**REP. OF TURKEY**

**TED UNIVERSITY**

**GRADUATE SCHOOL**

DEVELOPMENTAL FOCUSED CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY

# INVESTIGATING THE RELATION BETWEEN MATERNAL CHILDHOOD TRAUMATIC EXPERIENCES AND CHILDREN'S EMOTION REGULATION: MEDIATING ROLE OF MATERNAL EMOTION REGULATION AND EMOTION SOCIALIZATION

GÖKSU CEREN GÜLPINAR

ANKARA, 2021

# INVESTIGATING THE RELATION BETWEEN MATERNAL CHILDHOOD TRAUMATIC EXPERIENCES AND CHILDREN'S EMOTION REGULATION: MEDIATING ROLE OF MATERNAL EMOTION REGULATION AND EMOTION SOCIALIZATION

A Thesis Submited To
The Graduate School
of
TED University

by

Göksu Ceren Gülpınar

In Partial Fulfillment of The Requirements
For
Master of Science
in
Developmental Focused Clinical Child and Adolescent Psychology

ANKARA, 2021

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

Name, Last name: Göksu Ceren Gülpınar

Signature :

# ABSTRACT

INVESTIGATING THE RELATION BETWEEN MATERNAL CHILDHOOD TRAUMATIC EXPERIENCES AND CHILDREN'S EMOTION REGULATION: MEDIATING ROLE OF MATERNAL EMOTION REGULATION AND EMOTION SOCIALIZATION

Göksu C. Gülpınar

Master of Arts, Developmental Focused Clinical Child and Adolescent Psychology

Supervisor: Assoc. Prof. Dr. Ilgın Gökler Danışman

Co-Supervisor: Assoc. Prof. Dr. Tuğba Uzer Yıldız

January, 2021

History of maternal childhood trauma predicts socio-emotional difficulties in children. This relationship implies that a traumatic experience can be transmitted to the next generation. The present study examines the underlying mechanisms of the intergenerational effect of trauma on children's emotion regulation abilities. Previous research indicated positive correlations among one's early traumatic experiences, emotion regulation difficulties and negative parenting outcomes. We also know that emotion socialization practices, which could be considered as a parental task, predict children's emotion regulation skills. These findings were the basis why we have proposed maternal emotion regulation difficulties and unsupportive emotion socialization practices as mediators in the current study. Mothers ($n$ = 195) who have children between the ages of 4-11, participated in our study. Participants completed self-report measures assessing their traumatic history, emotion regulation difficulties, use of socialization of negative emotions and their children's emotion regulation skills. A serial mediation analysis demonstrated that maternal emotional regulation difficulties which create unsupportive emotion socialization practices significantly mediated the relationship between maternal childhood trauma and child's emotion regulation skills. The results emphasize the significance of maternal emotional regulation difficulties and unsupportive emotion socialization processes to explain the intergenerational transmission of trauma on children's emotion regulation skills. The study has several theoretical as well as clinical implications in terms of the mechanisms of trauma transmission and intervention possibilities to break that cycle.

*Keywords:* Maternal Childhood Trauma, Intergenerational Effect of Trauma, Emotion Regulation, Emotion Socialization

# ÖZET


ANNELERİN ÇOCUKLUK ÇAĞI TRAVMATİK YAŞANTILARI VE ÇOCUKLARININ DUYGU DÜZENLEMESİ ARASINDAKİ İLİŞKİNİN İNCELENMESİ: ANNELERİN DUYGU DÜZENLEMESİ VE DUYGU SOSYALLEŞTİRMENİN ARACI ROLÜ

Göksu C. Gülpınar

Master of Arts, Gelişim Odaklı Klinik Çocuk ve Ergen Psikolojisi

Tez Yöneticisi: Doç. Dr. Ilgın Gökler Danışman

Ortak Tez Yöneticisi: Doç. Dr. Tuğba Uzer Yıldız

Ocak, 2021

Annelerin çocukluk çağı travma yaşantısının çocuklarda sosyal-duygusal zorlukları yordadığı bilinmektedir. Bu ilişki, travmatik bir deneyimin etkilerinin gelecek nesillere aktarılabileceğini göstermektedir. Bu çalışma, travmanın çocukların duygu düzenleme becerileri üzerindeki kuşaklararası etkisinin altında yatan mekanizmaları incelemektedir. Önceki araştırmalar, kişinin erken dönem travmatik deneyimleri, duygu düzenleme zorlukları ve olumsuz ebeveynlik sonuçları arasında pozitif korelasyon olduğunu göstermiştir. Ebeveyn görevi olarak düşünülebilecek duygu sosyalleştirme uygulamalarının çocukların duygu düzenleme becerilerini yordadığını da çalışmalardan bilmekteyiz. Alan yazındaki bu bulgular, bu çalışmada aracı değişken olarak anne duygu düzenleme zorluklarını ve destekleyici olmayan duygu sosyalleştirme uygulamalarını öneren modelimizin temelini oluşturdu. Çalışmamıza 4-11 yaş arasında çocuğu olan anneler (n = 195) katılmıştır. Katılımcılar, travmatik geçmişlerini, duygu düzenleme zorluklarını, olumsuz duyguların sosyalleşmesini ve çocuklarının duygu düzenleme becerilerini değerlendiren öz bildirim ölçeklerini doldurdular. Aracı değişken analizi, annelerin duygu düzenleme zorlukları arttıkça kullandıkları destekleyici olmayan duygu düzenleme davranışlarının arttığını, bu durumun da annelerin travmatik yaşantılarıyla çocukların duygu düzenleme zorlukları arasındaki ilişkiye aracılık ettiği gösterilmiştir. Sonuçlar annelerin travma yaşantısının çocukların duygu düzenleme becerileri üzerindeki nesiller arası etkisini açıklarken anneye özgü duygusal düzenleme zorluklarının ve destekleyici olmayan duygu sosyalleştirme süreçlerinin önemini vurgulamaktadır. Çalışma, travma aktarım mekanizmaları ve bu döngüye müdahale ietmek çin çeşitli teorik ve klinik çıkarımlara sahiptir.



*Anahtar Sözcükler:* Annelerin Çocukluk Çağı Travmatik Deneyimleri, Travmanın Kuşaklararası Etkisi, Duygu Düzenleme, Duygu Sosyalleştirme

## ACKNOWLEDGMENTS

I would like to express my deepest gratitude and special thanks to my supervisor Assoc. Prof. Dr. Ilgın Gökler Danışman and co-supervisor Assoc. Prof. Dr. Tuğba Uzer Yıldız for their advice, guidance, emotional and instrumental support throughout the research. Thank you for your encouragement and trust in me. This made my process much easier.

I would also like to thank to each of my jury members Dr. Emrah Keser and Assoc. Prof. Sait Uluç for their important suggestions and comments. Their feedbacks were mind-opening.

My family made me feel supported unconditionally throughout my thesis project and my education life. I knew that anytime I need help they will be there for me. You always put education as priority and that inspired me. I appreciate your existence.

I would like to thank to my dear Bekir who reminded me my power and became a source of motivation for me. Thank you for always being there for me when I am in need.

The assistance of class teachers and counsellors in data collection was very precious. Since it is not easy to find participants for the social science researches, their effort and contribution have been very important in conducting this research. They also deserve special thanks.

TABLE OF CONTENTS

# LIST OF TABLES

TABLES

## LIST OF FIGURES

FIGURES

# CHAPTER 1

## INTRODUCTION

Early childhood trauma is a complex phenomenon that has multiple negative consequences across life span. Mothers with a history of adverse childhood experiences are under social, behavioral and health risks. For instance, they experience more somatic complaints. In addition, higher levels of substance misuse and abuse have been reported in these mothers (Anda et al., 2006). Depressive symptoms in pre and post-natal period are more prevalent and persistent among mothers who had a history of adverse childhood experiences (McDonnell, & Valentino, 2016). These results suggest the cascading effects of childhood distress on mothers' well-being.

Effects of early traumatic history extends beyond the one who is directly exposed to it. Not only the mothers with adverse childhood experiences are affected but also their offsprings are affected. Negative influences of maternal childhood trauma on children's well-being could be labeled as intergenerational effects of trauma. Separating out interpersonal and non-interpersonal traumas is important because according to previous research, history of early-onset interpersonal trauma constitutes higher risk for social, behavioral and emotional problems (Ehring, & Quack, 2010; van der Kolk, 1996). This paper will be referring to the early experiences of interpersonal trauma when mentioning traumatic history.

Intergenerational transmission of trauma has been explained from different psychological perspectives previously. For instance, *Ghosts in the Nursery* term have been proposed for explaining this transmitted effect (i.e., *ghosts in the nursery*; Fraiberg, Adelson, & Shapiro,1974). According to this phenomenon, the vulnerabilities in the parent's past intrudes into mother-child interaction with more emphasis on unconcious processes. Posttraumatic Stress Disorder (PTSD) is also considered as a transmission mechanism by which a parental trauma is exerting its adverse effects on children (*secondary traumatic stress*; Rosenheck, 1986). For instance, children of trauma survivors with PTSD, are shown to be more prone to behavioral and emotional problems, have higher disruptive behaviors, and experience more difficulties in peer relations (Caselli, Motta,1995; Dekel, & Goldblatt, 2008;

Rosenheck, &Fontana, 1998). Childhood traumatic experiences put the individual under risk for PTSD however not all individuals develop the disorder. Moreover, intergenerational effect of PTSD is more of an indirect one instead of a direct one (Dekel, & Goldblatt, 2008; Harkness, 1993). More central effect of traumatic experiences is having difficulties in emotion regulation (ER) and impulse control (van der Kolk, & Vessel, 1994). There are plenty of researches that shows the transmitted effect of trauma to next generation beyond PTSD.

Maternal childhood maltreatment history predicted maladaptive socio-emotional symptoms in their infants (McDonnel, & Valentino, 2016). In addition, maternal trauma was found to be associated with greater bonding disruptions and developmental difficulties (Lyons-Ruth, & Block, 1996; Schwerdtfeger, & Goff, 2007). Infants' temperamental properties is also predicted by a history of maternal abuse. Infants of mothers with physical abuse history show more negative emotionality which is an early predictor of future ER abilities (Lang, Gartstein, Rodgers, & Lebeck, 2010). As children grew up, these former temperamental and attachment related problems might be manifesting itself as emotional and behavioral problems and difficulties in their peer relations (Roberts, O'Connor, Dunn, & Golding, 2003).

### 1.1 Maternal Emotion Regulation and Parenting Practices as Possible Mechanisms of the Intergenerational Effect of Trauma

Traumatic history of a parent is associated with negative parenting outcomes (Banyard, 1997; Dilillo, Tremblay, &Peterson, 2000). Cumulative maternal trauma predicted punitiveness, psychological aggression, use of physical discipline as well as abuse potential regardless of demographic variables (Cohen, Hien, & Batchelder, 2008). Beyond the use of physical punishment, history of maternal trauma is associated with more protective service reports which signals the presence of possible abuse. Mothers with trauma history are also less satisfied with their own parenting (Banyard, Williams, & Siegel, 2003).They perceive themselves more negatively as parents. They also experience more anger, which increases the possibility of engaging in abusive behavior towards their children (DiLillo, Tremblay, & Peterson, 2000). These findings imply that history of a maternal trauma increases certain parenting practices which would result in unfavorable outcomes in terms of children's socio-emotional development. Consistently, negative parenting practices are found to mediate the

relationship between maternal childhood trauma history and maladaptive child outcomes (Plant et al., 2018; Rijlaarsdam et al., 2014; Schwerdtfeger et al., 2013; Thompson, 2007).

How would history of maternal trauma and parenting behaviors could be linked? When maternal trauma is an interpersonal one, parent-child system is more likely to be effected. It is because interpersonal traumas are more likely to disrupt emotional and social competence of the individual as well as their competence as a parent. For instance, mothers who are sexually abused have difficulties in responding to child's call for closeness, comfort and protection. Such that these mothers were found to be more self-focused than child-focused; and they are more likely to blame, derogate and show less acceptance when talking with their children (Burkett, 1991; Koren-Karie et al., 2004). During their interaction with their children mothers with history of sexual abuse behaved more intrusively and impulsively with their children (Moehler, Biringen, &Poustka, 2007). In addition, they were less insightfull to children's needs (Koren-Karie, & Getzler-Yosef, 2019).

There are some theoretical assumptions attempting to explain the impact of history of trauma on parenting. One pathway might be through post-traumatic stress disorder. A disorder that straightforwardly effects emotion regulatory system (Cohen, Hien&, Batchelder, 2008). Since not all individuals who are exposed to trauma, develop PTSD, more inclusively disrupted ER abilities due to trauma could be responsible for ineffective parenting behavior. Besides, either PTSD or other psychiatric symptoms alone fail to predict parenting behavior (Cloitre, Miranda, Stovall-McClough, & Han, 2005; Harkness, 1993; Pears, & Capaldi, 2001). In fact, post-traumatic stress symptoms are found to effect parenting behavior through their effect on maternal ER. As post-traumatic stress symptoms increase, level of supportive parenting decreases through mother's ER difficulties (Gurtovenko, & Fainsilber, 2020). Since history of trauma disrupts ER capabilities of the individual initially, these mothers might be having ER difficulties that effects their parenting abilities consecutively; which in turn might disrupt child's emotion regulatory abilities. Expectedly, the more impaired the parenting due to traumatic history, the greater the behavior problems in children (Rijlaarsdam et al., 2014; Thompson,2007). Via this mechanism, the effect of trauma might be extending beyond the victim. History of

trauma disrupts ER capabilities of the individual initially as mentioned above, maternal ER could be proposed as one of the variables that is serves in intergenerational transmission of the effects of trauma. The following sub-section will elaborate why maternal trauma influences child's ER via maternal ER processes with a focus on the relationship between maternal ER and child's ER. Explaining the relationship between maternal ER and child's ER will also bring us to the explanation why we also consider unsupportive emotional socialization practices as other underlying mechanism to explain the influence of maternal childhood trauma on children's ER skills.

