ),  $t(52) = 2.90$ ,  $p < .01$ . Mothers who have higher positive educative attitudes ( $M = 1.29$ ,  $SD = 0.21$ ) also reported high levels of submissive responses by their children than mothers who have lower positive educative attitudes ( $M = 1.04$ ,  $SD = 0.31$ ),  $t(52) = 3.43$ ,  $p < .01$ . Furthermore, mothers with higher positive educative attitudes ( $M = 1.44$ ,  $SD = 0.54$ ) reported that their children showed higher cleanliness responses than mothers with lower positive educative attitudes ( $M = 0.92$ ,  $SD = 0.74$ ),  $t(52) = 2.97$ ,  $p < .01$ . Similarly, mothers who exhibit higher positive educative attitudes ( $M = 1.41$ ,  $SD = 0.31$ ) reported higher autonomous responses by their children than mothers who exhibit lower positive educative attitudes ( $M = 1.20$ ,  $SD = 0.38$ ),  $t(52) = 2.13$ ,  $p < .05$ ).

Separate mother and child scale category analyses revealed that mothers who are highly affectionate ( $M = 1.68$ ,  $SD = 0.23$ ), highly sensitive ( $M = 1.71$ ,  $SD = 0.23$ ) and

less anxious ( $M = 1.50$ ,  $SD = 0.28$ ) towards their children reported a higher degree of affectionate responses by their children than less affectionate ( $M = 1.49$ ,  $SD = 0.28$ ),  $t(52) = 2.58$ ,  $p < .05$ , less sensitive ( $M = 1.47$ ,  $SD = 0.27$ ),  $t(52) = 3.38$ ,  $p < .01$  and highly anxious mothers ( $M = 1.68$ ,  $SD = 0.24$ ),  $t(52) = 2.45$ ,  $p < .01$ . Also, mothers who have higher levels of rigidity ( $M = 1.25$ ,  $SD = 0.25$ ) reported low levels of submissive responses by their children than mothers who have lower levels of rigidity ( $M = 1.09$ ,  $SD = 0.30$ ),  $t(52) = 1.98$ ,  $p = .05$ . Moreover, mothers who are highly concerned with the education they give to their children ( $M = 1.30$ ,  $SD = 0.25$ ) reported higher degree of submissive responses from their children than the mothers who are less concerned with the education they give to their children ( $M = 1.07$ ,  $SD = 0.28$ ),  $t(52) = 3.06$ ,  $p < .01$ . Furthermore, mothers with higher bond weakening ( $M = 1.27$ ,  $SD = 0.20$ ) also reported that their children showed higher submissive responses than mothers with lower bond weakening ( $M = 1.07$ ,  $SD = 0.33$ ),  $t(52) = 2.63$ ,  $p < .05$ . Additionally, mothers who strongly insist on toilet training ( $M = 1.46$ ,  $SD = 0.44$ ) reported that their children acquired the least level of cleanliness than mothers who insisted less ( $M = 1.11$ ,  $SD = 0.72$ ),  $t(47) = 2.05$ ,  $p < .05$ . Mothers with lower bond weakening ( $M = 0.91$ ,  $SD = 0.73$ ) also reported that their children showed lower cleanliness responses than mothers with higher bond weakening ( $M = 1.47$ ,  $SD = 0.51$ ),  $t(52) = 3.24$ ,  $p < .01$ . Moreover, mothers who have higher bond weakening ( $M = 1.44$ ,  $SD = 0.28$ ) reported higher autonomous responses by their children than mothers who have lower bond weakening ( $M = 1.18$ ,  $SD = 0.38$ ),  $t(52) = 2.83$ ,  $p < .01$ ,  $SD = 0.38$ ).

On the other hand, child scale categories of ff analyzed separately showed that fathers who exhibit higher positive educative attitudes ( $M = 1.63$ ,  $SD = 0.23$ ) received higher affectionate responses from their children than fathers who exhibit lower positive educative attitudes ( $M = 1.43$ ,  $SD = 0.27$ ),  $t(52) = 2.89$ ,  $p < .01$  as



reported by fathers. Fathers who have higher positive educative attitudes ( $M = 1.30$ ,  $SD = 0.42$ ) also reported high levels of imitative responses by their children than fathers who have lower positive educative attitudes ( $M = 1.00$ ,  $SD = 0.36$ ),  $t(52) = 2.79$ ,  $p < .01$ .

Separate father and child scale category analyses revealed that fathers who have higher levels of affectionate attitudes ( $M = 1.65$ ,  $SD = 0.23$ ) received higher affectionate responses from their children than fathers who have lower levels of affectionate attitudes ( $M = 1.41$ ,  $SD = 0.25$ ),  $t(52) = 3.57$ ,  $p < .01$ . Fathers who are highly affectionate ( $M = 1.32$ ,  $SD = 0.41$ ) towards their children also reported a higher degree of imitative responses by their children than less affectionate fathers ( $M = 0.97$ ,  $SD = 0.36$ ),  $t(52) = 3.28$ ,  $p < .01$ . Furthermore, fathers who have lower levels of anxiety ( $M = 1.39$ ,  $SD = 0.26$ ) received higher affectionate responses from their children than fathers who have higher levels of anxiety ( $M = 1.65$ ,  $SD = 0.21$ ),  $t(52) = 3.93$ ,  $p < .01$ . The summary of significant results was shown in the following table.

Table 3.2: Medians, Means and Standard Deviations of Parent Scales/Categories According to Child Scale Categories

Scales/Categories	<i>Mdn</i>	<i>M (SD)</i>		<i>t</i>
		<i>L</i>	<i>H</i>	
Child's Affect towards Mother				
Total Mother Scale	1.37	1.49 (0.29)	1.69 (0.21)	2.90**
Mother's Affection	1.62	1.49 (0.28)	1.68 (0.23)	2.58**
Mother's Anxiety	1.25	1.50 (0.28)	1.68 (0.24)	2.45**
Mother's Sensitivity	1.56	1.47 (0.27)	1.71 (0.23)	3.38**
Child's Submission to Mother				
Total Mother Scale	1.37	1.04 (0.31)	1.29 (0.21)	3.43**
Mother's Rigidity	0.90	1.09 (0.30)	1.25 (0.25)	1.98*
Education given by Mother	1	1.07 (0.28)	1.30 (0.25)	3.06**
Mother's Bond Weakening	0.77	1.07 (0.33)	1.27 (0.20)	2.63**
Child's Cleanliness				
Total Mother Scale	1.37	0.92 (0.74)	1.44 (0.54)	2.97**
Toilet Training by Mother	0.30	1.11 (0.72)	1.46 (0.44)	2.05*
Mother's Bond Weakening	0.77	0.91 (0.73)	1.47 (0.51)	3.24**
Child's Autonomy				
Total Mother Scale	1.37	1.20 (0.38)	1.41 (0.31)	2.13*
Mother's Bond Weakening	0.77	1.18 (0.38)	1.44 (0.28)	2.83**
Child's Affect towards Father				
Total Father Scale	1.38	1.43 (0.27)	1.63 (0.23)	2.89**
Father's Affection	1.58	1.41 (0.25)	1.65 (0.23)	3.57**
Father's Anxiety	1.16	1.39 (0.26)	1.65 (0.21)	3.93**
Child's Imitation of Father				
Total Father Scale	1.38	1.00 (0.36)	1.30 (0.42)	2.79**
Father's Affection	1.58	0.97 (0.36)	1.32 (0.41)	3.28**

Note. \* $p \leq .05$ ; \*\* $p \leq .01$

### 3.1.2 Hypothesis 2

To test the hypothesis stating that positive socioemotional responses of children will increase as the parental trait anxiety decreases, t-tests were performed between both parents' child scales/categories of the Baby's Day Test and the STAI-T. The t-test comparisons were conducted by median split as those having high and low trait anxiety level with the cuts off 1.97 for mothers and 1.85 for fathers. The results of parents' child scales and STAI-T comparison revealed that fathers who have low level of trait anxiety ( $M = 0.95$ ,  $SD = 0.16$ ) reported that their children showed higher positive socioemotional responses towards them than fathers who have high level of

trait anxiety ( $M = 1.07$ ,  $SD = 0.21$ ),  $t(52) = 2.16$ ,  $p < .05$ . For example, according to the separate child category analyses, fathers with low level of trait anxiety ( $M = 1.45$ ,  $SD = 0.23$ ) reported that their children as having more affectionate responses than fathers with high level of trait anxiety ( $M = 1.61$ ,  $SD = 0.28$ ),  $t(52) = 2.29$ ,  $p < .05$ . Fathers who have low level of trait anxiety ( $M = 1$ ,  $SD = 0.42$ ) also reported higher imitative responses by their children towards them than fathers who have high level of trait anxiety ( $M = 1.30$ ,  $SD = 0.38$ ),  $t(52) = 2.69$ ,  $p < .05$ . However, high vs. low levels of mother's trait anxiety did not differ for child's responses.

