THE EFFECTS OF MOTHERS' PERSONALITY, PARENTING AND SELFOBJECT NEEDS ON THE WELL-BEING OF THEIR CHILDREN WITH CANCER

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I certify that this thesis satisfies all the requirements as a thesis for the degree of Doctor of Philosophy.

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

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ABSTRACT

THE EFFECTS OF MOTHERS' PERSONALITY, PARENTING AND SELFOBJECT NEEDS ON THE WELL-BEING OF THEIR CHILDREN WITH CANCER

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This thesis was done using quantitaive and qualitative methods. The aim of the quantitative part was to understand child cancer patients' well-being in relation to their mother's parenting, personality and selfobject needs. ANCOVA analyses revealed that when mothers who have high selfobject needs (primary narcisisstic relational needs) also have high level of conscientiousness personality trait or show high controlling parenting attitude towards their children, the children were reported as having more externalizing problem behaviors. However, when mothers who have high selfobject needs also have conscientiousness personality style at the highest level, the children were reported as not having many problem behaviors. Thus, the compensating role of being very highly conscientious among mothers who have high selfobject needs in reporting child problems were discussed. In the second part, two mothers' selfobject experiences were investigated using qualitative narrative inquiry. Using narrative analysis, mothers' selfobject needs in relation to experiencing cancer diaognose and treatment was elaborated comperatively, using interview transcripts.

Keywords: cancer, parenting, personality, selfobject, externalizing problems

ÖZ

ANNENİN KİŞİLİK ÖZELLİĞİ, EBEVEYN TUTUMU VE KENDİLİKNESNESİ İHTİYACININ KANSERLİ ÇOCUĞUNUN UYUMUNA ETKİSİ

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Bu tez nitel ve nicel yöntemler kullanılarak gerçekleştirilmiştir. Nitel bölümün amacı, kanserli çocukların genel iyilik durumlarının annelerin ebeveynlik, kişilik ve kendiliknesnesi ihtiyacı ile nasıl bir ilişkide olduğunu anlamaktır. ANCOVA analiz sonuçlarına göre, yüksek düzeyde kendiliknesnesi ihtiyacı (birincil narsistik ilişkisel ihtiyaçları) olan anneler, aynı anda yüksek düzeyde sorumlu kişilik özelliğine ya da yüksek düzeyde kontrol edici ebeveyn tutumuna sahip olduklarında, çocuklarını daha fazla dışayönelik probleme sahip olarak rapor etmektedirler. Ancak sorumlu kişilik özelliği en yüksek seviyede olduğunda, bu anneler çocuklarındaki dışa yönelik problemleri daha az ifade etmektedirler. Bu yüzden yüksek düzeyde kendiliknesnesi ihtiyacı olan annelerde aşırı sorumlu kişilik özelliğinin çocuk davranışlarını deneyimlemede ya da rapor etmedeki telafi edici rolü tartışılmıştır. İkinci bölümde, iki annenin kendiliknesnesi ihtiyacına ilişkin deneyimleri nitel öyküsel sorgulama ile ele alınmıştır. Öyküsel analiz yöntemi kullanılarak annelerin kendiliknesnesi ihtiyacının çocuklarının kanser tedavisi sıradaki deneyimleriyle ilişkisi görüşme notları kullanılarak ve karşılaştırmalı olarak incelenmiştir.

Anahtar kelimeler: kanser, ebeveynlik, kişilik, kendiliknesnesi, dışayönelik problemler

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INTRODUCTION

Survival rates of childhood cancer increased in the recent decades. While 5-year survival rate was 30% in 1970's, it increased 81% in 2001 (Lee & Santacroce, 2007) and reached around 84% in 2007 (SEER data, 2016). This improvement brings with itself the psychological well-being of children with cancer and their caregivers into the focus. It is known that even after for many years of the treatment, both survivors of childhood cancer and their caregivers were seemed to be traumatized more often than it was reported (Lee & Santacroce, 2007). Considering the hospitalization, treatment's side effects and the task of adaptation to this new life situation, it is not surprising that children and their caregivers experience emotional and behavioral problems during treatment and afterwards (i.e.,Rempel, Ravindran, Rogers, Magill-Evans, 2012). Apart from the medical conditions, adapting to a new identity as being a 'patient', staying away from peers/school and, changing parent-child/family relationships due to diagnose or the possibility of child's death are all represent a source of burden and adaptation problems for children and their caregivers.

In their review on depression of children with cancer that was carried out over twenty-five years, Dejong and Fombonne (2005) reported that depression occurs around 10% of pediatric cases. Similarly, Taïeb, Moro, Baubet, Revah-Lévy and Flament (2003) investigated child PTSD problems or adaptation to cancer across different studies that are done between 1991 and 2001. They concluded that prevalence of posttraumatic stress symptoms and/or PTSD were between 2% and 20% in child survivors and between 10% and 30% in their parents, even many years after the end of the cancer treatment. The higher rates of posttraumatic symptoms in

parents than the children points out that having a child with chronic illness like cancer can have important psychological impact on parents' well-being, too. Thus, young children's well-being is probably influenced by both the cancer experience and their affected parental and environmental characteristics. We know that parental well-being, parental attitudes or personality types are important indicators of children's general psychological adaptation (Belsky, 1984). For example, Fletcher and Clarke (2003) investigated the experiences of 25 mothers who have a child with cancer within five years and they found that these mothers very often experience anger or despondency and feel despair, discontent or helplessness especially soon after diagnose. Studies investigating these children's and their caregivers' emotional well-being usually focused on mothers' depression, anxiety or post traumatic stress disorder and showed the role of parent's depression, anxiety or PTSD on child's symptoms (i.e. Mulhern, Fairclough, Smith, Douglas, 1992; Dahlquist & Pendley, 2005; Pöder, Ljungman, von Essen, 2010). Norberg, Pöder, von Essen (2011) found that avoidance of parents early on during their child's treatment is also a risk factor for them to develop PTSD and PTSS after the treatment. This risk is greater for bereaved than non-bereaved parents. Norberg et al. (2011) said that a certain degree of avoidance is expected during the first period after trauma however they noted that 'parents who use avoidant strategies early on during their child's disease trajectory may fail to elaborate the initial trauma of the cancer diagnosis and consequently are particularly vulnerable to re-traumatisation… The capacity to deal with additional trauma may depend on the outcome of prior traumatic experiences' (p.83). With this finding, researchers implied that parents who avoid the traumatic situation for longer are susceptible to higher risk of traumatisation for the later traumatic events. Thus, 'identifiying parents with potential vulnerability to develop PTSD would enable health care personnel to provide appropriate help to the right persons. This would benefit not only the parents and their families but also the society at large'(p.83). The effects of longer avoidance on parents' potential for development of PTSD should also have influence on their children's psychological adjustment level during and after the treatment. A group of researchers (Green et al., 1998) studying PTSD in women with breast cancer pointed out the fact that when it is the cancer, the threat comes from the inside of the body which emphasize the differences between external

and internal threats for developing PTSD. Usually, PTSD cause from external threats. However, when the threat comes from the person's own body, the situation becomes hard to avoid. The threat to one's physical integrity comes from the internal stressor. Thus, when the threat comes from one's own child's body, the illness again may pose like a constant internal threat for the mother. Not only the child's bodily threat affects mothers' integrity but also the function the child plays for the mother is affected.

Having noted these studies, in practice, it is not uncommon to hear saying of mothers who have a child diagnosed with cancer that they are like "losing a part of their self". Mothers may consistently suffer from psychological problems or experience constant threat to their self cohesion (Pöder et al., 2010). They mentally or emotionally suffer from watching their child suffering (Fletcher & Clarke, 2003). Seeing their children suffering has impacts on their distress but also this can lead them seeing or experiencing their child as having more psychosocial problems (Pöder et al., 2010). In brief, when mothers' well-being or self cohesion is shattered following diagnose, the child suffers from this, too. Thus, there appears a cyclical process that possibly leads the child and mother dyads suffer over suffering. A recent study investigating disease-related parenting stress reported that parents of children with cancer had more difficulty relating to *caring* rather than *disease* (see Cousino, Hazen, 2013). This study emphasized the impact of mother's suffering on their caring attitudes.

Consequently, researchers clearly stated heightened occurrence of stress in parents of chronically ill children. Considering the adversities of this difficult period together with developmental theories, maternal factors, since usually the mothers are the primary caregiver, play the major role either for alleviating or aggravating their children's psychological adaptation process.

Based on these findings and given the importance of dyadic parent-child interaction on children's well-being, mothers' self cohesion in terms of Kohut's self psychology (1971, 1977, 1984) their parenting and personality styles were thought to

influence their child's overall well-being, extensively, especially in pediatric oncology setting.

1.1. Parenting and its relation to child behavior

Parenting is studied broadly in literature since 1940's and these researchers focused on broadly three components: the emotional relationship between the parent and child, the parents' practices and behaviors and the parent's belief systems (i.e. Anthony & Benedek, 1970; Baumrind, 1965, 1967, 1971; Darling & Steinberg, 1993; Maccoby &Martin, 1983). As a result of those studies parenting was accepted as having multidimensional constructs. In order to identify those features of parenting and its influence on child problems, researchers developed around 40 different kinds of instruments, each aimed to measure different facets of parenting. Within this development it was recently suggested that there are basically three features of parenting style (Skinner, Johnson, Synder, 2005). These are described as *warmth* vs. *rejection; structure* vs. *chaos;* and *autonomy support* vs. *coercion*. Skinner et al. (2005) reported that these features predict the development of children's self-system processes across all childhood. Accordingly, *warmth* refers to expression of love, caring and enjoyment; *rejection* refers to active dislike, aversion, and hostility, *structure* refers to provision of information about pathways to reach desired outcomes, *chaos* refers to interferences with or obscures of the pathways from means to ends, *autonomy support* refers to allowing freedom of expression and action and finally *coercion* refers to restrictive, over controlling, intrusive autocratic style.

It is known that early parenting exposure at early ages has influence on later childhood adjustment. Studies focusing on the relationship between negative parenting and child problem behaviors (e.g. Prinzie, Onghena, Hellinckx, Grietens, Ghesquiere, Colpin, 2004; Haskett, Willoughby, 2007) reported that insensitive, coercive and over reactive parenting predicts higher levels of adjustment problems among elementary school-aged children. Again, according to Danzig, Dyson, Olino, Laptook and Klein's (2015) extensive research on parenting practices and child's socially appropriate behaviors, children with high dysphoria who were exposed to

high levels of negative parenting at age 3 tended to experience greater difficulty with socially appropriate behavior at age 6. Interestingly, Prinzie et al. (2004) reported that higher levels of laxness attitude in parents also predicted lower levels of externalizing behavior. This finding interpreted as parents' threshold of perception about their children's behavior problems so that permissive or tolerant parents do not perceive some child behavior as problematic.

As mentioned earlier, parenting is also affected during the child's cancer treatment. It is widely reported that parents experience difficulty in applying their usual way of parenting. We know that following diagnose, mothers experience difficulty about how to treat their children because of their anxiety of potential loss of children. Jelalian, Stark and Miller (1997) found that mothers of children with cancer aged around 6-7 were more in conflict about the discipline they used and they tend to be less in control and tend to use less consistent discipline strategies than mothers of non-chronically ill children. Also, Young, Dixon-Woods, Findlay and Heney (2002), in their qualitative research on experiences of mothers of children with cancer reported that since the period following diagnose needed day to day caring it was experienced as catastrophic and demanding. Since those children's dependency and vulnerability intensifies during treatment, mothers of these children mentioned their primary responsibility as 'comforting' and thus needed to be on closely monitoring of their children's well-being. Beside the effect of negative parenting on child problems, we know that positive parenting has favorable outcomes in children. A study that is done among 106 adolescent patients of leukemia reported that paternal and maternal emotional warmth and the quality of life of adolescents were correlated (Kim, Chung & Lee, 2015).

In sum, parenting's importance and complexities were highlighted by many researchers and concluded that it may have significant implications post-treatment and onwards into long-term survivorship (Williams, McCarthy, Eyles, Drew, 2013).

Based on these findings, it was expected that negative, inconsistent, over controlling or overprotecting attitude would influence child's general adjustment

level during cancer treatment, as well. However, these attitudes are not exempt from personality styles of care-giving mothers.

1.2. Personality and its relation to child behavior

Individuals are differed from each other in thoughts, feelings or behaviors and these differences constitute personality characteristics of the individual across situations and overtime (Specht et al., 2014). These characteristics develop from biological basis, early relationships or life events and they are relatively stable throughout the life. Personality characteristics were investigated from different theoretical perspectives in the literature. For example, according to Millon (1996) multi-axial theory of personality, individual characteristics are categorized according to DSM classification system as borderline, schizotypal, paranoid, antisocial, negativistic, avoidant, histrionic and somatoform patterns. These characteristics are accepted as personality disorders if they exceed the clinical level of expression. Another perspective that is consensually used to explain individual differences is five-factor model in personality (Goldberg, 1993, McAdams, 1992; McCrae & John, 1992; McCrae & Costa, 2003). These factors named as *Extraversion, Agreeableness, Conscientiousness, Neuroticism and Openness to Experience* which corresponds to central human concerns of Power, Love, Work, Affect and Intellect (Peabody and Goldberg, 1989). Accordingly, *Extraversion* refers to outgoing traits such as talkative, assertive and active; *Agreeableness* refers to pleasantness traits such as kindness, trust, honesty and warmth; *Conscientiousness* refers to dependability traits such as responsibility, disciplined and thoroughness; *Neuroticism* refers to emotional inconsistency traits such as nervousness, anxious and impatience, and *Openness to Experience* refers to traits such as confidence, courageous, talented and creativity (Goldberg, 1993; Gençöz, Öncül, 2012). McCrae and Costa (2008) claimed that personality characteristics are determined by biological bases and characteristic adaptations like self-concept, habits, attitudes and roles are influenced by these basic biological tendencies. They also indicated that the intrinsic developmental processes of the Big Five are largely completed around the age of 30 years. Specht et al. (2014) also discussed the difference of personality theories in terms of personality factors' resistance to change and they noted that even though these factors are mostly

determined by biologically, they are open to be affected by environmental factors. In their review article, Specht et al. (2014) concluded that '…personality development is a lifelong phenomenon. It is influenced by a multitude of factors that directly, indirectly and in transaction with each other, shape who we are and who we become' (p. 226).

A study that investigated the stability of personality traits among adults aged between 33 and 42 revealed that high rank-order stability of personality traits exist at adulthood. However, detailed examination reveals that while some traits such as Extraversion and Openness to Experience are relatively stable and in increasing trend, some of them are less stable. Among these especially Conscientiousness personality is subject to life's changes for some people and contextual factors such as marriage, family, career etc., may affect people's Conscientiousness traits more than other traits (Rantanen, Metsäpelto, Feldt, Pulkkinen and Kokko, 2007). The way people handle life's changes is influenced by any of these personality traits. For example, Spahni, Morselli, Perrig-Chiello and Bennett (2015) found that some of the personality traits were accounted for a better adaptation among bereaved old age people. Accordingly, successful adaptation to spousal bereavement among old age was found to be associated with higher levels of extraversion personality and lower levels of neuroticism personality traits. Moreover, Michael and Sharon (2016) investigated the subjective factors in predicting PTSD symptoms among 1210 undergraduate students and they found that beside the proximity to trauma and experiencing it as a threat, neurotic personality trait is predictive on developing PTSD symptoms. While Neuroticism was found as a significant predictor to distress, it was also found to be related with maladaptive coping, avoidance and behavioral disengagement (Panayiotou, Kokkinos, Kapsou, 2014). These findings are important considering the mothers of children with cancer who have adjustment problems. We can conclude that while neuroticism is strongly related with emotion-focused coping mechanism, extraversion is associated with active coping strategies and humor (Costa, Somerfield & McCrae, 1996). Conscientiousness on the other hand was found to be associated both active problem solving and religious coping. Its' relations with the religious coping was explained as a mechanism to regain a sense of

control over a stressor especially in times of their difficulty when they cannot exert control over a stressor. We understand that, individuals with different personality styles use different coping strategies. However, considering the relationship of personality and distress, while coping style plays a mediating role between conscientiousness or extraversion and distress, neuroticism seemed to affect distress without any coping mechanisms' mediating role (Costa et al., 1996).

In Van Der Zee, Buunk, Sanderman, Botke and Van Der Bergh's (1999) study, people with high in neuroticism defined as individuals who interpret social comparison information in a self-defeating manner rather than as a self-enhancing manner. In contrast, extraversion defined as tendency to perceive one self's situation better than others. Thus, in their study, while cancer patients with high neuroticism identify with less fortunate people and end up in feeling more distress and difficulty in maintaining positive well-being, extravert cancer patients feel better since they identify with more fortunate and positive people.

From these findings, it is clearly understood that personality affects the way people handle life's difficulties either directly or indirectly. Considering a mother who has a child with cancer, mothers' well being in terms of their personality traits would quite probably influence her child's well being too. Not only neuroticism or extraversion but also other personality traits of mothers may influence the child's general adaptation to life's changing demands, so to cancer treatment.

However, even though research is limited about whether and how mother's personality affects her child's well-being during cancer treatment, it was reported that reported that parent personality may directly influence their child's development or predicate the development of specific parenting styles (Bertino, Connell and Levis, 2012; Dutton, Denny-Keys, Sells, 2011; Ghirian, Robe, Sipos, Predescu, 2012).

1.3. Personality, parenting and child behavior

As described above, neither personality nor parenting seems to influence child's well-being without each other involved. For example, Metsapelto and

Pulkkinen (2003) reported that among big five personality characteristics, extraversion, openness and neuroticism were the strongest associations of the general parenting. Accordingly, low level of neuroticism and openness to experience were reported to link with parental nurturance, low level of openness to experience were found to be associated with restrictiveness and low neuroticism was found to be related with parental knowledge (monitoring) of children's activities.

The relationship between personality and parenting was also extensively investigated in a meta-analysis (Prinzie, Stams, Dekovic, Reijintes, Belsky, 2009). In that meta analysis, 30 studies with data from 5853 parent-child dyads reported that higher levels of extraversion, agreeableness, conscientiousness and openness and lower levels of neuroticism were found to be related to more warmth and behavioral control, and higher levels of agreeableness and lower levels of neuroticism were found to be related with autonomy support parenting. The researchers concluded that positive personality characteristics such as agreeableness or extraversion are strongly related with positive parenting such as autonomy support, warmth, nurturance, etc. and negative personality characteristics such as neuroticism is strongly related with negative parenting like harsh attitudes, power control, less responsiveness, restrictiveness, etc. Beside, comprehensive research suggests that these attitudes in turn effect children's psychological well-being and adjustment (e.g.Kochanska, Clark, Goldman, 1997, Prinzie et al. 2009). For example, Prinzie et al. (2004) and Prinzie, Onghena, Hellinckx, Grietens, Ghesquiere and Colpin, (2005) reported that there is significant relationship between parenting and personality of mother and children's externalizing behavior problems. They found that parents' over reactivity was negatively associated with children's' emotional stability and autonomy and parents' laxness was negatively associated with children's' autonomy. Moreover, they found that emotional stability and conscientiousness of parents' were negatively related to children's externalizing behaviors. Kochanska, et al. (1997) also reported the association between maternal negative emotionality and disagreeableness with more endorsed power and less responsiveness and warmth consequently leads children to present defiance, anger, behavior problems, etc. They also noted that even after controlling the parenting attitudes personality has direct impacts on children's

problems. Kochanska et al. (1997, p.415) concluded that 'mothers' personality influenced broadly conceptualized adaptive child development and this influence was mediated partly through the effect of mothers' personality on parenting'. Consistent with this van Aken, Junger, Verhoven, van Aken, Dekovic and Denissen (2007) also reported that while low emotional stability (neuroticism) has direct effects on children's attention problems, it has indirect effects on children's aggressive problems. They reported that emotional instability was mediated by parental supportiveness on predicting child's aggression. Mothers who were less emotionally stable provided less parental support which eventually led elevated levels of aggressive behaviors in children.

Even though research clearly established the effects of parents' negative parenting and negative personality style, especially neuroticism, on children's well-being, studies are limited about the relationship between mother's parenting and/or personality with her child's well-being, during child's cancer treatment. Beside, without considering mother's feelings of self fragmentation or anxiety following diagnose, it would be misleading to understand the effects of parenting or personality on child problems. Thus, before furthering the study, in the following chapter, individual's so that the mother's self system and his/her relational needs will be delineated from the Kohut's (1971, 1984) self psychological perspective.

1.4. Self cohesion and selfobject experience

Self is conceptualized as a developmental process or mental system that organizes person's subjective experience in relation to a set of developmental needs (Wolf, 1988). According to Kohut (1984) self is composed in relation to others (selfobjects) who are experienced as *part of the self*. When introducing selfobject term into the psychoanalytic area, Kohut's aim was demonstrating that people who are labeled as incurable or narcissists could be actually cured. Unlike the earlier theorists, Kohut saw narcissism as a way of relating with others. Thus, rather than defining narcissism as a self-love where the instinctual investment is on oneself, Kohut grounds his theory on deficiency and suggests that this deficiency is filled with the relationship by saying that both narcissism and object love is a way of

relating or experiencing others. Again, unlike the conflict theories in which the focus is on whether the instinctual investment is on oneself (self-love) or the other (object love) and, which suggests transformation from self-preoccupation to self-love as for the healing, Kohut defined narcissism as experiencing the other as part of oneself. Thus, rather than discarding the narcissism, Kohut suggests transformation from primitive narcissism to mature narcissism in which the other is experienced as part of the self (see Son, 2006). Kohut (1984) argued that self and self-object relationships exist from birth to death and as long as an individual experience others as people who respond willingly, who provide an idealized power and tranquility and who is able to grasp the individual's inner world more or less correctly, the person experience himself as cohesive, adaptive and consistent unit. He feels connected to the past and creative and productive for the future (Kohut, 1984). Kohut asserts that these self-selfobject relations are necessary conditions for the healthy development of the child. If these needs are not met sufficiently in the early years of the life, people suffer from self disorders and depends on emotionally attuned selfobject responses throughout his/her life. Kohut named these basic longings for selfobjects as "archaic selfobjects" (Kohut, 1971).

Ornstein (2008) summarized the characteristics of those selfobject transferences. Accordingly, selfobject transference constellations occur prior to the oedipal period. When everything goes well optimal "structuralization" of the self is formed and it permits an individual to have an *autonomous existence* to a degree but, as Kohut, Ornstein (2008) pointed out that "there is no complete autonomy at the end of the developmental line" (p. 202). Different selfobject needs persists throughout life either to maintain a cohesive self or to repair the disrupted self in order to give its vitality. Thus, in dyadic interaction "selfobject transference reflects insufficiently or faultily structuralized self as this appears in the patient's subjective experience and behavior" (p. 202). These needs may be observed either with speechless covert behaviors or with overt strength of the person's demandingness or avoidance. Understanding these developmentally unmet needs, in the expression of the hope to strive to repair these needs through the therapist' responsiveness, is a crucial step for healing of the people who suffer from moderate to severe self disorders. As Kohut

noted (1984) “It is this opportunity insufficiently provided to the analysand in childhood that is offered once more by analysis” (p.210). Thus, in therapeutic process, the patient with narcissistic injuries needs to experience the therapist as part of his self or needs to experience himself as part of the therapist’s self. Ornstein (2008) stressed that in psychoanalytic psychotherapy understanding the patient’s inner experience through *empathy* is the main tool in order to establish a cohesive, healthy and adaptive self.