### 1.2 Relation between Maternal Emotion Regulation and Child's Emotion Regulation

Emotion regulation (ER) is a broad term which is important in child's adjustment. It could be defined as processes that are internally or externally involved in order to initiate, maintain and modulate the occurrence, magnitude and expression of the emotions, such that it becomes goal-directed (Thompson, 1994). In other words, ER implies flexible, adaptive and socially appropriate ways of expressing emotional experiences (Morris et al., 2007).

There are multiple factors that influence ER development in children. Internally involved processes addresses child's individual characteristics such as neurophysiology, temperament and cognitive development. These are all important in the development of ER abilities. On the other hand, ER is also a socially constructed notion and there are externally involved processes as well. For instance, during early and middle childhood, children rely more on their family as a socialization agent such that familial characteristics contribute to the ER development. It is important to note that these internally and externally involved processes are always in interaction and they could not be thought in isolation (Morris et al., 2007).

Development of ER in children could be viewed within attachment theory perspective. Infants are born with a psychobiological system which drives them to seek proximity with caregivers in presence of internal and external stressors. When caregivers could be able to serve as safe haven for the infants, down regulation of negative affect is provided by the caregivers when infant needs (Bowlby, 1988). This system is the most basic system and it has innate regulatory function for the infants. When this caregiver is inconsistent, insensitive or unresponsive to the infant,

attachment systems becomes an insecure one. Caregiver fails to provide regulation for the infant such that s/he is left with unregulated negative emotions (Bowlby, 1973). This attachment system consists of some hidden regulators that contributes infants physiological and behavioral regulation (e.g., warmth, gaze, tactile stimulation; Hofer, 2008). These hidden regulators within mother-infant system effects infant's regulatory system. Such that infant's physiological reactivity mimicked their mother's (Waters, West, & Mendes, 2014). These subtle regulators between caregiver-infant relationship transforms throughout development. For instance, as children become verbal and start to talk about their emotional states. At that point, parents could contribute to their children's emotional knowledge and self-regulation via engaging in emotional talks ( Cole, Mitchel, & Teti, 2008).

According to Bandura's social learning theory, emotional behaviors are learnt through observation. By observing, children imitate their model's expressing and regulating strategies of their emotions (Bandura, 1977). These models frequently be their parents. Modeling does not have to be explicit processes. Parental emotional displays, interactions and regulation strategies within family could be observed by the children. This way they learn how to react and regulate their emotions in similar situations. Studies support social learning of ER. It is shown that children develop similar regulation strategies as their parent's (Garber, Braafladt, & Zeman, 1991; Silk et al., 2006). Both attachment theory and social learning theory, imply ER as a co-regulated and co-constructed notion between caregiver and the children.

Internally and externally involved processes in a child's ER development mutually contribute to child's adjustment. Morris and colleagues (2007) suggest a tripartite model in which they posit multiple direct and indirect processes that relate maternal ER and children's emotional outcomes. This theory suggests three processes involved in children's ER development: parenting practices, observation and family's overall emotional climate. Current study will focus on the parenting practices related with emotion socialization as a medium that effects children's ER.

They note that parenting practices especially the ones that are related with socialization of emotions affect child's ER abilities. Parenting practices related to emotion socialization can either foster or hinder ER abilities of children.

Furthermore, the model suggests that parental characteristics, parental ER skills for instance, exert its effect indirectly on children's ER through parenting practices.

Based on Morris and colleagues model (2007), growing body of literature has shown some evidence that reveals the mediating effect of emotion related parental practices on the relationship between parental ER and children's ER. In a study, maternal ER difficulties predicted children's adaptive ER skills by the mediating effect of positive family expressiveness (Are & Shaffer, 2016). An another study, which was conducted with Chinese mothers and fathers, showed similar mediation effect. Both maternal and paternal emotion dysregulation predicted the unsupportive emotional reactions that parents adopted in response to children's negative emotions, which in turn affected children's ER skills (Are & Shaffer, 2016). When parental emotion regulatory problems are less, it leads parents to use more supportive emotional reactions to children's negative emotive experiences (Han, Qian, Gao, & Dong, 2015). In addition, congruent with previous findings, in a more recent study, relationship between maternal emotion dysregulation and children's ER was found to be mediated by mother's unsupportive emotional reactions to children's negative emotions (Li, Li, Wu, & Wang, 2019). These studies support the idea that disrupted maternal ER lead to unsupportive maternal emotional socialization practices, which in turn results in ER problems in the children.

Early experiences of abuse and neglect have detrimental effects on one's ER skills, which might lead to hypervigilance and misinterpretation of the possible danger or threat. For instance, chronically traumatized children demonstrate diminished emotional self-regulatory capacity (Van der Kolk, 2003). Related research indicates that an earlier disruption in emotion regulatory capacity might extend beyond. History of childhood sexual abuse in mothers is associated with anxiety, nervousness and problems in regulating affective arousal (Bailey, Moran, & Pederson, 2007; Schuetze, & Eiden, 2005). Retrospective and prospective studies have also shown that childhood neglect and abuse are linked with self-regulation disruptions such as aggression directed to self and others (Anda et al., 2005; Scott et al., 2012; Van der Kolk, & Fisler, 1994). This regulatory disruption of mothers with traumatic history is present in parent-child interaction as well. Mothers with history of early trauma showed more flattened affect during their interaction with their 6-months old infants (Juul et al.,

2015). Furthermore, amygdala response of the mothers with a history of trauma history to distressed face of their infants differed from the responses of mothers without such a history. These findings suggest a neurobiological mechanism of ER disruption of the mothers with trauma history which is beyond the scope of this study (Kim et al., 2014). Dysregulated emotions of mothers with trauma history arise in mother-child emotion dialogue as well. Mothers with sexual abuse history were less cooperative and showed less sensitive guidance whereas their children were less exploratory in their dialogues on negative emotions (Karie, Oppenheim, & Yosef, 2008).

Mother-child interactions provide a space for a child to explore and reconstruct emotions and learn how to regulate them. Mother-child interaction, therefore, is an important medium for emotion socialization of children especially during early and middle childhood. Early traumatic experiences impact children's ER skills also through mother-child interactions regarding emotions.

Moreover, the effect of maternal ER on child's functionality is beyond the effect of PTSD symptoms of the mothers (Cloitre, Miranda, Stovall-McClough, & Han, 2005). These findings support the idea that ER is a relational notion that is co-constructed between the child and the caregiver where past trauma intrudes. It takes mothers to regulate their own emotions in order to serve as an effective socialization agent for their children.

In brief, early trauma disturbs maternal ER skills. Parents' ER skills are crucial for children's own ER skills because parents stand as socialization agents for their children to regulate their emotions. Parents' ER skills impact parenting practices and children learn regulating their own emotions through these parenting practices (Dix, 1991). Morris and colleagues' (2007) explain familial influences on children's ER development in their model. According to the model, - the maternal ER skills, influence emotion related practices that parents adopt and these practices affect children's ER. The following section will elaborate on how these emotion-related practices are influencing children's ER skills.

### 1.3 Emotion Socialization

Starting with infancy, parents introduce their knowledge about emotions and regulating strategies to their children. Preschool children refer to their inner states at an increasing rate over time. With this increasing verbal acquisition, past, present and

future emotional experiences could be represented in language, discussed and parents can coach their children on emotional expression and ER (von Salich, 2008). In families where conversations about feelings occur more frequently, children are better able to explain feelings and actions (Dunn, Brown, Slomski, Tesla, & Youngblade, 1991). Family being the primary socialization agent, parents' emotion-related practices at home determine child's ER.

Considerable amount of research addresses the relationship between emotion-related parenting practices and child's ER. Children of parents who are more tuned with their emotional expressions were found to be better at regulating their own emotions. Parents' contingent responses to children's display of sadness was found to be related to child's regulation of sadness (Bariola, Gullone, & Hughes, 2011). Maternal validation of emotional experiences of children predicted children's adaptive ER skills (Shipman et al., 2007). In contrast, maternal invalidation of negative emotional displays was related to the children's use of maladaptive ER strategies such as avoidance and inhibition (Eisenberg et al., 1996; Fabes et al., 2001).

Gottman et al. (1996,1997) were first to posit emotion-related parenting practices' influence on children's ER. In their study they have realized that, parents differ in their approach to child's emotional experiences. Some parents are aware of emotive experiences, they can talk about them and lead their children like an *emotion coach*. In contrast, some parents minimize, ignore or deny when such negative emotions emerge. This differentiation might not be an issue of sensitivity because both parents want to be helpful; however, their feelings and beliefs about their own emotions and their child's might differ (i.e, *metaemotion*).

As initially defined by Gottman, these broad socialization of emotion practices have been classified within two categories: supportive and unsupportive. Supportive emotion socialization practices represent understanding, validation and support whereas unsupportive parenting minimizes, dismisses, criticizes or even punishes child's emotional experiences.

Parent's concern over the need for ER without being punitive fosters child's awareness of emotions whereas dismissive utterances within speech about emotional experiences are linked with children's poorer ER abilities (Denham, 1997; Lunkenheimer, Shields, &Cortina, 2007). Maternal emotion socialization practices

found to predict children's awareness of their own emotions one year later (Warren, Stifter, 2008).

Supportive emotion socialization practices of mothers are also shown to be a protective factor for risk groups. Emotion coaching of mothers which refers to validating and acknowledging emotions as well as providing guidance on managing, serves as a protective factor for maltreated children (Ellis, & Alisic, 2013; Shipman et al., 2007). In addition, among mothers who are exposed to intimate partner violence, children of mothers who showed more awareness or acceptance of fear had better ER (Shipman et. al., 2007). When parents use emotion coaching their children are less likely to show behavior problems and less negative interaction with peers within play (Gottman et al., 1996). On the other hand, unsupportive emotion parenting strategies leads to disrupted regulation of negative emotions as well as less emotional knowledge in children (Havighurst, 2003). Dismissive reaction hinders self-reflection and emotion knowledge in children (Denham, Mitchell-Copeland, Strandberg, Auerbach, &Blair, 1997).

To sum up, maternal use of different emotion socialization strategies, from supportive to unsupportive ones influence a child's own ER skills. Some studies have shown that emotion socialization mediates relationship between maternal ER difficulties and child emotion dysregulation. These results indicate that mothers who experience ER difficulties themselves, might be providing unsupportive emotional climate for their children (Morelen, Shafer, & Suveg, 2016; Oddo et al., 2020).

However, how a trauma history might affect mother's emotion socialization practices studied less. Yet few studies focus on traumas effect on emotion socialization practices. Association between severity of maternal childhood sexual abuse and socialization practices of these mothers has been shown in these are studies. As severity of traumatic experience increases, supportive emotion socialization practices decrease (Rea, Shaffer, 2016; Thomas, DiLillo, Walsh, & Polusny, 2011). It suggests that mothers with abuse history might be showing less acceptance, less understanding and less guidance in response to negative emotional experiences of their children. Prior history of abuse in mothers also impairs their own ER skills and in turn they become unsupportive to their children's negative emotions (Martin, Kim, & Fleyd, 2018). One reason why abused mothers become unsupportive to their children's negative emotions

could be mothers' own inability to regulate their own emotions when they face with negative emotions of their children. Thus, children adopt maladaptive strategies and become unable to learn regulating their own emotions (Cabecinha-Alati, Langevin, Kern, & Montreuil,2020).

**1.4 Aim of the Current Study**

Effect of adverse maternal childhood experiences extends beyond the mother herself. Her offspring is also influenced by presence of traumatic history. They become more prone to social and emotional problems and difficulties starting from infancy and extending to adolescence. It seems like these children are having ER difficulties which is precursor of social difficulties such as difficulties in peer relationships (Mullin, Hinshaw, 2007).

Hence, a cycle of disadvantage has been constructed via this second generation effect. In order to intervene with this transmission of effect, we have to reveal the underlying mechanisms of it.

Trauma's detrimental effects on ER has been shown in multiple studies. Mother's ER difficulties originating from traumatic history might be effecting parenting practices that they adopt. Mothers with history of trauma might fail to be in tune with child's emotional needs which could be attributed to disruptions in their own ER abilities. Mothers who have unresolved trauma(s) elicit higher levels of fear in their infant (Hesse & Main, 2000; Schuengel, Bakermans-Kranenburg, & Van IJzendoorn, 1999). These mothers not only engage in fearful frightened caregiving but also in insensitive parenting. They respond hostile or withdrawn to children's negative emotive experiences (Lyons-Ruth, & Block, 1996). These findings reveal that these mothers have poor ER abilities themselves. An intact parental ER expresses itself as being in tune and being supportive in response to children's emotional experiences, which in turn contributes to children related positive outcomes. Maternal difficulty in ER could result in poor emotional development for the children. In the current study we aimed to investigate the possible mediators of the maternal traumas effect on children's ER. More specifically, we hypothesize that as mother's experience higher levels of trauma, they will have more ER difficulties. This difficulty will make them use more unsupportive emotion socialization practices which in turn predict children's ER difficulties.

### 1.5 Importance of the Current Study

In building our hypothetical model, we suggest a possible mechanism that could be responsible for intergenerational transmission of negative effects of trauma. Multiple studies in literature have shown that childhood trauma in mothers puts their offspring under risk for social and emotional problems. Underlying mechanism might be maternal emotion regulatory difficulties which effects the emotion socialization practices they adopt towards their children. Relying on the findings that shows indirect effect of maternal ER on children's ER, we proposed maternal ER and socialization practices that they adopt as mediators in explaining maternal traumas effect on children's ER. Therefore, current study aims to test the predicted model as shown below (Fig.1). We hypothesized that maternal traumatic history would predict ER difficulties in children via maternal ER difficulties and its effect on emotion socialization practices. Intergenerational transmission of the effects of the trauma puts trauma victims the child in cycle of disadvantage. In order to break the cycle and intervene with it, possible underlying mechanism should be revealed. This study aims to investigate our proposed model, being maternal ER difficulties and unsupportive emotion socialization practices as mediating mechanisms in explaining the relationship between maternal history of childhood trauma and children's ER difficulties. The conceptual model is presented in Figure 1.