### **3.1.3 Hypothesis 3**

In order to analyze the hypothesis assuming that positive socioemotional responses of children will increase as the parental care increases, t-tests were performed between parents' child scales/categories of the Baby's Day Test and the PBI. The t-test comparisons were conducted by median split as those having high and low care level with the cuts off 4.63 for mothers and 4.41 for fathers. The significant results only obtained from child scale categories and PBI comparisons showed that fathers who have higher care level ( $M = 1.01$ ,  $SD = 0.39$ ) reported their children as having higher submissive responses than fathers with lower care level ( $M = 0.79$ ,  $SD = 0.29$ ),  $t(52) = 2.36$ ,  $p < .05$ . However, children who have mothers with high vs. low levels of care did not differ for their responses towards mothers.

Further analyses regarding parental bonding showed that mothers ( $M = 4.66$ ,  $SD = 0.25$ ) and fathers ( $M = 4.47$ ,  $SD = 0.34$ ) who are provided care support by grandparents significantly had higher care than mothers ( $M = 4.66$ ,  $SD = 0.38$ ),  $t(52) = 2.24$ ,  $p < .05$  and fathers ( $M = 4.25$ ,  $SD = 0.39$ ),  $t(52) = 2.16$ ,  $p < .05$  who did not receive grandparents' care support. Also, the care level of fathers who meet on daily bases with the extended family ( $M = 4.47$ ,  $SD = 0.31$ ) was significantly higher than

the fathers who are not meeting on daily bases with the extended family ( $M = 4.20$ ,  $SD = 0.44$ ),  $t(52) = 2.58$ ,  $p < .05$ .

#### **3.1.4 Hypothesis 4**

It was hypothesized that positive socioemotional responses of children will increase with social support provided by husbands to the mothers and by extended family to the parents. To address social support hypothesis, three different t- tests on spouse support, extended family support and care support were conducted on both parents' child scales/categories of the Baby's Day Test. The t-test comparisons were conducted by median split as those under and above the cuts off 2.78 for spouse support and 1 for extended family and care supports. The results obtained from SS scale and child scale of mf comparison showed that mothers who are supported to a greater extent by their husbands ( $M = 1.24$ ,  $SD = 0.21$ ) reported that their children showed higher positive socioemotional responses towards them than mothers who are supported less by their husbands ( $M = 1.11$ ,  $SD = 0.25$ ),  $t(52) = 2.06$ ,  $p < .05$ . Separate analysis of child scale categories showed that mothers who receive higher spousal support ( $M = 1.41$ ,  $SD = 0.31$ ) reported that their children showed higher autonomous responses  $t(52) = 1.99$ ,  $p = .05$  than mothers who receive lower spousal support ( $M = 1.21$ ,  $SD = 0.38$ ).

The results also revealed that in the families where daily child care is provided by grandparents ( $M = 0.53$ ,  $SD = 0.43$ ) and who meet on daily bases with the extended family ( $M = 0.52$ ,  $SD = 0.48$ ), mothers received lower aggressive responses from their children than families where daily care is not provided ( $M = 0.21$ ,  $SD = 0.22$ ),  $t(52) = 3.45$ ,  $p < .01$  and who are not meeting on daily basis with the extended family ( $M = 0.26$ ,  $SD = 0.25$ ),  $t(52) = 2.52$ ,  $p < .05$  as reported by mothers.

#### **3.1.5 Hypothesis 5**

It was hypothesized that with age child's socioemotional responses will differ in age cohorts. To test this hypothesis, t-tests were conducted for both parents' child categories of the Baby's Day Test and child's age. The t-test comparisons were conducted as those under and above the median with cut off 34.20 month. The results revealed that the older children ( $M = 1.48, SD = 0.23$ ) reported by mothers as higher autonomous than the younger children ( $M = 1.11, SD = 0.38$ ),  $t(52) = 4.30, p < .01$ . Older children ( $M = 1.51, SD = 0.42$ ) also were reported by their mothers with higher level of cleanliness responses than the younger children ( $M = 0.83, SD = 0.76$ ),  $t(52) = 4.08, p < .01$ .

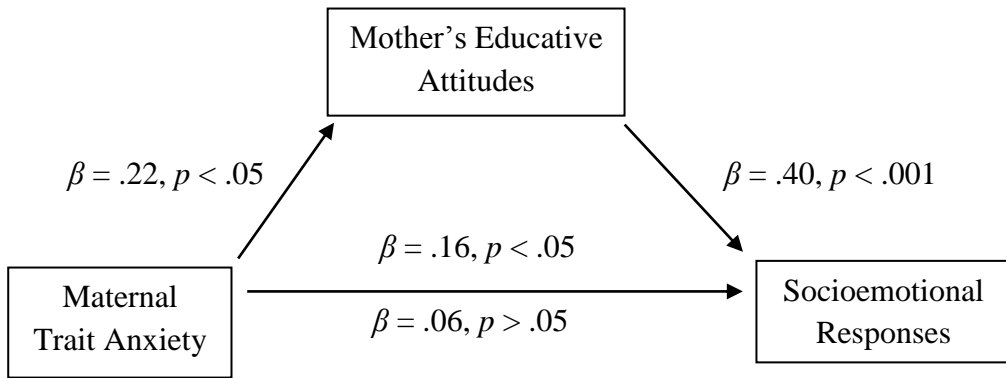
### **3.2 Correlation Analysis**

To test the hypothesis stating that positive socioemotional responses of children will increase with the consistency between the mother's and father's attitudes, first correlation analyses were conducted on common categories of parents' scales. According to this analysis, there was a positive correlation between the mother's attitudes towards the child and the father's attitudes towards the child ( $r = .28, p < .05$ ). For example, anxious attitudes by the mother toward the child were correlated positively to the anxious attitudes by the father toward the child ( $r = .40, p < .01$ ).

Second, correlation analyses were conducted on common categories of child's scales. These analyses revealed that child's affect responses towards the mother related positively to the child's affect responses towards the father ( $r = .30, p < .05$ ). Also, aggressive responses by the child towards the mother was positively correlated to the child's aggressive responses towards the father ( $r = .40, p < .05$ ). Similarly, child's submissiveness towards mother had positive significant correlation with the child's submissiveness towards father ( $r = .36, p < .05$ ).

### **3.3 Pathway Analysis**

To test the last hypothesis that the relationship between maternal trait anxiety and children's socioemotional responses will be mediated by the maternal educative attitudes, median analyses were conducted. According to these analyses, maternal trait anxiety predicted the relationship between mothers' educative attitudes and child's socioemotional development. As regards, the pathway between the predictor (maternal trait anxiety) and socioemotional responses was significant,  $\beta = .16$ ,  $p < .05$ . Maternal trait anxiety also predicted the mediator, mothers' educative attitudes,  $\beta = .22$ ,  $p < .05$ . The path between mothers' educative attitudes and socioemotional responses controlling for the predictor was also significant,  $\beta = .40$ ,  $p < .001$ . Controlling for the mediator the significant relationship between maternal anxiety and child's socioemotional development was eliminated,  $\beta = .06$ ,  $p > .05$ . A Sobel Test was conducted and confirmed a full mediation in the model,  $Z = 2.03$ ,  $p < .05$ . As a result, the impact of maternal trait anxiety on socioemotional responses of children was mediated by mothers' educative attitudes (see Figure 3.1).