Kohut (1971, 1977, 1984) hypothesized three different selfobject needs that are developmentally necessary to form a cohesive and healthy self. These needs are a) the desire for recognition and power, b) the need to merge with an idealized subject and c) the need to experience friendship or connection. Kohut named these needs as mirroring, idealizing and twinship.

The mirroring experience can be defined as the parental acceptance of child’s age-appropriate grandiosity and being responsive to this need (Kohut, 1971, 1977) so that the child can maintain positive and stable self esteem. It is the mirror in the mother’s eye that the child needs in this time of development. Any insensitive, unemphatic response during this early period of development may result in primary narcissistic injury and may cause grandiose defenses against dependency. A person with this type of narcissistic injury would be in hunger for mirroring from others for the later years of the life (see Ettensohn, 2011). The idealizing experience on the other hand is another way of maintaining a stable self esteem through a system of goal setting ideals (Kohut, 1971, 1977). An individual who needs an idealized selfobject wants to merge with the idealizable figures in order to form a cohesive self. This need can also be used as a compensation for primary narcissistic injury caused by early unmet mirroring needs. In other words, the parents’ and usually the mother’s traumatic failure of meeting the grandiose needs may be compensated by other parent’s ability of being idealization figure. However, both mirroring and idealization needs can be met only with one parent too. Any emphatic failure on responding to idealization need during crucial phases of development is accepted as a secondary narcissistic injury. Basically, Kohut (1971, 1977) regarded these needs as the basic narcissistic needs and if somehow these needs are not responded for

example by the physically present but emotionally absent mother or by an unexpected loss of a father, a healthy self-development gets arrested and pathological narcissism occur. Thus, these archaic needs become dependent on others' reactions so that other people are needed in order to mirror their grandiosity or as objects to be merged for idealization.

During the development of his theory, Kohut (1984) defined another need called twinship which lies in the middle area between mirroring and idealization. It is defined as a sense of essential alikeness and a sense of being a human among other human beings. However, Togashi and Kottler (2012) questioned the implication of these definitions in the contemporary self-psychologists' mind and attempted to explain different implications of twinship experiences. Accordingly, they summarized seven different facets of twinship experience. These twinship experiences appears (1) as something between merger (idealization) and mirroring, (2) as a process of mutual finding, (3) as a sense of belonging, (4) as a way of passing on talents and skills to the next generation, (5) in silent communication, (6) as a sense of being a human among other human beings, and (7) in trauma. Based on these facets of twinship, it is defined as (1) not as much as an archaic need as longing for merging with the other but more archaic than the longing to be mirrored as a separate person. Twinship experience is somewhere in between the spectrum of the bipolar self of idealization and mirroring. In other words twinship experience is in between the need for merging with the other as an extension of the self and the need for mirrored by the other as a separate person. (2) It is also accepted as a feeling of mutual finding between the patient and analyst. It is both of patient's and analyst's experience of being seen, recognized and understood by one another. Togashi (2010) notes that finding oneself and not-oneself in other's subjectivity is different from recognizing or validating the other's subjectivity which is mirroring. His definition of twinship as a psychological process in which two participants' regulation of a sense of sameness and difference in an effort to match their subjectivity is stated as a key difference from the mirroring experience by Togashi and Kottler (2012). Another facet of twinship is (3) the need of feeling the group members as alike and being experienced by the group as alike which implies the sense of belonging. (4)

Feeling alikeness through educating others of whom the person can find himself also defined as twinship. In this type of twinship, the person tries to find himself in his successors by educating them and passing his intelligence and creativity onto the next generation. (5) Sometimes, both dyads can sense the same feeling without communicating verbally and they affectively connect in a special form. In this silent communication the person feels twinship. (6) The person's experiencing others as human helps him to feel as human. Being human among other human beings and not non-human things is what an individual needs to feel. (7) Finally, the need for twinship strongly appears as a reaction to the trauma. Stolorow's (2009) statement of his feelings of shattering after the trauma, as 'when I have been traumatized, my only hope for being deeply understood is to form a connection with a brother or sister who knows the same darkness' (p.49, cited in Togashi & Kottler, 2012) describes this form of twinship very well. Togashi and Kottler (2012) summarized that pathology which is presented as the loss of feeling vital results from this lack of human contact.

These three needs takes place in the inter-subjective area and as mentioned earlier, a person with a disordered self may experience others' responses as part of his/her own self rather than as a separate object. Kohut (1984) stated that if one of these needs is not responded emphatically during childhood, the self is experienced as fragmented or feeling empty. Thus, he concluded that all forms of psychopathology result from the disturbance of these self-selfobject relationships during childhood. Recently, Ettensohn (2011) pointed out the feeling of fragmentation in response to disturbance of mirroring and feeling of emptiness and depression in response to disturbance of idealization. Consistently, in a study done by Vipond (1987) on 159 university students, the strength of selfobject needs is found in relationship to the vulnerability of self fragmentation both in patient and student groups. She stated in accordance with Kohut that "the strength of selfobject needs is related to how archaic these needs are" (p.45).

Even though people were not suffered from self disorders, Wolf (1980) and Ornstein (1981) noted in accordance with Kohut that people need temporary selfobject responses during life's adversities such as experiencing an illness or facing death (cited in Kohut, 1984, p.287). Thus, even though a person have developed a

cohesive self in his/her relation to the caregivers and did not experience any early relational trauma, the relational experiences after life's traumatic events may render individual narcissistically injured. Togashi and Kottler (2012, p.346) also defined this by saying that 'Kohut's theory has changed from psychology of the self-pathology to psychology of pathology as a result of trauma'. They said that after a traumatic event an individual's feeling of human being among other human beings gets lost and an intense search for a sense of alikeness, sameness or kinship with others follows. If this attempts is not satisfied than the person feels as non-human being which can be accepted as a secondary reaction to trauma, as also Brothers (2008) noted.

Eventually, as Togashi and Kottler (2012, p.345) pointed out 'for Kohut, psychological trauma is not always as a consequence of an individual's experience of being isolated or alienated from others or society, but often in his experiencing himself as a non-human thing'. Thus, even though a person surrounded by many others, it is his/her way of experiencing others makes the situation more traumatic or curative. Thus, the experience and presentation of those feelings appeared either during the traumatic experience or the refreshment of the roots of these feelings through the recent traumatic experience needs to be understood. As these researchers suggested, exploring and meeting these people's selfobject needs may help them to overcome those difficulties better.

1.4.1. Self-psychology and attachment

Kohut's (1984) theory of the self-psychology is a relational theory that stresses the importance of early developmental responsiveness from the caregivers. The caregivers' capacity to respond to the child's basic needs for admiration, identifying with powerful others and the need to belong in the early years of life have central importance on the healthy self and later adult relationship. Attachment theory also stresses the importance of early years with the caregiver (Bowlby, 1980, 1982, 1988). Attachment refers to an organizational behavioral system that functions to maintain proximity to a primary caregiver (Bartholomew, 1990). This human motivational system's (attachment system) function is to regulate the infants' needs

of psychological security. Again early infant-parent relationship and caregiver capacity to respond was central focus for the psychological security of the child.

Banai, Mikulincer and Shaver (2005) investigated the relationship between attachment avoidance, attachment anxiety and selfobject needs. Attachment avoidance defined as negative view of others and avoidance of intimacy, and attachment anxiety defined as negative view of self and strong desire of intimacy and fear of rejection (Brennan, Clark and Shaver, 1998). Banai et al. found that hunger for mirroring, idealization and twinship was significantly associated with attachment anxiety and rejection sensitivity. Also the higher avoidance of mirroring and idealization/twinship needs was found significantly associated with attachment avoidance and fear of intimacy. They concluded that attachment anxiety and hunger for selfobjects are associated with clinging to others in order to get relief from the distress and attachment avoidance and avoidance of idealization/twinship selfobject needs are associated in order to protect themselves from the fear of frustrated selfobject needs. In other words it can be said that, while hunger for others' responses is related to the self, avoidance of responses from others' responses is related to others.

In another study that is done on 142 undergraduate students (Lopez, Siffert, Thorne, Schoenecker, Castleberry, Chaliman, 2013) the selfobject functions' relation to the attachment was investigated. Accordingly, while the need for mirroring and avoidance of idealization/twinship was found as predictors of attachment anxiety, only avoidance of idealization/twinship was found as predictors of attachment avoidance. That means, individuals who have high needs of approval but higher avoidance of idealization and twinship have ambivalent feelings about depending others' affirmation thus they have tendency of anxious attachment orientation. However, individuals with avoidance of idealization/twinship appeared as preferring to be socially distinct by denying needs of social support thus they appeared to have less relational and more avoidant attachment orientation. Accordingly, denial of the idealization/twinship experience is found as sole predictor of avoidant attachment orientation.

In another recent study (Marmarosh & Mann, 2014) that is done on 82 psychotherapy outpatients aged between 19 and 60, the avoidant attachment was found moderately correlated with avoidance of idealization and twinship but not with avoidance of mirroring. That means an individual may experience others negatively and may avoid to depending others as a source of intimacy. However, an individual's avoidance from mirroring did not appear significantly with the attachment avoidance. Moreover, the more anxiously attached patients revealed the higher need for mirroring but not higher need for idealization and twinship. It can be concluded that avoidance of idealization plays an important role in avoidant attachment and hunger for mirroring plays important role in anxious attachment. In investigating the role of attachment dimensions and selfobject needs in therapy bond, Marmarosh and Mann (2014) found that while attachment did not account for significant variance in the therapy bond, the selfobject needs accounted for 28% of variance in bond. Accordingly, need for twinship, avoidance of mirroring and avoidance of idealization accounted for significant variance in therapy bond which means that the more need for twinship and the less avoidance of mirroring and idealization, the more the bond.

1.5. Research on selfobject experience of people with life difficulties

Literature investigated selfobject experiences mostly from the case studies at different areas. These studies usually describe the importance of selfobject transferences (i.e.,Geist, 2008; Hershberg, 2011, Van Der Heide,2009), non human selfobjects such as nicotine, pet or art products (i.e., Brown, 2007; Lokhmotov, 2014;) or selfobject transferences in parent-child dyads (i.e., Kabat, 1996; Lee, 1999). Apart from the case studies scientific research on the selfobject needs is quite limited.

Keeping in mind that selfobject experiences are needed during difficult or exceptional life events, among the limited research, Allen (2011) reported that there is an increase in self-object needs among gay man where there is an increase in homophobic and heterosexist discrimination. He stated that the unmet selfobject needs in case of discrimination results in feeling of being under observation, shame, depression and anxiety. In addition, a qualitative study (Brewer-Johnson, 2005)

investigating self and self experiences in 7 mothers of children with autism, aged between 6 and 11, reported that mothers experience frustration of selfobject needs in all sort of relationship. According to that study, mothers' frustration appears between professionals, community, friends, spouses and extended family. Their reported frustration mostly occurs in the area of acceptance and understanding. They usually experience rejection, criticism, judgment from people, experience frustration about losing ideals about parenthood and about being a 'provider' selfobject function for their child and they lose mutuality with their child which is the last resort to boast their vitality. This study is important about highlighting the importance of selfobject needs among mothers with chronically ill children. Moreover, if mothers' unmet selfobject needs rooted from their earlier childhood those needs possibly render both mother-child dyad more vulnerable during the experience of cancer diagnose and treatment. However, to the best of the author's knowledge, there is no study investigating the selfobject experience of mothers with children diagnosed with cancer and its' effect on the emotional and behavioral problems of children. Beside that no study investigated the relationship between mother's parenting, personality and selfobject experiences and psychological adjustment of their children.

1.6. The aim of the study

Based on the previous literature and utilizing the theoretical framework of Kohut's self psychology and selfobject needs, this study aimed to develop an understanding of the mothers' relational self experiences and its' relation to their personality and parenting in predicting well-being of their children, during cancer treatment. For this aim, this study was designed in two parts. In the first part, the predictive factors on children's well-being were measured quantitatively. In the second part, two mother's unique experiences were evaluated and compared qualitatively using Kohut's self-psychological view.

The first part was designed to predict well-being of children with cancer through maternal factors namely, parenting, personality and selfobject needs. For this aim, quantitative measurements were used and analyzed through statistical procedures. However, for realizing this aim, this first part was carried out in three

steps. Accordingly, in the first step (Study 1), one of the measurements named Selfobject Needs Inventory (SONI) was planned to adapt into Turkish culture. The details, procedures and results of this study will be explained under the Adaptation of SONI heading. At the second step (Study 2), Comprehensive General Parenting Questionnaire (CGPQ) was planned to adapt into Turkish culture. Again, the details, procedures and results of this study will be explained under the Adaptation of CGPQ heading. At the third step and for the main analysis (Study 3), the main and interaction effects of parenting, personality and selfobject needs on well-being of children with cancer was planned to be investigated. For the aim of the main analysis, the questions will be;

Questions

1. Does well-being of children with cancer differ according to the levels of their mothers' different parenting attitudes?
2. Does well-being of children with cancer differ according to the levels of their mothers' different personality traits?
3. Does well-being of children with cancer differ according to the levels of their mothers' different selfobject needs?
4. Does well-being of children with cancer differ according to the levels of their mothers' different parenting and personality attitudes?
5. Does well-being of children with cancer differ according to the levels of their mothers' different parenting and selfobject needs?
6. Does well-being of children with cancer differ according to the levels of their mothers' different personality and selfobject needs?

In the second part, two mothers of children with cancer who have been treated for at least two months were reached. These mothers were interviewed a few times using video recording. Then, their interview transcripts and self experiences were analyzed using qualitative narrative analysis.

CHAPTER II

METHOD

2.1. Sample

All scales were applied to 52 mothers of school aged children with cancer. After investigation, it appeared that two mothers did not properly respond to the instruments by leaving abundance of items in the questionnaire bunch. Thus, the analysis proceeded with 50 mothers of children with cancer. Children's age ranged between 5 and 13 and their mothers were reached through Hacettepe Medical University, Pediatric Oncology Inpatient and Outpatient Clinic.

Inclusion Criteria: Mothers of primary and secondary school children who were diagnosed and have been treated for cancer for at least two months were reached. Beside, only mothers of those children who have general physical appearance were intact and who can survive their lives without physical support from others were included in the study.

Exclusion Criteria: Mothers with no reading or understanding Turkish were excluded from the study. The socio-demographic characteristics of participants were presented in Table 2.1.

Table 2.1 Socio-demographic characteristics of mothers and children in Pediatric Oncology sample

Variables	Range	Mean	SD	N	%
Child's age	5-13	8.76	2.60		
Child' class	1-8	4.05	2.20		
Child's gender					
Girl				19	38
Boy				31	62
Child's cancer type					
Hodgkin/Non-Hodgkin Lenfoma				16	32
Nöroblastom/Hepatoblastom				6	12
Osteosarkom/Ewing Sarkom				6	12
Rabdomyosarkom				3	6
Medulloblastom/Pons Gliom				5	10
Other				14	28
Time since diagnose					
2-6 months				32	64
6-12 months				12	24
Over 12 months				6	12
Mother's age	23-46	36.12	5.91		
Mother's education					
Primary school				16	32
Secondary school				5	10
High school				11	22
University				14	28
Post-graduate				4	8
Mother's working status					
Unemployed				38	76
Employed				11	22
Mother's relationship status					
Single				1	2
Married				49	98
Mother's self reported income level					
Low				11	22
Middle				35	70
High				4	8
Mother's number of children					
1				11	22
2				18	36
3				15	30
4 or more				6	12

2.2. Instruments

2.2.1. Demographic Information Sheet

After receiving mothers' informed consent (see Appendix A), all mothers initially completed the demographic information sheet, which they respond to the questions about their age, education, SES, etc. and their child's gender, age and other questions related to the child's cancer (see Appendix B). Subsequent to completion of Demographic Information Sheet, randomly ordered instruments were given. The instruments were; Selfobject Needs Inventory (see Appendix C), Comprehensive General Parenting Questionnaire-Short Form (see Appendix E), Basic Personality Traits Scale (see Appendix F) and Hacettepe Mental Health Questionnaire (see Appendix G).

2.2.2. Selfobject Needs Inventory (SONI)

The inventory was developed by Banai, et al. (2005), based on Kohut's (1971, 1977, 1984) theory of selfobject needs. It measures the orientation of person toward the selfobject needs in adulthood. Kohut (1977, 1984) hypothesized that people need selfobject responses (idealization, twinship and mirroring) from people. Deficits (strong archaic hunger for selfobject provisions or denial of selfobject needs) in one of these selfobject provisions are associated with disorders of the self, interpersonal maladjustment and problems in forming and maintaining close relationships (cited in Banai et.al, 2005). The scale was constructed in order to understand both the independence of approach and avoidance orientation toward these three selfobject needs. It consists of 38-item rated on a 7-point scale ranging from *not at all (1*) to *very much (7)*. 21 items of the inventory measures approach orientation toward selfobject needs, 17 items of the inventory measures avoidance of these needs. SONI consists of 5 subscales named as; 1. Hunger for twinship (8 items; e.g., "I feel beter when I and someone close to me share similar feelings toward other people"). 2. Avoidance of idealization and twinship (11 items, e.g., "I find it difficult to accept guidance even from people I respect", "I would rather not belong to a group of people whose lifestyle is similar to mine", 3. Hunger for idealization (7 items, e.g., "I am attracted to successful people", 4. Hunger for mirroring (6 items, e.g., "I do not function well in situations where I receive too little attention", and 5. Avoidance of mirroring (6 items, e.g., "I do not need support and encouragement from others").

Banai et al. (2005) found each scale's internal consistency with Cronbach's alpha as between .79 and .91. Alpha coefficients with two months interval were found as between .83 and .91 at Time 1; between .81 and .91 at Time 2. The scales' test-retest reliability coefficients were also high for each of the 5 subscales (ranging from .84 and .87). The scale's concurrent validity and discriminant validity was supported with Robbins and Patton's (1985) scales of superiority, goal instability and Lee and Robbins (1995) lack of connectedness scale.

The instrument's adaptation into the Turkish culture was done before the main analysis and the details of these studies will be explained under the Results section (see Results-Study 1). Accordingly, the adapted form of SONI had 3 factors namely; *approach orientation toward selfobject needs (mirroring, idealization, twinship), avoidance orientation toward the selfobject needs of idealization and twinship and; avoidance orientation toward mirroring.* The Cronbach's alpha coefficients of the subscales' were found as .84, .79 and .65, respectively. The item-total correlation coefficients for the three factors were ranged between .25 and .60. The scale's concurrent validity was also supported.

2.2.3. Comprehensive General Parenting Questionnaire for caregivers of 5-13 year olds (CGPQ)

The questionnaire was began to develop by Sleddens, O'connor, Watson, Hughes, Power, Thijs, De Vries and Kremers (2014) based on the three bipolar core constructs of parenting namely, warmth vs. rejection, structure vs. chaos, autonomy support vs. coercion (see review of Skinner, et al., 2005). The scale consisted of 85-item rated on a 5-point scale ranging from *I completely disagree (1*) to *I completely agree (5)*. Since there were many different parenting questionnaires related to parenting styles or dimensions and no consensus about how to best assess parenting, the researchers attempted to develop a comprehensive parenting scale based on these constructs. In this recently developing instrument, Sleddens et.al. (2014) referred these constructs in three dimensions and named these dimensions as nurturance, structure and control (with subscales as behavioral control, coercive control and overprotection). They noted that nurturance and structure are well defined constructs

in the literature however control construct can either facilitate child's emotional development through guidance and direction (*behavioral control*), or inhibit child's development through parental strictness, excessive involvement or worry (*overprotection*) and parental dominance or intrusiveness (*coercive control*). In their study, the three higher order parenting constructs (nurturance, structure and control) were also consisted of their own sub-constructs. Correspondingly, *Nurturance* consisted of responsiveness, autonomy support, involvement and social rewarding sub-constructs; *Structure* consisted of inconsistent discipline, consistency, organization and scaffolding sub-constructs; *Behavioral control* consisted of monitoring, maturity demands and non-intrusive discipline sub-constructs; *Overprotection* consisted of excessive monitoring and excessive involvement sub-constructs and *Coercive control* consisted of psychological control, physical punishment and authoritarian control sub-constructs. Accordingly, *nurturance construct* represents the degree to which parents foster and recognize individuality and self-assertion by being supportive and responsive to their child's needs, showing interest in child activities, spending time with their child, praising their child for good behavior, expressing affection and care toward their child (i.e., item 1. "I encourage my child to be curious, to explore, and to question things," item 31. "when my child is sad, I know what is going on with him/her"). *Structure construct* represents the degree to which parents organize their child's environment, by helping their child when necessary to gradually achieve a certain goal, and consistently enforcing rules and boundaries (i.e., item 6. "I make sure my child has enough time to get ready for school," item 78. "I explain the reasons behind our family rules"). *Behavioral control construct* is the degree to which parents supervise and manage their child's activities, providing clear expectations for behavior and their use of disciplinary approaches in a non-intrusive manner (i.e. item 75. "I teach my child to follow rules,'' item 28. "when my child goes against a rule I take away privilege''). *Overprotection construct* is defined as parents' involvement or monitoring that is excessive given the child's developmental level (i.e. item 5. "I am always aware of what my child is doing,'' item 21. "I always help my child with everything he/she does''). *Coercive control construct* is defined as parents' pressure, intrusion, domination, and discouragement of child's independence and individuality (i.e. item

25. “I spank my child when he/she does something wrong,’’ item 10. “I do not allow my child to question my decisions’’).

The construct validity and reliability of the instrument was done through a second order Confirmatory Factor Analysis and Item Response Modeling. After a few model testing and item removing based on the magnitude of loadings (e.g., <.40), contribution to construct coverage and theoretical considerations, the reduced 82-item model had moderate fit both when parenting constructs were not allowed to correlate χ^2 = 14013,87, df = 3217, p<.001; RMSEA = .05, CFI = .93, NNFI = .92; and when parenting constructs were allowed to correlate χ^2 = 12864,61, df = 3213, p<.001; RMSEA = .05, CFI = .93, NNFI = .93. Also IRM analysis on each of the five parenting constructs using multidimensional models indicated that all 82-items had acceptable values for both the weighted mean square statistics and *t* statistic. Moreover after additional item removing based on the Wright maps inspection, items with overlapping levels of difficulty, contribution to construct coverage, and theoretical considerations the IRM results on the reduced set of items (62 items) suggested acceptable values. Additionally, EAP/PV reliability estimates of five constructs of the reduced 62-item scale were found as .86 for Nurturance, .75 for Structure, .69 for Behavioral control, .53 for Overprotection and .75 for Coercive control. Concurrent validity, discriminant and criterion validity of the scale were also under investigation by the researchers, at the time of this study being held. However, positive correlations (small to medium effect sizes) were found for the association between the four features of the ‘Big Five’ (i.e., extraversion, agreeableness, conscientiousness, and openness to experience) and the three positive parenting constructs (i.e., nurturance, structure, and behavioral control). Also, these parenting constructs were reported as they tended to be negatively correlated with coercive control and overprotection.

The instrument’s adaptation into the Turkish culture was done before the main analysis and the details of these studies will be explained under the Results section (see Results-Study 2). According to the exploratory and confirmatory factor analysis results, the adapted form of General Parenting Questionnaire-Short Form (GPQ-SF) had 5 factors namely; *controlling, monitoring/supervising,*

supporting/encouraging, *physical discipline* and *involvement.* Moreover, it's construct validity revealed an acceptable model fit ($\chi^2_{648)}$ = 1115,76 p<.001, CFI = .88, RMSEA = .05, CI. 04, .05). The Cronbach's alpha coefficients of the subscales' were found as between .71 and .86 and; item-total correlation coefficients for the five factors ranged between .37 and .73. The scale's concurrent validity was also supported.