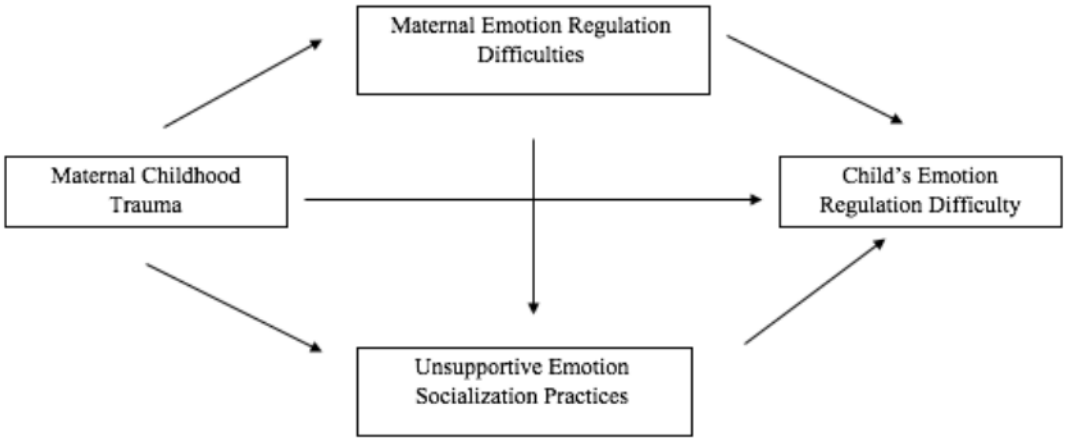


*Figure 1.* Conceptual Model

# CHAPTER 2

# METHODS

## 2.1. Participants

Participants were 204 mothers who have children aged between 4 to 11 years (M=8.16, SD=1.60). These mothers were from various cities of Turkey. The majority of the mothers fell into middle to high income group. Average age of the mothers is 37.5 (M=37.46, SD=5.11). Most of the mothers were married (%92) and majority of them had received university degree (%62). Demographic characteristics of the mothers in our sample is presented in the Table 1. Mothers were asked to report whether they have had any psychiatric diagnosis. 9 mothers reported that they have psychiatric diagnosis. Data from these mothers were not included in the analyses because the presence of a psychopathology would confound the results. We used convenience sampling to collect our data.

**Table 1.** *Demographic Properties of the Participants*

| Variables | | *n* (%) |
|---|---|---|
| **Mean Age (Range)** | 37.49 (25-56) | |
| **Education Level** | Elementary School | 7 (3.6%) |
| | Secondary School | 7 (3.6%) |
| | High School | 39 (20%) |
| | University | 123(63.1%) |
| | Post Graduate | 19 (%9.7) |
| **Family Income** | Less than 500₺ | 2 (1%) |
| | 501₺ to 1000₺ | 2 (1%) |
| | 1001₺ to 1500₺ | 4 (2.1%) |
| | 1501₺ to 3000₺ | 27 (13.8%) |
| | 3001₺ to 5000₺ | 61 (31.3%) |
| | Greater than 5001₺ | 97 (49.7%) |
| | Missing data | 2 (1%) |
| **Marital Status** | Married | 180 (92.3%) |
| | Divorced | 8 (4.1%) |
| | Unmarried | 4 (2.1%) |
| | Other | 3 (1.5%) |
| **Children's Mean Age (Range)** | 8.15 (4-11) | |
| **Children's Gender** | Girl | 64 (32.8%) |
| | Boy | 63 (32.3%) |
| | Unspecified | 68 (34.9%) |

### 2.2. Materials

Demographic Information form, Childhood Trauma Questionnaire, Difficulties in Emotion Regulation Scale, Coping with Child's Emotions scale, Emotion Regulation scale and Brief Symptom Inventory were used. 137 of the mothers filled the questionnaire by hand whereas 67 the participants filled the questionnaire through Qualtrics XM on online platform due to onset of COVID-19 pandemic. Participants were accessed via teachers and counselors at preschools and elementary schools.

#### 2.2.1. Demographic Information Form

The demographic information form was used to get information about the socio-demographic characteristics of the participants and their children. Whether participants have psychiatric diagnosis or not was also asked.

### 2.2.2. Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003)

CTQ retrospectively measures the history of childhood abuse and/or neglect. It is a 5-point-likert type questionnaire ranging from "never true" (1) to "very often true" (5). The original form has 70 items. The 28-item short form was developed by Bernstein and colleagues (2003).. Higher scores indicate higher exposure to childhood trauma. It consists of 5 subscales: emotional, physical and sexual abuse; emotional and physical neglect. In addition, three items measure the minimization/denial of the maltreatment but did not affect total score. The Turkish form was adapted by Şar, Öztürk, and İkikardeş, (2012). The internal consistency coefficient of the Turkish form was 93. The test-retest reliability was .90.

In the present study, internal consistency coefficient was .88 for the total scale. Due to sample characteristics, positive skewness of the childhood trauma questionnaire scores was observed. Thus, log transformations were conducted to make the data normally distributed.

### 2.2.3. Difficulties in Emotion Regulation Scale-Brief Form (DERS-16; Bjureberg et al., 2016)

DERS-16 is the short form of "Difficulties in Emotion Regulation Scale" (DERS; Gratz & Roemer, 2004) that measures difficulties of emotion regulation in various aspects. The short version was generated by Bjureberg et al. (2016) and adapted to Turkish by Yiğit and Güzey (2017). It consists of five subscales: Strategies which Refers to Lack of Access to Emotion Regulation Strategies, Non-acceptance, Lack of Clarity, difficulties in goal directed behavior and difficulties in impulse control. The items are scored on a Five –point Likert scale ranging from almost never (1) to almost always (5). Higher scores indicate having more difficulty in regulating emotions.

The internal consistency coefficient was .92 for the total scale and ranged between .78 and .87 for the Turkish form (Yiğit & Güzey, 2017). In the present study internal consistancy coefficient was .94 for the total scale.

### 2.2.4. Coping with Child's Negative Emotions Scale (CCNES; Fabes, Eisenberg & Bernzweig, 1990)

CCNES measuring maternal socialization of emotion is a self-report questionnaire. It consists of 12 hypothetical scenarios that are depicting children in

negative emotions such as sadness, fear anger and embarrassment. Each item containing 6 different ways of parents' reacting to their child (e.g., "*if my child gets tearful because other children didn't let him/her play, I would…*"). Parents rate how likely they are to respond in the given way in 5-point Likert-type scale ranging from "very unlikely" (1) to "very likely" (5). Higher scores represent that parents are more likely to respond in the given way. Each choice of response represents different response styles which could be aggregated under supportive and unsupportive responses. 'Problem-focused Response', 'Emotion-focused Response', 'Expressive Encouragement' are supportive responses whereas 'Punitive Reaction', 'Minimization Reaction' and 'Parent's Distress Reaction' are non-supportive parental reactions (Fabes et al., 2002). Total point for supportive reactions and unsupportive reactions are calculated separately. Parents get overall score for supportive and unsupportive responses separately. Total points for each subscale is calculated by taking the average of the answered items in that subscale. In Turkish adaptation internal consistency coefficients ranged from α= .72 to α=.87 for subscales representing supportive responses, and from α= .65 to α=.83 for subscales representing unsupportive responses (Yağmurlu & Altan, 2010).

For the current study internal consistency coefficient was .83 for unsupportive responses and .93. for supportive responses.

**2.2.5. Emotion Regulation Checklist (ERC; Shields & Cicchetti, 1997)**

It is a 24-item measure of pre-school and school aged children's emotion regulation based on parental report. Parents are required to report the frequency of typical responses their child engage in when managing emotions on 4-point Likert-type scale. It has two subscales labeled as Emotion regulation (ER) and Lability/Negativity. ER subscale includes items measuring emotional self-awareness, empathy and situational appropriateness; and Lability/Negativity subscale includes items measuring anger outbursts and mood swings. It is possible to obtain a total score from the scale; and higher total scores indicate lower levels of emotion regulation. In Turkish adaptation internal consistency coefficient was .84 for the total scale. The coefficients were .81 for ER subscale and .80 for Lability/Negativity subscale (Kapçı, Uslu, Akgün, & Acer, 2009).

In the present study, total internal consistency coefficient was .81. The coefficients were .66 for ER subscale and .79 for Lability/Negativity scale.

**2.3 Procedure**

TED University ethical committee permission was obtained in September 2019. Mothers are reached by help of school counselors and class teachers. Pre-school and elementary school aged children's mothers are included in the study. Mothers are provided informed consent forms initially. Those who are willing to participate filled demographic information form, CTQ, DERS-16, CCNES and ERC. Mothers who have more than one children were asked to think one of them while filling out questionnaires that are related to children. 70% of the participants are handed the questionnaires while rest of the data is collected online. Participants were reached through social media platforms. They also asked for their consent before participating in the study. The survey took approximately 25 minutes to complete.

# CHAPTER 3

## RESULTS

### 3.1 Preliminary Analysis

Descriptive statistics for all measures are presented in Table 2.

Table 3 indicates Pearson correlations among study variables. Higher levels of overall trauma is positively correlated with maternal difficulties in emotion regulation, and their children's difficulty in emotion regulation as well. In addition, higher levels of trauma exposure in the past is negatively correlated with less frequent use of supportive emotion socialization practices.

Unsupportive emotion socialization practices that mothers use is positively correlated with children's emotion regulation difficulties.

**Table 2.** *Means, Standard Deviations and Ranges of Measures*

| **Measure** | *M* | *SD* | Range |
|---|---|---|---|
| CTQ Total | 33.38 | 9.84 | 25-85 |
| DERS Total | 29.26 | 11.37 | 16 - 74 |
| CCNES Supportive Responses | 4.07 | 0.56 | 1.75-5 |
| CCNES Unsupportive Responses | 2.05 | 0.50 | 1.15-3.94 |
| ERC Total | 42.21 | 7.93 | 27-77 |

Note.CTQ = Childhood Trauma Questinnaire; DERS = Difficulties in Emotion Regulation Scale; CCNES = Coping with Children's Negative Emotions Scale; ERC = Emotion Regulation Checklist

**Table 3.** *Bivariate Correlations Among Study Variable*

| Variables | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| 1. CTQ Total | 1 | .33** | -.17** | .04 | .21* | .16* |
| 2. DERS Total | | 1 | .26 | .22** | .22** | -.06 |
| 3. CCNES Supportive | | | 1 | -.02 | -.09 | -.04 |
| 4. CCNES Unsupportive | | | | 1 | .22** | .09 |
| 5. ERC Total | | | | | 1 | .03 |
| 6. Children's Age | | | | | | 1 |

*Note.*CTQ = Childhood Trauma Questionnaire; DERS = Difficulties in Emotion Regulation Scale; CCNES = Coping with Children's Negative Emotions Scale; ERC = Emotion Regulation Checklist
*p ≤ 0.05. **p ≤ 0.01

### 3.2 Test of Serial Mediation Model

All regression assumptions are checked prior to mediation analysis. All regression assumptions are met. Due to sample characteristics, positive skewness of the CTQ scores was observed. Thus, log transformations were conducted to make the data normally distributed.

We applied a serial mediation model in which maternal emotion regulation difficulties (M1) and mothers' use of unsupportive emotion socialization practices (M2) as mediators, maternal childhood trauma (X) as a predictor, child's emotion regulation difficulties (Y) as an outcome and age of children as covariate. We predicted that the relationship between maternal childhood traumatic experiences and children's emotion regulation skills should be mediated by maternal emotion regulation difficulties and the emotion socialization practices that mothers use.

Particularly, we expected that maternal childhood trauma should be associated with an increase in mothers'emotion regulation difficulties and, an increase in mothers' emotion regulation difficulties should be associated with an increase in mothers' usage of unsupportive emotion socialization practices which should in turn be positively associated with children's emotion regulation difficulties. Serial Mediation analysis via PROCESS macro (Hayes, 2013) was used to test the model. Bias-corrected bootstrap confidence interval based on 10.000 samples were used to

test the significance of the serial mediation model. Results demonstrated that our serial-mediation model (Fig.2) explained 10% of the variance
in children's emotion regulation difficulties ($F(4,190)=5.29$, $p < .05$). Our main predictions were confirmed. Overall maternal childhood trauma indirectly influenced children's emotion regulation difficulties through its effect on maternal emotion regulation difficulties and unsupportive emotion socialization practices respectively ($\alpha_1 d_{21} b_2 = 1.29$, *SE*= .70, 95 % *CI* [.16, 2.92]).

As Figure 2 displays, there was a positive significant relationship between overall maternal childhood trauma and maternal emotion regulation difficulties. Higher levels of overall trauma was positively associated with more emotion regulation difficulties ($\alpha_1 = 40.75$, *SE*= 7.51, $t = 5.42$, $p < .05$; 95 % *CI* [25.93, 55.57]. There was a positive significant relationship between maternal emotion regulation difficulties and unsupportive emotion socialization practices. Mothers who have more emotion regulation difficulties use more unsupportive emotion socialization practices ($d_{21}$= .01, *SE*=.00, $t = 3.20$, $p < .05$; 95 % *CI* [.00, .02].
Whereas unsupportive emotion regulation practices were positively correlated with maternal report of children's emotion regulation difficulties. When mothers use more unsupportive emotion socialization practices, children have more emotion regulation difficulties as reported by mothers ($b_2 = 2.97$, *SE*= 1.12, $t = 2.64$, $p < .05$; 95 % *CI* [.75, 5.18].