$Z = 2.03, p < .05$

Figure 3.1: Mediation model of the role of the mothers' educative attitudes in explaining the relationship between the maternal trait anxiety and socioemotional responses of children.

## Chapter 4

### DISCUSSION

The current study mainly investigated the relationship between the parental educative attitudes and children's socioemotional responses in early childhood. The results supported the major research aim confirming that positive socioemotional responses of children increased as parents exhibit positive daily educative attitudes. For example, highly affectionate mothers received high affectionate responses from their children as reported by mothers. Similarly, fathers who were highly affectionate had high affectionate responses from their children as reported by fathers. These results are in accordance with the findings showing the relationship between different positive parental attitudes and positive socioemotional responses of children (e.g., Baumrind, 1971; 1989; Mauro & Harris, 2010). The present findings also seem to strengthen the theory of social learning which basically postulated that children model their parents' behaviors. Bandura (1969) argued that children who have seen their parents being kind, warm and caring tend to repeat the same positive behaviors. In the present study as well when the parents displayed highly affectionate attitudes, children also seemed displaying high affectionate responses. However, this reflection between parent and child may also be due to the parents' sample profile similarities namely both parents having the same level of education (high school degree), being employed and living in the urban area.

Moreover, although the present study did not pretend to work on parenting styles, due to the homogeneity of the sample, it seems that the general educative attitudes of parents hold characteristics of authoritative parenting (Baumrind, 1971) where they



are attentive to the needs and preferences of their children and willing to listen and reason with them. One explanation for both mother and father receiving affectionate responses from their child may be due to their authoritative parenting with moderate control.

While rearing a child, the issue of mother's and father's attitudes consistency in socioemotional development of children was also raised. The results of the present study revealed that both parents in their everyday routines were showing parallel attitudes to their child and receiving similar responses from their child. In other words, when both parents are anxious, the child is showing less affectionate responses towards each parent. Studies linking interparental consistency to young children's positive socioemotional outcomes (Block, Block & Morrison, 1981; Vaughn, Block & Block, 1988) are in accordance with the findings of the present study. As suggested by Baumrind (1991) and Buss (1984), coherency of mothers' and fathers' attitudes may be due to both selection effects (individuals with similar dispositions and values may be more likely to marry) and socialization effects (the tendency for marital partners to become more similar over time). Future studies are recommended to detail the information received from parents and investigate these effects in affecting interparental consistency in attitudes.

Moreover, literature gives some direction that oppositional, aggressive, impulsive and hyperactive behaviors of preschool children may be a result of inconsistent parental attitudes (Campbell, 1990; Gardner, 1989; Snyder et al., 2005). In the present study, both mothers and fathers did not receive aggressive behaviors. This may be due to the consistency of mothers' and fathers' attitudes.

The current study also investigated the role of parental trait anxiety in socioemotional responses of children. The results partially supported the research hypothesis that negative socioemotional responses of children increased when the

general level of paternal anxiety increased. For example, fathers who were generally anxious received less affectionate and imitative responses from their children. The studies exploring paternal anxiety as a risk factor for childhood socioemotional problems (Bögels & Perotti, 2011; Bögels & Phares, 2008; Pahl, Barrett & Gullo, 2012) are consistent with the findings of the present study.

The role of parental care in socioemotional responses of children was also investigated. The hypothesis that positive socioemotional responses of children increase as the parents have high level of parental care was supported to some extent. High paternal care was related with child's high submissive responses. In accordance with the study of Avagianou and Zafiropoulou (2008), a link between strong parental bonding (high level of care) and healthy socioemotional behaviors of children was found suggesting that those parents with strong bonding are more attentive to signals, detect needs quickly and correct misbehaviors permanently of their children.

The present study also investigated the relationship between social support condition and children's socioemotional responses. Studies on fatherhood (e.g., Lamb, 2000) argue that men invest on average less time in their offspring than women. As hypothesized, positive sociomeotional responses of children had a positive relationship with social support provided by father to the mother and by extended family to the parents. Evidence for this hypothesis, mothers who are supported by their husbands had children showing higher autonomous responses. As Tam and Yeoh (2008) study, the present finding as well showed that high level of parental care leads to higher positive affect, more father involvement and less negatively loaded behaviors (aggression) in children. Equally, in families where daily child care is provided by grandmothers and who meet on daily bases with the extended family, mothers received less aggressive responses from their children.

These results seem in accordance with the previous researches that showed the impact of paternal involvement and grandparental caregiving on positive socioemotional behaviors of children (Rosenberg & Wilcox, 2006; Solomon & Marx, 1995). As suggested in ecological systems theory by Bronfenbrenner (1979; 1994), within the same culture a child's development is influenced by the different subsystems such as child care, education system, labor force etc. of that culture. In other words, interrelationship of different subsystems may influence a child's development either in a positive or a negative way. In this present study, active involvement of fathers and grandparents for providing care for children forms an important contribution for Bronfenbrenner's ecological systems theory by showing that mothers are not the only responsible agents for child care.

As indicated in the introduction, despite of evidence that socioemotional responses of children are associated with maternal attitudes, the question of how to explain this association has been neglected. Therefore, the current study also investigated whether maternal trait anxiety might predict the relation between maternal educative attitudes and socioemotional responses of children. The findings supported the research hypothesis that maternal trait anxiety predicted the relationship between mother's educative attitudes and children's socioemotional responses. When the maternal trait anxiety increase (the implied level of anxiety corresponds to average anxiety level for the current study's participants), positive educative attitudes exhibited by mothers also increase which in turn increases children's positive socioemotional responses. In other words, maternal trait anxiety increases positive socioemotional responses of children, because it increases maternal positive educative attitudes. Although the maternal anxiety has generally shown in literature as a risk factor for child development (Glasheen et al., 2010; Nilsen et al., 2013), this finding on the other hand seems to be in agreement with the

study suggesting that at moderate level, anxiety can be helpful due to raising alertness to that people need to take some action (Huberty, 2004). This alertness may also be needed while raising a child.

Beside these findings, the relationship between child's socioemotional responses and age was also investigated. As expected, children exhibited increase rate of autonomous and cleanliness responses with age according to their parents' reports. The age range (12-48 month) studied coincide with the period where preschoolers acquire toilet training, become more independent in several activities such as eating, taking off dress, shoes etc. (Barton & Schmitt, 2004). In addition, not only age but also high bond weakening attitudes of mothers may nurture autonomous responses of children. It seems that those mothers who would allow their children to take distance from them may catch the opportunity to explore the world and become more independent.

As previously addressed, although this study is a pioneer in the sense that the relations between parental attitudes, parental trait anxiety, parental care, social support condition and socioemotional responses were analyzed simultaneously with an early and wide age range (from 1 to 4 years) and based on double sources' reports (mother and father), the study has also some limitations.

The most obvious limitation of the present study is that all of the measures were based on self-reports of parents. No child and observational data were available on the parents' attitudes toward the child and child's responses towards the parents. As the use of self-report measures is susceptible to social desirability (Holtgraves, 2004), it is a possibility that participants predicted the aims of the study and tried to seem more positive than they are in reality. The likelihood of parental bias in reporting negatively on their child's responses is another issue of parents' self-reports that also needs to be considered.