2.2.4. Basic Personality Traits Inventory (BPTI)

The inventory was developed in Turkish culture by Gençöz and Öncül (2012) based on the research on personality traits and Five Factor Model in the literature (McCrae & Costa, 2003; McCrae & John, 1992; McAdams, 1992). It consisted of 45 items and rated on a 5-point scale ranging from *not at all (1*) to *very much (7)*. The scale revealed six personality constructs in Turkish culture namely as; Extraversion, Agreeableness, Conscientiousness, Neuroticism, Openness to Experience and Negative Valence. *Extraversion* refers to positive affectivity and positive social interactions, *Agreeableness* refers to high quality in social interactions, *Conscientiousness* refers to goal-directed behavior and acquirement of strategies to cope with frustration coming from objects and tasks, *Neuroticism* refers to emotional instability and proneness to psychological distress, *Openness to Experience* refers to flexible part of the personality structure that being open to new experiences and finally *Negative Valence* refers to the negative references of people for themselves. Internal consistency coefficients were between .71 and .89 and item total correlation coefficients for six factors were between .71 and .84 which indicates that the inventory is a reliable instrument. Beside, its' convergent, divergent and discriminant validity was supported using Rosenberg Self Esteem Scale, Beck Depression Inventory, State-Trait Anxiety Inventory, Liebowitz Social Anxiety Scale, Ways of Coping Inventory, Positive-Negative Affect Scale, Multidimensional Scale of Perceived Social Support and Reassurance Seeking Scale.

2.2.5. Hacettepe Mental Health Questionnaire (HMHQ)

The instrument was developed by Gökler and Öktem (1985), in order to understand psychological adaptation level of school aged children. It consists of 32

items rated by mothers on a 3-point scale from *never (0)* to *very often (2)*. While first twenty-four items measures children's psychological well-being in two dimensions namely, neurotic (internalizing) and behavioral (externalizing) problems, the rest of the eight items measures more chronic psychological problems such as stuttering, enuresis, encopresis, etc. The neurotic dimension refers to internalizing problems such as *item 7. 'Cries easily' or item 11. 'Can't sleep alone, scares at nights'*. The behavioral dimension refers to externalizing problems such as *item 2. 'Moves a lot, can't stand still' or item 14. 'Can't get along with his friends'*. Researchers reported internal consistency coefficients of the instrument as .87. Additionally, the scales' Cronbach's alpha coefficients were found for neurotic subscale as .82 and for behavioral subscale as .83 (Gökler, Öktem, 1985; Coşkun, 1994). Construct and content validity of the instrument were also reported as satisfying.

2.3. Procedure

Before doing main analysis, adaptation studies of SONI and CGPQ were done. The procedures and results of these studies will be presented under the Results section with Study 1 and Study 2 subsections. For the main analysis in pediatric oncology setting, the data was collected between February 2015 and January 2016. Ethical permissions were received from Middle East Technical University's Ethical Committee (28.11.2014/28620816/565-1674). All mothers were informed about the procedure which involves two step research; at first collecting instrumental data, and then interviewing with the possibly chosen couple of mothers for the detailed understanding of the mothers' personal stories and their self-experiences (see Appendix A for the informed consent about procedure). For the quantitative data Statistical Package for the Social Sciences (SPSS PASW Statistics 21) was used and separate factorial Analysis of Covariance's were performed.

CHAPTER III

RESULTS

3.1. STUDY 1 - Adaptation of SONI

The aim of this study was to adopt Self Object Needs Inventory (SONI) into the Turkish culture (see Appendix C).

3.1.1. Construct validity-Reliability

3.1.1.1. Procedure

At first the inventory was translated into Turkish and back translated into English by two bilingual speakers. Then the translations were compared with each other and any semantic misunderstandings and inconsistencies were corrected. After that, the Turkish version of the scale was applied to five people in order to maintain the understanding of the sentences so that other misunderstandings and conflicted meanings were corrected. After giving the last form to the inventory and its' applicability was assured, its' construct validity and reliability analyses were done using a 391-subject sample, and concurrent validity analysis was done using another 104-subject sample. Below, these two steps were explained in two sections. Results were analyzed using SPSS 21.

3.1.1.2. Sample

The sample consisted of 391 participants mostly consisted of highly educated, married women who volunteered to participate in the study. The participants were recruited from the researchers working place and through a primary and secondary school students' parents. The detailed socio-demographic characteristics of the sample can be seen in Table 3.1.

Table 3.1 Socio-demographic characteristics of the SONI in the 391-subject sample

Variables	Range	Mean	SD	N	%
Age	19-72	38.85	6.32		
Gender					
Women				305	78
Man				86	22
Education					
Primary school				18	4.6
Secondary school				14	3.6
High school				83	21.2
University				185	47.3
Post-graduate				91	23.3
Working status					
Not working				314	80.3
Working				72	18.4
Retired				5	1.3
Relationship status					
Single				28	7.2
Married				341	87.2
Other				22	5.6
Self-reported income level					
Low				24	6.1
Middle				336	85.9
High				31	7.9

3.1.1.3. Principal Component Analysis Results

In order to examine the factor structure of Self Object Needs Inventory, it was subjected to Principal Component Analysis. The scree-plot visually suggested breaks between 3 and 5 factors. After the examination of the scree-plot and item distribution and after several PFA runs, three-factors were extracted. The eigenvalues of those factors were 5.52, 4.39, and 2.46; and they explained 14.51, 11.56, 6.47 of the variance respectively (see factor loadings in Table 3.2). As a result of the analysis, contrary to the original version, three factors in the original scale named as *approach orientation toward twinship, approach orientation toward the need for idealization* and *approach orientation toward mirroring* converged into the one factor. This first factor named as *approach orientation toward self object needs* consisted of 21 items with item loadings ranging from .36 to .58 (e.g., "I feel better when I and someone close to me share similar feelings to other people", "I am disappointed when my

work is not appreciated", "I try to be around people I admire"). The second factor consistent with the original version called as *avoidance orientation toward the selfobject needs of idealization and twinship* consisted of 11 items with item loadings ranging from .38 to .67. As in the original version, the items in this factor did not distinguish these two motivational orientations (e.g., "It is difficult for me to belong to a group of people who are too much like me", "I feel bad about myself after having to be helped by others with more experience". The third factor again consistent with the original version called as *avoidance orientation toward mirroring* consisted of 6 items with item loadings ranging from .33 to .59 (e.g., "I know that I am successful, so I have no need for other's feedback").

Overall, the results were comparable with the original study that hunger for and avoidance of particular self-object provisions are distinct. However, consistent with the original study, our study also failed to distinguish between avoidance of the needs for idealization and twinship. The possible explanation of not being able to differentiate avoidance of these two needs could be that, both needs underlies the feeling to belong either by being in the same situation or by being under the wings of an expert. Both stress the importance of feeling sheltering by others. Besides, contrary to the original study, our study failed to distinguish between hunger for idealization, hunger for mirroring and hunger for twinship selfobject needs. That is, people in our sample experience those narcissistic needs intertwined so that they display these three approach orientations all together. In other words, while they present the need for nesting with someone similar or idealized they also want to feel recognized by people. Keeping in mind that in our sample the number of women is four times higher than men, the result can be interpreted in favor of women. Therefore we can conclude that while people (mostly women) in our sample successfully distinguish between approach and avoidance of selfobject needs, they had difficulty distinguishing in all three self-object needs toward approach orientation and distinguishing between avoidance of selfobject needs of idealization and twinship (see Table 3.2).

Table 3.2 Factor loadings of SONI with Principal Component Analysis

Item	Factor 1	Factor2	Factor3
21	**.58**	-.21	.25
7	**.56**	.01	.04
22	**.56**	-.32	.29
27	**.55**	-.17	.18
33	**.53**	-.06	-.36
29	**.52**	.09	-.37
31	**.51**	-.01	-.06
4	**.49**	-.11	.16
14	**.49**	-.18	.11
11	**.49**	.24	-.21
32	**.49**	-.21	.22
36	**.48**	.23	-.21
12	**.45**	-.37	.30
1	**.44**	-.12	-.05
35	**.42**	.33	.03
2	**.42**	-.17	.29
26	**.41**	-.34	.15
19	**.40**	-.19	.14
10	**.40**	.07	-.37
17	**.36**	-.27	.11
8	**.36**	-.28	.27
28	.25	**.67**	-.13
25	.30	**.63**	-.12
38	.04	**.58**	-.07
16	.26	**.55**	-.09
20	.25	**.54**	-.05
34	.12	**.49**	.02
6	.21	**.46**	.10
13	.28	**.43**	.01
30	.09	**.41**	.13
9	.27	**.39**	.20
3	.31	**.38**	.08
24	-.04	.31	**.59**
5	-.18	.35	**.51**
23	-.19	.43	**.48**
18	-.19	.05	**.47**
37	-.19	.30	**.39**
15	-.13	.22	**.33**

Notes: (1) Factor 1: Approach orientation toward twinship, idealization and mirroring, Factor 2: Avoidance orientation toward idealization and twinship, Factor 3: Avoidance orientation toward mirroring. (2) The factor loadings printed in bold represent the factors on which the items are accepted.

Pearson correlations between factors of SONI in our sample were presented in Table 3.3.

Table 3.3. Correlations between factors of SONI in the 391-subject sample

	Hunger for MIT	Avoidance of IT	Avoidance of M
Hunger for MIT	1		
Avoidance of IT	.19**	1	
Avoidance of M	-.25**	.22**	1

****p*<.01**

Note: MIT: Mirroring, idealization and twinship; IT: Idealization and twinship; M: Mirroring

3.1.1.4. Reliability Results

The current results revealed internal consistency coefficients of SONI as adequate. The Cronbach's alpha coefficients of Factor 1, Factor 2 and Factor 3 were found as .84, .79 and .65, respectively. Besides, the item-total correlation coefficients for the three factors were ranged between .25 and .60 (see Table 3.4.).

Table 3.4. Reliability information regarding SONI

	Factor1	Factor2	Factor3
A. Internal-Consistency Coefficients	.84	.79	.65
B. Item Total Correlation Range	.29-.54	.31-.60	.25-.47

Note: Factor1: Approach orientation toward twinship, idealization and mirroring; Factor2: Avoidance orientation toward idealization and twinship; Factor3: Avoidance orientation toward mirroring.

3.1.2. Concurrent Validity

3.1.2.1. Sample

In order to establish concurrent validity of SONI, another 104 adults were recruited using snowball technique through Middle East Technical University and researcher's working place in Ankara. Those adults consisted of mostly highly educated, employed, single women with having middle-level of income. The detailed socio-demographic characteristics of the adults can be seen in Table 3.5.

Table 3.5. Socio-demographic characteristics of the SONI in the 104-subject sample

Variables	Range	Mean	SD	N	%
Age	17-66	29.91	10.65		
Gender					
Women				76	73.1
Man				23	22.1
Education					
Primary school				2	1.9
Secondary school				2	1.9
High school				25	24
University				64	61.5
Post-graduate				11	10.6
Working status					
Unemployed				45	43.3
Employed				58	55.8
Retired				1	1.0
Relationship status					
Single				68	65.4
Married				36	34.6
Self reported income level					
Low				2	1.9
Middle				95	91.3
High				7	6.7

3.1.2.2. Instruments

Scale of Dimensions of Interpersonal Relationships- (SDIR) (2009). The scale was developed by İmamoğlu-Erden, and Aydın to define and categorize interpersonal relationships styles, in Turkish culture. It consists of 53 items with 5-point likert type scale (see Appendix I). The relationship dimensions were named as approval dependence, empathy, trusting others, and emotional awareness. *Approval dependence* subscale measures the individuals' dependency on others' responses, together with ignoring his/her own self value or individuality, *Empathy* subscale measures the individuals capacity to recognize and understand others' feelings, *Trusting others* subscale measures the level of individual's trusting or believing in others and, *Emotional awareness* subscale measures the individual's building relationship capacity with recognizing and controlling his/her negative feelings. The scale's Cronbach's alpha reliability coefficients were found between .75 and .85 and

test-retest reliability coefficients were found between .62 and .96. The content and construct validity of the scale were also supported. Besides, criterion validity of the scale was established using Social Skills Evaluation Scale, Communication Skills Inventory and Social Anxiety Scale (see İmamoğlu & Aydın, 2009).

Basic Personality Traits Inventory- (BPTI), (2012). The scale was developed in order to measure basic personality characteristics in Turkish culture by Gençöz and Öncül, based on the personality studies (i.e., McCrae &Costa, 2003; McCrae & John, 1992; McAdams, 1992) in literature. It has 45 items with 5-level of likert type scale (see Appendix F). The factors that are consistent with the five factor model of personality were *extraversion, conscientiousness, agreeableness, openness to experience* and *neuroticism*. In Turkish culture, there is another factor appeared as *negative valence.* The internal consistency coefficients of the subscales were ranged between .71 and .89, item-total correlation coefficients were ranged .32 and .77 and, test-retest reliability coefficients were between .71 and .84. The construct, convergent, divergent and discriminant validity of the scale were also supported.

Positive and Negative Affect Scale- (PANAS), (1988). The scale was developed by Watson, Clark and Tellegen in order to measure positive and negative affective states of individuals. It includes 10 positive and 10 negative adjectives related to different affective states measured on a five point likert type scale (see Appendix J). The translation and item loadings of the scale were studied by Dürü (1998, cited in Gençöz) and its reliability and validity studies done by Gençöz (2000). Accordingly, the factorial construct of the scale was found to be corresponding to the original scale. Gençöz (2000) reported internal consistency coefficient of positive affective scale as .83, negative affective scale as .86. The test-retest reliability of the scale was found as between .40 and .54. For the criterion validity, Beck Depression Inventory (Beck, Ward, Mendelson, Mock ve Erbaugh, 1961; Beck, Rush, Shaw ve Emery, 1979) and Beck Anxiety Inventory (Beck, Epstein, Brown ve Steer, 1988) were used. Positive affect was found to be correlated with depression as -.48 and with anxiety as -.22; negative affect was found to be correlated with depression as .51 and with anxiety as .47.

3.1.2.3. Concurrent Validity Results

Before performing the validity analysis, reliability information of this 104-subject sample was investigated and the results appeared corresponding to the previous factor analysis sample. Accordingly, internal consistency coefficients of subscales were as follows (item-total correlation ranges for each subscale were indicated in the parenthesis); Hunger for mirroring, idealization and twinship as .87 (.22-.67), Avoidance of idealization as .79 (.17-.63) and Avoidance of mirroring as .76 (.40-.56).

The correlations of the constructs of the selfobject needs in 104-subject sample were also corresponded to the constructs of selfobject needs in the 391-subject sample (see Table 3.6.).

Table 3.6. The correlations between factors of Selfobject Needs Inventory in the 104-subject validity sample

	Hunger for MIT	**Avoidance of IT**	**Avoidance of M**
Hunger for MIT	**1**		
Avoidance of IT	**-.13**	**1**	
Avoidance of M	**-.45***	**.28***	**1**

***p*<.01**

Note: MIT; Mirroring, idealization and twinship, IT; Idealization and twinship, M; Mirroring

In order to investigate *concurrent validity* of SONI, the factors were subjected to Pearson correlation analysis with factors of Scale of Dimensions of Interpersonal Relationships (İmamoğlu, Aydın, 2009), Basic Personality Trait Inventory (Gençöz & Öncül, 2012) and Positive/ Negative Affective Scale (Watson, Clark & Tellegen, 1988). All scales have good psychometric reliability and validity measures. For the concurrent validity information, zero-order correlations were taken into account using Pearson correlation coefficients analysis (see Table 3.7.).

Table 3.7. Correlations between SONI subscales with SDIR, BPTI and PANAS Subscales

	Hunger for MIT	Avoidance of IT	Avoidance of M
SDIR			
Approval Dependence	**.55****	-.01	**-.59****
Empathy	.15	**-.29****	.04
Trusting others	**-.32****	-.19	.08
Emotional Awareness	**-.33****	**-.25****	**.28****
BPTI			
Extraversion	-.16	-.04	**.24***
Agreeableness	.02	**-.19***	.10
Conscientious	-.13	-.06	**.34****
Openness to Experience	-.17	-.02	**.24***
Neuroticism	**.45****	**.23***	**-.35****
Negative Valence	**.20***	.08	-.14
PANAS			
Positive Affect	-.12	-.15	.13
Negative Affect	**.31****	.14	-.12

***p<.05, **** p<.01**

According to the relationship between SONI and SDIR subscales, as expected, the relationship between hunger for MIT and approval dependence was found highly significant (r=.55, p<.01). That means, the more the individual needs others' responses the more he/she is in need of their approval. Additionally, as negative coefficients (rs = -.32, -.33, ps<.01) revealed that the more the individual needed selfobject responses, the less he/she trusts in others and the less he/she is aware and controls his/her own negative emotions. Results also showed that while there is no relationship between avoidance of idealization and twinship (IT) and approval dependence (r = -.01, n.s.), avoidance of IT and empathy (r = -.29, p<.01), trusting others (r = -.19, n.s) and, emotional awareness (r = -.25, p<.01), were found

to be negatively related. That means, the more the individual avoid of idealized or twinship experiences the less he/she shows empathy and the less he/she trust in others or emotionally aware of his/her negative emotions. Beside these, as expected, avoidance of M was found negatively related with approval dependence (r= -.59, p<.01) and positively related with emotional awareness (r= .28, p<.01). That means that the more the individual avoid from mirroring the less he/she needs approval dependence and the more aware of his/her negative emotions.

Considering the relationship between SONI and BPTI subscales, hunger for MIT was found to be positively related to the neuroticism (r = .45, p<.01) and negative valence (r = .20, p<.05), avoidance of IT was found to be negatively related to agreeableness (r = -.19, p<.05) and positively related with neuroticism (r = .23, p<.05). Beside these, avoidance of M was found to be positively related with self-sufficient parenting attitudes such as extraversion (r = .24, p<.05), conscientiousness (r = .34, p<.05), and openness to experience (r = .24, p<.05) and negatively related with neuroticism (r = -.35, p<.01).

Finally, the relationship between SONI and PANAS subscales revealed that hunger for MIT was found to be related with negative affect significantly (r = .31, p<.01). There is also a general tendency that hunger for MIT and avoidance of IT negatively related with positive affect and positively related with negative affect but avoidance of M was tended to be positively related with positive affect and negatively related with negative affect. Results imply that individuals with avoidance of M also experience more positive affect since they are not very dependent on others' responses.

3.1.3. Conclusions

In sum, according to the results of factor analysis and correlational studies in these samples, we can conclude that SONI's construct and concurrent validity and its reliability results were at acceptable ranges.

3.2. STUDY 2- Adaptation of CGPQ

The aim of this study was to adopt Comprehensive General Parenting Questionnaire (CGPQ) into Turkish culture (see Appendix D).

3.2.1. Construct Validity- Reliability

3.2.1.1. Procedure

In our study the 85-item version of the instrument was used. At first the inventory was translated into Turkish and back translated into English by two bilingual speakers. Then the translations were compared with each other and any semantic misunderstandings and inconsistencies were corrected. After that, the Turkish version of the scale was applied to five people in order to maintain the understanding of the sentences so that other misunderstandings and conflicted meanings were corrected. After giving the last form to the inventory and its' applicability was assured, its' construct validity and reliability analyses were done using a 347-subject sample, and concurrent validity analysis was done using another 90-subject sample. Below, these two steps were explained in two sections. Results were analyzed using SPSS 21.

3.2.1.2. Sample

The sample consisted of 347 participants mostly consisted of highly educated, unemployed, married women who volunteered to participate in the study. The participants who were living in Ankara were recruited through primary and secondary school students' parents. Children which were evaluated by their parents were mostly girls and aged between 5-13 with a mean age 9.25. The detailed socio-demographic characteristics of the parents and children can be seen in Table3.8.

Table 3.8 Socio-demographic characteristics of the CGPQ in the 347-subject sample

Variables	Range	Mean	SD	N	%
Parent's age	28-53	39.12	4.87		
Parent's gender					
Women				264	76.1
Man				83	23.9
Parent's education					
Primary school				18	5.2
Secondary school				14	4.0
High school				79	22.8
University				165	47.6
Post-graduate				71	20.5
Parent's working status					
Unemployed				265	76.4
Employed				77	22.2
Retired				5	1.4
Parent's relationship status					
Single				2	.6
Married				327	94.2
Other				18	5.3
Parent's self reported income level					
Low				21	6.1
Middle				297	85.6
High				29	8.4
Parent's number of children					
1				96	27.7
2				205	59.1
3				38	11.0
4 or more				8	2.3
Child's age	5-13	9.25	2.34		
Child's gender					
Girl				195	56.2
Boy				152	43.8

3.2.1.3. Exploratory Factor Analysis Results

In order to examine whether the factor structure of Comprehensive General Parenting Questionnaire in our culture corresponds to the original factor constructs, it was subjected to Exploratory Factor Analysis with varimax rotation. KMO measures of sampling adequacy is .85 indicating that sample size is adequate and Bartlett's test of sphericity is $\chi^2 = 10943{,}2$ df = 3403, $p<.001$ indicating that correlations in the data set are appropriate for factor analysis. According to anti-image correlation matrix,

item 4 (.48) and item 24 (.44) were excluded from the analysis because of their loadings that is being less then .50. The scree-plot visually suggested breaks between 3 and 5 factors. After the examination of the scree-plot and item distribution and after several EFA runs, five-factors were extracted as in the original study. The eigenvalues of those factors were 5.72, 5.70, 5.64, 3.73 and 3.18 and they explained 6.89, 6.87, 6.79, 4.50 and 3.83 of the variance respectively. After investigating the rotated factor matrix, only the items with loadings higher than .40 were accepted as the focus of interest (see factor loadings in Table 3.9 and Table 3.10).

However, contrary to the original version, the factors in our analysis titled partially different. The first factor named as ***controlling*** consisted items mostly belong to the original scale's constructs of behavioral and coercive control. At first, there appeared 15 items with loadings higher than .40. After careful examination, 2 reverse coded items (item 14 "I want my child to always obey me" and item 30 "I place a lot of emphasis on obedience in my child) were removed because these items belonged to the considering child input sub-construct which aimed to measure the loose controlling attitudes toward children. Additionally, item 67 "when I discipline my child, I sometimes end the punishment early" was excluded because it's implied meaning of parent's inconsistency. As a result *12 items* with loadings ranged from .40 and .60 (items 45, 68, 46, 77, 38, 75, 73, 23, 34, 65, 18, 7) were retained as measures of the *parents' expectations of correct behavior and his/her use of psychological or authoritarian control attitudes toward their children* (i.e. item 45. "I make sure my child is aware of how much I sacrifice for him/her", item 68. "I have clear expectations for how my child should behave).

The second factor named as ***monitoring/supervising*** consisted 14 items with loadings higher than .40 and these items were mostly belonged to the original scale's control, nurturance and structure factors and they were related to *parents' monitoring attitudes toward their children's feelings and social activities and helping their child to organize regular activities.* Following the careful examination, item 62 and 78 was found that they were crossloaded. Accordingly item 62 "I encourage my child to be true himself/herself" was excluded from this subscale because it was related to the autonomy support through parents' encouragement their children to express their feelings and emotions rather than monitoring or helping attitudes. Additionally, item

78 “I explain the reasons behind our family rules” was excluded since it was related to consistency by providing clear and consistent guidelines. As a result *12 items* with loadings ranged from .41 to .58 (items 5, 17, 31, 61, 47, 41, 35, 51, 6, 43, 66, 82) were retained under this factor (i.e. item 5. ‘I am always aware of what my child is doing’, item 17. ‘I keep track of my child’s activities with friends’, item 31. ‘when my child is sad, I know what is going on with him/her’).