In our serial mediation model, results demonstrated that maternal trauma did not have significant effect on children's ER difficulties through indirect effect of mediators separately. Maternal trauma's effect on children's ER difficulties is not mediated by maternal ER difficulties alone ($\alpha_1 b_1 = 3.51$, *SE*= 2.42, 95% *CI* [-.18, 9.26]). Likewise, use of unsupportive emotion socialization practices did not mediate maternal trauma's effect on children's ER difficulties alone ($\alpha_2 b_2$ = -.59, *SE*= 1.16, 95 % *CI* [-3.22, 1.53])

In addition, the results demonstrated that maternal childhood trauma significantly predicted children's emotion regulation difficulties even when the effect of maternal emotion regulation difficulties, use of emotion socialization practices and children's age were statistically controlled ($c' = 11.77$, *SE*= 5.78, $t = 2.04$, $p < .05$; 95

% *CI* [.37, 23.16]). In other words, maternal childhood trauma had a direct effect on children's emotion regulation difficulties even after controlling for maternal emotion regulation, use of emotion socialization and age of children.

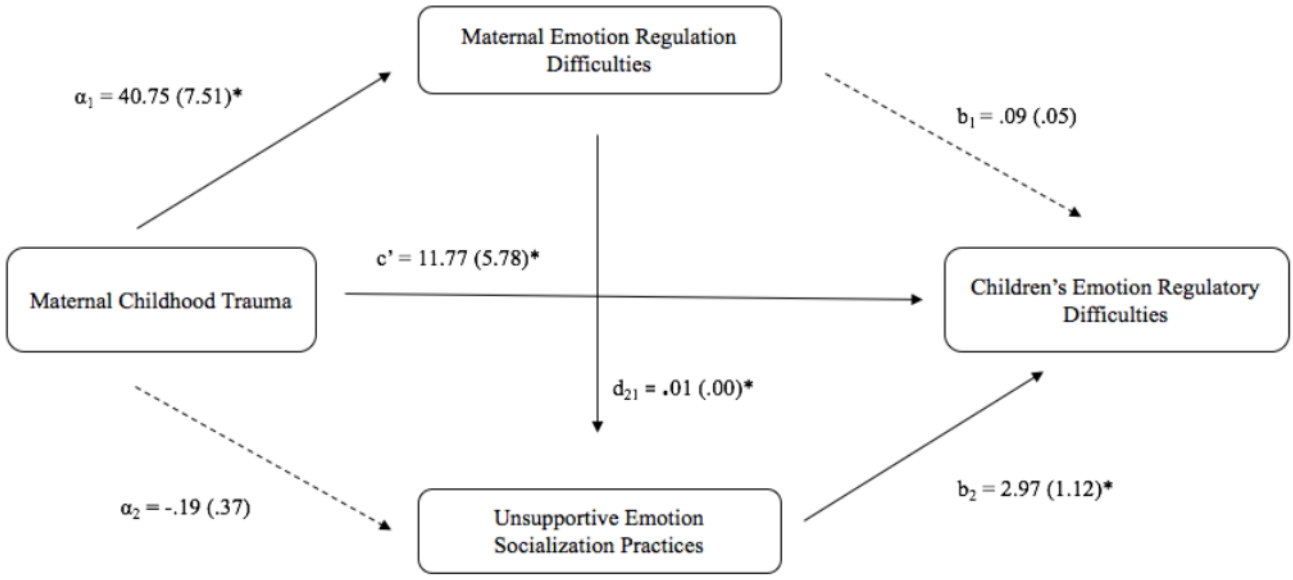


*Figure 2.* Serial Mediation Model of effects of maternal childhood trauma on children's emotion regulation difficulties. Maternal emotion regulation difficulties and unsupportive emotion socialization practices as mediators. *Notes*: $N = 195$. (*SE*). *p < .05. Significant paths are presented in solid lines.

# CHAPTER 4

## DISCUSSION

Intergenerational effect of trauma has been widely studied within psychological terms and with a particular focus on psychopathology (Egeland, &Stillman, 1996; Rosenheck,1986; Plant et. al., 2017; Yehuda et al., 2008). PTSD has been proposed as a mechanism which transmits a trauma to subsequent generations. Although maternal PTSD history could be a risk factor for children's healthy development, some studied demonstrated that maternal depression or maternal PTSD did not fully mediate the relationship between traumatic exposure and parenting outcomes (Banyard, Williams, & Siegel, 2003; Pears, & Capaldi, 2001). These studies imply that there could be other mechanisms by which maternal trauma impairs children's well-being. We based our study on sociocultural models that puts parenting related to socialization as the main transmission factor (Kellerman, 2001). In the current study, we explored maternal emotion socialization practices, with maternal ER being precursor, as a possible mechanism which could be responsible for the intergenerational effects of maternal trauma on child's ER skill, which is an important well-being indicator. Problems in mother's ER skills is previously proposed as a potential mechanism by which maternal trauma impairs a child's ER skills (Cloitre, Miranda, Stovall-McClough, & Han, 2005). Consistently, previous research reported that mothers with traumatic history were more likely to have ER difficulties than those without traumatic history (Burns, Jackson, & Harding, 2010; Young, & Widom, 2014).

Morris and colleagues (2009) also proposed a model which helps us explain how maternal ER skills could be related to children's ER skills. Particularly, their tripartite model suggests that impairment in maternal ER skills leads to dysfunctional emotion socialization practices, which in turn impairs children's ER skills. This proposed model has not been studied in the literature within trauma perspective until recently. The present study, thus, proposed maternal ER skills and maternal emotional socialization practices as two interrelated mechanisms to explain how maternal trauma exerts its detrimental effects on children's ER skills. Based on previous studies and tripartite model (Morris, et al., 2009), we predicted that maternal traumatic history would be associated with emotion regulation difficulties in children via maternal

emotion regulation difficulties and emotion socialization practices. More specifically, maternal trauma should be positively associated with maternal ER difficulties, which should be positively associated with unsupportive emotion socialization practices. Unsupportive emotional socialization practices should also be positively associated with children's ER difficulties. Our results confirmed our predictions. Overall maternal childhood trauma was transmitted to the children by creating difficulty in ER of the mother. Furthermore, the results indicated that increased ER difficulty in children with maternal trauma history could be explained by unsupported emotional socialization practices, which were driven by the difficulty mothers experience in regulating their own emotions.

Our results mainly imply that maternal traumatic experiences primarily impair one's own emotion regulation capacity. With such a limited capacity, the parent becomes an insufficient agent for the child in modeling how to regulate emotions effectively. Childhood trauma creates a vicious cycle encompassing the interaction between the parent and the child such that a parent who is unable to cope with her negative emotions may fail to provide efficient tools for her child to cope with his/her own negative feelings. Overtime, the child who is unable to regulate his/her negative emotions may constitute an additional burden for the parent and further impair the parent's own emotional functioning, which in turn worsens the child's emotional functioning as well. This way, maternal ER and children's ER interact bidirectionally.

The current study also found direct effect of maternal childhood trauma on children's emotion regulation difficulties. This was also the case in a cohort study with very large sample size. In the study, maternal childhood trauma is found to have direct effect on children's internalization and externalization problems (Plant, Jones, Pariante, & Pawlby, 2017). Maternal childhood trauma is found to be linked with social and emotional problems and difficulties in their children (Briggs et al., 2014; Choiet et al., 2017). This effect on the next generation is tried to be explained through the mediating effect of parenting practices such as harsh discipline and aggression (Plant et al., 2018; Rijlaarsdam et al., 2014; Thompson, 2007). The direct effect of maternal childhood trauma on children's ER when effect of all mediators are controlled implies existence of transmission mechanisms beyond maternal ER and parenting. Adverse effect of maternal trauma's on next generation is even present in

prenatal and perinatal period. Their infants had low birth-weight, smaller grey matter volume and smaller brain size (Gavin, Hill, Hawkins, & Maas, 2010; Moog et al., 2018). In addition, mothers with history of trauma show lower prenatal attachment (Schwerdtfeger, & Goff, 2007). These findings show that mechanisms of intergenerational transmission of trauma is in charge even prior to birth. It seems like a complex phenomenon that multiple factors are in charge. Thus, more extensive research on transmission mechanism is needed.

Regarding the direct effect, we found and considering that our model explained only 10% variance in children's emotion regulation difficulties, revealing other transmission mechanisms becomes crutial. The more the diverse mechanisms explaining this transmission are understood, the more it becomes possible to interfere with intergenerational transmission via appropriate interventions targeting those areas.

Parenting domains other than emotion socialization might be taking part in the transmission process such as harsh discipline and maltreatment which have previously been widely studied in the literature. In addition, other models of transmission could be proposed for explaining 90% variance. For instance, attachment styles between mother and infant might take part in maternal trauma's effect on the children's ER. Maternal trauma is linked with disorganized attachment in mother-infant pairs (Madigan et al., 2006; Schuengel et al., 1999). Due to insecure or disorganized attachment, we would expect emotion regulation difficulties in children in long term.
According to family systems perspective, enmeshment within family or disengaged family relations and negative emotional climate were observed in trauma survivor's families (Harkness, 1993). This dysfunctional family patterns might disrupt children's developmental competencies.
On the other hand, existence of parental PTSD increases predisposition to PTSD in children (Yehuda, Bell, Bierer, & Schmeidler, 2008). Transmission seems to have some genetic and biochemical origins that need further investigation. Integrative researches that investigate biological, familial and psychosocial processes as a whole is needed to reveal 90% variance we failed to explain.

Our results were also consistent with previous findings which reported that childhood traumatic experiences are associated with higher levels of emotion regulation difficulties in mothers (Martin, Kim, Freyd, 2018). In addition, we found

negative correlation between maternal traumatic history and supportive responses as expected. However, maternal traumatic history was not related with unsupportive responses which was also the case with some previous studies (Rea, & Shaffer, 2016; Thomas, DiLillo, Walsh, & Polusny, 2011). This could be interpreted that it is easier to give up negative parenting than to adopt a positive one for these mothers because they probably lack good parent model from their childhood.

Emotion socialization practices are important ways through which parents guide their children to regulate and express their emotions (Gottman, Katz, & Hooven, 1997). When parents have difficulty in regulating emotions they are more likely to use unsupportive socialization strategies. Unsupportive responses refer to punitive responses maternal distress or minimizing reactions when faced with children's negative emotions. More frequent use of unsupportive socialization practices also predicts emotion regulation difficulties of children. Mothers with childhood trauma history might be feeling more distress or they might lack the strategies to cope with negative emotions when faced with children's negative emotions such as anxiety, anger and sadness.

More often mothers are primary caregivers of their children. Children learn about understanding, expressing and coping with emotions primarily from their mothers. In preschool and early elementary school years, children continue to rely on their caregivers as socialization agents. Thus, during this period of development parenting practices are important in shaping children's emotion regulation skills, especially emotion socialization practices. It seems that it takes mothers to master regulating their own emotions in order to serve as a supportive emotion socialization agent for their children. The present study implies that early traumatic experiences put mothers under social and emotional difficulties, and this difficulty prevent them to become supportive emotion socialization agents.

Early traumatic experiences put the individual under risk for emotion regulation difficulties which effects their parenting practices. In the end it creates a cycle of disadvantage via intergenerational effect. We have shown one possible mechanism that could explain extended negative effect of maternal trauma.

Since we have excluded mothers with psychiatric diagnosis, our results could not be generalized to cases where any psychopathology takes part in the intergenerational

transmission. Even if we aimed to exclude the effect of maternal psychopathology, previous findings showed mediating effect of depression and anxiety on maternal childhood maltreatment and child outcomes (Plant et al., 2017; Roberts, O'Connor, Dunn, & Golding, 2004).

**4.1 Clinical Implications**

Maternal trauma constitutes a risk for both mother and her offspring. Past experinces of trauma are linked with future psychopathology, with being emotion regulation difficulties as precursors. (Crow, Cross, Power, & Bradley, 2010; Hopfinger, Berking, Bockting, & Ebert, 2016). Thus we proposed maternal emotion regulation difficulties as one of the mechanisms that becomes a risk factor by effecting emotion socialization practices adopted by the mothers. How mothers react to their children's negative emotions has important consequences for children's emotion regulation skills, which also turned out to be the case in our study as well.

Emotion dysregulation in children is linked with concurrent and future symptoms and disorders. Additionally, emotion regulation difficulties of children are linked with internalizing and externalizing behaviors (Batum & Yağmurlu, 2007; Blair, Denham, Kochanoff, & Whipple, 2004; Mullin & Hinshaw, 2007). Children's underdeveloped emotion regulatory skills functions as a risk factor for their future mental health outcomes. Thus this becomes an important concern for clinical practice (Casey,1996; Cole, Hall, & Hajal; 2013).

Besides, detecting risk groups with childhood trauma experience and intervening as early as possible would be protective for individual mental health and future mother-child system.

While approaching presenting problems, symptomatology and disorders in children, adopting a systemic perspective which considers transgenerational stress factors becomes crucial. Manifestations of disruptions in socioemotional functioning in the subsequent generations, which resist individual interventions, need careful and gentle exploration of early traumas of former generations.

There have been some intervention programs that aims decreasing children's internalizing or externalizing behaviors. In these programs it is aimed to improve maternal emotion regulation abilities and emotion socialization practices (Kehoe, Havighurst, & Harley, 2014; Zimmer-Gembeck et al., 2019). These interventions

should become more widespread. Moreover, preventive interventions should target risk groups where mothers are exposed to previous interpersonal trauma. As a preventive mental health effort, maternal emotion regulation difficulties and disruptive parenting practices due to trauma should be intervened before any emotion regulation related difficulties arise in their children.

**4.2 Limitations and Future Directions**

The current study has some limitations. Via using self-reports with high internal validity values, we intended to make a reliable assessment for maternal and children related variables. Yet, self-reports reflect mother's perceptions of their own behavior; and assessment of child-related variables were based solely on maternal report; therefore, the data is susceptible to single informant bias. Some studies have shown congruence between the reports of multiple informants such the mother and teacher. In addition, parents or teachers are found to be more reliable informants of children's behavioral problems than children themselves (Loeber et al., 1991; van der Ende, Verhulst, & Tiemeier, 2012). Even if ER abilities are more of an internal experience, it is hard to rely on young children on reporting of it. Thus, using multiple informants or using observational measurements becomes best option to measure child-related outcomes. Future research should incorporate observations of children's emotion regulation abilities by other informants (e.g., teachers, father etc.) and children's self report. Likewise, for maternal use of emotion socialization strategies observational measurement of mother-child interactions could be used in further studies in order to eliminate single informant bias. In addition, the retrospective report used in this study are open to recall bias. Beyond being resrospective, recall of trauma, by itself, has specific properties. Traumatic memory is characterized with amnesia and dissociation (Kihlstrom, 2006).