A second potential weakness of the study is the relatively small sample size of the cohort, limiting generalizability of the findings. Also, there was a little variability in sample. While the demographic similarity between the participants minimized the possibility of confoundings, it also prevented the generalizability of the findings. It might be that studies with larger data sets would be more suitable to discover significant differences between the diverse groups (e.g., parental attitude differences in different ethnic groups) and to increase the representativeness of the sample.

Another limitation of the study is related to the Baby's Day Test. The mothers and fathers were not measured with exactly the same parental attitudes and child's responses. While the mothers were measured by affectionate, anxious, rigid, sensitive, concerned with the child's education and insist on child's toilet training attitudes and affectionate, imitative, aggressive, submissive, autonomous and cleanliness child responses, fathers were measured by only affectionate and anxious attitudes and affectionate, imitative, aggressive and submissive child responses. This could limit the conclusions that can be drawn. Existing increased number of items in the subscales and small sample size did not also allow analyzing the factorial structure and psychometric properties of the Baby's Day Test. Recent validation studies on different scales worked with larger sample sizes and lesser items. For example, in a study conducted by Molina et al. (2014), the factorial structure of a 24 item scale namely Emotion Regulation Checklist (ERC) carried out with 1.417 participants was analyzed. On the other hand, the variability in parental attitudes and child responses may be considered as strength in terms of the generalizability of the study. Furthermore, as the temperament and attachment are very important factors for the development of a child, not measuring temperament and attachment in this study raises the likelihood of the presence important confounding variables. Additionally, although it enables to acquire detailed information about the sample,

the length of questionnaire could be another limitation of the study in terms of affecting response quality negatively.

There is also a methodological constraint in this study. The absence of a longitudinal design prevented clear conclusions being reached about the impact of parent attitudes on the child's responses overtime.

The current study has laid a basis for further investigations. Possible improvements could be made to the present research such as expanding the participant sample size. A sample from a larger and more diverse population would be beneficial to ensure the representativeness of the study.

Furthermore, future studies may use different methods of measurements. An alternative would be to measure parenting attitudes and child responses through observational methods, in addition to the questionnaire.

Moreover, longitudinal studies which will shed light on the stability of parental attitudes as well as its relation with the child development at different stages should be carried out.

Investigating parenting attitudes and child responses from a broad perspective is also going to be useful. For example, as parenting attitudes may have different meanings and consequences in culturally and socially diverse families, future studies are primarily recommended to investigate cultural differences and socioeconomic status in affecting parental attitudes and responses of children. Further researches may also improve the current study by working with different age groups and differently developing children and also by adding factors such as gender, temperament, parent's experiences and the number/order of children in the family.

Future studies might also be conducted with adults across different settings such as teachers, caregivers, grandparents and so on. This would not only provide information regarding the different attitudes towards children and different

socioemotional responses of children, but also aid in comparison of different reportings and in the collection of more objective data.

In conclusion the present study showed that in early childhood, socioemotional responses of children was related to the parental educative attitudes. With no intention of prevention concerns, this research project as a pilot study shed light both for parents and policy makers on the importance of social context for child rearing. Spouse support along with extended family support may facilitate parenting. These findings of the study also reveal the necessity of educational programs for parenting. In order to provide the necessary parenting awareness, the program should include skills for parents to serve as good models for their offsprings, to increase the feelings of self-efficacy in parenting and also to train parents to overcome the problems arising in their relationship with children.

Overall, Kağıtçıbaşı (2010) suggested that a healthy parent-child relationship plays an essential role in a family's and thereby society's future, especially in terms of ensuring the continuity and transmitting traditions, rituals and social values to the next generation. As the development of healthy parent-child relationship greatly depends on parental attitudes, parents are recommended to be aware of their educational attitudes and its importance for their child's early development. Parents' sensitive and affectionate attitudes along with care and empowering autonomy of the child are the essence of parenting.

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## **APPENDICES**

## Appendix A: The Ouestionnaire

Anket tarihi:...../...../..... Anket No:.....

Çocuk yetiştirme ve aile ilişkileri konusunda bir araştırma yapılmaktadır. Sizden aile yaşantınızla ilgili duygu ve düşüncelerinizi belirtmeniz istenmektedir. Araştırmada toplanacak veriler bir bütün olarak değerlendirileceği için kimliğinizle ilgili bilgi vermeniz gerekmemektedir. Araştırmadan sağlıklı sonuçlar çıkabilmesi için yanıtların samimi olması çok önemlidir. Katkılarınız için şimdiden teşekkür ederiz.

Doç. Dr. Biran Mertan  
Güler Ataş (Yüksek Lisans Öğrencisi)

### DEMOGRAFİK BİLGİLER

#### Çocukla ilgili bilgiler:

Cinsiyeti: Kız ( ) Erkek ( )  
Doğum Tarihi: Doğum Yeri:  
Doğum Şekli: Normal ( ) Sezeryan ( ) Diğer \_\_\_\_\_  
Eğer sezeryan ise, Kendim istedim ( ) Diğer \_\_\_\_\_  
Doğum Mekanı: Ev ( ) Klinik ( ) Hastane ( ) Diğer: \_\_\_\_\_  
Doğum mekanı seçiminizi neler etkiledi: \_\_\_\_\_

#### Çocuğun doğum sırasındaki sağlık durumu:

Prematüre: Evet ( ) Hayır ( )

**Kardeşlerle ilgili bilgiler:** Kardeş sayısı: \_\_\_\_\_ Kaçınıcı kardeş olduğu: \_\_\_\_\_

#### Anne ve Baba ile ilgili bilgiler:

	Anne	Baba
Yaş		
Uyruk	KKTC ( ) TC ( ) DİĞER ( )	KKTC ( ) TC ( ) DİĞER ( )
Eğitimi (En son aldığı diploma)		
Çalışıyor mu?	Tam gün ( ) Yarım gün ( ) Evde çalışıyor ( ) Diğer:	Tam gün ( ) Yarım gün ( ) Evde çalışıyor ( ) Diğer:
Çalışmıyorsa?	İşsiz ( ) Hastalık izni ( ) Ev hanımı ( ) Diğer:	İşsiz ( ) Hastalık izni ( ) Diğer:
Kaçınıcı evlilik		
İlk evlilik yaşı		
Evlilik durumu	Evli ( ) Boşanmış ( )	Ayrı yaşıyor ( ) Dul ( )
Kendi anne & babası	Anne hayatta ( ) Baba hayatta ( ) Evli ( ) Boşanmış ( ) Ayrı ( )	Anne hayatta ( ) Baba hayatta ( ) Evli ( ) Boşanmış ( ) Ayrı ( )
Kardeş sayısı	( ) Kaçınıcı kardeş ( )	( ) Kaçınıcı kardeş ( )

Anne çalışıyorsa, çalışma nedenleri (Lütfen öncelik sırasına göre belirtiniz):

- ( ) Para kazanmak ( ) Kariyer sahibi olmak  
( ) Evde kapalı kalmamak ( ) Diğer: \_\_\_\_\_

Evliliğinizi aşağıdaki türlerden hangisine sokabilirsiniz?

- a) Ailelerin tanışıp eşlerin karar vermesi b) Görücü usulü  
c) Eşlerin kendi kendine tanışıp karar vermesi d) Diğer: \_\_\_\_\_

Evliliğinizi nasıl değerlendiriyorsunuz?

- a) Aşk evliliği b) Mantık evliliği  
c) Geleneksel d) Diğer: \_\_\_\_\_

Sizce bir kadının anne olabilmesi için en uygun yaş nedir? \_\_\_\_\_

Çocuk yapma konusunda kim karar verdi?

- a) Siz b) Eşiniz c) Eşimle birlikte d) Aile büyükleri d) Diğer: \_\_\_\_\_

Çocuğunuzu en iyi şekilde yetiştirmek için en çok kimden/nelerden yararlanıyorsunuz?