The third factor named as ***supporting/encouraging*** consisted of 13 items with loadings higher than .40, mostly belong to the original scale’s nurturance, structure and behavioral control factors. After the investigation of items, item 70 “I make sure my child is at school on time” and item 78 which is also crossloaded with the monitoring subscale “I explain the reasons behind our family rules” were excluded. These items were thought as more structuring rather than supporting attitudes. Also item 39 “When I correct my child’s behavior, I explain why” and item 58 “I correct my child’s minor misbehaviors with explanations” were excluded from the scale because these items related to correcting child in a non-intrusive manner. These rest of the *9 items* with loadings from .42 and .57 (items 76, 33, 72, 69, 60, 56, 44, 62, 27) that measures *the parents’ autonomy support, rewarding and scaffolding attitudes toward their children were kept under this category* (i.e. item 76. ‘when my child has a problem, I help him/her figure out what to do about it’, item 33. ‘when my child does his/her best, I praise him/her’, item 72. ‘I encourage my child to express his/her opinions even when I do not agree with him/her’).

The forth factor named as ***physical discipline*** consisted of *5 items* with loadings higher than .40, belong to the original scale’s physical discipline subconstruct of coercive control construct. This subscale emerged separately from other coercive control attitudes and accepted as a separate dimension of parenting. The item loadings were ranged between .63 and .76 (items 25, 42, 9, 74, 52) and they measure *the parent’s harsh discipline attitudes toward their children* (i.e. item 25. ‘I spank my child when he/she does something wrong’, item 42. ‘I use physical discipline when he/she is disobedient).

Finally, the fifth factor named as ***involvement*** consisted 7 items with loadings higher than .40, mostly belong to the original scale’s involvement and excessive involvement subconstruct of nurturance and overprotection constructs. After

investigation of the items, item 85 "I give my child a lot of freedom to make up his/her mind" was excluded from this construct because it measures lose control rather than involvement. As a result *6 items* with loadings from .40 to .53 (items 16, 49, 53, 64, 37, 50) that measures the parents' involving attitudes toward their children were kept under this factor (i.e. item 16. 'every free minute I have I spend with my child', item 49 'I spend a lot of time with my child').

As a result, 44 items with 5 constructs namely; *controlling, monitoring/supervising, supporting/encouraging, physical discipline* and *involvement* retained according to EFA analysis and investigation of items (see Table 3.9). The rest of the items were excluded from the study because of their loadings being lower than .40. Even though the emerging constructs seem to differ from original instrument's constructs (Sleddens et.al. 2014), the constructs emerged in our culture were still part of the parenting practices of the original instrument. As Skinner et al.'s (2005) mentioned some parenting practices such as monitoring or involvement "may be better represented as a distinguishable dimension of parenting" (p.225). So these constructs still corresponds to the six dimensional parenting of Skinner et al.'s theory of parenting.

Table 3.9 Factor loadings of CGPQ items with Exploratory Factor Analysis

Item	controlling	monitoring/ supervising	supporting/ encouraging	physical discipline	involvement
45	**.60**	-.05	.12	.04	.11
68	**.56**	-.08	.12	.02	.07
30	**.56**	.02	.12	.03	.04
46	**.55**	-.02	-.002	.16	.03
77	**.52**	.09	-.13	.05	.04
38	**.51**	-.11	-.03	.31	-.34
14	**.50**	.06	.13	.05	-.07
75	**.49**	.20	.40	-.07	-.01
73	**.47**	.02	-.01	.07	-.02
23	**.45**	.13	.09	.04	-.06
34	**.43**	.18	.20	-.08	-.004
65	**.41**	.20	.22	-.07	.30
18	**.40**	.16	.36	.02	-.03
67	**-.40**	.01	.02	-.03	-.05
7	**.40**	.23	.16	.07	.07
28	.38	-.02	-.01	.12	-.16
55	.38	.15	-.10	.21	-.05
10	.33	-.10	-.14	.15	-.06

Table 3.9 (cont'd)					
71	.33	.05	-.02	.02	.12
32	-.31	.25	-.06	-.23	-.07
81	.29	.11	-.08	.28	-.04
57	.29	-.02	-.05	.20	.05
3	.28	.13	.12	-.12	.02
54	.27	.15	.20	.01	.20
26	-.22	.14	.02	-.19	-.06
5	.11	**.58**	.10	-.10	.03
17	.07	**.57**	.22	.11	.04
31	.17	**.53**	.07	.02	.24
61	.18	**.51**	.20	-.12	-.02
47	.16	**.48**	.34	-.10	.01
41	.04	**.48**	.30	-.05	.10
35	-.02	**.47**	.35	-.10	.16
51	.27	**.46**	.33	-.04	.09
6	-.01	**.44**	.15	-.09	.06
43	.05	**.44**	.23	.01	.40
62	.06	**.43**	.42	-.01	.09
66	.28	**.41**	.30	-.06	.19
82	.20	**.41**	.36	.02	.15
8	-.03	.38	.24	-.12	.23
22	-.02	.36	.11	-.13	.15
12	-.01	.33	.20	-.17	-.001
11	.06	.33	.01	-.02	.05
29	-.01	.30	.18	-.27	.09
63	-.04	.30	.26	-.13	.28
2	-.01	.29	.24	-.09	.18
15	-.08	.17	.09	-.06	.05
76	.11	.21	**.57**	-.13	.17
33	-.06	.22	**.52**	-.01	.11
72	-.14	.21	**.49**	-.08	.23
58	.20	.21	**.48**	-.11	.08
69	.12	.19	**.47**	-.16	.17
60	-.01	.20	**.46**	-.24	.14
78	.06	.40	**.45**	-.10	.06
39	.04	.23	**.45**	-.09	.01
56	-.11	.27	**.45**	-.10	.27
70	.24	.29	**.44**	.07	-.13
44	-.002	.25	**.43**	.07	.16
27	.02	.18	**.42**	.02	.10
40	.03	.29	.39	-.27	.17
83	.03	.24	.34	-.11	.08
13	.05	.02	.31	.01	.19
20	.02	.21	.31	-.08	.10
80	.03	.08	.27	.05	.04
36	-.02	.01	.23	-.05	.09

Table 3.9. (cont'd)					
79	-.13	.06	-.15	-.09	.01
25	.11	-.03	.01	**.76**	-.08
42	.16	-.13	-.001	**.73**	-.11
9	.18	-.08	-.13	**.70**	.02
74	.16	-.11	-.01	**.66**	-.10
52	.13	-.15	.08	**.63**	-.05
48	-.27	.26	.05	-.36	.14
19	.28	-.16	.28	.29	.06
16	.25	.16	.002	-.04	**.53**
49	-.08	.39	.15	-.14	**.51**
53	-.004	.37	.13	-.04	**.48**
85	-.17	-.07	.29	.05	**.47**
64	.21	.18	.13	-.06	**.46**
37	-.11	.31	.26	-.08	**.42**
50	.14	.09	.18	-.07	**.40**
84	.08	.06	.31	-.08	.39
21	-.35	.04	.03	-.03	.37
59	-.18	-.08	.23	.11	.32
1	-.06	.15	.17	-.08	.27

Table 3.10 Factor loadings of the reduced 44-items of GPQ-SF

Item	controlling	monitoring/ supervising	supporting/ encouraging	physical discipline	involvement
45	**.60**	-.05	.12	.04	.11
68	**.56**	-.08	.12	.02	.07
46	**.55**	-.02	-.002	.16	.03
77	**.52**	.09	-.13	.05	.04
38	**.51**	-.11	-.03	.31	-.34
75	**.49**	.20	.40	-.07	-.01
73	**.47**	.02	-.01	.07	-.02
23	**.45**	.13	.09	.04	-.06
34	**.43**	.18	.20	-.08	-.004
65	**.41**	.20	.22	-.07	.30
18	**.40**	.16	.36	.02	-.03
7	**.40**	.23	.16	.07	.07
5	.11	**.58**	.10	-.10	.03
17	.07	**.57**	.22	.11	.04
31	.17	**.53**	.07	.02	.24
61	.18	**.51**	.20	-.12	-.02
47	.16	**.48**	.34	-.10	.01
41	.04	**.48**	.30	-.05	.10
35	-.02	**.47**	.35	-.10	.16
51	.27	**.46**	.33	-.04	.09
6	-.01	**.44**	.15	-.09	.06
43	.05	**.44**	.23	.01	.40
66	.28	**.41**	.30	-.06	.19
82	.20	**.41**	.36	.02	.15
76	.11	.21	**.57**	-.13	.17
33	-.06	.22	**.52**	-.01	.11
72	-.14	.21	**.49**	-.08	.23
69	.12	.19	**.47**	-.16	.17
60	-.01	.20	**.46**	-.24	.14
56	-.11	.27	**.45**	-.10	.27
44	-.002	.25	**.43**	.07	.16
62	.06	.43	**.42**	-.01	.09
27	.02	.18	**.42**	.02	.10
25	.11	-.03	.01	**.76**	-.08
42	.16	-.13	-.001	**.73**	-.11
9	.18	-.08	-.13	**.70**	.02
74	.16	-.11	-.01	**.66**	-.10
52	.13	-.15	.08	**.63**	-.05
16	.25	.16	.002	-.04	**.53**
49	-.08	.39	.15	-.14	**.51**
53	-.004	.37	.13	-.04	**.48**
64	.21	.18	.13	-.06	**.46**
37	-.11	.31	.26	-.08	**.42**
50	.14	.09	.18	-.07	**.40**

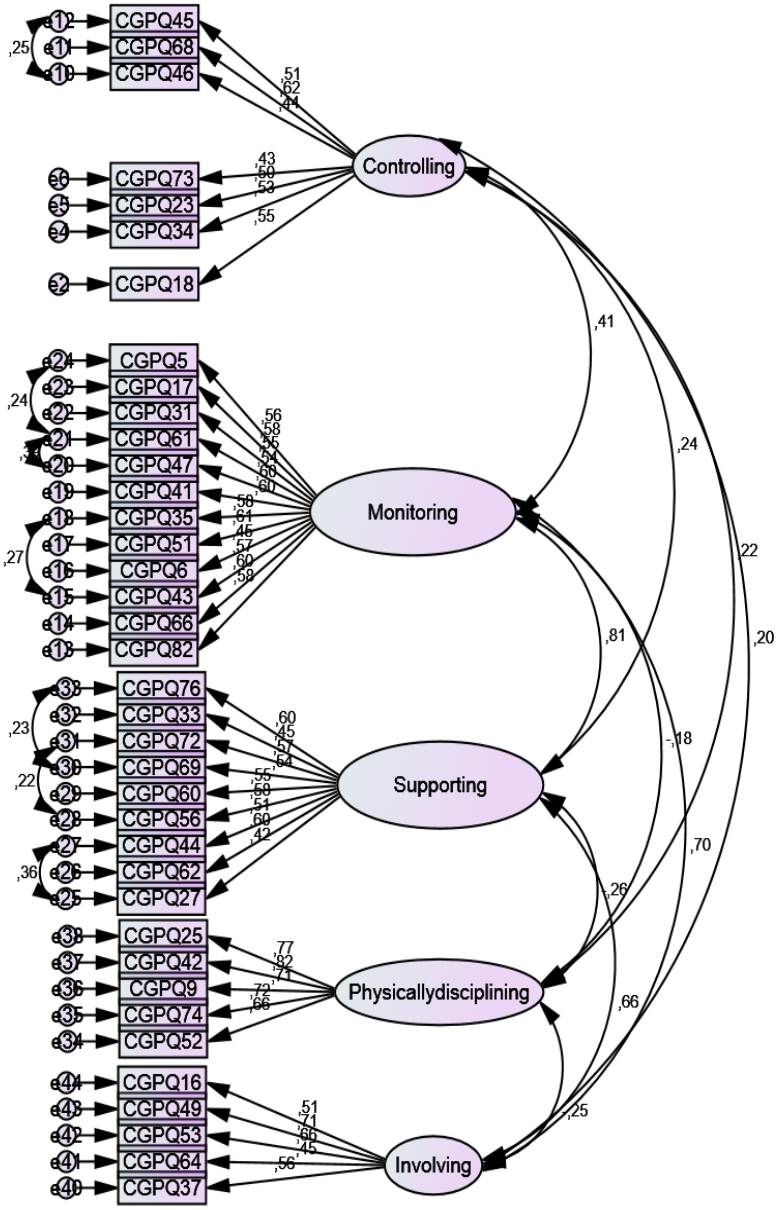
3.2.1.4. Confirmatory Factor Analysis Results

After excluding items with loadings under .40 and items that culturally inappropriate, the scale was retained with 44 items. The 12 measurement items 7, *18, 23, 34, 38, 45, 46, 65, 68, 73, 75, 77* serve as indicators of the *controlling* factor, the 12 items *5, 6, 17, 31, 35, 41, 43, 47, 51, 61, 66, 82* serve as indicators of the *monitoring/supervising* factor, the 9 items *27, 33, 44, 56, 60, 62, 69, 72, 76* serve as indicators of the *supporting/encouraging* factor, the 5 items *9, 25, 42, 52, 74* serve as indicators of *physically disciplining* factor and the 6 items *16, 37, 49, 50, 53, 64* serve as indicators of *involving* factor. Thus, it was proposed that parenting is comprised of five factors namely as controlling, monitoring/supervising, supporting/encouraging, physically disciplining and involving factor. In order to test for the factorial validity of the parenting scale in our sample, using AMOS 21, a first-order confirmatory factor analysis was performed.

Maximum Likelihood estimation was employed to estimate all models. For the hypothesized model (Model 1), the results suggested poor fit ($\chi^2_{(892)}$ = 1893,57, p<.001, CFI = .79, RMSEA = .06, CI. 05, .06). After examination of the standardized residual matrices, item 38, 65, 75 and 77 seemed to have highest standardized residuals (over $_{+}^{-}$ 2.58) between sample and model covariance. When investigating these items, it seemed that these items were thought not to be related directly with the controlling attitudes. Thus, Model 2 was run after eliminating these items and it was observed to be better fitting ($\chi^2_{(730)}$ = 1475,89 p<.001, CFI = .82, RMSEA = .05, CI. 05, .06) but still assumed to fit poorly. After deleting item 7 and item 50 the results of the Model 3 was improved ($\chi^2_{655)}$ = 1308,19 p<.001, CFI = .83, RMSEA = .05, CI. 05, .06). According to covariance indices of items the correlations between error covariances of items 47 and 61 (50,75), items 27 and 44 (43,56) and items 43 and 35 (25,78) seemed to have highest correlation in the fourth model thus they were allowed to correlate freely in order to improve the model fit. According to Model 4 even though there is decrement between Model 3 and Model 4 ($\chi^2_{652)}$ = 1183,39 p<.001, CFI = .87, RMSEA = .05, CI. 04, .05) the results still needs improving. Again in order to improve model fitting the correlations between error covariances of items 61 and 5 (21,40); items 69 and 76 (14,51); items 46 and 45 (14,01) and items

56 and 72 (13,01) were allowed to freely correlate. According to the results of Model 5 ($\chi^2_{648)} = 1115,76$ $p<.001$, CFI = .88

RMSEA = .05, CI. 04, .05) CFA revealed adequate fit of the hypothesized parenting model in our culture. According to this level of model fit we had 38 items with five factors and it was named as General Parenting Questionnaire-Short Form (GPQ-SF) (see Figure 3.1).



Model 5 ($\chi^2_{648)} = 1115,76$ $p<.001$, CFI = .88, RMSEA = .05, CI. 04, .05)

Figure 3.1 Confirmatory Factor Analysis Diagram of GPQ-SF in Turkish sample

The correlations between factors were displayed in Table 3.11. According to this, *monitoring/supervising*, *supporting/encouraging* and *involvement* factors were found positively correlated with each other but negatively correlated with *physically disciplining* factor. Additionally, *controlling* was found moderately correlated with all other factors.

Table 3.11 Correlations between factors of GPQ-SF in the 347-subject sample

	Contr.	**Monitor./ Super.**	**Supporti./ Encour.**	**Involve.**	**Phys. Discip.**
Contr.	1				
Monitor./ Super.	.25**	1			
Support./ Encour.	.11*	.62**	1		
Involve.	.17**	.55**	.46*	1	
Phys. Discip.	.21*	-.17**	-.21**	-.17**	1

***p*<.05, ***p*<.01**

3.2.1.5. Reliability Results

The current results revealed internal consistency coefficients of GPQ-SF as adequate. The Cronbach's alpha coefficients of factors were found as between .71 and .86. Besides, the item-total correlation coefficients for the five factors ranged between .37 and .73 (see Table 3.12)

Table 3.12 Reliability information regarding GPQ-SF

	Contr.	**Monitor./ Super.**	**Support./ Encour.**	**Involve.**	**Physically Discip.**
A. Internal-Consistency Coefficients	.72	.86	.80	.71	.86
B. Item-Total Correlation	.37-.52	.43-.57	.43-.53	.38-.55	.61-.73

3.2.2. Concurrent Validity

3.2.2.1. Sample

In order to establish concurrent validity of GPQ-SF, another 90 individuals were recruited using snowball technique through several kinder gardens, primary and secondary school students' parents and people from researcher's working place in Ankara. Those parents consisted of mostly highly educated, employed and married women and they had children aged between 5 and 13 with a mean age of 8.58. The detailed socio-demographic characteristics of the parents and children can be seen in Table 3.13.

Table 3.13. Socio-demographic characteristics of the GPQ-SF in the 90-subject validity sample

Variables	Range	Mean	SD	N	%
Parent's age	28-53	38.54	4.62		
Parent's gender					
Women				72	80
Man				18	20
Parent's education					
Primary school				2	2.2
Secondary school				5	5.6
High school				17	18.9
University				42	46.7
Post-graduate				24	26.7
Parent's working status					
Unemployed				17	18.9
Employed				72	80
Retired				1	1.1
Parent's relationship status					
Single				4	4.4
Married				86	95.6
Parent's self reported income level					
Low				3	3.3
Middle				76	84.4
High				11	12.2
Parent's number of children					
1				32	35.6
2				50	55.6
3				8	8.9
Child's age	5-13	8.58	2.32		
Child's gender					
Girl				55	61.1
Boy				35	38.9

3.2.2.2. Instruments

Basic Personality Traits Inventory (2012). The scale was developed in order to measure basic personality characteristics in Turkish culture by Gençöz and Öncül, based on the personality studies (i.e., McCrae &Costa, 2003; McCrae & John, 1992; McAdams, 1992) in literature. It has 45 items with 5-level of likert type scale. The factors that are consistent with the five factor model of personality were *extraversion, conscientiousness, agreeableness, openness to experience* and *neuroticism*. In Turkish culture, there is another factor appeared as *negative valence.* The internal consistency coefficients of the subscales were ranged between .71 and .89, item-total correlation coefficients were ranged .32 and .77 and, test-retest reliability coefficients were between .71 and .84. The construct, convergent, divergent and discriminant validity of the scale were also supported.

Positive and Negative Affect Scale (1988). The scale was developed by Watson, Clark and Tellegen in order to measure positive and negative affective states of individuals. It includes 10 positive and 10 negative adjectives related to different affective states measured on a five point likert type scale. The translation and item loadings of the scale were studied by Dürü (1998) and its reliability and validity studies done by Gençöz (2000). Accordingly, the factorial construct of the scale was found to be corresponding to the original scale. Gençöz (2000) reported that, internal consistency coefficient of positive affective scale was .83, negative affective scale was .86. The test-retest reliability of the scale was found as .40 and .54. For the criterion validity, Beck Depression Inventory (Beck, Ward, Mendelson, Mock ve Erbaugh, 1961; Beck, Rush, Shaw ve Emery, 1979) and Beck Anxiety Inventory (Beck, Epstein, Brown ve Steer, 1988) were used. Positive affect was found to be correlated with depression as -.48 and with anxiety as -.22; negative affect was found to be correlated with depression as .51 and with anxiety as .47.

3.2.2.3. Concurrent Validity Results

Before performing the validity analysis, reliability information of this 90-subject sample was investigated and the results appeared consistent with the previous factor analysis sample. Accordingly, internal consistency coefficients of subscales were as follows (item-total correlation ranges for each subscale were indicated in the parenthesis); Controlling .71 (.29-.50), Monitoring/Supervising .80 (.22-.62),

Supporting/Encouraging .74 (.19-.64), Involvement.74 (.39-.65) and Physically Disciplining .88 (.54-.84). The correlations between factors of GPQ-SF in 90- subject sample were also corresponded to 347-subject sample and they were presented in Table 3.14.

Table 3.14. Correlations between factors of GPQ-SF in the 90-subject validity sample

	Contr.	**Monitor./ Super.**	**Support./ Encour.**	**Involve.**	**Phys. Discip.**
Contr.	1				
Monitor./ Super.	.18	1			
Support./ Encour.	.14	.49**	1		
Involve.	.20	.51**	.21*	1	
Phys. Discip.	.19	-.16	-.06	-.21**	1

***p*<.05, ****p*<.01**

In order to investigate *concurrent validity* of GPQ-SF, the factors were subjected to Pearson correlation analysis with factors of Basic Personality Trait Inventory (Gençöz & Öncül, 2012) and Positive/ Negative Affective Scale (Watson, Clark & Tellegen, 1988). Both scales have good psychometric reliability and validity measures. For the concurrent validity information, zero-order correlations were taken into account and only the Pearson correlation coefficients that were equal to or exceeds of .20 were interpreted (see Table 3.15).

Table 3.15. Correlations between GPQ-SF subscales with BPTI and PANAS subscales

	Contr.	Monitor./ Super.	Support./ Encour.	Involve.	Phys. Discip.
BPTI					
Extraversion	**.27***	**.45****	**.27***	.14	-.19
Agreeableness	.13	**.24***	**.28****	**.22***	-.11
Conscientious	.19	**.29****	**.23***	.14	-.25
Openness to Experience	.14	.14	**.22***	.15	-.08
Neuroticism	.12	**-.24***	**-.35****	**-.23***	**.26***
Negative Valence	.10	-.19	**-.33****	-.03	**.22***
PANAS					
Positive Affect	.10	.17	**.22***	.19	-.12
Negative Affect	.12	**-.21***	-.17	**-.26***	.10

***p*<.05, ****p*<.01**

Accordingly, positive correlations (small to medium effect sizes) were found for the associations between the three features of parenting (monitoring/supervising, supporting/encouraging and involvement) and four features of the positive personality traits (extraversion, agreeableness, conscientiousness and openness to experience) and negative correlations were found between physically disciplining parenting and those three features of parenting. However, even though openness to experience positively associated with those personality traits, only the associations of openness to experience and supporting/encouraging parenting reached significance (r=.22, *p*<.05). Similarly, even though involvement parenting positively associated with positive personality styles, only the associations of involvement and agreeableness reached significance (r=.22, *p*<.05). On the other hand, neuroticism and negative valence were found to be associated negatively with positive parenting dimensions and positively associated with physically disciplining parenting. Interestingly, controlling appeared only significantly related with extraversion personality trait. However, even though not significantly, it seems to be positively related with other positive and negative personality traits. In other words, results showed that though controlling can be expressed by individuals with positive personality traits, it can also be used by individuals with negative personality. That

finding implies the positive and negative dimensions of controlling, as also emphasized by Sleddens et al. (2014) that some level of control is healthy and can be used by positively but higher levels or coercive type of control would be harmful and can be used by neurotic personality type. Overall, findings are consistent with previous findings that 'higher levels of extraversion, agreeableness, conscientiousness and openness to experience and lower levels of neuroticism related to more parental warmth' (Sleddens et. al., 2014, p.)