Low SES is known to have link with higher rates of child abuse (Dilillo, Tremblay, & Peterson, 2000; Egami, Ford, Greenfield, & Crum, 1996; Pears, & Capaldi, 2001). Our study included mothers who belong to middle to high SES. Socioeconomic characteristics of our sample might have minimized the effect of SES related neglect or abuse. Moreover, psychopathology was also found to be a risk factor for child neglect or abuse. Thus mothers who reported diagnosis of a psychiatric disorder were excluded from the study. However, while excluding the possible

confounding variables, our sample might become less representative of the population of mothers with childhood traumatic experiences. Most of the mothers in our sample got low scores from Childhood Trauma Questionnaire (CTQ). Overall trauma scores were found to be skewed which made us make log transformation. It is also possible that our sample was more prone to inhibit reporting of any abuse or neglect. Cultural factors might have played a role in such misreporting (Glasser, Campbell, Glasser, Leitch, & Frelly, 2001). Such that some participants get moderate denial scores from the questionnaire. With all these sample properties in mind, it became difficult to generalize the results to childhood trauma victim mothers. Measuring indicators of adverse childhood experiences (e.g., parentification, parental control) instead of direct measurement of childhood trauma may prevent denial or minimization in reporting. It remains for future studies.

In the current study, we tried to detect a possible mechanism for intergenerational transmission of trauma. Our serial mediational model implies an order between our variables. However, it does not establish a causal claim. Since it is not possible to manipulate childhood trauma history or parenting, it becomes important to use longitudinal designs for enhancing causal claims between our study variables which also remains for future studies.

Children's emotional development could be viewed in a transactional framework where both interpersonal differences between children and influence of caretakers interact (von Salisch, 2008). Current research focused more on maternal influences, future research could also address individual differences of children such as temperament. Also, paternal support should be taken into account as a protective factor for future studies. Not only maternal reactions to children's negative emotions but also paternal reactions can foster or hinder children's ability to regulate their own emotions. Paternal negative affect displays in response to children's negative emotions is linked with less social competence (Carson, & Parke, 1996). Furthermore, when lower levels of support from one parent are paired with greater support of the other parent, children show more optimal outcomes in terms of socioemotional development. (McElwain, Halberstadt, & Volling, 2007; Roberts & Strayer, 1987). This further investigation could shed light on how some children are under risk for intergenerational effect of trauma while others are more resilient to such effect.

## REFERENCES


Abrams, M. S. (1999). Intergenerational transmission of trauma: Recent contributions from the literature of family systems approaches to treatment. *American Journal of Psychotherapy*, 53(2), 225-231.

Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., ... & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European archives of psychiatry and clinical neuroscience*, *256*(3), 174-186.

Are, F., & Shaffer, A. (2016). Family emotion expressiveness mediates the relations between maternal emotion regulation and child emotion regulation. *Child Psychiatry & Human Development*, *47*(5), 708-715.

Bailey, H. N., Moran, G., & Pederson, D. R. (2007). Childhood maltreatment, complex trauma symptoms, and unresolved attachment in an at-risk sample of adolescent mothers. *Attachment & Human Development*, 9(2), 139-161.

Bandura, A., & McClelland, D. C. (1977). *Social learning theory* (Vol. 1). Prentice Hall: Englewood cliffs.

Banyard, V. L. (1997). The impact of child sexual abuse and family functioning on four dimensions of women's later parenting. *Child Abuse & Neglect*, 21, 1095–1107.

Banyard, V. L., Williams, L. M., & Siegel, J. A. (2003). The impact of complex trauma and depression on parenting: An exploration of mediating risk and protective factors. *Child maltreatment*, 8(4), 334-349.

Bariola, E., Gullone, E., & Hughes, E. K. (2011). Child and adolescent emotion regulation: The role of parental emotion regulation and expression. *Clinical child and family psychology review*, *14*(2), 198.

Batum, P., & Yagmurlu, B. (2007). What counts in externalizing behaviors? The contributions of emotion and behavior regulation. *Current Psychology: Developmental• Learning• Personality• Social*, 25(4), 272-294.

Bernstein, D. P., Stein, J. A., Newcomb, M. D., Walker, E., Pogge, D., Ahluvalia, T., ... & Zule, W. (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child abuse & neglect*, *27*(2), 169-190.

Bjureberg, J., Ljótsson, B., Tull, M. T., Hedman, E., Sahlin, H., Lundh, L. G., ... & Gratz, K. L. (2016). Development and validation of a brief version of the difficulties in emotion regulation scale: the DERS-16. *Journal of psychopathology and behavioral assessment*, *38*(2), 284-296.

Blair, K. A., Denham, S. A., Kochanoff, A., & Whipple, B. (2004). Playing it cool: Temperament, emotion regulation, and social behavior in preschoolers. *Journal of School Psychology, 42*(6), 419–443.

Bowlby, J. (1973). Attachment and loss: Volume II: Separation, anxiety and anger. In *Attachment and Loss: Volume II: Separation, Anxiety and Anger* (pp. 1-429). London: The Hogarth press and the institute of psycho-analysis.

Briggs, R. D., Silver, E. J., Krug, L. M., Mason, Z. S., Schrag, R. D., Chinitz, S., & Racine, A. D. (2014). Healthy steps as a moderator: the impact of maternal trauma on child social-emotional development. *Clinical Practice in Pediatric Psychology*, *2*(2), 166.

Burkett, L. P. (1991). Parenting behaviors of women who were sexually abused as children in their families of origin. *Family process*, 30(4), 421-434.

Burns, E. E., Jackson, J. L., & Harding, H. G. (2010). Child maltreatment, emotion regulation, and posttraumatic stress: The impact of emotional abuse. *Journal of Aggression, Maltreatment & Trauma,* 19(8), 801-819.

Cabecinha-Alati, S., Langevin, R., Kern, A., & Montreuil, T. (2020). Pathways from childhood maltreatment to unsupportive emotion socialization: implications for children's emotional inhibition. *Journal of Family Violence*, 1-11.

Carson, J. L., & Parke, R. D. (1996). Reciprocal negative affect in parent-child interactions and children's peer competency. *Child development*, 67(5), 2217-2226.

Caselli, L. T., & Motta, R. W. (1995). The effect of PTSD and combat level on Vietnam veterans' perceptions of child behavior and marital adjustment. *Journal of Clinical Psychology*, 51(1), 4-12.

Casey, R. J. (1996). Emotional competence in children with externalizing and internalizing disorders. *Emotional development in atypical children*, 161-183.

Choi, K. W., Sikkema, K. J., Vythilingum, B., Geerts, L., Faure, S. C., Watt, M. H., ... & Stein, D. J. (2017). Maternal childhood trauma, postpartum depression, and infant outcomes: Avoidant affective processing as a potential mechanism. *Journal of Affective Disorders*, 211, 107-115.

Cloitre, M., Miranda, R., Stovall-McClough, K. C., & Han, H. (2005). Beyond PTSD: Emotion regulation and interpersonal problems as predictors of functional impairment in survivors of childhood abuse. *Behavior therapy*, 36(2), 119-124.

Cohen, L. R., Hien, D. A., & Batchelder, S. (2008). The impact of cumulative maternal trauma and diagnosis on parenting behavior. *Child maltreatment,* 13(1), 27-38.

Cole, P. M., Hall, S., & Hajal, N. J. (2013). Emotion dysregulation as a risk factor for psychopathology. In T. P. Beauchaine & S. P. Hinshaw (Eds.), *Child and adolescent psychopathology* (2nd ed., pp. 341-373). Hoboken, NJ: Wiley.

Cole, P. M., Michel, M. K., & Teti, L. O. D. (1994). The development of emotion regulation and dysregulation: A clinical perspective. Monographs of the Society for Research in Child Development, 59, 73–100.

Crow, T., Cross, D., Powers, A., & Bradley, B. (2014). Emotion dysregulation as a mediator between childhood emotional abuse and current depression in a low-income African-American sample. *Child Abuse & Neglect*, 38(10), 1590-1598.

De Graaf, T. K. (1998). A family therapeutic approach to transgenerational traumatization. *Family process*, 37(2), 233-243.

Denham, S. A., Bassett, H. H., & Wyatt, T. (2007). The Socialization of Emotional Competence. In J. E. Grusec & P. D. Hastings (Eds.), *Handbook of socialization: Theory and research* (p. 614–637). The Guilford Press.

DiLillo, D., Tremblay, G. C., & Peterson, L. (2000). Linking childhood sexual abuse and abusive parenting: The mediating role of maternal anger. *Child Abuse & Neglect*, 24(6), 767-779.

Egami, Y., Ford, D. E., Greenfield, S. F., & Crum, R. M. (1996). Psychiatric profile and sociodemographic characteristics of adults who report physically abusing or neglecting children. *The American journal of psychiatry*.

Ehring, T., & Quack, D. (2010). Emotion regulation difficulties in trauma survivors: The role of trauma type and PTSD symptom severity. *Behavior therapy*, 41(4), 587-598.

Eisenberg, N., Fabes, R. A., Shepard, S. A., Guthrie, I. K., Murphy, B. C., & Reiser, M. (1999). Parental reactions to children's negative emotions: Longitudinal relations to quality of children's social functioning. *Child Development*, 70, 513–534.

Ellis, B. H., & Alisic, E. (2013). Maternal emotion coaching: A protective factor for traumatized children's emotion regulation. *Journal of Child & Adolescent Trauma,* 6(2), 118-125.

Fabes, R. A., Eisenberg, N., & Bernzweig, J. (1990). Coping with Children's Negative Emotions Scale (CCNES): Description and scoring. Tempe, AZ: *Arizona State University. Unpublished Manuscript.*

Fabes, R. A., Leonard, S. A., Kupanoff, K., & Martin, C. L. (2001). Parental coping with children's negative emotions: Relations with children's emotional and social responding. *Child Development,* 72, 907–920.

Gara, M. A., Allen, L. A., Herzog, E. P., & Woolfolk, R. L. (2000). The abused child as parent: the structure and content of physically abused mothers' perceptions of their babies. *Child abuse & neglect*, 24(5), 627-639.

Garber, J., Braafladt, N., & Zeman, J. (1991). The regulation of sad affect: An information-processing perspective. In J. Garber & K. A. Dodge (Eds.), The development of emotion regulation and dysregulation (pp. 208–240). New York, US: Cambridge University Press.

Gavin, A. R., Hill, K. G., Hawkins, J. D., & Maas, C. (2011). The role of maternal early-life and later-life risk factors on offspring low birth weight: Findings from a three-generational study. *Journal of Adolescent Health*, 49, 166–171.

Gottman, J. M., Katz, L. F., & Hooven, C. (1996). Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *Journal of Family Psychology*, 10(3), 243.

Gottman, J. M., Katz, L. F., & Hooven, C. (1997). Meta-emotion: How families

Gurtovenko, K., & Katz, L. F. (2020). Post-traumatic stress, mother's emotion regulation, and parenting in survivors of intimate partner violence. *Journal of interpersonal violence,* 35(3-4), 876-898.

Han, Z. R., Qian, J., Gao, M., & Dong, J. (2015). Emotion socialization mechanisms linking Chinese fathers', mothers', and children's emotion regulation: A moderated mediation model. *Journal of Child and family Studies*, 24(12), 3570-3579.

Harkness L.L. (1993) Transgenerational Transmission of War-Related Trauma. In: Wilson J.P., Raphael B. (eds) *International Handbook of Traumatic Stress Syndromes.* The Plenum Series on Stress and Coping. Springer, Boston, MA.

Hofer, M. A. (1994). Hidden regulators in attachment, separation, and loss. *Monographs of the Society for Research in Child Development*, 192-207.

Hopfinger, L., Berking, M., Bockting, C. L., & Ebert, D. D. (2016). Emotion regulation mediates the effect of childhood trauma on depression. *Journal of Affective Disorders*, 198, 189-197.

Juul, S. H., Hendrix, C., Robinson, B., Stowe, Z. N., Newport, D. J., Brennan, P. A., & Johnson, K. C. (2016). Maternal early-life trauma and affective parenting style: the mediating role of HPA-axis function. *Archives of women's mental health,* 19(1), 17-23.

Kapçı, E. G., Uslu, R. İ., Akgün, E., & Acer, D. (2009). İlköğretim çağı çocuklarında duygu ayarlama: Bir ölçek uyarlama çalışması ve duygu ayarlamayla ilişkili etmenlerin belirlenmesi. *Çocuk ve Gençlik Ruh Sağlığı Dergisi,* 16(1), 13-20.

Kehoe, C. E., Havighurst, S. S., & Harley, A. E. (2014). Tuning in to teens: Improving parent emotion socialization to reduce youth internalizing difficulties. *Social Development*, 23(2), 413-431.

Kellerman, N. P. (2001). Psychopathology in children of Holocaust survivors: A review of the research literature. *Israel Journal of Psychiatry and Related Sciences,* 38(1), 36-46.

Kihlstrom, J. F. (2006). Trauma and memory revisited.

Kim, S., Fonagy, P., Allen, J., & Strathearn, L. (2014). Mothers' unresolved trauma blunts amygdala response to infant distress. *Social Neuroscience*, 9(4), 352-363.

Koren-Karie, N., & Getzler-Yosef, R. (2019). Mothers' insightfulness regarding their children's inner world: Associations with mothers' history of sexual abuse and lack of resolution of the trauma. *Attachment & Human Development,* 21(6), 582-596.

Koren-Karie, N., Oppenheim, D., & Getzler-Yosef, R. (2004). Mothers who were severely abused during childhood and their children talk about emotions: Co-construction of narratives in light of maternal trauma. *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health*, 25(4), 300-317.