- a) Hiç kimse b) Doktor-Psikolog-Pedagog c) Kitap-İnternet-Dergi  
d) Deneyimli aile büyükleri e) Diğer: \_\_\_\_\_

Çocuğunuzu planlayarak/isteyerek mi dünyaya getirdiniz? a) Evet b) Hayır

Doğum öncesi kaç gün izin kullandınız? \_\_\_\_\_

Doğum sonrası kaç gün izin kullandınız? \_\_\_\_\_

Daha önce düşük veya çocuk aldırma oldu mu? a) Evet b) Hayır  
Evetse kaç düşük \_\_\_\_\_ kaç çocuk aldırma \_\_\_\_\_

Çocuğunuzun cinsiyeti olmasını arzu ettiğiniz cinsiyet mi? a) Evet b) Hayır

Doğum esnasında çocuk doktorunuz yanınızda mıydı? a) Evet b) Hayır

Doğum masraflarını kim ödedi? a) Eşim b) Aile büyüklerimiz c) Diğer: \_\_\_\_\_

Çocuğunuza isim koyma ile ilgili kararı kim verdi?

- a) Siz b) Eşiniz c) Eşimle birlikte d) Aile büyükleri d) Diğer: \_\_\_\_\_

Çocuğunuz “göbek adı” taşıyor mu? a) Evet b) Hayır

Çocuğunuz aile büyüklerinden (aileden birinin) adını mı taşıyor? a) Evet b) Hayır  
Evetse, kimin? \_\_\_\_\_

Çocuğunuz doğmadan önce adının ne olacağına karar verilmiş miydi? a) Evet b) Hayır

Aile büyüklerinden maddi destek alıyor musunuz? (Birden fazla yanıt verebilirsiniz)

- a) Hiçbir yardım almıyoruz  
b) Aileye ait bir konutta oturuyoruz  
c) Para yardımı alıyoruz  
d) Bazı gereksinimleri karşılama (yiyecek, giyecek, tatil gibi)  
e) Çocuğun bazı masraflarını ödemeye katkıda bulunuyorlar  
f) Hafta-içi öğle yemeklerini aile büyüklerinde yeme veya pişirilmiş yemek getirilmesi  
g) Diğer: \_\_\_\_\_

Doğumdan önce, aile içinde, çocuğunuzun gündüz kimin tarafından bakılacağı ile ilgili görüşme yapıldı mı? a) Evet b) Hayır Evetse, önce kiminle konuştunuz? \_\_\_\_\_

Aile büyükleriniz (Anne-anne/baba-anne) gün içinde çocuğunuza bakmayı teklif etti mi?  
a) Evet b) Hayır Evetse, kaç ayliğa kadar bakmayı üstlendiler? \_\_\_\_\_

Çocuğunuzun odasını kaç günlükten ayırdınız? \_\_\_\_\_

Aşağıdaki kişilerle ne sıklıkta görüşüyorsunuz? Uygun bulduğunuz kutuyu işaretleyiniz.

	Her gün	Haftada 2-3	Haftada Bir	İki haftada bir	Ayda bir	Yılda birden fazla
Sizin anne-babanız						
Eşinizin anne-babası						
Sizin kardeşleriniz						
Eşinizin kardeşleri						
Sizin arkadaşlarınız						
Eşinizin arkadaşları						
Sizin akrabalarınız						
Eşinizin akrabaları						
Çocuğunuzun arkadaşları						

Çocuğunuzun aylık masrafları ne kadardır? \_\_\_\_\_

Çocuğunuza ne sıklıkla hediye alıyorsunuz?

a) Haftada 1 b) 15'de 1 c) Ayda 1 d) Özel günlerde e) Diğer: \_\_\_\_\_

Sizin dışınızda çocuğunuza en sık hediye alanlar kimlerdir? \_\_\_\_\_

Ne tür hediyeler alıyorsunuz? a) Oyuncak b) Giysi c) Yemiş d) Diğer \_\_\_\_\_

Çocuğunuzu eğitirken ödül olarak neler kullanıyorsunuz? \_\_\_\_\_

Çocuğunuzu eğitirken ceza olarak neler kullanıyorsunuz? \_\_\_\_\_

Ödül konusunda eşinizle bir fikir birliğiniz var mı? a) Evet b) Hayır

Ceza konusunda eşinizle bir fikir birliğiniz var mı? a) Evet b) Hayır

Çocuğunuza cezayı en çok kim veriyor?

a) Siz b) Eşiniz c) Eşinizle birlikte d) Aile büyükleri

e) Bakıcı/kreş f) Diğer: \_\_\_\_\_

Hastalandığı zaman çocuğunuza kim bakıyor? a) Siz b) Eşiniz  
c) Bakıcı d) Aile büyükleri e) Hastane f) Diğer: \_\_\_\_\_

Çocuğunuz yanında kendisine veya size ait bir battaniye, mendil, kumaş parçası ve benzeri bir şey taşıyor mu? a) Evet b) Hayır

Evetse ne \_\_\_\_\_ ve kaç aylıktan beri? \_\_\_\_\_

Ailece birlikte yemek yerken televizyonu kapatıyor musunuz? a) Evet b) Hayır

Evetse, çocuğunuz tepki koymadan bu kurala uyuyor mu? a) Evet b) Hayır

Aşağıda aile içi iş paylaşımıyla ilgili konular sıralanmıştır. Her madde için eşinizin kendisini ne kadar sorumlu hissettiğini belirtiniz.

	Çok Sorumlu	Sorumlu	Biraz/ Bazen Sorumlu	Sorumlu Değil
Yemek pişirme				
Yiyecek alışverişi yapma				
Bulaşık				
Çamaşır yıkama/toplama				
Ütü				
Toz alma				
Süpürge makinesi ile temizlik				
Yerleri silme				
Dolap yerleştirme/tertiplleme				
Ev tamiratları ile uğraşma				
Eve eşya alma				
Çocuğu oyalama				
Çocuğun altını temizleme/yıkama				
Çocuğu okula götürme/getirme				
Aşılarını yaptırma				
Çocuğu parka götürme				
Dans spor gibi etkinliklere götürme				
Çocuğa giysi alma				
Çocuğa oyuncak alma				

**Yerleşimle ilgili bilgiler:**

Aile büyüklerinden ayrı bir evde kalıyoruz	Evet ( )	Hayır ( )	Karmaşık aile yerleşimi ( )
Yerleşim	Köy ( )		Kent ( )
Yerleşim mekanı	Bahçeli ev ( )	Apartman ( )	Diğer:

**Bakım/egitim yöntemi ile ilgili bilgiler**

Çocuğunuzun kreş/anaokulu'na başlamadan önceki bakım sistemi ile ilgili olarak uygun bölümü işaretleyiniz.

Ay	Anne ile beraber	Büyükanne ile beraber	Bakıcı ile beraber	Kurum (Kreş, vb)	Diğer
00-06					
07-12					
13-18					
19-24					
25-30					
31-36					
37-42					
43-48					
49-54					
55-60					

**Not:** Büyükanne ile ise, lütfen anne-anne (**aa**) ve/veya baba-anne (**ba**) olarak belirtiniz.

Aşağıda çocuk ve annesi arasında gün boyunca yaşanan bir dizi madde bulunmaktadır. Her madde çocuğun veya sizin şu andaki ya da son bir ay içindeki durumunuzu belirtmektedir. Bir madde, çocuk (ya da sizin) için **çok ya da sıklıkla doğru ise 2, bazen ya da biraz doğru ise 1, hiç doğru değilse 0** olarak işaretleyiniz.

Bir madde çocuğun yaşına uygun değilse **Na** olarak işaretleyiniz. Lütfen tüm maddeleri işaretlemeye çalışınız.