Considering parenting dimensions in relation to the positive and negative affect, positive correlations were found between positive parenting and positive affect; and positive correlations were found between negative, physically disciplining parenting with negative affect.

3.2.3. Conclusions

CGPQ scale is recently being under development and its validity studies still under process. However, based on our findings in Turkish culture and considering the good psychometric reliability and validity measures of the short version of GPQ-SF, we can conclude that 38-item version of the scale's (GPQ-SF) construct and concurrent validity and its reliability results were at acceptable ranges. Thus, it can be used in this study for the following analyses.

3.3. STUDY-3- Main Analysis

Two cases were excluded from the study because of including many missing data so that 50 subjects were consisted of the sample. According to Little's MCAR test, the missing data in SONI (χ^2=448,69; df=441, p<.39), in CGPQ-SF (χ^2=334,64, df=331, p<.43), in BPTI (χ^2=177,720; df=176, p<.45), and HMHQ (χ^2=60,819; df=69, p<.75) were completely at random. Thus, missing values in the data were replaced with expectation maximization method.

3.3.1. Descriptive analyses of the measures of the study

Means, standard deviations, and ranges of the subscales of Selfobject Needs Inventory (SONI), General Parenting Questionnaire-Short Form (GPQ-SF), Basic Personality Traits Inventory (BPTI) and Hacettepe Mental Health Questionnaire (HMHQ) are presented in Table 3.16.

Table 3.16. Descriptive characteristics of the measures in the Pediatric Oncology sample

	N	Mean	SD	Range
SONI				
Hunger for mirroring, idealization and twinship	50	95.66	17.23	56-131
Avoidance of idealization and twinship	50	28.34	10.79	11-55
Avoidance of mirroring	50	24.22	7.09	11-40
GPQ-SF				
Controlling	50	26.94	4.04	18-35
Monitoring/supervising	50	55.38	3.17	46-60
Supporting/encouraging	50	42.70	2.29	36-45
Involving	50	19.86	3.44	10-25
Physically disciplining	50	7.96	4.22	5-23
BPTI				
Extraversion	50	30.40	5.29	18-40
Conscientiousness	50	34.36	3.85	23-40
Agreeableness	50	36.54	2.88	30-40
Neuroticism	50	24.65	6.18	13-39
Openness to experience	50	22.44	3.97	13-30
Negative valence	50	8.70	1.82	6-14
HMHQ				
Internalizing	50	6.61	3.51	0-16
Externalizing	50	5.56	3.56	1-17
Total Problems	50	12.17	6.09	3-33

3.3.2. Correlations of the measures of the study

Correlations of the measures of the study are presented in Table 3.17. Accordingly, mothers' ratings of monitoring/supervising, supporting/encouraging and involving *parenting* attitudes were found to be correlated significantly. The correlations between monitoring and supporting was .66, monitoring and involving was .58 and supporting and involving was .67; $p<.001$.

For the *personality* characteristics while the correlations between agreeableness and conscientiousness was .35, $p<.05$ and neuroticism and negative valence was .28, $p<.05$, the correlations between neuroticism and openness to experience was negative -.31, $p<.05$.

Considering the *selfobject needs*, both avoidance of and approach for the idealization and twinship needs were found to be significantly related (.29, $p<.05$). That finding is not surprising since both mechanisms refers to the deficit about these experiences in the self and may cause the person to compensate this need either by avoiding or approaching too much depending on the present relationship. Beside that as consistent with the literature, avoidance of idealization and avoidance of mirroring needs were also found to be significantly correlated (.29, $p<.05$).

For the *child problems*, internalizing and externalizing problems were found to be moderately significant, .49, $p<.001$.

When we look at the relationships between *personality* and *parenting* variables, it appeared that, except for the negative relationship with physically disciplining parenting (-.30, $p<.05$), conscientiousness was found to be related significantly with all types of parenting positively, ranging from .30 to .33, ps$<.05$ and from .37 to .54, ps$<.001$. As expected, agreeableness was also found to be positively correlated with monitoring (.36, $p<.05$) and involving (.32, $p<.05$) and negatively correlated with physically disciplining attitude (-.30, $p<.05$). Interestingly, neuroticism associated negatively only with supporting parenting (-.29, $p<.05$) but not involvement or monitoring. Mothers with neurotic personality may experience difficulty in supporting their children but their attitude may not cause in increase or

decrease in the level of involvement or monitoring their children. Another finding is that negative valence's significant correlation with physically disciplining (.30, p<.05). The more the mothers devalue themselves the more they use harsh disciplining methods.

When we look at the relationships between *personality* and *selfobject* needs, interestingly it appeared that hunger for all selfobject needs related both with conscientiousness, (.29, p<.05) and neuroticism (.28, p<.05). This finding shows us that even though there was no significant positive relationship between these personality types, they can be considered at each end of the personality spectrum. Thus, selfobject needs may arise even for people who have seemingly healthy personality characteristics (i.e. conscientiousness) among mothers of sick children. Thus, selfobject hunger may play important factor in developing different personality characteristics. Beside that, avoidance of mirroring selfobject appeared as related to the both conscientiousness (.30, p<.05) and agreeableness (.29, p<.05). This also might be related to the sample characteristics that conscientious and agreeable mothers with a sick child may avoid from the recognition by others and invest their energies into their children by focusing on caregiving duty. The mothers with healthy personality characteristics probably recognize the child's mirroring needs and put these needs above and beyond their own selfobject needs. Another finding is that mothers with avoidance of idealization and twinship needs negatively associated with extraversion personality characteristics (-.33, p<.05). The more the mother is extraverted the less she avoids from idealization and twinship for which conceptually understandable and can be accepted as psychologically healthy.

Mothers' *selfobjec*t needs were also appeared as associated with *parenting* attitudes. Hunger for all self object needs was found to be related to controlling parenting (.39, p<.001). This can be explained as the more the mother needs others' selfobject responses the more she feels empty or fragmented. In order to stay intact, she might be coping with the situation by controlling her child more than necessary. Beside that, avoidance of mirroring was found to be related to involving parenting (.31, p<.05) in this setting. That finding is consistent with above finding that the more the mothers avoid from mirroring the more she involves with the child. Thus,

when she gives importance on the child's needs then her own mirroring needs she may satisfy her own mirroring needs from the responses of the child. In other words, involvement on child may help mother's own mirroring needs to be met through her child.

When we look at the relationships between *personality*, *parenting*, *selfobject needs* and *child problems*, it appeared that only some personality characteristics are associated with children's problems. Accordingly, while openness to experience was negatively related to the internalizing child problems, extraversion was positively related to the externalizing child problems (-.33, .31; *p*s<.05). If the mother is open to the new experiences especially in such a setting like pediatric oncology, probably they look for the ways to adapt herself and the child into this new situation, so that the child may reveal less internalizing problems which show us the importance of the effect of parents' personality style and way of handling difficult life experiences on children's adjustment problems. Again, if the mother is more extravert her child appears to have more externalizing problems. That is probably more extravert mothers may ignore child's emotional needs in times of treatment process and do not sufficiently follow their children's adaptation pace which may render children present more externally problematic behaviors.

Table 3.17 Correlations of the measures of the study in Pediatric Oncology sample

	Cont.	Mon.	Sup.	Inv.	Phy.Dis.	Hun. M.I.T.	Av. I.T.	Av. M.	Extra.	Cons.	Agree.	Neuro.	Open.Exp.	Neg.Val.	Int.
Cont.															
Mon.	.26														
Sup.	.37	**.66****													
Inv.	.24	**.58****	**.67****												
Psy.Dis.	.17	-.23	-.27	-.15											
Hun.M.I.T.	**.39****	.17	-.01	.25	.18										
Av.I.T.	.23	-.13	-.11	.01	.23	**.29***									
Av.M.	.13	.27	.18	**.31***	-.21	.20	**.29***								
Extra.	-.25	.15	.08	-.04	-.04	-.17	**-.33***	-.11							
Cons.	**.33***	**.54****	**.30***	**.37****	**-.30***	**.29***	.07	**.30***	-.03						
Agree.	.27	**.36***	.17	**.32***	**-.30***	.28	-.18	**.29***	.19	**.35***					
Neuro.	.26	-.26	**-.29***	-.18	.20	**.28***	.24	-.06	-.27	-.09	.04				
Open.Exp.	.07	.24	**.31***	.25	-.16	.11	.10	.28	.26	.10	.26	**-.31***			
Neg. Val.	.17	-.25	-.14	-.09	**.30***	.06	.18	.03	-.28	-.09	.00	**.28***	.04		
Int.Pr.	-.03	.06	.08	.08	-.10	.06	-.04	-.04	-.25	.07	.04	.07	**-.33***	-.06	
Ext.Pr.	.25	.13	.17	.13	.27	.12	.07	-.06	**.31***	.08	-.07	.12	-.19	.16	**.49****

*p<.05; ** p<.001

3.3.3. Children's gender and age differences on mothers' report of their children's problems

In order to reveal gender and age differences on mothers' evaluations of internalizing, externalizing and total problems of their children who are receiving chemotherapeutic treatment, independent samples t-test was performed for each problem dimension. The groups according to their gender consisted of 19 girls and 31 boys. Also prior to t-test analyses, children's ages were grouped by means of median split. The median points were found to be 8 for the age of children. Thus, those who are at the age of 8 and below were accepted as younger aged group (n=26), and those who are at the age of 9 and over were accepted as older aged group (n=24).

3.3.3.1. Children's gender differences on mothers' report of their children's problems

Independent samples t-test results conducted on mothers' evaluation on problems of children revealed significant gender differences t(47,89)= -2.05; $\underline{p}$< .05 on externalizing problems. However, no significant gender differences reported by mothers on children's internalizing t(48)= -.32; n.s. and total problem behavior t(47,74)= -1.40; n.s. Thus, mothers reported only their sons ($\underline{M}$=6.26) as having significantly more externalizing problems than their daughters ($\underline{M}$=4.42), in the pediatric oncology setting.

3.3.3.2. Children's age differences on mothers' report of their children's problems

Independent samples t-test results conducted on mothers' evaluation on problems of children with cancer revealed no significant child age differences on internalizing t(48)=1.19; n.s., externalizing t(48)=.35; n.s., and total problems t(48)=.87; n.s. in pediatric oncology setting.

3.3.4. Mother's age and educational level differences on their report of children's problems

In order to reveal mother's age and educational differences on their evaluations of internalizing, externalizing and total problems of their children who

were receiving chemotherapeutic treatment, again, independent samples t-test was performed for each problem dimension. Prior to t-test analyses, mother's ages and educational level were grouped by means of median split. The median points were found to be 36 for age and 3 for education. Thus, those who are at the age of 36 and below were accepted as younger aged group (n=27), and those who are at the age of 37 and over were accepted as older aged group (n=23). Also mothers with an education of high school and below were accepted as low-educated group (n=32) and mothers with university education and above it were accepted as high-educated group (n=18).

3.3.4.1. Mother's age differences on their report of children's problems

Independent samples t-test results conducted on mothers' evaluation on problems of children revealed no significant maternal age differences on internalizing t(48)= -.03; n.s, externalizing t(48)=-.72; n.s., and total problems t(48)=-.44; n.s. in pediatric oncology setting.

3.3.4.2. Mother's educational level differences on their report of children's problems

Independent samples t-test results conducted on mothers' evaluation on problems of children revealed no significant maternal educational level differences on internalizing t(48)= .49; n.s, externalizing t(48)=-1.17; n.s., and total problems t(48)=.97; n.s. in pediatric oncology setting.

3.3.5. Examination of the levels of mothers' parenting attitudes, personality characteristics and selfobject needs on children's problems

Prior to these analyses, maternal variables were grouped on the basis of their scores on different parenting, personality and selfobject needs subscale scores. This grouping was conducted by means of median split, as those having high and low levels of parenting attitudes, personality styles and selfobject needs. The median points for parenting styles were found to be 27 for controlling, 55 for monitoring, 43 for supporting, 6 for physically disciplining and 21 for involving parenting attitudes. The median points for personality styles were found to be 31 for extraversion, 34 for conscientiousness, 37 for agreeableness, 24 for neuroticism, 23 for openness to

experience and 9 for negative valence. And lastly, the median points for selfobject needs were found to be 94 for hunger for idealization, twinship and mirroring, 28 for avoidance of idealization and twinship and 24 for avoidance of mirroring. According to these categorizing, the number of participants in each group, their means, standard deviations and ranges are presented in the Table 3.18.

Table 3.18. Descriptive characteristics of GPQ-SF, BPTI and SONI subscales' groups split by median points

	Low group				High group			
	N	**Mean**	**SD**	**Range**	**N**	**Mean**	**SD**	**Range**
SONI								
Hunger for M.I.T.	26	82.05	9.93	56-94	24	110.41	9.40	96-131
Avoidance of I.T.	28	20.55	4.99	11-28	22	38.26	7.45	29-55
Avoidance of M.	28	19.08	3.63	11-24	22	30.75	4.53	25-40
CGPQ								
Controlling	29	24.08	2.30	18-27	21	30.90	2.07	28-35
Monitor./super.	20	52.35	2.68	46-55	30	57.40	1.29	56-60
Support./encour.	26	40.92	1.81	36-43	24	44.62	.49	44-45
Involving	33	18.12	2.91	10-21	17	23.24	.97	22-25
Phys. Discip.	28	5.08	.26	5-6	22	11.64	4.02	7-23
BPTI								
Extraversion	25	26.04	3.41	18-31	25	34.77	2.41	32-40
Conscientiousness	25	31.44	3.14	23-34	25	37.28	1.65	35-40
Agreeableness	29	34.55	2.06	30-37	21	39.29	.85	38-40
Neuroticism	25	19.8	3.50	13-24	25	29.50	4.08	25-39
Open.to exp.	28	19.71	2.88	13-23	22	25.91	1.87	24-30
Negative valence	34	7.74	1.08	6-9	16	10.76	1.29	10-14

Note: M.I.T.: mirroring, idealization and twinship; I.T.: idealization and twinship; M.: mirroring

3.3.5.1. Mothers' personality attitudes on children's problems

In order to reveal the differences of two levels of each personality traits on children's internalizing and externalizing problems, and since gender revealed significant differences on externalizing problems, separate one-way ANCOVA's (gender as covariate) were performed by each personality traits namely, extraversion, conscientiousness, agreeableness, neuroticism, openness to experience and negative valence on children's internalizing and externalizing problems, separately.

Accordingly, one-way ANCOVA controlled by gender results conducted for levels of extraversion personality traits revealed significant differences on children's internalizing problems (F [1,47] = 5.85; p<.05) even after controlling the gender effect. However, the levels of extraversion personality traits revealed no significant differences on children's externalizing problems (F [1,47] = .74; n.s.). Thus, mothers with low levels of extraversion personality reported their children as having more internalizing problems (M = 7.78) than mothers with high levels of extraversion personality (M = 5.45).

One-way ANCOVA controlled by gender results conducted for levels of conscientiousness personality traits revealed no significant differences on children's internalizing (F [1,47] = .48; n.s.) and externalizing problems (F [1,47] = .30; n.s.).

One-way ANCOVA controlled by gender results conducted for levels of agreeableness personality traits revealed no significant differences on children's internalizing (F [1,47] = .01; n.s.) and externalizing problems (F [1,47] = .91; n.s.).

One-way ANCOVA controlled by gender results conducted for levels of neuroticism personality traits revealed no significant differences on children's internalizing (F [1,47] = .01; n.s.) and externalizing problems (F [1,47] = .51; n.s.).

One-way ANCOVA controlled by gender results conducted for levels of openness to experience personality traits revealed significant differences on children's internalizing problems (F [1,47] = 5.44; p<.05) even after controlling the gender effect. However, the levels of openness to experience personality traits revealed no significant differences on children's externalizing problems (F [1,47] = 1.31; n.s.). Thus, only mothers with low levels of openness to experience personality reported their children as having more internalizing problems (M = 7.56) than mothers with high levels of openness to experience personality (M = 5.41).

One-way ANCOVA controlled by gender results conducted for levels of negative valence personality traits also revealed no significant differences on children's internalizing (F [1,47] = .16; n.s.) and externalizing problems (F [1,47] = .27; n.s.).

In sum, mothers who perceive themselves as less extraverted and less open to experience reported their children as having more internalizing problems than mothers who perceive themselves as high extraverted and high open to experience in the pediatric oncology setting.

3.3.5.2. Mothers' parenting traits on children's problems

In order to reveal the differences of two levels of each parenting attitudes on children's internalizing and externalizing problems and keeping in mind that boys were reported as having more externalizing problems than girls, separate one-way ANCOVAs (gender as covariate) were performed by each parenting attitudes namely, controlling, monitoring, supporting/encouraging, involving and physically disciplining on children's internalizing and externalizing problems, separately.

Accordingly, one-way ANCOVA results conducted for levels of controlling parenting revealed significant differences on children's externalizing problems ($\underline{F}$ [1,47] = 5.53; $\underline{p}$<.05) even after controlling the effect of gender**.** However, the levels of controlling parenting revealed no differences on children's internalizing problems ($\underline{F}$ [1,47] = .03; n.s.). Thus, only mothers with high levels of controlling parenting reported their children as having more externalizing problems ($\underline{M}$ = 6.86) than mothers with low level of controlling parenting ($\underline{M}$ = 4.62).

One-way ANCOVA results conducted for levels of monitoring/supervising parenting revealed no significant differences on children's internalizing ($\underline{F}$ [1,47] = .22; n.s.) and externalizing problems ($\underline{F}$ [1,47] = 1.70; n.s.).

One-way ANCOVA results conducted for levels of supporting/encouraging parenting revealed no significant differences on children's internalizing ($\underline{F}$ [1,47] = .03; n.s.) and externalizing problems ($\underline{F}$ [1,47] = .19; n.s.).

One-way ANCOVA results conducted for levels of involving parenting revealed no significant differences on children's internalizing ($\underline{F}$ [1,47] = .14; n.s.) and externalizing problems ($\underline{F}$ [1,47] = .08; n.s.).

One-way ANCOVA results conducted for levels of physically disciplining parenting revealed significant differences on children's internalizing problems (F [1,47] = 4.74; *p*<.05) even after controlling the gender effect. However, the levels of physically disciplining parenting revealed no differences on children's externalizing problems (F [1,47] = .26; n.s.). Surprisingly, mothers who report themselves as using low levels of physical discipline methods reported their children as having more internalizing problems (M = 7.52) than mothers who report using high levels of physically disciplining parenting (M = 5.46).

In sum, mothers who reported themselves as being more controlling reported their children as having more externalizing problems in the pediatric oncology setting. Interestingly, mothers who report using low levels of physically disciplining parenting also reported their children as having more internalizing problems.

3.3.5.3. Mothers' selfobject needs on children's problems

In order to reveal the differences of two levels of each selfobject needs on children's internalizing and externalizing problems, and keeping in mind that boys are reported as having more externalizing problems than girls, separate one-way ANCOVA's (gender as covariate) were performed by each selfobject needs on children's internalizing and externalizing problems, separately.

Accordingly, one-way ANCOVA controlled by gender results conducted for levels of hunger for mirroring, idealization and twinship needs revealed no significant differences on children's internalizing (F [1,47] = .03; n.s.) and externalizing problems (F [1,47] = .51; n.s.).

One-way ANCOVA controlled by gender results conducted for levels of avoidance of idealization and twinship needs revealed no significant differences on children's internalizing (F [1,47] = .05; n.s.) and externalizing problems (F [1,47] = .45; n.s.).

One-way ANCOVA controlled by gender results conducted for levels of avoidance of mirroring needs revealed no significant differences on children's internalizing (F [1,47] = .09; n.s.) and externalizing problems (F [1,47] = .09; n.s.).

Thus, results showed that none of the selfobject experience's level revealed any significant differences on children's child adjustment problems.

3.3.6. Examination of possible differences based on the levels of different selfobject needs and personality traits on children's problems

Even though we failed to show direct effect of mothers' selfobject needs on children's problems, earlier it was reported that some of the selfobject needs were found to be correlated with some of the personality traits. Beside, some of the personality traits (i.e. extraversion and openness to experience) were found to be related with child problems. Thus, we wonder that after controlling the effect of gender, if any of selfobject needs are in interaction with any personality traits on predicting children's internalizing and externalizing problems. For this, several 2X2 factorial ANCOVAs controlled by gender were run (personality traits and selfobject needs) on children's internalizing and externalizing problems, separately. In this part of the study, only the significant results were reported.

Accordingly, 2 (Hunger for MIT [mirroring, idealization and twinship) needs level: Low and High) x 2 (Conscientiousness Level: Low and High) between subjects ANCOVA controlled by gender on children's externalizing problems results revealed no significant main effects for hunger for MIT needs level (F [1,45] = .59; n.s.) or for conscientiousness level (F [1,45] = .45; n.s.). However, the analysis revealed that mothers' hunger for MIT needs and their conscientiousness personality had significant interaction effect on reported children's externalizing problems (F [1,45] = 8.35; $p < .01$; $\eta^2 = .16$) (see Table 3.19).

Table 3.19. ANCOVA for the Hunger for MIT and Conscientiousness levels on children's Externalizing problems

Source	df	SS	MS	F
Hunger for MIT level	1	6.31	6.31	.59
Conscientiousness Level	1	4.85	4.85	.45
Hunger for MIT x Conscientiousness Level	1	89.39	89.39	8.35*
Error	45	481.47	10.70	-

***$p < .01$**

Table 3.20. Means of mothers' reports on children's Externalizing problems based on their Hunger for MIT and Conscientiousness levels

	Conscientiousness	
	Low	High
Means of hunger for MIT selfobjects		
Low	4.18_{ac}	6.24_{c}
High	7.59_{b}	4.28_{c}

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

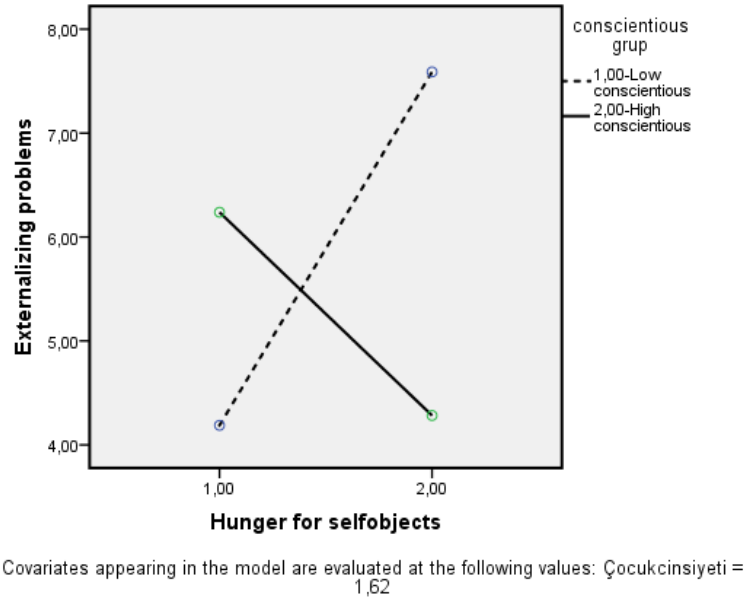


Figure 3.2. Diagram for Hunger for MIT and Conscientiousness levels on children's Externalizing problems

For the interaction effect, according to Tukey's HSD results, among mothers who reported themselves as having lower level of conscientiousness personality, if they are in high level of hunger for selfobject needs, they reported their children as having significantly more externalizing problems (M= 7.59) than mothers with lower level of hunger for selfobject needs (M= 4.18). However, among mothers with high level of conscientiousness, the level of hunger for selfobject needs did not differ on their report of externalizing scores. Similarly, among mothers with high level of

hunger for selfobject needs, mothers with low level of conscientiousness reported significantly more externalizing problems (M= 7.59) than mothers with high level of conscientiousness (M= 4.28). However, mothers' report of externalizing problems did not differ according to their conscientiousness level when they are not in very much need of selfobject responses. In other words, when mothers are not in high need of selfobject relations, their conscientiousness personality style did not appear to affect their report of externalizing problems. Moreover, mothers with low level of selfobject needs and low levels of conscientiousness reported the lowest amount of externalizing child problems. The highest child problems were seen in mothers who have high selfobject needs and low conscientiousness.