Lang, A. J., Gartstein, M. A., Rodgers, C. S., & Lebeck, M. M. (2010). The impact of maternal childhood abuse on parenting and infant temperament. *Journal of Child and Adolescent Psychiatric Nursing*, 23(2), 100-110.

Li, D., Li, D., Wu, N., & Wang, Z. (2019). Intergenerational transmission of emotion regulation through parents' reactions to children's negative emotions: Tests of unique, actor, partner, and mediating effects. *Children and Youth Services Review*, 101, 113-122.

Loeber, R., Green, S. M., Lahey, B. B., & Stouthamer-Loeber, M. (1991). Differences and similarities between children, mothers, and teachers as informants on disruptive child behavior. *Journal of abnormal child psychology*, 19(1), 75-95.

Lyons-Ruth, K., & Block, D. (1996). The disturbed caregiving system: Relations among childhood trauma, maternal caregiving, and infant affect and attachment. *Infant Mental Health Journal, 17*(3), 257–275.

Madigan, S., Moran, G., Schuengel, C., Pederson, D. R., & Otten, R. (2007). Unresolved maternal attachment representations, disrupted maternal behavior and disorganized attachment in infancy: Links to toddler behavior problems. *Journal of Child Psychology and Psychiatry*, 48(10), 1042-1050.

Martin, C. G., Kim, H. K., & Freyd, J. J. (2018). Overwhelmed by emotion: Pathways from revictimization to mothers' negative emotional responsivity. *Family process*, 57(4), 947-959.

McDonnell, C. G., & Valentino, K. (2016). Intergenerational effects of childhood trauma: evaluating pathways among maternal ACEs, perinatal depressive symptoms, and infant outcomes. *Child maltreatment*, 21(4), 317-326.

McElwain, N. L., Halberstadt, A. G., & Volling, B. L. (2007). Mother-and father-reported reactions to children's negative emotions: Relations to young children's emotional understanding and friendship quality. *Child development*, 78(5), 1407-1425.

Moehler, E., Biringen, Z., & Poustka, L. (2007). Emotional availability in a sample of mothers with a history of abuse. *American Journal of Orthopsychiatry*, 77(4), 624-628.

Moog, N. K., Entringer, S., Rasmussen, J. M., Styner, M., Gilmore, J. H., Kathmann, N., ... & Buss, C. (2018). Intergenerational effect of maternal exposure to childhood maltreatment on newborn brain anatomy. *Biological psychiatry*, 83(2), 120-127.

Morelen, D., Shaffer, A., & Suveg, C. (2016). Maternal emotion regulation: Links to emotion parenting and child emotion regulation. *Journal of Family Issues*, 37(13), 1891-1916.

Morris, A. S., Silk, J. S., Steinberg, L., Myers, S. S., & Robinson, L. R. (2007). The role of the family context in the development of emotion regulation. *Social development*, 16(2), 361-388.

Mullin, B. C., & Hinshaw, S. P. (2007). *Emotion Regulation and Externalizing Disorders in Children and Adolescents.* In J. J. Gross (Ed.), *Handbook of emotion regulation* (p. 523–541). The Guilford Press.

Oddo, L. E., Miller, N. V., Felton, J. W., Cassidy, J., Lejuez, C. W., & Chronis-Tuscano, A. (2020). Maternal Emotion Dysregulation Predicts Emotion Socialization Practices and Adolescent Emotion Lability: Conditional Effects of Youth ADHD Symptoms. *Journal of Abnormal Child Psychology,* 1-14.

Pat-Horenczyk, R., Cohen, S., Ziv, Y., Achituv, M., Asulin-Peretz, L., Blanchard, T. R., ... & Brom, D. (2015). Emotion regulation in mothers and young children faced with trauma. *Infant mental health journal*, 36(3), 337-348.

Pears, K. C., & Capaldi, D. M. (2001). Intergenerational transmission of abuse: A two-generational prospective study of an at-risk sample. *Child abuse & neglect*, 25(11), 1439-1461.

Plant, D. T., Jones, F. W., Pariante, C. M., & Pawlby, S. (2017). Association between maternal childhood trauma and offspring childhood psychopathology: mediation analysis from the ALSPAC cohort. *The British Journal of Psychiatry*, 211(3), 144-150.

Plant, D. T., Pawlby, S., Pariante, C. M., & Jones, F. W. (2018). When one childhood meets another–maternal childhood trauma and offspring child psychopathology: A systematic review. *Clinical Child Psychology and Psychiatry*, 23(3), 483-500.

Rea, H. M., & Shaffer, A. (2016). Expressed Emotion in Mothers of School-Age Children: Relations to Maternal Maltreatment and Parenting Behavior. *Journal of Child and Family Studies,* 25(12), 3749-3759.

Roberts, R., O'Connor, T., Dunn, J., Golding, J., & ALSPAC Study Team. (2004). The effects of child sexual abuse in later family life; mental health, parenting and adjustment of offspring. *Child abuse & neglect*, 28(5), 525-545.

Rosenheck, R (1986). Impact of post-traumatic stress disorder of World War II on the next generation. Journal of Nervous and Mental Disease, 174(6), 319-327.

Rosenheck, R., & Fontana, A. (1998). Transgenerational effects of abusive violence on the children of Vietnam combat veterans. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, 11(4), 731-742.

Samuelson, K. W., Krueger, C. E., & Wilson, C. (2012). Relationships between maternal emotion regulation, parenting, and children's executive functioning in families exposed to intimate partner violence. *Journal of Interpersonal Violence*, 27(17), 3532-3550.

ŞAR, V., ÖZTÜRK, P. E., & İKİKARDEŞ, E. (2012). Çocukluk çağı ruhsal travma ölçeğinin Türkçe uyarlamasının geçerlilik ve güvenilirliği. *Türkiye Klinikleri Tıp Bilimleri Dergisi*, 32(4), 1054-1063.

Schuengel, C., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H. (1999). Frightening maternal behavior linking unresolved loss and disorganized infant attachment. *Journal of consulting and clinical psychology*, 67(1), 54.

Schuetze, P., & Eiden, R. D. (2005). The relationship between sexual abuse during childhood and parenting outcomes: Modeling direct and indirect pathways. *Child Abuse & Neglect,* 29(6), 645-659.

Schwerdtfeger, K. L., & Goff, B. S. N. (2007). Intergenerational transmission of trauma: Exploring mother–infant prenatal attachment. *Journal of traumatic stress*, 20(1), 39-51.

Schwerdtfeger, K. L., Larzelere, R. E., Werner, D., Peters, C., & Oliver, M. (2013). Intergenerational transmission of trauma: The mediating role of parenting styles on toddlers' DSM-related symptoms. *Journal of Aggression, Maltreatment & Trauma*, 22(2), 211-229.

Scott, K. M., McLaughlin, K. A., Smith, D. A., & Ellis, P. M. (2012). Childhood maltreatment and DSM-IV adult mental disorders: comparison of prospective and retrospective findings. *The British Journal of Psychiatry,* 200(6), 469-475.

Shields, A., & Cicchetti, D. (1997). Emotion regulation among school-age children: The development and validation of a new criterion Q-sort scale. *Developmental psychology*, 33(6), 906.

Silk, J. S., Shaw, D. S., Skuban, E. M., Oland, A. A., & Kovacs, M. (2006). Emotion regulation strategies in offspring of childhood- onset depressed mothers. Journal of Child Psychology and Psychiatry, 47, 69–78.

Thomas, R., DiLillo, D., Walsh, K., & Polusny, M. A. (2011). Pathways from child sexual abuse to adult depression: The role of parental socialization of emotions and alexithymia. *Psychology of Violence*, 1(2), 121.

Thompson, R. A. (1994). Emotion regulation: A theme in search of definition. *Monographs of the society for research in child development*, 25-52.

van der Ende, J., Verhulst, F. C., & Tiemeier, H. (2012). Agreement of informants on emotional and behavioral problems from childhood to adulthood. *Psychological assessment*, 24(2), 293.

Van der Kolk, B. A. (2003). The neurobiology of childhood trauma and abuse. *Child and Adolescent Psychiatric Clinics*, 12(2), 293-317.

Von Salisch, M. (2008). Themes in the development of emotion regulation in childhood and adolescence and a transactional model.

Waters, S. F., West, T. V., & Mendes, W. B. (2014). Stress contagion: Physiological covariation between mothers and infants. *Psychological science*, *25*(4), 934-942.

Yagmurlu, B., & Altan, O. (2010). Maternal socialization and child temperament as predictors of emotion regulation in Turkish preschoolers. *Infant and Child Development: An International Journal of Research and Practice,* 19(3), 275-296.

Yehuda, R., Bell, A., Bierer, L. M., & Schmeidler, J. (2008). Maternal, not paternal, PTSD is related to increased risk for PTSD in offspring of Holocaust survivors. *Journal of psychiatric research*, 42(13), 1104-1111.

Yiğit, İ., & Yiğit, M. G. (2017). Psychometric Properties of Turkish Version of Difficulties in Emotion Regulation Scale-Brief Form (DERS-16). *Current Psychology*, 1-9.

Young, J. C., & Widom, C. S. (2014). Long-term effects of child abuse and neglect on emotion processing in adulthood. *Child abuse & neglect*, 38(8), 1369-1381.

Zimmer-Gembeck, M. J., Kerin, J. L., Webb, H. J., Gardner, A. A., Campbell, S. M., Swan, K., & Timmer, S. G. (2019). Improved perceptions of emotion regulation and reflective functioning in parents: two additional positive outcomes of parent-child interaction therapy. *Behavior therapy*, 50(2), 340-352.

# APPENDICES

## APPENDIX A: Informed Consent Form for Participation

**Sayın Katılımcı,**

Bu araştırma, TED Üniversitesi, Gelişim odaklı Klinik Çocuk ve Ergen Psikolojisi Yüksek Lisans Programında öğretim üyesi Ilgın Gökler Danışman danışmanlığında psikolog Göksu Ceren Gülpınar tarafından yürütülmektedir. Araştırmanın amacı annelerin geçmişteki zorlu yaşantılarının çocuklarının üzerindeki etkilerini araştırmaktır. Bu çalışmanın katılımcılarını **6-11 yaş arası çocuk sahibi olan anneler oluşturmaktadır.**

Bu araştırmaya katılımınızı onayladığınız taktirde araştırmanın katılımcısı olacaksınız. Bu kapsamda sizden bir takım soru formları doldurmanız istenecektir. Çalışma süresince ve sonrasında kimlik bilgileriniz araştırmacılar dışında hiç kimseyle izniniz dışında paylaşılmayacaktır. Bu çalışma kapsamında elde edilecek olan bilimsel bilgiler sadece araştırmacılar tarafından yapılan bilimsel yayınlarda, sunumlarda ve eğitim amaçlı çevrimiçi bir ortamda paylaşılacaktır. Toplanan veriler isminiz silinerek, bilgisayarda şifreli bir dosyada tutulacaktır.

Bu çalışmaya katılım gönüllük esasına dayalıdır. Bu projeye katılımınız annelerin geçmiş zorlu yaşantılarının çocuklarını nasıl etkileyebildiği konusunda bilgilenmenize katkı sağlayabilir. Yaklaşık 25 dakika sürecek bu uygulamada yer alan hiçbir aşama, kişisel rahatsızlık verecek nitelikte değildir. Ancak herhangi bir nedenden ötürü kendinizi rahatsız hissederseniz, uygulamaları nedenini açıklamaksızın yarıda bırakıp araştırmadan çıkmakta serbestsiniz. Böyle bir durumda vermiş olduğunuz bilgilerin araştırmacı tarafından kullanılması ancak sizin onayınızla mümkün olacaktır. Bu çalışmaya katıldığınız için şimdiden teşekkür ederim. Çalışma hakkında daha fazla bilgi almak ve yanıtlanmasını istediğiniz sorularınız için araştırmayı yürüten Göksu Ceren Gülpınar ile (E-posta: goksugulpinar@gmail.com, ilgin.danisman@tedu.edu.tr ; Telefon 0312 585 0181) iletişim kurabilirsiniz.

***Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman yarıda kesip çıkabileceğimi biliyorum. Bu proje kapsamında gereken ölçek uygulamalarında yer alacağımı biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum.***

Araştırmaya katılmak istiyorum Evet / Hayır

Ad Soyad veya Takma İsim:.....

Katılımcının İmzası: .....

Tarih .....

Teşekkürler,
Araştırmacının adı, soyadı ve imzası
Göksu Ceren Gülpınar
Ziya Gökalp Cad. No:48 Kolej/ Çankaya ANKARA

*Araştırmaya katılımınız ve haklarınızın korunmasına yönelik sorularınız varsa ya da herhangi bir şekilde risk altında olduğunuza veya strese maruz kalacağına inanıyorsanız TED Üniversitesi İnsan Araştırmaları Etik Kurulu'na (0312 585 00 05) telefon numarasından veya* iaek@tedu.edu.tr *eposta adresinden ulaşabilirsiniz.*

**Aşağıda bir takım soru formları bulunmaktadır. Bazılarını sadece kendiniz için cevaplamanız bazılarını çocuğunuzu düşünerek cevaplandırmanız gerekiyor. Çocuğunuzu düşünerek doldurmanız gereken formları 6-11 yaş arasında olan bir çocuğunuzu düşünerek cevaplandırınız.**

**6-11 yaş aralığında birden fazla çocuğunuz varsa; çocuğunuzu düşünerek cevaplandırmanız gereken formları aynı çocuğunuz için doldurun.**

## APPENDIX B: Demographic Information Form

**Demografik Bilgi Formu**

1. **Doğum Yılınız:** 19....