0: Doğru değil

1: Bazen ya da biraz doğru

2: Çok ya da sıklıkla doğru

Na: Uygulanamaz

## ANNE İLE İLİŞKİLER

### UYKU

		0	1	2	Na
MF1	Gece bağırdığı zaman onu avutmak için yanına giderim.				
Max1	Uyurken, ara sıra ona bakmaya giderim.				
MF2	Ara sıra onu yatağıımıza alırız.				
MR1	Uykusu gelmemiş olsa bile, onu her zaman aynı saatte yatırırım.				
MA1	Uyuması için ona, hikaye okuma, öpücük, biberon verme gibi bir şeyler yaparım.				
RL1	Kendi başına, ayrı bir odada uyur.				
RL2	Gece yalnız başına uyur.				
MR2	Sabah kahvaltısını zamanında vermek için uykusundan uyandırırım.				
A1	Kendi başına yürüyebilir.				
A2	Kendi başına yatağıından çıkabilir.				

### BESLENME

		0	1	2	Na
MR3	Acıktığında, yemek saatini daha önceye almayı veya yemek saati gelinceye kadar bir şeyler vermeyi reddederim.				
MR4	Çocuğumu biberondan kestim.				
MA2	Yemek yedirirken onu kucağııma alırım.				
A3	Biberonunu kendisi tutarak veya bardaktan kendi başına içer.				
A4	Kaşığı düzgün tutup, dökmeden yer.				
A5	Yemeğın bir kısmını kaşık veya parmakları ile kendi başına yer.				
ME1	Yemeğini elleriyle yemesini engellerim.				
A6	Tüm yemeğini kendi başına yer.				
MA3	Benden istediğı zaman, ona kaşıkla yediririm.				
RL3	Ara sıra da olsa yemeğini benim dışımda başkaları da yedirir.				
ME2	Ortalığı döküp saçmaması için onu ben yediririm.				
A7	Eti yerken kendisi kesmeye çalışır.				
MR5	Tabağıındakileri bitirmesi için ısrar ederim.				
SM1	Israr ettiğım zaman yemeğini yer.				
ME3	Yemeğı sevmemiş olsa bile, az da olsa ona yediririm.				
MR6	Tekrar yemek istediğında, onu reddederim.				
SM2	Yemek esnasında sakindir.				

A8	Kendi başına masadan kalkabilir.				
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### ÖZBAKIM

		0	1	2	Na
A 9	Az da olsa kendi başına elini ve yüzünü yıkar.				
A10	Kendi başına ellerini yıkar.				
MA4	Her gün banyo yaptırım.				
A11	Bazı giysilerini kendisi çıkarır.				
A12	Kendi kendine soyunur.				
A13	Her zaman kendi başına soyunur.				
A14	Yalnız başına bazı giysilerini giyer.				

Çocuğun bakımı (yedirmek, giydirmek vb.) için sizde dahil olmak üzere kaç kişi uğraşır?

### TUVALET

		0	1	2	Na
MP1	Oturağa veya tuvalete ben oturturum.				
SM3	Tuvalette oturduğunda sakindir.				
MR7	Yatırmak, kaldırmak gibi işleri düzenli saatlerde yaparım.				
MP2	Tuvalet veya oturakta on dakikadan fazla oturturum.				
MP3	Günde üç defadan fazla oturağa oturturum.				
A15	Tuvalet veya oturaktan kendi başına kalkabilir.				
MP4	Eğer yapmamışsa tekrar oturturum.				
MA5	Eğer yapmışsa onu tebrik edip ödüllendiririm.				
Pr1	Kakasını ve çişini oturağa yapar.				
Pr2	Kakadan temizlendi.				
Pr3	Külotuna yapmışsa temizlenmeyi ister.				
Pr4	Yapmadan önce söyler.				
Pr5	Gündüzleri çişten kesildi.				
MP5	Gündüzleri altını kirlettiği zaman onu azarlarım.				
Pr6	Bir kaza olmadığı sürece, gündüzleri altını kirletmez.				
Pr7	Geceleri tamamen çişten ve kakadan kesildi.				
MP6	Gece yatağa kaçırırsa onu azarlarım.				
MP7	Gece onu uyandırıp çiş yaptırtırım.				
A16	Kendi kendine tuvalete veya oturağa oturabilir.				
A17	Kendi başına tuvalete gidebilir.				

### GEZİNTİLER

		0	1	2	Na
MA6	Okula veya kreşe götürmenin dışında her hafta gezmeye götürürüm.				
A18	Gezinti yaparken yalnız başına yürüyebilir.				
A19	Elinden tutmadan yürüdüğü olur.				



A20	Her zaman kendi başına yürür (artık çocuk arabası/puset kullanmıyorum).				
SM4	Gezmeye gidildiğinde elini vermesini istediğim zaman bana elini verir.				
ME4	Beraber dolaşırken, kendi başına gezmek isterse, buna izin vermem.				
A21	Yetişkin kişinin gözetimi olmasa da dışarıda oynamaya gider.				
A22	Kendi başına komşuya gider.				

### ETKİNLİKLER

		0	1	2	Na
A23	Kendi başına yarım saat kadar oyalanabilir.				
ME5	Yerde oynamasını engellerim.				
MR8	Oyun oynamasını yasakladığım oda vardır.				
ME6	Ellemesini yasakladığınız eşyalar vardır (tehlikesiz fakat yasak).				
SM5	Sözümü dinletebilmek için bazen vurmak zorunda kalırım.				
SM6	Yasak olanı ilk seferde algılayıp kabul eder.				
SM7	Yasağı birkaç kez tekrarladıktan sonra söz dinler.				
SM8	Sadece azarlandığında söz dinler.				
SM9	Gerekli açıklama yapıldığında söz dinler.				
SM10	Yasak olan ve kesinlikle hiç ellemediği eşyalar vardır.				
MF3	Yasakladığım bir şey üzerinde, çok ısrar ederse, pes ederim.				
SM11	Çağırdığım zaman hemen gelir.				
ME7	Teşekkür etmesi için ona hatırlatma yaparım.				
SM12	Teşekkür eder (veya hareketleriyle ifade eder).				
MR9	Kendisine bir nesne verdiğimde, her defasında teşekkür etmesini isterim.				
ME8	Hoş geldin, güle güle demesini beklerim.				
SM13	Hoş geldin veya güle güle der.				
SM14	Kendisinden istendiği zaman tanıdık birini öper.				
ME9	Oyuncaklarını tertiplemesini isterim.				
SM15	Yardımcı olduğumda oyuncaklarını toplar.				
SM16	Söylediğim zaman yalnız başına kendisi oyuncaklarını toplar.				
MR10	Her gün oyuncaklarını toplattırıyorum.				
MA7	Ona hikaye anlatıyor veya çocuk kitapları okuyorum.				
MA8	Onunla oyun oynarım.				
MA9	Oyun bir çeyrek ya da bir saat kadar sürebilir.				
RL4	Kendi başına, bir odada oynaması için bırakırım.				
RL5	Bazen yarım saatten fazla bırakırım.				
RL6	Ara sıra onu evde yalnız bıraktığım olur.				
AM1	Geldiğimi görünce bana doğru yürür ve benimle				