2 (Avoidance of mirroring needs level: Low and High) x 2 (Conscientiousness Level: low and High) between subjects ANCOVA controlled by gender on children's externalizing problems results revealed no significant main effects for avoidance of mirroring selfobject needs level (F [1,45] = .01; n.s.) or for conscientiousness level (F [1,46] = .69; n.s.). However, the analysis revealed that mothers' avoidance of mirroring selfobject needs and their conscientiousness personality had significant interaction effect on reported children's externalizing problems (F [1,45] = 5.37; $p < .05$; $\eta^2 = .11$) (see Table 3.21).

Table 3.21. ANCOVA for the Avoidance of Mirroring and Conscientiousness levels on children's Externalizing problems

Source	df	SS	MS	F
Avoidance of mirroring level	1	.07	.07	.01
Conscientiousness Level	1	7.93	7.93	.69
Avoidance of mirroring x Conscientiousness Level	1	61.40	61.40	5.37*
Error	45	515.04	11.45	-

***p*< .05**

Table 3.22 Means of mothers' reports on children's Externalizing Problems based on their Avoidance of Mirroring and Conscientiousness levels

	Conscientiousness	
	Low	High
Means of avoidance of mirroring selfobjects		
Low	5.13_{ab}	6.61_{ab}
High	7.36_{a}	4.22_{b}

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

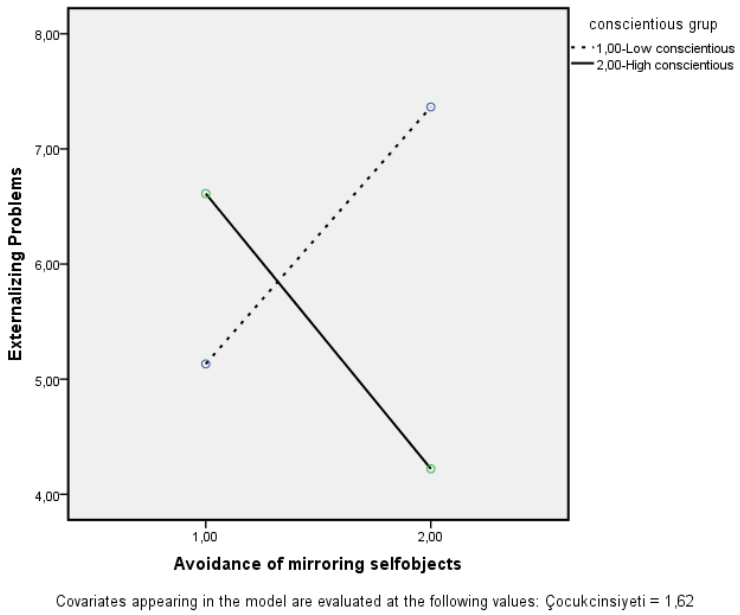


Figure 3.3. Diagram for Avoidance of Mirroring and Conscientiousness levels on children's Externalizing problems

For the interaction effect, according to Tukey's HSD results, mothers who report themselves as having low level of conscientious personality did not report significantly different externalizing problems according to their levels of avoidance of mirroring selfobject needs but they had tendency to report more problems if they highly avoid of selfobject provisions. Again, mothers who report themselves as having high level of conscientious personality did not report significantly different

externalizing problems according to their levels of avoidance of mirroring selfobject needs. Morover, while also mothers with low level of avoidance of mirroring selfobject needs did not report significantly different externalizing problems according to their conscientiousness level, mothers with high levels of avoidance of mirroring reported significantly more externalizing problems if they also show low levels of conscientiousness personality (M= 7.36) than high levels of conscientiousness personality (M= 4.22).

3.3.7. Examination of possible differences based on the levels of different selfobject needs and parenting attitudes on children's problems

As stated earlier, even though we failed to show selfobject need levels' direct effects on child problems; we showed that some of the parenting practices have direct effect on child problems. We also showed that some parenting practices are in correlation with selfobject needs. Thus, we wonder if the levels of mother's selfobject needs are in interaction with their different parenting practices in predicting child problems. For this aim, several 2X2 between subjects ANCOVAs controlled by gender (selfobject needs and parenting attitudes) were run on children's internalizing and externalizing problems, separately. Again, only the significant results will be reported.

Accordingly, after controlling the gender effect, 2 (Hunger for MIT (mirroring, idealization and twinship) needs level: Low and High) x 2 (Controlling Parenting Level: Low and High) between subjects ANCOVA on children's internalizing problems results revealed no significant main effects hunger for MIT needs level (F [1,45] = 0.26; n.s.) or for controlling parenting level (F [1,45] = .01; n.s.). However, the analysis revealed that mothers' hunger for MIT needs and their controlling parenting attitudes had significant interaction effect on reported children's internalizing problems (F [1,45] = 5.53; p< .05; η^2=.11) (see Table 3.23).

Table 3.23. ANCOVA for the Hunger for MIT and Controlling parenting levels on children's Internalizing problems

Source	df	SS	MS	F
Hunger for MIT level	1	3.15	3.15	.26
Error	45	2791.33	62.03	-
Controlling Parenting Level	1	0.05	0.05	.01
Hunger for MIT x Controlling Parenting Level	1	65.97	65.97	5.53*
Error	46	536.50	11.92	-

***p*< .05**

Table 3.24. Means of mothers' reports on children's Internalizing problems based on their Hunger for MIT and Controlling parenting levels

	Controlling	
	Low	High
Means of hunger for MIT		
Selfobjects level		
Low	7.24_a	4.91_a
High	5.38_a	7.84_a

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

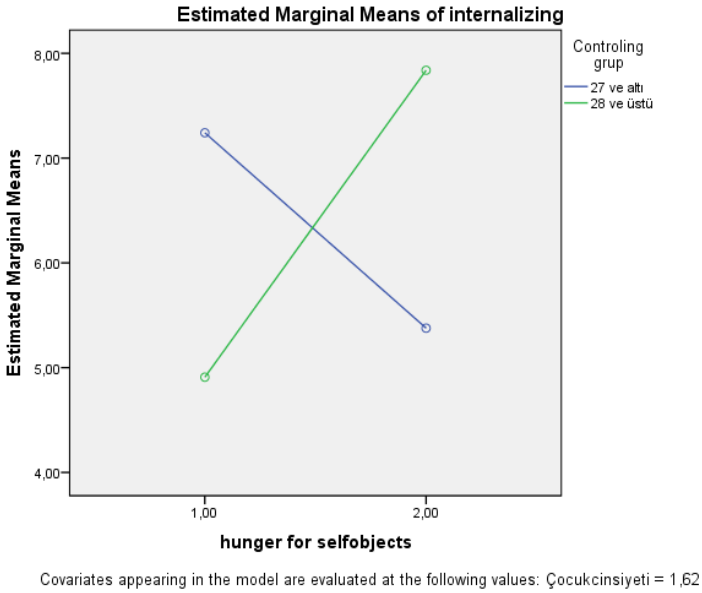


Figure 3.4. Diagram for Hunger for MIT and Controlling parenting levels on children's Internalizing problems

According to the Tukey's HSD test, results suggested no significant differences on reporting internalizing problems either for the levels of controlling parenting or selfobject needs. However the highest internalizing problems were reported by mothers who need high level of self-object responses and high level of controlling attitudes.

Accordingly, 2 (Hunger for MIT (mirroring, idealization and twinship) needs level: Low and High) x 2 (Controling Parenting Level: Low and High) between subjects ANCOVA controlled by gender on children's externalizing problems results revealed no significant main effects for hunger for MIT needs ($\underline{F}$ [1,45] = .48; n.s.). However, controlling parenting revealed significant main effect on externalizing problems ($\underline{F}$ [1,45] = 5.27; $\underline{p}$< .05). Moreover, the analysis revealed that mothers' hunger for MIT needs and their controlling parenting attitudes had significant interaction effect on reported children's externalizing problems ($\underline{F}$ [1,45] = 9.64; $\underline{p}$< .01; η^2=.18) (see Table 3.25).

Table 3.25. ANCOVA for the Hunger for MIT and Controlling Parenting levels on children's Externalizing problems

Source	df	SS	MS	F
Hunger for MIT level	1	4.56	4.56	.48
Controlling Parenting Level	1	50.07	50.07	5.27*
Hunger for MIT x Controlling Parenting Level	1	91.61	91.61	9.64**
Error	45	427.47	9.50	-

***p*< .05; ** *p*< .001**

Table 3.26. Means of mothers' reports on children's Externalizing Problems based on their Hunger for MIT and Controlling parenting levels

	Controlling	
	Low	High
Means of hunger for MIT Selfobjects level		
Low	5.45_a	4.71_{ab}
High	3.26_a	8.18_c

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

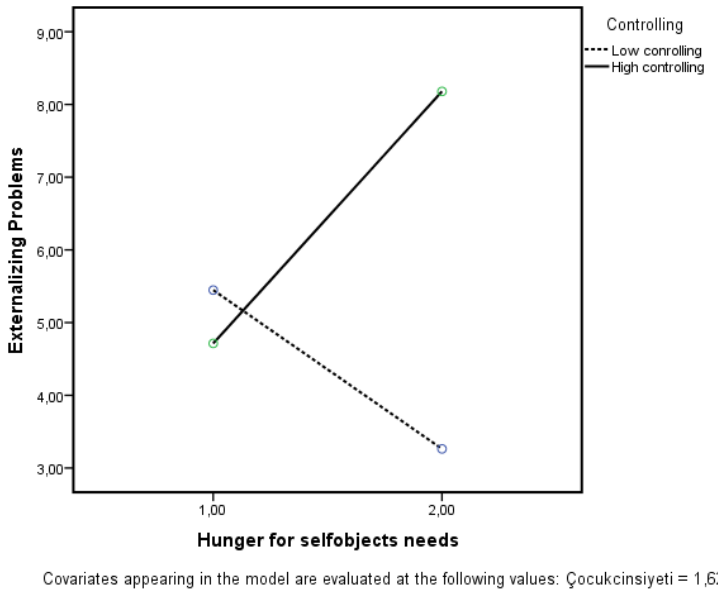


Figure 3.5. Diagram for Hunger for MIT and Controlling parenting levels on children's Externalizing problems

For the interaction effect, according to Tukey's HSD test, among mothers who report using low level of controlling parenting, while there is no significant difference on children's externalizing problems according to the level of their hunger for selfobject (MIT) needs, among mothers who report using higher level of controlling parenting, if they report higher level of hunger for selfobject (MIT) needs, they reported their children as having significantly more externalizing problems (M= 8.18) than mothers with lower level of selfobject needs (M= 4.71). On the other hand, while mothers with low level of hunger for selfobject needs did not report any difference on externalizing problems according to their controlling attitude levels, mothers with high level of hunger for selfobject needs, reported significantly more externalizing problems when they are in high controlling group (M= 8.18) than low controlling group (M= 3.26).

In sum, for the mothers with high controlling parenting attitudes, when they are also in high need for selfobject responses they report the highest externalizing problems.

3.3.8. Examination of possible differences based on the levels of different personality traits and parenting attitudes on children's problems

Since we observed conscientiousness personality and controlling attitude in interaction with selfobject needs in predicting child problems, we also wanted to see whether these and other parenting and personality traits are interacted in a special way on predicting children's problems. Thus, in order to see the relationship between personality and parenting on children's problems, we run several 2x2 between subjects ANCOVAs (personality traits and parenting attitudes) on children's internalizing and externalizing problems by controlling the gender effect. Again, only the significant results will be reported.

According to, 2 (Extraversion Level: Low and High) x 2 (Monitoring Parenting Level: Low and High) between subjects ANCOVA controlled by gender on children's internalizing problems, results revealed no significant main effects for monitoring parenting level ($\underline{F}$ [1,45] = 0.38; n.s.) or extraversion personality on children's internalizing problems ($\underline{F}$ [1,45] = 3.78; n.s.). However, interaction effect was found between the levels of monitoring parenting and extraversion personality ($\underline{F}$ [1,45] = 8.49; $\underline{p}$< .001; η^2=.16) (see Table 3.27) on internalizing problems of children.

Table 3.27. ANCOVA for Extraversion personality and Monitoring parenting on children's Internalizing problems

Source	df	SS	MS	F
Monitoring Parenting	1	3.81	3.81	.38
Extraversion Personality	1	37.56	37.56	3.78
Monitoring Parenting x Extraversion Personality	1	84.34	84.34	8.49**
Error	45	447.26	9.94	-

***$\underline{p}$< .001;**

Table 3.28. Means of mothers' reports on children's Internalizing Problems based on their Extraversion personality and Monitoring parenting

	Monitoring	
	Low	High
Means of Extraversion Levels		
Low	5.84_a	9.09_b
High	6.68_a	4.61_{ac}

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

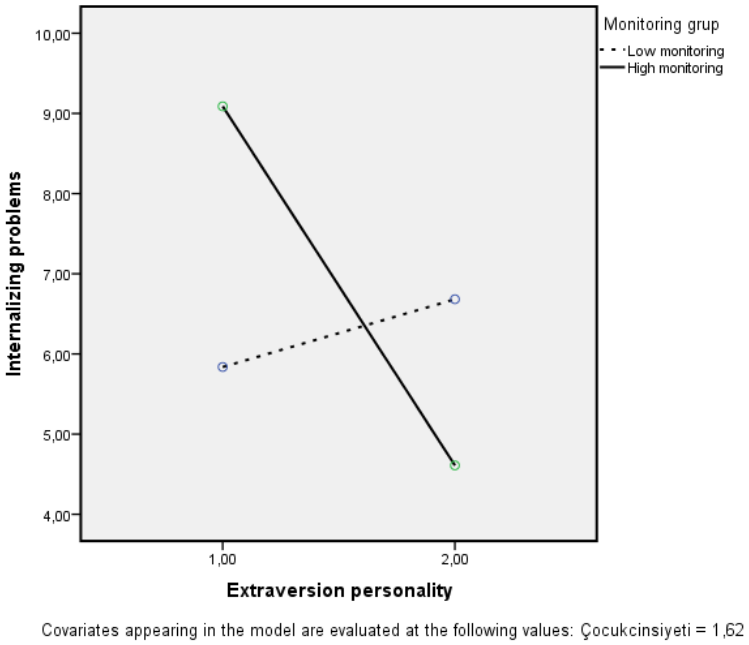


Figure 3.6. Diagram for Extraversion personality and Monitoring parenting levels on children's Internalizing problems

According to the Tukey HSD test, among mothers who report themselves as having lower level of extraversion personality, when they report higher level of monitoring parenting they reported their children as having significantly more internalizing problems (M= 9.09) than mothers with lower level of monitoring parenting (M= 5.84). However, among mothers who report themselves as having higher level of extraversion personality, their report of internalizing problems did not

differ according to their monitoring levels but, among mothers with highly monitoring attitude, lower extravert mothers reported significantly more internalizing problems (M= 9.09) than higher extravert mothers (M= 4.61). Among mothers with lower level of monitoring, this difference did not appear according to the level of extraversion personality.

2 (Extraversion Level: Low and High) x 2 (Supporting Parenting Level: Low and High) between subjects ANCOVA controlled by gender on children's internalizing problems results revealed no significant main effects for supporting parenting level (F [1,45] = .01; n.s.). However, analyses again revealed significant main effect for extraversion personality on children's internalizing problems (F [1,45] = 6.51; $p < .01$). Also**,** interaction effect was found between the levels of supporting parenting and extraversion personality (F [1,45] = 4.86; $p < .05$; $\eta^2 = .10$) (see Table 3.29) on internalizing problems of children.

Table 3.29. ANCOVA for Extraversion personality and Supporting parenting on children's Internalizing problems

Source	Df	SS	MS	F
Supporting Parenting	1	.05	.05	.01
Extraversion Personality	1	70.09	70.09	6.51*
Supporting Parenting x Extraversion Personality	1	52.23	52.23	4.86*
Error	45	484.16	10.76	-

***p< .05**

Table 3.30. Means of mothers' reports on children's Internalizing Problems based on their Extraversion personality and Supporting parenting

	Supporting	
	Low	High
Means of Extraversion Levels		
Low	6.84_{ab}	8.82_{b}
High	6.46_{ac}	4.34_{c}

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

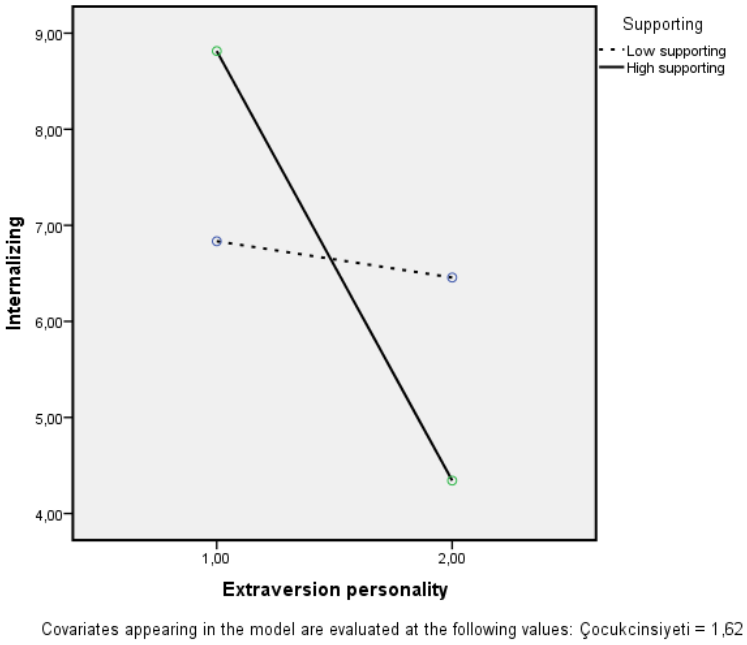


Figure 3.7. Diagram for Extraversion personality and Supporting parenting levels on children's Internalizing problems

According to the Tukey HSD results, among mothers with high level of supporting attitude, if mothers have low levels of extraversion personality they reported their children as having significantly more internalizing problems (M= 8.82) than mothers with high levels of extraversion personality (M= 4.34). However, among the low level of supporting mothers children's internalizing problems did not significantly differ according to the levels of mothers' extraversion personality. Also,

according to the mothers' high and low extraversion personality levels, their supporting parenting levels did not influence mothers' report of internalizing problems. Thus, only mothers with high supporting attitude in low extravert mothers seemed to report internalizing problems in their children.

2 (Agreeableness Level: Low and High) x 2 (Supporting Parenting Level: Low and High) between subjects ANCOVA controlled by gender on children's internalizing problems results revealed no significant main effects for supporting parenting (F [1,45] = .25; n.s.) and for agreeableness personality (F [1,45] = .03; n.s.) on children's internalizing problems. However, significant interaction effect was found between the levels of supporting parenting and agreeableness personality (F [1,45] = 5.17; $p < .05$; $\eta^2 = .10$) (see Table 3.31) on internalizing problems of children.

Table 3.31. ANCOVA for Agreeableness personality and Supporting parenting on children's Internalizing problems

Source	df	SS	MS	F
Supporting Parenting	1	2.97	2.97	.25
Agreeableness Personality	1	.36	.36	.03
Supporting Parenting x Agreeableness Personality	1	62.09	62.09	5.17*
Error	46	540.67	12.02	-

***p < .05**

Table 3.32. Means of mothers' reports on children's Internalizing Problems based on their Agreeableness personality and Supporting parenting

	Supporting	
	Low	High
Means of Agreeableness Levels		
Low	5.97_a	7.84_a
High	8.56_a	5.63_a

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

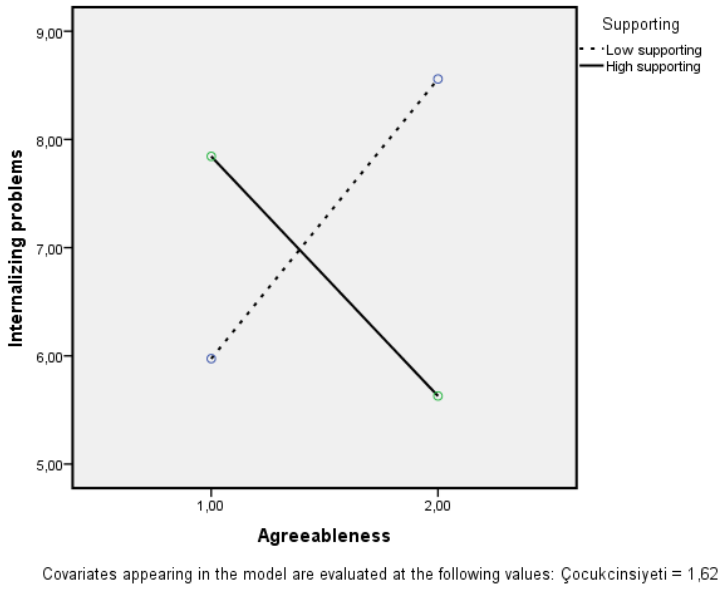


Figure 3.8. Diagram for Agreeableness personality and Supporting parenting levels on children's Internalizing problems

However, Tukey HSD test revealed no significant differences according to the levels of supporting parenting or agreeableness personality.

Finally, 2 (Agreeableness Level: Low and High) x 2 (Monitoring Parenting Level: Low and High) between subjects ANCOVA controlled by gender on children's externalizing problems results revealed no significant main effects for monitoring parenting level ($\underline{F}$ [1,45] = .70; n.s.) and for agreeableness personality ($\underline{F}$ [1,46] = .13; n.s.). on children's externalizing problems. However, significant interaction effect was found between the levels of monitoring parenting and agreeableness personality ($\underline{F}$ [1,45] = 4.78; $\underline{p}$< .05; η^2=.10) on externalizing problems of children (see Table 3.33).