2. **Medeni Durumunuz:**
Bekar ( ) Evli ( ) Boşanmış ( ) Ayrı Yaşıyor ( ) Diğer ( )

3. **Eğitim Durumunuz:**
Okur/yazar ( ) İlkokul ( ) Ortaokul ( ) Lise ( ) Üniversite( ) Lisansüstü ( )

4. **Çalışıyor musunuz?**

Evet ( ) Hayır ( )
**Evet ise → Mesleğiniz/İşiniz (Belirtiniz): .....**

5. **Yaşadığınız İl: .....**

6. **Ailenizin aylık geliri:**

( ) 500TL ve altı ( ) 1501-3000 TL
( ) 501-1000 TL ( ) 3001-5000 TL
( ) 1001-1500 TL ( ) 5001 ve üzeri

7. **Çocuk Sayısı: .....**

8. **Psikolojik, psikiyatrik veya nörolojik tanı aldınız mı?**

Evet ( ) → (Belirtiniz: _____)
Hayır( )

## APPENDIX C: Childhood Trauma Questionnaire (CTQ)

| **AÇIKLAMA: Bu sorular çocukluğunuzda ve ilk gençliğinizde başınıza gelmiş olabilecek bazı olaylar hakkındadır. Soruları dikkatlice okuyun, beş seçeneği de düşünün ve sizin için en uygun olan kutucuğun içine çarpı(X) işareti koyun.** | **Hiçbir zaman** | **Nadiren** | **Zaman zaman** | **Sık Sık** | **Çok Sık** |
|---|---|---|---|---|---|
| 1. Evde yeterli yemek olmadığından aç kalırdım. | | | | | |
| 2. Benim bakımımı ve güvenliğimi üstlenen birinin olduğunu biliyordum. | | | | | |
| 3. Ailemdekiler bana "salak", "beceriksiz" ya da "tipsiz" gibi sıfatlarla seslenirlerdi. | | | | | |
| 4. Anne ve babam ailelerine bakamayacak kadar sıklıkla sarhoş olur ya da uyuşturucu alırlardı. | | | | | |
| 5. Ailemde önemli ve özel biri olduğum duygusunu hissetmeme yardımcı olan biri vardı. | | | | | |
| 6. Yırtık, sökük ya da kirli giysiler içerisinde dolaşmak zorunda kalırdım. | | | | | |
| 7. Sevildiğimi hissediyordum. | | | | | |
| 8. Anne ve babamın benim doğmuş olmamı istemediklerini düşünüyordum. | | | | | |
| 9. Ailemden birisi bana öyle kötü vurmuştu ki doktora ya da hastaneye gitmem gerekmişti. | | | | | |
| 10. Ailemde başka türlü olmasını istediğim bir şey yoktu. | | | | | |
| 11. Ailemdekiler bana o kadar şiddetle vuruyorlardı ki vücudumda morartı ya da sıyrıklar oluyordu | | | | | |
| 12. Kayış, sopa, kordon ya da başka sert bir cisimle vurularak cezalandırılıyordum. | | | | | |
| 13. Ailemdekiler birbirlerine ilgi gösterirlerdi. | | | | | |
| 14. Ailemdekiler bana kırıcı ya da saldırganca sözler söylerlerdi. | | | | | |
| 15. Vücutça kötüye kullanılmış olduğuma (dövülme, itilip kakılma vb.) inanıyorum. | | | | | |
| 16. Çocukluğum mükemmeldi. | | | | | |
| 17. Bana o kadar kötü vuruluyor ya da dövülüyordum ki öğretmen, komşu ya da bir doktorun bunu fark ettiği oluyordu. | | | | | |
| 18. Ailemde birisi benden nefret ederdi. | | | | | |
| 19. Ailemdekiler kendilerini birbirlerine yakın hissederlerdi. | | | | | |
| 20. Birisi bana cinsel amaçla dokundu ya da kendisine dokunmamı istedi. | | | | | |
| 21. Kendisi ile cinsel temas kurmadığım takdirde beni yaralamakla ya da benim hakkımda yalanlar söylemekle tehdit eden birisi vardı. | | | | | |
| 22. Benim ailem dünyanın en iyisiydi. | | | | | |
| 23. Birisi beni cinsel şeyler yapmaya ya da cinsel şeylere bakmaya zorladı. | | | | | |
| 24. Birisi bana cinsel tacizde bulundu. | | | | | |
| 25. Duygusal bakımdan kötüye kullanılmış olduğuma (hakaret, aşağılama vb.) inanıyorum. | | | | | |
| 26. İhtiyacım olduğunda beni doktora götürecek birisi vardı. | | | | | |
| 27. Cinsel bakımdan kötüye kullanılmış olduğuma inanıyorum. | | | | | |
| 28. Ailem benim için bir güç ve destek kaynağı idi. | | | | | |

## APPENDIX D: Difficulties in Emotion Regulation Scale Short Form (DERS-16)

| | Hemen hemen hiç (% 0-% 10 | Bazen (% 11-% 35) | Yaklaşık Yarı yarıya (% 36-% 65) | Çoğu zaman (% 66-% 90) | Hemen hemen her zaman (% 91-% 100) |
|---|---|---|---|---|---|
| 1. Duygularıma bir anlam vermekte zorlanırım. | | | | | |
| 2. Ne hissettiğim konusunda karmaşa yaşarım. | | | | | |
| 3. Kendimi kötü hissettiğimde işlerimi bitirmekte zorlanırım. | | | | | |
| 4. Kendimi kötü hissettiğimde kontrolden çıkarım. | | | | | |
| 5. Kendimi kötü hissettiğimde uzun süre böyle kalacağına inanırım. | | | | | |
| 6. Kendimi kötü hissetmenin yoğun depresif duyguyla sonuçlanacağına inanırım. | | | | | |
| 7. Kendimi kötü hissederken başka şeylere odaklanmakta zorlanırım. | | | | | |
| 8. Kendimi kötü hissederken kontrolden çıktığım korkusu yaşarım. | | | | | |
| 9. Kendimi kötü hissettiğimde bu duygumdan dolayı kendimden utanırım. | | | | | |
| 10. Kendimi kötü hissettiğimde zayıf biri olduğum duygusuna kapılırım. | | | | | |
| 11. Kendimi kötü hissettiğimde davranışlarımı kontrol etmekte zorlanırım. | | | | | |
| 12. Kendimi kötü hissettiğimde daha iyi hissetmem için yapabileceğim hiçbir şey olmadığına inanırım. | | | | | |
| 13. Kendimi kötü hissettiğimde böyle hissettiğim için kendimden rahatsız olurum. | | | | | |
| 14. Kendimi kötü hissettiğimde kendimle ilgili olarak çok fazla endişelenmeye başlarım. | | | | | |
| 15. Kendimi kötü hissettiğimde başka bir şey düşünmekte zorlanırım. | | | | | |
| 16. Kendimi kötü hissettiğimde duygularım dayanılmaz olur. | | | | | |

## APPENDIX E: Coping with Children's Negative Emotions Scale (CCNES)

### ÇOCUKLARIN OLUMSUZ DUYGULARIYLA BAŞETME ÖLÇEĞİ

- Aşağıda günlük yaşamınızda, çocuğunuzla ilişkilerinizde karşılaşabileceğiniz bazı durumlar maddeler halinde verilmiştir. Her durumun altına da anne-baba olarak gösterebileceğiniz bazı davranışlar sıralanmıştır.
- Lütfen bu davranışların her birini ne kadar sıklıkla yaptığınızı belirtiniz. Örneğin, birinci maddede belirtilen durumla ilgili olarak 6 davranış seçeneğinin herbirini ne sıklıkla yaptığınızı 1'den 5'e kadar sayılardan uygun olanı daire içine alarak belirtiniz. Böylece her bir durumla ilgili 6 davranış için de cevap vermiş olacaksınız.
- Eğer çocuğunuzun daha önce böyle bir durumla karşılaşmadığını düşünüyorsanız, "böyle olsaydı ne yapardım" diye düşünerek yanıtlayınız.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Hiç Böyle Yapmam | Nadiren Böyle Yaparım | Belki Böyle Yaparım | Büyük Olasılıkla Böyle Yaparım | Kesinlikle Böyle Yaparım |

**1) Eğer çocuğum hastalandığı ya da bir yerini incittiği için arkadaşının doğum günü partisine veya oyun davetine gidemiyorsa ve bundan dolayı öfkeli olursa, ben;**

| | Hiç böyle yapmam | Nadiren böyle yaparım | Belki böyle yaparım | Büyük olasılıkla böyle yaparım | Kesinlikle böyle yaparım |
|---|---|---|---|---|---|
| a) Çocuğumu sakinleşmesi için odasına gönderirim. | 1 | 2 | 3 | 4 | 5 |
| b) Çocuğuma kızarım. | 1 | 2 | 3 | 4 | 5 |
| c) Çocuğuma arkadaşları ile birlikte olabileceği başka yollar düşünmesi için yardımcı olurum (örneğin, bazı arkadaşlarını partiden sonra davet edebilir). | 1 | 2 | 3 | 4 | 5 |
| d) Çocuğuma partiyi kaçırmayı büyütmemesini söylerim. | 1 | 2 | 3 | 4 | 5 |
| e) Çocuğumu, öfkesini ve hayal kırıklığını ifade etmesi için cesaretlendiririm. | 1 | 2 | 3 | 4 | 5 |
| f) Çocuğumu yatıştırırım ve kendini daha iyi hissetmesi için eğlenceli bir şeyler yaparım. | 1 | 2 | 3 | 4 | 5 |

**2) Eğer çocuğum bisikletinden düşer, onu kırar ve sonra da üzülüp ağlarsa, ben;**

| | Hiç böyle yapmam | Nadiren böyle yaparım | Belki böyle yaparım | Büyük olasılıkla böyle yaparım | Kesinlikle böyle yaparım |
|---|---|---|---|---|---|
| a) Sakin kalırım ve endişelenmem. | 1 | 2 | 3 | 4 | 5 |
| b) Çocuğumu rahatlatır ve kazasını unutmasını sağlamaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| c) Çocuğuma aşırı tepki gösterdiğini söylerim. | 1 | 2 | 3 | 4 | 5 |
| d) Çocuğuma bisikletin nasıl tamir edileceğini anlaması için yardımcı olurum. | 1 | 2 | 3 | 4 | 5 |
| e) Çocuğuma böyle bir durumda ağlamanın doğal olduğunu söylerim. | 1 | 2 | 3 | 4 | 5 |
| f) Çocuğuma ağlamayı bırakmasını yoksa bisiklete binmesine izin vermeyeceğimi söylerim. | 1 | 2 | 3 | 4 | 5 |

**3) Eğer çocuğum çok değerli bir eşyasını kaybeder ve ağlarsa, ben;**

| | Hiç böyle yapmam | Nadiren böyle yaparım | Belki böyle yaparım | Büyük olasılıkla böyle yaparım | Kesinlikle böyle yaparım |
|---|---|---|---|---|---|
| a) Bu kadar dikkatsiz olduğu ve sonra da ağladığı için keyfim kaçar. | 1 | 2 | 3 | 4 | 5 |
| b) Çocuğuma aşırı tepki gösterdiğini söylerim. | 1 | 2 | 3 | 4 | 5 |
| c) Çocuğuma, henüz bakmadığı yerleri düşünmesinde yardımcı olurum. | 1 | 2 | 3 | 4 | 5 |
| d) Mutlu şeylerden bahsederek çocuğumun dikkatini başka yöne çekerim. | 1 | 2 | 3 | 4 | 5 |
| e) Ona mutsuz olduğunda ağlamasının doğal olduğunu söylerim. | 1 | 2 | 3 | 4 | 5 |
| f) Dikkatli olmazsan işte böyle olur derim. | 1 | 2 | 3 | 4 | 5 |

**4) Eğer çocuğum iğneden korkuyor ve iğne olma sırasını beklerken titreyip ağlıyorsa, ben;**

| | Hiç böyle yapmam | Nadiren böyle yaparım | Belki böyle yaparım | Büyük olasılıkla böyle yaparım | Kesinlikle böyle yaparım |
|---|---|---|---|---|---|
| a) Ona, kendini toparlamasını yoksa yapmaktan hoşlandığı bir şeye izin vermeyeceğimi söylerim (örneğin televizyon seyretmek gibi). | 1 | 2 | 3 | 4 | 5 |
| b) Hissettiği korku hakkında konuşması için çocuğumu cesaretlendiririm. | 1 | 2 | 3 | 4 | 5 |
| c) Ona, iğne olmayı büyük bir mesele haline getirmemesini söylerim. | 1 | 2 | 3 | 4 | 5 |
| d) Ona ağlayarak bizi utandırmamasını söylerim. | 1 | 2 | 3 | 4 | 5 |
| e) İğneden önce ve sonra onu rahatlatırım. | 1 | 2 | 3 | 4 | 5 |
| f) Çocuğuma ne yaparsa iğnenin daha az acıtacağını anlatırım (örneğin, kendini kasmaz veya derin nefes alırsa daha az acıyacağı gibi). | 1 | 2 | 3 | 4 | 5 |

**5) Eğer çocuğum öğleden sonrayı bir arkadaşının evinde geçirecekse ve benim onunla kalamamam onu tedirgin edip üzerse, ben;**

| | Hiç böyle yapmam | Nadiren böyle yaparım | Belki böyle yaparım | Büyük olasılıkla böyle yaparım | Kesinlikle böyle yaparım |
|---|---|---|---|---|---|
| a) Arkadaşıyla ne kadar eğleneceğinden bahsederek onun ilgisini başka yöne çekmeye çalışırım. | 1 | 2 | 3 | 4 | 5 |
| b) Arkadaşının evinde ben yokken tedirgin olmaması için çocuğuma neler yapabileceğini düşünmesinde yardımcı olurum (örneğin, en sevdiği kitabını ya da oyuncağını yanında götürmesi gibi). | 1 | 2 | 3 | 4 | 5 |
| c) Çocuğuma aşırı tepki göstermeyi ve bebek gibi davranmayı bırakmasını söylerim. | 1 | 2 | 3 | 4 | 5 |
| d) Çocuğuma, eğer yatışmazsa bundan sonra dışarı çıkmasına izin vermeyeceğimi söylerim. | 1 | 2 | 3 | 4 | 5 |
| e) Çocuğumun tepkileri yüzünden keyifsiz ve sıkıntılı olurum. | 1 | 2 | 3 | 4 | 5 |
| f) Tedirginliği ve keyifsizliği hakkında konuşması için çocuğumu cesaretlendiririm. | 1 | 2 | 3 | 4 | 5 |