	konuşur.				
AM2	Kucağıma almamı ister.				
AM3	Her gün kucak ister.				
MF4	Her istediğinde onu kucağıma alırım.				
AM4	Onu sevdiğimde o da beni sever.				
MA10	Onu her gün öperim.				
AM5	Kucağıma aldığımda, uzun bir süre inmeden kalır.				
AM6	Kendiliğinden beni sevmeye gelir.				
AM7	Gidip gelişlerimde beni takip eder.				
AM8	Oyuncaklarını bana getirir, onunla oynamamı ister.				
MF5	Düştüğü zaman, incinmemiş olsa bile, onu teselli ederim.				
AM9	Ben veya başka birisi onu azarladığı zaman bana gelip teselli olmak ister.				
MF6	Böyle bir durumda onu teselli ederim.				
MF7	Çağırdığı zaman hemen giderim.				
MF8	Sinirlendiği zaman onu yatıştırırım.				
MF9	Kucağa alınmak isterse ve ben de bir işle uğraşıyor olsam bile kucağıma alır, onunla ilgilenirim.				
SM17	Benden bir şey isterse ve ben de uğraşıyor olursam, en az 15 dakika kadar sakince bekler.				
MF10	Onu başka bir çocuk rahatsız ederse, onu korurum.				
ME10	Başka bir çocuk ile kavga ederse onları ayırırım.				
IM1	Benim bazı hareketlerimi taklit eder.				
IM2	Öğrettiğim sözcük ve cümleleri tekrarlar.				
IM3	Süpürmek, yemek pişirmek gibi bazı etkinliklere katılmak ister.				
IM4	Başka zaman bu etkinlikleri kendi kendine yapmaya çalışır.				
IM5	Benim yaptıklarımı oyuncakları ile taklit eder (örn. Bebeğini yıkama gibi).				
IM6	Benim giysilerimi giymeye çalışır.				
IM7	Anne olduğunu veya bir bayan olduğunu söyler.				
IM8	Aile bireyleri arasında en çok beni taklit eder.				
AM10	Aile bireyleri arasında en çok beni tercih eder.				
AgM1	Ona bir şeyi yasakladığım zaman beni iter.				
AgM2	Beni tırmaladığı olur.				
AgM3	Beni ısırıldığı olur.				
AgM4	Ona vurduğumda o da dönüp bana vurur.				
AgM5	Kendiliğinden bana vurduğu olur.				
AgM6	Bana bir şeyle vurur veya bana bir şey fırlatır.				
AgM7	Bir şeyimi alıp beni tedirgin etmek gibi davranışlarla bana takıldığı olur.				
AgM8	Kötü sözler söyleyerek bana küfür ettiği olur.				
AgM9	Oyun esnasında, bana saldırıyormuş veya beni öldürüyormuş gibi yaptığı olur.				
AgM10	Dil çıkarma gibi yasakladığım davranışları yaptığı olur.				

**BAKIM**

		0	1	2	Na
RL7	Gün içerisinde, onu bakılması için ailem dışında başka birine bıraktığım olur.				
RL8	Ara sıra başka yerde yatıya kalır.				
RL9	Onu bakım için bakıcı kadın, kreş, okul, gibi yerlere düzenli bir şekilde bırakırım.				

**SAĞLIK**

		0	1	2	Na
Max2	Bu ay onu doktora gösterdim.				
Max3	Bu sıralar ona ilaç veriyorum.				
Max4	Onu son bir ayda tattım.				
Max5	Sürekli hasta olduğu kanısındayım.				
Max6	Ateşi çıktığında hemen doktora gösteririm.				
Max7	Genel gelişiminden memnunum.				
Max8	Kolay bir kişiliği olduğunu düşünürüm.				

Anket tarihi:...../...../..... Anket No:.....

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

		Hemen Hiçbir Zaman	Bazen	Çok Zaman	Hemen Her Zaman
1.	Genellikle keyfim yerindedir.				
2.	Genellikle çabuk yorulurum.				
3.	Genellikle kolay ağlarım.				
4.	Başkaları kadar mutlu olmak isterim.				
5.	Çabuk karar veremediğim için fırsatları kaçıırım.				
6.	Kendimi dinlenmiş hissedirim.				
7.	Genellikle sakin, kendime hakim ve soğuk kanlıyım.				
8.	Güçlüklerin yenemeyeceğim kadar çok biriktiğini hissedirim.				
9.	Önemsiz şeyler hakkında endişelenirim.				
10.	Genellikle mutluyum.				
11.	Her şeyi ciddiye alır ve etkilenirim.				
12.	Genellikle kendime güvenim yoktur.				
13.	Genellikle kendimi güvende hissedirim.				
14.	Sıkıntılı ve güç durumlarla karşılaşmaktan kaçınırım.				
15.	Genellikle kendimi hüzünlü hissedirim.				
16.	Genellikle hayatımdan memnunum.				
17.	Olur olmaz düşünceler beni rahatsız eder.				
18.	Hayal kırıklığına öylesine ciddiye alırım ki hiç unutamam.				
19.	Aklı başında ve kararlı bir insanım.				
20.	Son zamanlarda kafama takılan konular beni tedirgin etmektedir				

Anket tarihi:..../..../.... Anket No:.....

**Yönerge:** Lütfen her ifadenin evinizde ne sıklıkta GENEL OLARAK yaşandığını değerlendiriniz. Olası cevaplar,

Hiçbir zaman (1), Neredeyse hiçbir zaman (2), Bazen (3), Sıkça (4),  
ve Her zaman (5).

LÜTFEN TÜM İFADELERİ CEVAPLAYINIZ.

	Hiçbir Zaman	Neredeyse Hiçbir zaman	Bazen	Sıkça	Her zaman
1. Çocuğunuzla samimi ve dostça bir ses tonuyla konuşursunuz.	1	2	3	4	5
2. Çocuğunuza size ihtiyacı olduğu kadar yardım etmezsiniz.	1	2	3	4	5
3. Duygusal olarak çocuğunuza karşı soğuksunuz.	1	2	3	4	5
4. Çocuğunuzun sorunlarını ve endişelerini anlamaya çalışırsınız.	1	2	3	4	5
5. Çocuğunuza karşı sevecensiniz.	1	2	3	4	5
6. Çocuğunuzla konuşmaktan veya etkileşim içine girmekten zevk alırsınız.	1	2	3	4	5
7. Çocuğunuza sık sık gülümsersiniz.	1	2	3	4	5
8. Çocuğunuzun ne istediğini veya neye ihtiyacı olduğunu anlamakta zorluk çekersiniz.	1	2	3	4	5
9. Çocuğunuza kendisini istenmiyor gibi hissettirirsiniz.	1	2	3	4	5
10. Üzgün olduğunda çocuğunuzun daha iyi hissetmesini sağlayabilirsiniz.	1	2	3	4	5
11. Çocuğunuzla çok fazla konuşmaz ya da etkileşim içine girmezsiniz.	1	2	3	4	5
12. Çocuğunuzu övmezsiniz.	1	2	3	4	5

Anket tarihi:...../...../..... Anket No:.....

Çocuk yetiştirme ve aile ilişkileri konusunda bir araştırma yapılmaktadır. Sizden aile yaşantınızla ilgili duygu ve düşüncelerinizi belirtmeniz istenmektedir. Araştırmada toplanacak veriler bir bütün olarak değerlendirileceği için kimliğinizle ilgili bilgi vermeniz gerekmemektedir. Araştırmadan sağlıklı sonuçlar çıkabilmesi için yanıtların samimi olması çok önemlidir. Katkılarınız için şimdiden teşekkür ederiz.

Doç. Dr. Biran Mertan  
Güler Ataş (Yüksek lisans öğrencisi)

Aşağıda çocuk ve babası arasında gün boyunca yaşanan bir dizi madde bulunmaktadır. Her madde çocuğun veya sizin şu andaki ya da son bir ay içindeki durumunuzu belirtmektedir. Bir madde, çocuk (ya da sizin) için **çok ya da sıklıkla doğru ise 2, bazen ya da biraz doğru ise 1, hiç doğru değilse 0** olarak işaretleyiniz. Bir madde çocuğun yaşına uygun değilse **Na** olarak işaretleyiniz. Lütfen tüm maddeleri işaretlemeye çalışınız.