Table 3.33. ANCOVA for Agreeableness personality and Monitoring parenting on children's Externalizing problems

Source	df	SS	MS	F
Monitoring Parenting	1	7.39	7.39	.70
Agreeableness Personality	1	1.33	1.33	.13
Monitoring Parenting x Agreeableness Personality	1	50.56	50.56	4.78*
Error	46	478.05	10.62	-

***p*< .05**

Table 3.34. Means of mothers' reports on children's Externalizing Problems based on their Agreeableness personality and Monitoring parenting

	Monitoring	
	Low	High
Means of Agreeableness Levels		
Low	4.34_{a}	8.03_{b}
High	6.60_{ac}	4.89_{c}

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

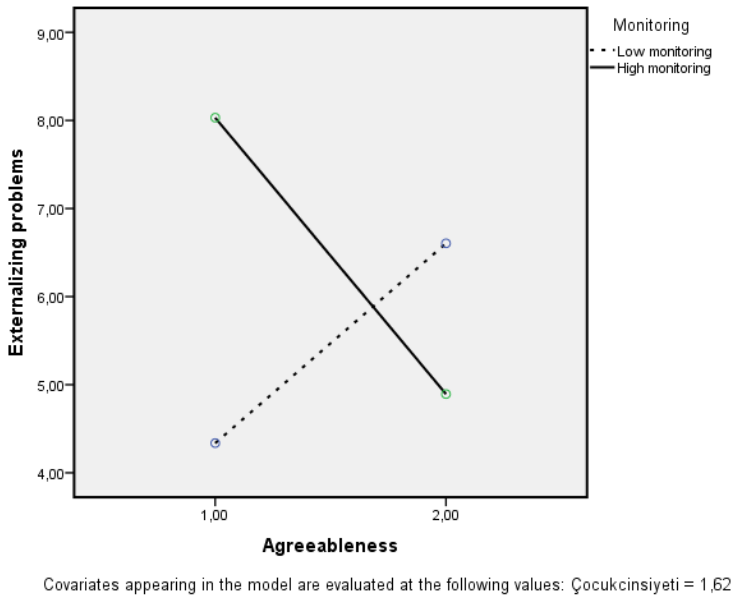


Figure 3.9. Diagram for Agreeableness personality and Monitoring parenting levels on children's Externalizing problems

For the interaction effect, Tukey HSD test revealed that, among mothers who report themselves as having lower level of agreeableness personality, when they report higher level of monitoring parenting they reported their children as having significantly more externalizing problems (M= 8.03) than mothers with lower level of monitoring parenting (M= 4.34). However, among mothers who report themselves as having higher level of agreeableness personality, their report of externalizing problems did not significantly differ according to monitoring parenting levels. On the contrary, among mothers with high monitoring parenting, mothers with low level of agreeable personality reported their children as significantly higher externalizing problems (M= 8.03) than mothers with high level of agreeableness (M= 4.89). However, their report of externalizing problems did not differ in the low level of monitoring group according to their agreeableness level. Thus, higher monitoring parenting among low agreeable parents seemed to report more externalizing problems in their children than other parents.

In sum, less extravert mothers seem to report more internalizing problems especially when they are highly monitoring and supportive. Moreover, if mothers are less agreeable and highly supportive their children tended to have more internalizing

problems and if they are less agreeable and highly monitoring their children tended to have more externalizing problems.

CHAPTER IV

DISCUSSION

4.1. Correlational analyses

The most striking finding is the correlation of conscientiousness personality with all types of parenting. This finding gives us a thought that parenting necessitates conscientiousness personality type at least in this pediatric oncology setting. Besides, the correlations between hunger for mirroring, idealization and twinship selfobject needs and conscientiousness personality and controlling attitude are remarkable. The relation between conscientiousness and controlling is consistent with the literature. A study suggested that in the face of negative tasks, conscientious mothers were more likely to be controlling though that study emphasized control as a negative component (Neitzel, Dopkins Stright, 2004). Another study (Jensen-Campbell, Knack, Waldrip and Campbell (2007) also showed the executive control function of conscientiousness in the face of negative stimuli but that study pointed the control as a positive characteristic. Although these studies consistently showed the association between conscientiousness and control in the face of negative stimuli, the positive or negative effect of the control seems to depend on its' amount and its' relation with other characteristics.

Beside these, correlational analysis revealed associations between selfobject needs with conscientiousness and controlling attitudes. To the best of authors' knowledge, this is the first study investigating the relationship between selfobject needs, personality and parenting of mothers who have children with cancer. Thus, our results implied that during a negative life event, mothers do need selfobject responses especially if they are conscientious and controlling. We know that people need temporary selfobject responses during traumatic experiences such as illness or

facing death (Wolf, 1980; Ornstein, 1981; Kohut, 1984). Thus, in this setting, mothers whose self is disintegrated and who lack that kind of support may use some coping mechanisms to overcome the situation. We know that anxiety activates people's coping resources. If a mother is subjected to losing her child and if she cannot find anybody to rely on, it is natural for her to be in charge to cope with that anxiety. Moreover, considering the difficult life experience and conscientiousness and controlling characteristics' energy consuming nature it is not surprising that these people were also in need of selfobject responses. There is probably a cycling process going on between controlling, conscientiousness and selfobject needs.

4.2. T-tests and univariate analyses

T-test results on children's internalizing and externalizing problems revealed only children's gender effect on externalizing problems. That is, mothers rated their sons as having significantly higher externalizing problems than their daughters. This finding is consistent with the literature. Earlier studies also stressed boys' vulnerability to develop externalizing problems (i.e., Keenan and Shaw, 1997; Leadbeater, Kuperminc, Blatt, Hertzog, 1999; Lussier, Corrada, Tzoumakis, 2012). However, in this study, internalizing problems did not appear significantly higher in girls. It is known that cancer treatment naturally cause children to exhibit avoidant and internalizing behaviors because of the adaptation needs to the new life situation. Since that is a natural phenomenon, mothers probably did not experience these natural responses as internalizing problems in their daughters so that they did not report these problems sufficiently.

According to the univariate ANCOVA analyses, among parenting attitudes, higher controlling attitude by controlling the gender variable, revealed significantly higher externalizing problems of children. A recent study, investigating parenting of mothers on child problems reported that perceived behavioral control of mothers of children aged between 10-12 was predicting children's internalizing problems such as social anxiety rather than externalizing problems (Scanlon & Epkins, 2015). However, another study investigating intrusive parenting revealed that this parenting related with externalizing problems and externalizing problems in turn increase

intrusive parenting (Eisenberg, Taylor, Widaman, Spinrad, 2015). Moreover, other studies (Robila, Krishnakumar, 2006; Stone, Otten, Janssens, Soenens, Kuntsche, Engels, 2013) reported that higher levels of psychological or behavioral control were associated with internalizing and externalizing problems. From these studies, we understand that controlling either psychologically or behaviorally can result in child problems. The reason that only externalizing problems' relation to controlling was significant in our sample can be explained again with the fact that mothers do not consider internalizing problems as problems because of the natural difficulty of having chemotherapeutic treatment.

Surprisingly, low level of physically parenting attitude revealed significantly more internalizing problems. This finding is contrasted with our expectations. We know that harsh parenting results in child problems especially in externalizing problems (Wiggins, Mitchell, Hyde, Monk, 2015). However, this opposite result may be caused because mothers are well-known by the researcher. Even though the responses were collected anonymously and the mothers were consented that their responses will be kept privately, still mothers might hesitate about reporting their physically disciplining attitude. That is why they probably responded in a defensive manner.

Consistent with the literature, univariate analyses results revealed that mothers with lower levels of extraversion significantly more internalizing problems than mothers with higher levels of extraversion (i.e.,van Den Akker, Deković, Prinzie, 2010). Also mothers with low levels of openness to experience personality reported more internalizing problems. This relationship did not appear for the mothers in earlier research but both low level of extraversion and openness was found to be related child problems for professionals who work with children (Kroes, Veerman, De Bruyn, 2005). The literature did not give any clear suggestion about the effect of extraversion or openness to experience of mothers on child problems but we can conclude that the more the mother internalized and avoidant the more children presents internalizing behavior problems. However, this finding needs further investigating in the future.

Even though univariate analyses failed to show direct effects of selfobject needs on child problems, multivariate analyses results revealed that there are some interaction effects between selfobject needs and personality or parenting attitudes in predicting child problems. The following section presents those significant findings in the light of literature.

4.3. Between subjects factorial analyses

4.3.1. Selfobject and conscientiousness personality trait

Results interestingly revealed that, selfobject hunger or conscientiousness levels did not appear to differ on externalizing problems, separately. However, according to factorial (Conscientiousness X Hunger for selfobject) between subjects ANCOVA controlled by gender results, when mothers' needs of selfobject provisions are at the highest level, their report of own children's externalizing problems increase depending on their conscientiousness level. Accordingly, among mothers with highest level of selfobject needs when they have 'low level' of conscientiousness personality, they reported significantly more externalizing problems than 'high level' of conscientiousness. However, detailed investigating revealed that most mothers rated themselves as already above the midpoint of likert type scale of the conscientiousness subscale. Thus, so titled 'low level' of conscientiousness still stays at the upper side of the average level of conscientiousness. 'High level' of conscientiousness on the other hand, consists of the highest levels of conscientiousness probably in response to the experience of high anxiety or increasing demands of care giving. To interpret this finding again that mothers who were in the highest need of selfobject provisions, if they cannot be very highly conscientious they report more problem behaviors than very highly conscientious mothers. Javaras et al. (2012) found that following a frustrating experience, individuals with higher conscientiousness level are better able to automatically down-regulate negative affect. In another study, Jensen-Campbell, et al. (2007) also found that following a negative feedback, self-reported anger and aggression is strongest for individuals low on conscientiousness. Together with our results, these findings suggested that individuals higher on conscientiousness may be

better able to control their behavior when they were frustrated. Jensen-Campbell et al. (2007) also pointed out that, since conscientiousness serves as an indication of executive control functions such as behavioral inhibition, it helps maintaining interpersonal relationships. Correspondingly, in times of one of the biggest frustrating experience such as having a child diagnosed with cancer, the importance of conscientiousness appears by its compensating function in order to prevent interpersonal problems, especially among mothers who were frustrated by selfobject responses. In other words, being overly conscientious, very meticulous and hardworking might help compensating mother's relational deficits in an indirect way. By compensating their relational needs through excessive care giving, mothers may ignore or don't experience problem behaviors in their children. Furthermore, as long as the mother's conscientiousness responded by her child and others as something to appreciate, it creates a relationship that give and take needs are met by each side of mother-child relationship, so that they don't report problems a lot. As Kabat (1996) pointed out 'in the optimal mother-child interaction, the child's self develops through the selfobject responsiveness of the parent, while the parent's self-esteem is enhanced by the emotional response of the child' (p.256).

Consistent with this finding, our results also revealed that among mothers with 'low level' of selfobject needs (mothers who have a comparatively coherent self and do not depend on interpersonal responses), their level of conscientiousness did not seem to affect their report of externalizing problems. In other words, when the mother's relational needs were not disturbed, her lower level of conscientiousness did not make any difference on reporting problem behaviors. These findings imply the importance of interpersonal relationship needs over personality traits.

Investigating from the personality dimension, results also revealed that among mothers with low level of conscientiousness, again if they depend on relational responses very much, they report more problems than mothers who were less in need of selfobjects. This difference did not appear among highly conscientious mothers. That means mother's relational deficits affect child problems in those mothers who cannot cope by being very conscientious. As a result, both findings emphasize the importance of mothers' experience of selfobject disturbances

and the function of being highly conscientious as a compensating factor in reporting children's externalizing problems. Since conscientiousness is a personality characteristic, its stability was questioned in the literature and while some researchers points its resistance to change (i.e., McCrae and Costa, 2008) some others emphasize the environmental factors and argue that it can change through life's circumstances (i.e.,Rantanen, et. al.,2007; Specht et al.,2014). Thus, probably, mothers who cannot be more conscientious and feel lack of meaningful relationships may experience anger and project these feelings into their children and report more externalizing problems (angry, stubborn, resistant, etc.). Considering personality traits' stable characteristics and resistance to change, for the mothers who are not able to be more conscientious but in hunger for selfobject provisions, by responding those needs as a 'selfobject' therapist in therapy relationship would possibly reduce mothers search for meaningful relationship so that the mother can focus on her child in a more natural fashion. We know that cancer treatment is a very challenging period both for patients and caregivers and necessitates all sorts of support from others. It is normally expected that after a traumatic event such as having a child diagnosed with cancer, mothers' relational needs get increase. It is important to feel to be validated, recognized, belonged or similar with others in those distressing period. Moreover, sometimes these needs of mothers as conceptualized *selfobject needs* can be beyond the needs of emotional responsiveness of their children depending on mothers own history of relationships (Kabat, 1996). In our sample, together with less conscientious characteristics, mothers probably can't handle their children effectively without their needs are responded, thus reported more externalizing problems in their children than other mothers with highly conscientious or whose relational needs are at the lower levels. The illuminating finding is that, lowest levels of externalizing problems reported by low level of conscientious mother who also are not in very hunger for selfobject provisions. This group seems to be the healthiest one and they probably had a history of meaningful relationships so that they can still satisfy their relational needs with the people around them. They do not try to over compensate the situation by working hard, they do not force their children to be selfobjects for them or they do not project their anger into their children. These mothers' traumatic experience does not seem to cause adjustment

problems in their children because their healthy level of self cohesion leads their children to adjust in a healthy fashion.

For the avoidance of selfobject responses, again while univariate analysis revealed no significant differences on children's problems, when mothers are considered according to their level of conscientious personality, their report of externalizing problems impacted by this interaction. Thus, according to 2X2 (Conscientiousness X Avoidance of mirroring) between subjects ANCOVA controlled by gender results, mothers who reported themselves as having lower level of conscientious personality, when they report higher avoidance of mirroring selfobject needs, they reported their children as having more externalizing problems than mothers with high level of conscientiousness personality. This finding is very parallel with the above finding. Avoidance of mirroring selfobject needs is also a defensive version of the need for mirroring and again implies the need of emotionally attuned selfobject responses (Banai et al., 2005). In other words both, hunger or avoidance of selfobject needs refer to deficit in the self cohesion and cause problematic interpersonal relationships. Thus, again if mothers are highly avoidant of mirroring and if they are not very highly conscientious –in order to compensate this need- they probably experience difficulty and project this difficulty on to their children so that they report more externalizing problems. Surprisingly again, the lowest externalizing problems were reported by mothers who are highly conscientious but also who are highly avoidant. This finding again gives rise to the thought that whether conscientiousness compensates the need of emotionally attuned selfobject responses. Besides, considering again the personality characteristics' resistance to change, among mothers with low level of conscientiousness, their avoidance of mirroring needs should be the focus of change. If we as a selfobject therapist, understand the mother's avoidance of mirroring in the context of her earlier and present relationships and if we respond in an emotionally attuned way we may help her to prevent to project her anger caused by mirroring deficits into her child, so that she can response her child's need in an emotionally attuned way.

Finally, it is important to note that avoidance of idealization and twinship needs did not reveal any report of externalizing problems when they were considered

in interaction with the conscientiousness level. That again gives rise to thought that if we accept high conscientiousness as a compensating mechanism, that mechanism works mostly for mirroring selfobject needs. That is because mirroring needs were measured and interacted with conscientiousness both as a part of hunger of selfobjects subscale and alone as an avoidance of mirroring subscale. Thus, we can suggest that conscientiousness compensate mostly *the need of being seen* in times of probability of losing a child. We must also ask whether being very highly conscientious helps mothers compensate their relational mirroring needs through their children's eyes.

4.3.2. Selfobject and parenting attitudes

Beside personality traits, selfobject needs also could be in interaction with parenting attitudes on predicting their children's problems. In our sample, 2X2 (Hunger for selfobject needs X Controlling) between subjects ANCOVA controlled by gender results revealed that among mothers with highly controlling parenting, mothers with highly needed selfobject responses revealed significantly higher externalizing problems and tended to report higher internalizing problems though not significant. Controlling is defined as the mother's expectations of correct behavior and her use of psychological or authoritarian control attitudes toward their children. Studies about controlling parenting attitude and child problems reported that psychological control is significantly related with both attention problems and aggressive behaviors of children. Some researchers reported that after the cancer diagnose mothers approach their children with less control (Jelalian et al., 1997) and highly monitoring (Young, 2002) attitude. That findings implies the underneath anxiety of mothers about the possible loss of the child so that they try to prevent the child from being upset. However, when mother presents high controlling as in our study, if she is also in hunger for selfobject responses, they reported their children as having more externalizing problems. However, among mothers with low level of controlling parenting, their selfobject needs level did not make any difference on reporting child problems. As long as the mother does not project her relational deficits on to her child, there appears no problem. On the other hand, among mothers with low level of selfobject needs (mothers with coherent self) their controlling level

did not make any difference on reporting child problems. That means, as long as the mother's relational experiences are satisfying even if she presents controlling behavior this does not cause them to experience or report child problems. So, the combination of relational needs and controlling attitude seem to affect child problems. Thus, when children were reported as having externalizing problems, not only their parenting but also their selfobject needs level should be evaluated too.

This evaluation will lead us again as in conscientiousness personality trait, whether the mother experience covert anger because of her unmet relational needs so that she is projecting her anger on to her child by presenting harsh controlling attitudes. Some mothers in pediatric oncology settings report that they cannot lose control since the disease is very serious. Not losing the control can mean that they have difficulty in accepting the possible gradual loss experience. Thus, in the absence of relational support as mirroring or idealization, they might feel tense and alone in the face of reality. That reality, unintentionally, might lead mothers force their children to drink/eat or stay in healthy behavior by ignoring the child's physical or emotional responses. As a result, this may cause a serious angry reaction and other externalizing problems from the child's side.

Taken together, it appears that both mothers' conscientiousness and controlling attitudes serves the function of staying intact in front of the disintegration anxiety caused by probability of loss experience. However, in order to overcome with anxiety, while *high conscientiousness* may provide protective function from transferring anxiety by controlling mother's herself, *high controlling parenting* who transfer this anxiety to the child may cause problematic behavior even though that attitude was an attempt to stay intact in the absence of relational experiences.

4.3.3. Personality and Parenting attitudes

Finally, we wondered if any parenting is in interaction with mothers' personality on predicting child problems. Accordingly, 2X2 (Extraversion x Monitoring) and 2X2 (Extraversion x Supporting) between subjects ANCOVAs controlled by gender revealed that, extraversion personality trait was in interaction with monitoring and supporting parenting on predicting internalizing child problems,

in pediatric oncology settings. Especially, low extraversion personality together with high monitoring or supporting parenting resulted in higher reports of internalizing problems than higher extraversion personality.

This finding is understandable that among mothers who are unable to socialize sufficiently with others also when they focus their attention into their childcare more than necessary, the child would react with an avoidant manner. There were consistent findings in the literature that is done on pediatric cancer. Accordingly, Hullmann, Wolfe-Christensen, Meyer, McNall-Knapp and Mullins (2010) reported that among children with cancer aged between 2 and 16, parental protective behaviors were found to be related with lower levels of child's health-related quality of life, however this relation was mediated by child's perceived vulnerability by mother. Health related quality of life was measured by both physical and emotional problems such as pain, nausea, anxiety, worry, cognitive or communication problems, etc. Parents who perceived their children as more vulnerable more likely to show protective behaviors such as keeping child away from his/her environment, using protective masks more than necessary, etc. In another study, on the other hand, the perception of children about their parent's overprotection was found to be related with child's distress (Tillery, Long, Phipps, 2014). Without children's distress taken into account, the children perceived their parenting behaviors similar to the healthy controls. Both findings emphasize the importance of child's vulnerability or stress as an important indicator between parental overprotection and child problems. In our study, rather than focusing on child's distress, we focused on mother's personality as an important indicator. Thus, we can conclude that, in our sample parents who use highly monitoring and supporting attitude might be doing so because of their perception of child's vulnerability. However, as our results showed that this attitude led internalizing problems only with mothers who have less extraversion personality. It is thought that not only their perceptions of child's vulnerability but also their lower level of social capabilities might cause them to invest their energy into their children more than necessary. As a result, even though the parenting practices seem positive, too much monitoring and supportiveness together with less extraversion seem to cause children

to be more internalized. Research is limited about mothers' extraversion personality and protecting attitudes on child problems in pediatric oncology settings and needs to be investigated further in future studies.

Lastly, 2X2 (Agreeableness x Monitoring) between subjects ANCOVA controlled by gender results revealed that low agreeableness personality together with high monitoring parenting resulted in significantly higher externalizing problems than high agreeableness personality, though cell subject size should be taken into account when interpreting this finding. However, detailed examination revealed that 'low level' of agreeableness is above the midpoint of the likert type scale which means that mothers who report themselves at the lower levels still rate themselves as agreeable. Thus, mothers with low level but still agreeable personality, together with high monitoring parenting reveals externalizing problems in children. This finding implies that even though mothers are agreeable, when they are highly monitoring, it results in children anger or externalizing problems. However, when we look at mothers with the high monitoring and highest level of agreeableness there is no report of increase in externalizing problems by them. Thus, we can conclude that being highly agreeable might prevent mothers to perceive real level of problems in their children.

CHAPTER V

QUALITATIVE RESEARCH

Up to now, mothers' selfobject needs, personality traits and parenting attitudes in relation to well being of sick children were examined with quantitative methods. From these studies, it was shown that mothers' self object needs were interacted with her conscientiousness personality and controlling parenting when predicting children's well-being during treatment of cancer. However, as Josselson noted "when we aggregate people, treating diversity as error variable, in search of what is common to all, we often learn about what is true of no one in particular" (see Hollway & Jefferson, 2008, p.297). In other words, while understanding psychology of people from the perspective of general scientific research, without considering unique experiences of people, the research results may lead insufficient understanding of the psychology of the individual. It is believed that, as the gestalt principle applies, "the whole is greater than sum of its parts" (Rosenthal, 1990). Thus, in this part of the study, the mother's self experiences is aimed to understand from her personal stories. Since many mothers may experience disintegration or fragmentation anxiety (see Geist, 2008) especially during times such as having a risk of losing a child, understanding the presentation, function and meaning of the mother's present experiences together with her prior self experiences would provide clinicians more accurate intervention especially considering her relation with her child. Thus, the focus of this part of the study is to understand the mother's *self experiences* from their own words and narratives. In the following sections first, the nature of qualitative research and qualitative analysis will be explained. Later, two cases will be analyzed, comparatively.

5.1. Why qualitative research should be taken into account?

The scope of the qualitative research usually involves any kind of oral or written verbal data (such as interview transcripts, letters, books, research articles, etc.), pictures, video recordings, interactional dialogues, etc. There are many different qualitative analysis methods each have its own research material, assumptions and way of understanding of the material. While some of them focus on the data received through interview question-answer format and focus on the themes appeared in those interviews (e.g. grounded theory approach, interpretative phenomenological analysis) some others focus on the use of language either at personal or interactional level (e.g. discursive analysis, conversation analysis) and still some others focus on the personal life stories and its different functions on the audience (e.g. narrative analysis) (Hiles & Cermak, 2008; Howitt, 2010; Willig, 2008). It is the researcher's choice of which qualitative methods apply according to his/her research interest. In this study, as stated before, the individual stories of mothers during their child's cancer treatment and their prior and present selfobject experiences is the focus of our interest and we used narrative inquiry and narrative analysis in order to understand the mother's psychological unique experiences. "Unlike other forms of qualitative research, narrative psychology is not only concerned with methods but also with broader ontological issues. Narratives underlines our very being and our way of acting in the world" says Murray (2003, p.96).