**6) Eğer çocuğum arkadaşları ile birlikte yer aldığı bir grup faaliyetinde hata yaptığı için utanır ve ağlamaklı olursa, ben;**

| | Hiç böyle yapmam | Nadiren böyle yaparım | Belki böyle yaparım | Büyük olasılıkla böyle yaparım | Kesinlikle böyle yaparım |
|---|---|---|---|---|---|
| a) Çocuğumu rahatlatır ve daha iyi hissetmesini sağlamaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| b) Çocuğuma aşırı tepki gösterdiğini söylerim. | 1 | 2 | 3 | 4 | 5 |
| c) Kendimi rahatsız ve utanmış hissederim. | 1 | 2 | 3 | 4 | 5 |
| d) Çocuğuma kendini toparlamasını yoksa doğruca eve gideceğimizi söylerim. | 1 | 2 | 3 | 4 | 5 |
| e) Çocuğumu, yaşadığı utanma hissi hakkında konuşması için cesaretlendirim. | 1 | 2 | 3 | 4 | 5 |
| f) Çocuğuma alıştırma yapmasında yardımcı olacağımı ve böylece bir dahaki sefere daha iyisini yapacağını söylerim. | 1 | 2 | 3 | 4 | 5 |

**7) Eğer çocuğum bir müsamere ya da spor faaliyeti nedeniyle seyirci karşısına çıkacağı için çok heyecanlanır ve kaygılanırsa, ben;**

| | Hiç böyle yapmam | Nadiren böyle yaparım | Belki böyle yaparım | Büyük olasılıkla böyle yaparım | Kesinlikle böyle yaparım |
|---|---|---|---|---|---|
| a) Çocuğuma, sırası geldiğinde kendini hazır hissetmesi için neler yapabileceğini düşünmesinde yardımcı olurum (örneğin, biraz ısınma yapmak ve seyirciye bakmamak gibi). | 1 | 2 | 3 | 4 | 5 |
| b) Heyecan ve kaygısının geçmesi için çocuğuma rahatlatıcı bir şeyler düşünmesini öneririm. | 1 | 2 | 3 | 4 | 5 |
| c) Sakin kalırım ve kaygılanmam. | 1 | 2 | 3 | 4 | 5 |
| d) Çocuğuma bebek gibi davrandığını söylerim. | 1 | 2 | 3 | 4 | 5 |
| e) Çocuğuma sakinleşmezse oradan hemen ayrılıp doğruca eve gideceğimizi söylerim. | 1 | 2 | 3 | 4 | 5 |
| f) Hissettiği heyecan ve kaygı hakkında konuşması için çocuğumu cesaretlendiririm. | 1 | 2 | 3 | 4 | 5 |

**8) Eğer çocuğum bir arkadaşından istemediği bir doğum günü hediyesi aldığı için hayal kırıklığına uğramış, hatta kızgın görünüyorsa, ben;**

| | Hiç böyle yapmam | Nadiren böyle yaparım | Belki böyle yaparım | Büyük olasılıkla böyle yaparım | Kesinlikle böyle yaparım |
|---|---|---|---|---|---|
| a) Çocuğumu hissettiği hayal kırıklığını ifade etmesi için cesaretlendiririm. | 1 | 2 | 3 | 4 | 5 |
| b) Çocuğuma bu hediyeyi onun istediği başka bir şeyle değiştirilebileceğini söylerim. | 1 | 2 | 3 | 4 | 5 |
| c) Kaba davranışı yüzünden çocuğuma kızmam. | 1 | 2 | 3 | 4 | 5 |
| d) Çocuğuma aşırı tepki gösterdiğini söylerim. | 1 | 2 | 3 | 4 | 5 |
| e) Çocuğumu, arkadaşının hislerine karşı duyarsız olduğu için azarlarım. | 1 | 2 | 3 | 4 | 5 |
| f) Eğlenceli şeyler yaparak, çocuğumun kendisini daha iyi hissetmesini sağlamaya çalışırım. | 1 | 2 | 3 | 4 | 5 |

**9) Eğer çocuğum televizyonda ürkütücü bir program seyrettikten sonra korkuya kapılıp uyuyamıyorsa, ben;**

| | Hiç böyle yapmam | Nadiren böyle yaparım | Belki böyle yaparım | Büyük olasılıkla böyle yaparım | Kesinlikle böyle yaparım |
|---|---|---|---|---|---|
| a) Çocuğumu, onu korkutan şey konusunda konuşması için cesaretlendiririm | 1 | 2 | 3 | 4 | 5 |
| b) Anlamsız hareketinden dolayı çocuğuma öfkelenirim. | 1 | 2 | 3 | 4 | 5 |
| c) Çocuğuma aşırı tepki gösterdiğini söylerim. | 1 | 2 | 3 | 4 | 5 |
| d) Çocuğuma uyuyabilmesi için neler yapabileceğini düşünmesinde yardımcı olurum (örneğin, yatağa bir oyuncak alması, ışığı açık bırakması gibi). | 1 | 2 | 3 | 4 | 5 |
| e) Ona yatağa gitmesini yoksa bundan sonra televizyon seyretmesine hiç izin vermeyeceğimi söylerim. | 1 | 2 | 3 | 4 | 5 |
| f) Çocuğumla eğlenceli bir şeyler yaparak korktuğu şeyi unutması için ona yardımcı olurum. | 1 | 2 | 3 | 4 | 5 |

**10) Eğer parkta çocuklar oyunlarına katılmasına izin vermedikleri için çocuğum ağlamaklı olursa, ben;**

| | Hiç böyle yapmam | Nadiren böyle yaparım | Belki böyle yaparım | Büyük olasılıkla böyle yaparım | Kesinlikle böyle yaparım |
|---|---|---|---|---|---|
| a) Sakin kalırım, keyfim kaçmaz. | 1 | 2 | 3 | 4 | 5 |
| b) Çocuğuma, ağlamaya başlarsa doğruca eve gideceğimizi söylerim. | 1 | 2 | 3 | 4 | 5 |
| c) Çocuğuma, kendini kötü hissettiğinde ağlamasının doğal olduğunu söylerim. | 1 | 2 | 3 | 4 | 5 |
| d) Çocuğumu rahatlatırım ve mutluluk veren şeyler düşünmesini sağlamaya çalışırım. | 1 | 2 | 3 | 4 | 5 |
| e) Çocuğuma başka şeyler yapmayı düşünmesi için yardımcı olurum. | 1 | 2 | 3 | 4 | 5 |
| f) Çocuğuma kendini birazdan daha iyi hissedeceğini söylerim. | 1 | 2 | 3 | 4 | 5 |

**11) Eğer çocuğum diğer çocuklarla oynarken, onlardan biri çocuğumla alay attiği için bir anda titremeye ve gözleri yaşarmaya başlarsa, ben;**

| | Hiç böyle yapmam | Nadiren böyle yaparım | Belki böyle yaparım | Büyük olasılıkla böyle yaparım | Kesinlikle böyle yaparım |
|---|---|---|---|---|---|
| a) Çocuğuma bunu büyütmemesi gerektiğini söylerim. | 1 | 2 | 3 | 4 | 5 |
| b) Canım sıkılır, keyfim kaçar. | 1 | 2 | 3 | 4 | 5 |
| c) Çocuğuma toparlanmasını, yoksa doğruca eve gideceğimizi söylerim. | 1 | 2 | 3 | 4 | 5 |
| d) Diğer çocukların alaylı sözleriyle başa çıkabilmesi için neler yapabileceğini düşünmesinde çocuğuma yardımcı olurum. | 1 | 2 | 3 | 4 | 5 |
| e) Çocuğumu rahatlatırım ve bu keyifsiz olayı unutması için onunla bir oyun oynarım. | 1 | 2 | 3 | 4 | 5 |
| f) Alay edilmenin onu nasıl incittiği hakkında konuşması için çocuğumu cesaretlendiririm. | 1 | 2 | 3 | 4 | 5 |

**12) Eğer çocuğum çevresinde tanımadığı kişiler olduğunda hep utanıyor ve ürküyorsa ya da aile dostları misafirliğe geldiği zaman ağlamaklı olup odasından çıkmak istemiyorsa, ben;**

| | Hiç böyle yapmam | Nadiren böyle yaparım | Belki böyle yaparım | Büyük olasılıkla böyle yaparım | Kesinlikle böyle yaparım |
|---|---|---|---|---|---|
| a) Çocuğuma, aile dostlarımızla karşılaştığı zaman daha az korkması için neler yapabileceğini düşünmesinde yardımcı olurum. | 1 | 2 | 3 | 4 | 5 |
| b) Çocuğuma, tedirgin hissetmenin doğal olduğunu söylerim. | 1 | 2 | 3 | 4 | 5 |
| c) Aile dostlarımızla yapabileceğimiz eğlenceli şeylerden bahsederek çocuğumu mutlu etmeye çalışırım. | 1 | 2 | 3 | 4 | 5 |
| d) Çocuğumun tepkileri yüzünden kendimi sıkıntılı hisseder ve rahatsızlık duyarım. | 1 | 2 | 3 | 4 | 5 |
| e) Çocuğuma oturma odasına gelip aile dostlarımızla beraber oturmak zorunda olduğunu söylerim. | 1 | 2 | 3 | 4 | 5 |
| f) Çocuğuma bebek gibi davrandığını söylerim. | 1 | 2 | 3 | 4 | 5 |

**Lütfen her durum için önerilmiş 6 davranış seçeneğinin her birini cevaplamış olduğunuzu kontrol ediniz.**

## APPENDIX F: Emotion Regulation Checklist (ERC)

**DUYGU AYARLAMA ÖLÇEĞİ**

| Çocuğum; | Hiçbir zaman | Bazen | Sık sık | Hemen her zaman |
|---|---|---|---|---|
| 1. Neşeli bir çocuktur. | 1 | 2 | 3 | 4 |
| 2. Duygularında aşırı değişiklikler gösterir (Olumlu duygulardan olumsuz duygulara hızla geçtiği için duygusal durumunu önceden tahmin etmek güçtür). | 1 | 2 | 3 | 4 |
| 3. Yetişkinlerin sıradan ya da dostça yakınlık kurma çabalarına olumlu tepki verir. | 1 | 2 | 3 | 4 |
| 4. Bir etkinlikten başka bir etkinliğe kolayca geçer; bunu yaparken kaygı, öfke, sıkıntı ya da aşırı heyecan belirtileri göstermez. | 1 | 2 | 3 | 4 |
| 5. Üzüntüsünden ya da sıkıntısından kolayca kurtulabilir (Örneğin, onu üzen bir olaydan sonra kırgınlığını, kaygısını ya da üzüntüsünü uzun süre sürdürmez). | 1 | 2 | 3 | 4 |
| 6. Bir engelle karşılaştığında kolayca vazgeçer. | 1 | 2 | 3 | 4 |
| 7. Yaşıtlarının sıradan ya da dostça yakınlık kurma çabalarına olumlu tepki verir. | 1 | 2 | 3 | 4 |
| 8. Kolayca öfke patlamaları ya da öfke krizleri geçirir. | 1 | 2 | 3 | 4 |
| 9. İstediği bir şeye kavuşmayı erteleyebilir. | 1 | 2 | 3 | 4 |
| 10. Başkalarının sıkıntısından ya da acısından keyif alır (Örneğin, birisinin canı yandığında ya da birisi cezalandırıldığında güler; başkalarını kızdırmaktan hoşlanır). | 1 | 2 | 3 | 4 |
| 11. Heyecan verici durumlarda coşkusunu denetleyebilir (Örneğin, hareketli oyunlarda kendini kaybetmez; ya da uygun olmayan ortamlarda azmaz). | 1 | 2 | 3 | 4 |
| 12. Yetişkinlere yapışır ya da mızmız davranır. | 1 | 2 | 3 | 4 |
| 13. Taşkınlık yapmaya ve enerjisini yıkıp dökerek boşaltmaya yatkındır. | 1 | 2 | 3 | 4 |
| 14. Yetişkinlerin kural ya da sınır koymalarına öfkeyle tepki verir. | 1 | 2 | 3 | 4 |
| 15. Üzüldüğünde, kızdığında ya da korktuğunda duygularını anlatır. | 1 | 2 | 3 | 4 |
| 16. Üzgün ya da cansız görünür. | 1 | 2 | 3 | 4 |
| 17. Başkalarıyla oyun başlatmaya çalışırken aşırı taşkın davranır. | 1 | 2 | 3 | 4 |
| 18. Duygusal olarak donuk görünür (yüz ifadesi boş ve anlamsızdır; olaylara duygusal olarak katılmıyor gibidir). | 1 | 2 | 3 | 4 |
| 19. Yaşıtlarının sıradan ya da dostça yakınlık kurma çabalarına olumsuz tepki verir (Örneğin, öfkeli bir sesle konuşur ya da ürkek bir tepki verir). | 1 | 2 | 3 | 4 |
| 20. Dürtüseldir (Aklına eseni düşünmeden yapar). | 1 | 2 | 3 | 4 |
| 21. Başkalarının duygularını anlar; başkaları üzgün ya da sıkıntılıyken onlarla ilgilenir. | 1 | 2 | 3 | 4 |
| 22. Başkalarının işine karışacak ya da onları rahatsız edecek biçimde taşkınlık yapar. | 1 | 2 | 3 | 4 |
| 23. Yaşıtlarının düşmanca, saldırgan ya da müdahaleci davranışlarına karşı öfke, korku, düş kırıklığı ya da sıkıntı gibi uygun olumsuz duygularını gösterir. | 1 | 2 | 3 | 4 |
| 24. Başkalarıyla oyun başlatmaya çalışırken olumsuz duygular gösterir. | 1 | 2 | 3 | 4 |