0: Doğru değil

1: Bazen ya da biraz doğru

2: Çok ya da sıklıkla doğru

Na: Uygulanamaz

		0	1	2	Na
AP1	Geldiğimi görünce bana doğru yürür ve benimle konuşur.				
PA1	Onu her gün öperim.				
AP2	Onu öptüğümde o da beni öper.				
AP3	Kendiliğinden beni sevmeye gelir.				
AP4	Kucağıma almamı ister.				
AP5	Her gün kucak ister.				
PA2	Her istediğinde onu kucağıma alırım.				
AP6	Kucağıma aldığımda, uzun bir süre inmeden kalır.				
PA3	Onunla oyun oynarım.				
AP7	Gidip gelişlerimde beni takip eder.				
AP8	Oyuncaklarını bana getirir, onunla oynamamı ister.				
PA4	Gece uyanıp çağırdığı zaman, onu görmek veya yatıştırmak için yanına giderim.				
PA5	Ara sıra onu yatağıma alırım.				
AP9	Düştüğü zaman veya birisi onu azarladığı zaman, teselli olmak için bana gelir.				
PA6	Böyle durumlarda onu teselli ederim.				
PA7	Onun bakımını üstlenirim, onu yıkarım.				
PA8	Onu kaldırıp, giydirip veya yatırırım.				
PA9	Ona yemek yediririm.				
PA10	Oturağa veya tuvalete oturturum.				
PA11	Gün içinde gerektiği durumlarda çocuğuma tek başıma bakarım.				
PA12	Onu gezmeye veya alışverişe götürürüm.				
Pax1	Uyurken, ara sıra ona bakmaya giderim.				
IP1	Benim bazı hareketlerimi taklit eder.				
IP2	Kullandığım bazı sözcükleri veya cümleleri tekrarlar.				
IP3	Yaptığım etkinliklere (örn. Araba yıkama gibi) katılmak ister.				
IP4	Ara sıra da olsa, bazı etkinliklerimi kendiliğinden tekrar eder.				
IP5	Oyun esnasında bazı etkinliklerimi taklit eder (örn. Araba kullanma gibi).				
IP6	Benim giysilerimi giymeye çalışır.				

IP7	Baba olduğunu veya bir erkek olduğunu söyler.				
AgP1	Ona bir şeyi yasakladığım zaman, itiraz edip, beni itekler.				
SP1	Yasak olanı ilk seferde algılayıp kabul eder.				
SP2	Yasağı birkaç kez tekrarladıktan sonra söz dinler.				
SP3	Onu azarladığım zaman söz dinler.				
SP4	Yasak olan davranışı durdurmak için ona vurmam gerekir.				
SP5	İzah ettiğimde sözümü dinler.				
AgP2	Beni tırmaladığı olur.				
AgP3	Beni ısırıldığı olur.				
AgP4	Ona vurduğumda o da dönüp bana vurur.				
AgP5	Kendiliğinden bana vurduğu olur.				
AgP6	Bana bir şeyle vurur veya bana bir şey fırlatır.				
AgP7	Bir şeye el koymak veya bana kötü sözler söylemek gibi davranışlarla beni tedirgin ettiği olur.				
AgP8	Bana karşı kötü sözler (örn. pis gibi) söylediği olur.				
AgP9	Bana saldırıyormuş veya beni öldürüyormuş gibi yaptığı olur.				
AgP10	Beni tedirgin etmek için dil çıkarma gibi muziplikler yaptığı olur.				
Pax2	Sık sık hasta olduğunu düşünürüm.				
Pax3	Ateşi çıktığında hemen doktora gösteririm.				
Pax4	Ona ilaç veririm.				
Pax5	Genel gelişiminden memnunum.				
Pax6	Kolay bir kişiliği olduğunu düşünürüm.				

Anket tarihi:..../..../.... Anket No:.....

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

		Hemen Hiçbir Zaman	Bazen	Çok Zaman	Hemen Her Zaman
1.	Genellikle keyfim yerindedir.				

2.	Genellikle çabuk yorulurum.				
3.	Genellikle kolay ağlarım.				
4.	Başkaları kadar mutlu olmak isterim.				
5.	Çabuk karar veremediğim için fırsatları kaçıırım.				
6.	Kendimi dinlenmiş hissedirim.				
7.	Genellikle sakin, kendime hakim ve soğuk kanlıyım.				
8.	Güçlüklerin yenemeyeceğim kadar çok biriktiğini hissedirim.				
9.	Önemsiz şeyler hakkında endişelenirim.				
10.	Genellikle mutluyum.				
11.	Her şeyi ciddiye alır ve etkilenirim.				
12.	Genellikle kendime güvenim yoktur.				
13.	Genellikle kendimi güvende hissedirim.				
14.	Sıkıntılı ve güç durumlarla karşılaşmaktan kaçınırım.				
15.	Genellikle kendimi hüzünlü hissedirim.				
16.	Genellikle hayatımdan memnunum.				
17.	Olur olmaz düşünceler beni rahatsız eder.				
18.	Hayal kırıklığı öylesine ciddiye alırım ki hiç unutamam.				
19.	Aklı başında ve kararlı bir insanım.				
20.	Son zamanlarda kafama takılan konular beni tedirgin etmektedir				

Anket tarihi:..../..../.... Anket No:.....

**Yönerge:** Lütfen her ifadenin evinizde ne sıklıkta GENEL OLARAK yaşandığını değerlendiriniz. Olası cevaplar,

Hiçbir zaman (1), Neredeyse hiçbir zaman (2), Bazen (3), Sıkça (4), ve Her zaman (5).

LÜTFEN TÜM İFADELERİ CEVAPLAYINIZ.

	Hiçbir Zaman	Neredeyse Hiçbir zaman	Bazen	Sıkça	Her zaman
1. Çocuğunuzla samimi ve dostça bir ses tonuyla konuşursunuz.	1	2	3	4	5
2. Çocuğunuza size ihtiyacı olduğu kadar yardım etmezsiniz.	1	2	3	4	5



3. Duygusal olarak çocuğunuza karşı soğuksunuz.	1	2	3	4	5
4. Çocuğunuzun sorunlarını ve endişelerini anlamaya çalışırsınız.	1	2	3	4	5
5. Çocuğunuza karşı sevecensiniz.	1	2	3	4	5
6. Çocuğunuzla konuşmaktan veya etkileşim içine girmekten zevk alırsınız.	1	2	3	4	5
7. Çocuğunuza sık sık gülümsersiniz.	1	2	3	4	5
8. Çocuğunuzun ne istediğini veya neye ihtiyacı olduğunu anlamakta zorluk çekersiniz.	1	2	3	4	5
9. Çocuğunuza kendisini istenmiyor gibi hissettirirsiniz.	1	2	3	4	5
10. Üzgün olduğunda çocuğunuzun daha iyi hissetmesini sağlayabilirsiniz.	1	2	3	4	5
11. Çocuğunuzla çok fazla konuşmaz ya da etkileşim içine girmezsiniz.	1	2	3	4	5
12. Çocuğunuzunuzu övmezsiniz.	1	2	3	4	5

**YARDIMLARINIZ İÇİN TEŞEKKÜR EDERİZ.**

## **Appendix B: Eastern Mediterranean University Psychology Department's Ethics and Research Committee Approval Letter**



**Eastern  
Mediterranean  
University**

**The Department of Psychology  
Eastern Mediterranean University  
Research & Ethics Committee  
Senel Husnu Raman-Chairperson**

**Famagusta, Turkish Republic of Northern Cyprus  
Tel: +(90) 392 630 1389  
Fax: +(90) 392 630 2475  
e-mail: senel.raman@emu.edu.tr  
Web: <http://brahms.emu.edu.tr/psychology>**

Ref Code: 13/07-40  
Date: 24.07.2013

Dear Guler Atas,

Your proposal submitted in partial fulfillment of the course requirements for PSYC500 *Masters Thesis* has been *approved* by the Research & Ethics Committee on 24.07.2013 as there are no ethical violations in the application. However, from a research point of view, the proposed hypotheses and measurement materials do not match. For instance, the role of the state trait anxiety measure is not included in the hypothesis. You will need to carefully consider such points when starting your research.

If any changes to the study described in the application or supporting documentation is necessary, you must notify the committee and may be required to make a resubmission of the application. This approval is valid for one year.

Good luck with the research.

Yours sincerely,



Assist. Prof. Dr. Senel Husnu Raman  
On Behalf of the Research & Ethics Committee  
Psychology Department  
Eastern Mediterranean University