5.2. What is narrative inquiry?

Narrative inquiry is interested about how people interpret others' and their own actions in a storied fashion. Throughout the stories we give a coherent meaning in to the chaotic life events. It is our way of shaping the world and shaped by them (Murray, 2003). "The stories we tell about ourselves is how we conduct our lives-is who we are?" says Bamberg (2012, p.204). He adds that, our daily practices and routines define who we are and when engaging storytelling we position ourselves as how we want to be understood. In other words, interpretation of the separate events in the formation of completeness and how we present those stories is very much

related to our identity. The content and manner of the storytelling defines our selves. Since the selfobject experiences are best understood in terms of relational stories it is believed that narrative inquiry is the best method to understand the mother's level of self cohesion.

5.3. The types of Narrative Interview

Narrative interviews can be constructed according to the aim of the researcher (Bauer, 1996). Two broad approaches are considered in this chapter titled as the *life-history interview* and the *episodic interview (see* Murray, 2003).

5.3.1. Life-history interviews: In this type of the interview, the researcher seeks to obtain a detailed explanation of the broad area of experience. Life-history research or biographical research usually used this type of interview. General questions like "I would like you to tell me the story of your life beginning as far back as you wish and recounting as much detail in your life up until the present" (see Murray, 2003) leads the participant to select certain events, to connect them together and ignore some others in keeping with his personal and social identity. This interview approach is useful also with different life experiences such as "becoming psychologist" or "leaving home". In this type of interview, usually the researcher interrupts rarely with questions such as "what happened next?" and gives the participant to take the lead to connect events together.

5.3.2. Episodic interviews: In this type of the interview, the researcher has a structured series of topics and seeks detailed account of the participant's experiences with these topics. Studies using this kind of interviews are focused interviews in which researcher asks an extended account of the participants' experience of the research area (i.e. experience of chronic pain, experience of crime, etc.). The episodic interview can be analyzed in itself or as part of the larger life history of each participant (Murray, 2003). "Can you tell me about how crime has impacted on your life since you have been living here?" or "Can you tell me about earlier times in your life when you have been anxious?" are good question examples for this type of interview (Hollway & Jefferson, 2008).

5.4. Models of Narrative Analysis

While narrative researchers focus on the order of the experiences, they may study different features of narratives. Riessman (2003) explains the models of Narrative Analysis in four typologies although she noted that they are not hierarchical or evaluative. She also pointed out that "different approaches can be combined, they are not mutually exclusive and as with all typologies boundaries are fuzzy" (p.2).

5.4.1. Thematic Analysis: Basically, a narrative has a beginning, middle and an end and it is the plot that what connects the beginning of the story to the end, that what gives the narrative its structure and that what gives the story its meaning (Murray, 2003). The researcher attempts to identify "what is said" at the core of the stories and the meaning of the core narratives in its linguistic forms has the importance. The common themes across the cases in terms of identity are investigated and a development of a theory is aimed. However, Willig (2008, p.134) notes that rather than placing a narrative into the existing framework, a narrative researcher should be open all type of narrative typologies and the identification of the plot should be the outcome of the researcher (i.e.,Riessman, 1989).

5.4.2. Structural Analysis: Beside "what it is said", "how it is said" is also emphasized. For this aim, the structure of the clauses in the communicative function is investigated. The researcher attempts to understand "how a teller by selecting particular narrative devices makes a story persuasive" (Riessman, 2003, p. 3). The development of this type of analysis was accomplished by Labov (1982) who explains the units of narrative as; abstract, orientation, complicating action, evaluation, resolution, and the coda/afterword. *Abstract* is the summary of the narrative, *orientation* is the general circumstances in the story with time, place, characters and situation, *complicating action* is the usually turning point in the events, *evaluation* is narrators own interpretation and emotional comment, *resolution* is the outcome of the plot and the *coda/afterword* is the reflection about the whole story. Although not all stories contain all elements, usually a story involves the

beginning , middle and the end (Murray, 2003; Willig, 2008). In structural analysis, the interpretation of the function of the telling is focus of the study.

5.4.3. Interactional Analysis: In this type of analysis, the *told* and the *way* it is told is not abandoned but the interactional process between the teller and the listener is also investigated and the meaning created between the parties is interpreted. As Riessman (2003) explained, this type of analysis usually involves medical interviews, courts of law, classrooms, psychotherapy offices, and the research interview itself.

5.4.4. Performative Analysis: While the other features of the narratives are being analyzed, the performative analysis takes into the consideration of the unspoken words or gestures. In this type of analysis, "storytelling is seen as performance –by a "self" with a past - who involves, persuades and (perhaps) moves an audience through language and gesture, "doing" rather than telling alone" (Riessman, 2003, p. 5).

For concisely, "narrative inquirers are interested in how storytelling activities are (contextually) embedded, what they consist of, and how we can take their form, content, and context as cues toward an interpretation what the particular story meant-what it was used for and what functions it was supposed to serve" (Bamberg, 2012, p.202). Likewise, Willig (2008) notes that, "it does not matter which approach is taken as long as the narrative analysis is systematic and clear, and as long as it generates insights into the structure of the narrative, its functions and its social and/or psychological implications" (p,133).

5.5. The aim of the narrative analysis

Since our interest involves the mothers' sense of self in terms of their "psychological being and sensations, feelings, thoughts, and attitudes toward oneself and the world" (see Kohut, 1971, 1977, 1984) during and prior the treatment, we established a series of questions about their cancer experience, relational issues and prior difficulties or losses. In this approach, rather than asking selfobject needs (idealization, mirroring, twinship) directly we focused the themes of the stories, the

way the stories constructed and the way they presented in interaction with the interviewer while keeping in mind the self psychological perspective. Thus, we continued to make a series of interviews until all interested areas are covered. For this aim, we wanted to use episodic interview so that we could identify mothers' relational experiences during life's hardships. In this type of interview, after asking the first question the interviewer directs the respondents by selecting the themes that she/he wanted to study. Thus our questions consisted of as follows:

1. Can you tell me about how are your experiences during your child's illness and treatment progress?

2. Have you had any other difficulties before and if yes, how did you cope with other difficulties before this experience?

3. What would you tell about your relationship with your family members now and before?

4. Can you remember and describe a time from your childhood that you lost something important to you?

With these questions, while we wanted to explore the unique meaning of her child's cancer experience for the mother, we also wanted to know whether her previous sense of self experiences in relation to her life's hardships impacts this new experience.

5.6. Design and Participants

Since the unique experience of caregiving mothers of children with cancer is the focus of this part of the study, we designed a comparative case analysis in order to enlighten the mothers' identity/self issues during and prior the child's illness process. To accomplish our aim, two mothers of children who were diagnosed with cancer at least for 2 months were chosen. Also, child's age and his/her physical strength to act independently were taken into account. Later, a series of interviews with mothers intended to be performed. The interviews were planned to be continued until all the interested areas are covered.

5.7. A comparative case analysis

5.7.1.Themes-Structure-Interactional-Performative (What-How-Why)

CASE 1

The first participant was 45 years old mother with three daughters. When we started to make interviews, her third daughter aged 10 had been started having chemotherapy treatment for solid tumor in her abdomen for at least 3 months. In this study, the mother will be nicknamed as Nihal and the child will be called as Dilek. Nihal was met during first chemotherapy treatment of her daughter in the inpatient ward. After the mother's participation of the survey part of the study, she was asked to join weekly interviews and told that her general experiences about her child's illness will be talked. She accepted but with hesitation. She was interviewed 5 weekly sessions and all sessions were video recorded. The first impression of her in the inpatient ward was her anxious eyes and her despair which are very typical for the mothers in this setting. In the first interview same anxious looking eyes were present also wondering about the interview content and manner. After briefly repeating the aim of the interviews, I asked about her experiences with the question as,

1. Can you tell me about how are your experiences during your child's illness and treatment progress?

From the first moment she responded briefly as *"I am not living"*. This was the major theme that she reported very often during the sessions. She has not been feeling alive since diagnose.

Below the transcript of that part of the interview is written according to Labov's (1982) description of units of the narrative.

Transcript Nihal-1

01. I am not living for 8 months. I am not living, I am not living. I am not aware that I am living (crying). Everything is Dilek. (AB)[1]
02. When we learned this ilness, the life was stopped for us. (AB)
03. At the beginning, from the emergency (OR)
04. The risk got builded up. We came with stomach ache and the severity of it gradually got expanded and the procedure ended up with biopsy. After all the biopsy was our turning point. (CA)
05. Before the result of the biopsy, I prayed as "my god, please don't let the bad things to be happen. God forbid! God forbid!" and suddenly we were faced with it. (EV)
06. We were in the middle of the things that we tried to escape. (RE)
07. That was the turning point. (Coda)

In her account of the cancer experience she began to speak in the present tense emphasizing that she is not living as if saying that without her daughter she also feels dead. In the second attempt, she explains this with the past tense which explains that there was no life without her child after diagnose. Almost in two sentences she abstracted how the life is for her and how this experience severely traumatized her vitality. Then, gradually she gave more detail about the events by orienting the listener how each detail in this process has important impact on her and telling her desperate need to nestle someone stronger that is *God*. That was the first clue of her hunger for *idealization*. She was hurt with the harsh reality that there was no getaway and this automatically led her to look for an idealized selfobject, here in the name of the God. Below the transcription of her follow up talk about how she feels.

Transcript Nihal-2

08. Yes, we found ourselves in what we tried to escape. The "life" stopped for us. *We didn't live anymore*. The life stopped for us. Everything went upside down. Our home life, our routines, we didn't even smile and we had to do role playing. (EV)
09. Everything evolved without Dilek's knowledge. I didn't want her to know her illness. Since she is very smart, (OR)
10. I thought she was going to ask many questions and she might have make up a different world in her mind. (EV)

[1] AB: Abstract, OR: Orientation, CA: Complicating Action, EV: Evaluation, RE: Resolution, Coda

11. She is a very positive child. Very cheerful. (OR)
12. I didn't want her joy to end. I didn't want her to learn her illness. (OR)
13. Thus, we acted as if nothing serious happened, we all had to role play and (CA)
14. this made me so tired. Still makes me tired but for my child, it doesn't matter how tired I am. (EV)
15. We hope that once she is cured, the treatment ended, and then we will start living again. Once we hear from our doctor that, everything went fine, the treatment is finished and the control appointments are started, we will start living again from where we left. (RE-coda)

From this passage it is again understood that the mother's primary feeling was *being dead* with her child's mortal illness. She had a feeling of "dead self" which she felt the need to hide it on behalf of her child. Thus, she was acting within two selves one for fake (as if alive) and one for real (dead self). What she tells me in the interview was how hard she tried to save her daughter's physical and psychological well-being through role playing despite of her real dead-self feeling. Riessman (1990) notes that "Stories, more than other forms of discourse effectively pull the listener into the teller's point of view. They re-present a slice of life, often by dramatizing and re-enacting a particular interaction, thereby providing 'proof' of how it was. They draw the listener so deeply into the teller's experience that often a kind of inter-subjective agreement about 'how it was' is reached" (p.1197). Thus, beside the general theme of feeling dead is the center of this story, by effectively inserting her effort she drives the listener's attention of her struggle between her fragmented selves and her desire to be *real but alive*. For this she seemed to try to provide idealized selfobject to her child so that she can feel alive through her aliveness. She assumed that *if Dilek knows the reality she will make up in her mind a different world.* However, there was no reason to assume this dual mind for the Dilek, rather it was more likely that the mother had this dual mind. She was transferring her lack of self cohesion in the expression of needing idealized selfobject needs (ex. praying God) and through being a selfobject provider for her child. From *the interactional perspective*, her unspoken words, looking and body language also gave the impression that she needed others (i.e., listener) to rely on, others who can help her by staying strong that she can merge with.

Transcript Nihal-3

16. Sometimes we hear negative information from the doctors. (CA)
17. "God forbid" things can get worse, (EV)
18. but when we leave the doctor's office, meeting Dilek, (OR)
19. we have to clear our mind from all the exhausting thoughts and,
20. I have to act as a mother who thinks that everything is fine, the treatment is so well, you are so well, you can do this, you can achieve this, you can beat this.(RE)
21. I have to act as this kind of mother. She needs to see that kind of mother. That kind of mother she needs to see. (EV)
22. But on the other hand I am fighting in my mind. (Coda)

Again, the role-playing self appeared who tries to assure her child that everything is fine. While she tries to present a self-competent mother who keep everything under control (as an idealized figure), her real self feels again fragmented and weak. Her being idealized selfobject appears as a compensation of her need of idealization to feel whole and alive. In other words, when she finds out that she cannot rely on her doctor as a savior she was acting as a savior. That theme appeared very often in her other narratives. Below, another example of her struggle for being a devoted mother.

Transcript Nihal-4

23. All priorities are belong to Dilek now. She needs me more than she needs her sisters or father. (EV)[2]
24. Thus, I have to devote all myself, my body to her. I am giving myself to her, I devote myself to her. (RE)

At this point, I wanted to explore the function of this over compensation further by investigating her *real but dead-weak self*.

[2] AB: Abstract, OR: Orientation, CA: Complicating Action, EV: Evaluation, RE: Resolution, Coda

Transcript Nihal-5

25. Nobody wants to know real Nihal. (EV)
26. I don't know, a sad, mournful mother …. She is in her own world, in her own mind…nobody wants to know her…a sad person who fights with her own problems by herself, it is as such… (Coda)

Here, again the described theme *dead self* transformed into an *alone-isolated self* of whom nobody understands or wants to know. She described these both feeling of isolation and devotion with one words as *"using a mask"*.

Transcript Nihal-6

27. When the sun rise, we put on our masks again, a very happy Nihal comes. (OR)
28. In order to keep Dilek full with life energy, I try to keep her away from other people. I don't want to hear any absurd words from other people. (EV)
29. That's why I don't want to meet with people. (RE)

Even though she was describing the *dead feeling* and *using a mask* after the diagnose it seemed that this feeling was there earlier than this illness. In her expression that "*nobody wants to know her"*, she was implying that she was isolated from everyone even before and was trying very hard with whom she can be an idealized selfobject which can make her "*someone alive".* In terms of interactional analysis perspective in which the meaning created between parties, that description again impinged upon me that she needed somebody who just stays with and understands her. She needed somebody that mirrors her own being through knowing or understanding her. As Banai, et al., (2005) reported, people with chronic hunger for mirroring and twinship tended to be more severely hurt especially during the times they feel helpless. With this background of hunger for mirroring, Nihal seemed to be hurt very much. Her hunger for mirroring was also appeared in her interaction with older daughter.

Transcript Nihal-7

30. At home, we talk to each other with our eyes. We listen to each other with our eyes and, (OR)
31. when we look each other, we can understand what we meant to say. (OR)
32. We take our masks from each other, (RE)

Even though, Nihal wanted to be understood by her older daughter, she did not project this feeling toward anyone else. Rather, she was avoidant in her relations with others.

Transcript Nihal-8

33. Since we are giving each other the glad eye, I do not need anyone else.
34. Because they don't understand. I don't expect them to understand me. They cannot understand me. Only people who can understand me were those who get the same treatment. Only, those ones can understand me. (EV)
35. Because, here is a very different world, very different, (OR)
36. I don't want anyone to live this. (EV)
37. I don't want my neighbors or friends to understand me.(EV)
38. Only those who experience this can understand this. (RE)

Transcript Nihal-9

39. A while back, (OR)
40. my husband became ill. (CA)
41. I was so sad, I always lived my sadness in my mind. I am not someone who shares her sadness with others. Talking to people who doesn't understand me makes me more tired. Maybe I told the same thing before but as I said, when people does not understand me I got more tired, I try to explain myself and when I can't, it makes me more tired, then I don't want to talk, I mean in my mind, when the night comes and children are sleeping, I listen to myself in the emptiness, then the real Nihal comes out, when the children sleep the real Nihal who does not put any mask, who is not playing happiness comes out. In the quietness, I am looking with empty eyes, watching TV without awareness of what I watch. (EV)
42. As if a motor which works continuously till the night and as if when you plug out the cable it leaves itself for resting, so mine is such a mothering.(Coda)

Overall, those short narratives tell us that, Nihal was impacted by this traumatic experience very deeply and felt so alone inside. She was fragmented by the reality and tried to stay intact by using a mask during days. Using this mask both help her to be an imaginary idealized figure for her child and a vehicle for herself to feel some sort of aliveness. However, carrying this mask was very difficult for her and she was exhausted at the evenings. In order to feel aliveness, what she needed was mirroring responses or mere understanding by someone rather than her acting as an idealized figure by using a mask (selfobject provider) for Dilek. Her words emphasize her needs of understanding and caring only from people who lives and understands the impacts of the experience (34, 38). However, while she wanted to be

mirrored and feel twinship experience, she accepted mirroring only from her daughter. Even though she stated that only people from this setting can understand her, these people did not seem to provide her need of mirroring or twinship and she was somehow avoidant of mirroring even from people in this setting.

So, together with her earlier themes that 'dead feeling', 'using a mask' and with 'avoidance of understanding', I conceptualized her self-relations as someone who has hunger for mirroring and idealizations but avoidant of mirroring because she believes that nobody can understand her except for her daughter. In order to overcome of this aloneness and helplessness, she was trying too much to be an idealized figure for her child. Thus, her story of diagnose and treatment experience let me ask the question of why she was so avoidant of mirroring or recognized by except for her older daughter.

Before furthering Nihal's previous selfobject relations during difficult life events, we must present second case in order to understand the impact of the cancer diagnose and treatment on the second mother from the self psychological perspective.

CASE 2

The second mother will be nicknamed as Pınar and the son will be named as Burak. The mother was 46 years old with an only son aged 8. We first met and talked right after the cancer diagnose of his son. As expected, she was very tense, unknowing the processes that waits for her in the future. However, the first interview of the research was made after around three months of diagnose. Until then, Burak had been having chemotherapy treatment for his solid tumor in her temporal side for at least 2 months. When I asked her to join the interview part of the study, following completion of the scales, she accepted it in a manner as a helper though she was a bit anxious. She was interviewed 2 weekly sessions and both sessions were video recorded. The first impression of her in the interview was her readiness to help me. After briefly repeating the first question of the interviews by asking,

1. Can you tell me about how are your experiences during your child's illness and treatment progress?

She responded with flat talking about what she had been through. Below the first transcript of her experiences was written.

Transcript Pınar-1

01. The experiences were quite hard for us. (AB)
02. At the beginning we started with a shock. We did not know anything. (OR)
03. We were as if in a dark tunnel, thinking of where to touch, what to do, how come we can stay strong but, (EV)
04. Everything starts with acceptance, (EV)
05. At first you protest, react against everything but you can't find any solution (OR).
06. At the end, you accept and start to fight (RE).
07. After that acceptance, things get easier, and reaction stays behind (Coda).

From this brief explanation, we understand that Pınar went through a journey but ended up with accepting the reality. She had a very mature way of interacting with me. Rather than needing a help, she was the one who was helping me. From the performative analysis perspective, in which storytelling is seen as performance which persuades and moves the listener through language and gesture (Riessman, 2003), she had an attitude of an informer. According to self psychological perspective, on the other hand, she seemed as someone who has a cohesive self. There was no clue about her hunger or avoidance for selfobjects. The only remarkable thing was that she was talking somewhat without strong emotions. In comparison to the first case, even though they both experience more or less the same events, the second case seemed more self sufficient. Following transcription highlights her experience in a bit more detail.

Transcript Pınar-2

08. Sometimes, the question 'why?' comes foreward.
09. However, after you talk with other families, or people with similar experiences…(OR)
10. Somehow, when you get into the experience, you let yourself into that water and, you do and search for whatever you can… (EV)
11. After that searching, opportunities appear correct or false. (OR)

12. And, you use your judgment to decide which decision is better, with what we can be more successful…(OR)
13. And finally, we arrived fourth cure and we had quite a lot of experience, and we will have more experience…(RE)

Here, Pınar explained her way of coping rather than her self experiences. Contrary to the Nihal, she was actively searching for help and seemed to benefit from people who had the same experience. Again, her description let me think that the available twinship experience seemed to satisfy her.

Transcript Pınar-3

14. Of course, it was too hard. (AB)
15. It took days to accept. (OR)
16. I have got a help from a relative who was a psychologist. Talking with her helped me.
17. But, the first time I heard diagnose, I was in shock, I did not accept it. I asked as 'why that happened to me?'. You cannot accept, you wait for a miracle as if nothing happened and I did not live these through. (EV)
18. I couldn't sleep for days about a month, it was not easy. Sometimes, I still ask again 'why?' but I started to overcome with it. (RE)

As we can see, Pınar also experienced very hard times during processing the harsh reality but she was somehow stronger in order to overcome the experience and implicitly described her identity as a coping self. Contrary to Nihal's feelings of 'alone, isolated, fragmented self', she described her self as someone who accepts the reality and looks for the ways to overcome with it, with her feelings of 'determined self'. With this attitude, she seemed to benefit from mirroring, idealization or twinship experience from her relative and people from this setting. Below, her words about the relationship experiences are written.

Transcript Pınar-4

19. My psychologist friend had also experienced a similar event. (AB)
20. She helped me a lot. (EV)
21. She is quite older and experienced than me. (OR)
22. She was about to lose her daughter after a traffic accident and the daughter is living as handicapped now, but, (OR)
23. She hold on to life, her daughter also hold on to life. (RE-Coda)

Transcript Pınar-5

24. I have also my mother, my father, my cousins. I am not alone. (AB)
25. We get into this process together. They help me a lot. (OR)
26. I am very good both with my mother and father. We live together at the moment. I always get on well with them. I am the only child. Burak is an only child, too. But, I have a good relationships with my relatives, I have strong connections. I also have friends who are not psychologist but who can support me. (EV)
27. Both their help and our *belief* will help us to overcome with this. (RE)

Transcript Pınar-6

28. At the beginning, I was in shock, I wanted to be isolated from people but afterwards I understand that this was not a good idea. (AB)
29. Because, if people get socialize, be in interaction with others, but with correct people, the problem is solved quicker. (EV)
30. Talking when necessary, making gossips sometimes are the biggest healing attitude. (EV)
31. My personality is also like this. The more I talk and don't keep the problems with me, the better I feel and the happier I am. (EV)
32. Sharing with people but with correct people.(RE)

Transcript Pınar-7

33. There were people that I expect them to call or a message but they did not do anything, so, I left them as they are. Other people whom I did not expect were interested. (EV)
34. It is maybe their limited capacity or they wanted to perceive things like that, may be they wanted to help by leaving me alone…(EV)
35. I noticed that people I can communicate get lessen in number but I have a key staff and I am in interaction with them. (RE)

In her all stories, even though she explained her difficult life issues, she finished them with some positive concluding remarks which implies her coping strength. From the self psychological perspective, one of the factors that was thought to be helping was *idealization*. Both Pınar and Nihal had strong beliefs about the *God*. It is not surprising that they mention their idealization to cope with the situation because real dangers in the world let people to look for someone to cling into. However, while Nihal exactly emphasized her need to be protected by God (see Transcript-Nihal 1; 3), Pınar emphasized her need to be in relationship with the God (see Transcript-Pınar 8).

Beside this *idealization*, Pınar emphasized her satisfaction with people around her which helped her *mirroring* needs to be responded to. As Nihal, she also had disappointing experiences with people but this did not seem to cause her to put some distance between people. She simply accepted them as they are and kept walking his life with the people around her (see Transcipt-Pınar 4; 5; 6; 7). However, for Nihal this was not possible. She was deeply affected by people's ignorance and tried to keep herself away from them in order to stay strong (see Transcript-Nihal 5; 6; 8; 9). Another difference between these mothers was, Pınar' searching for and sharing with correct people but Nihal's inability to use these relations. Again, Pınar seemed to benefit from *twinship* experience (see Transcript-Pınar 8) but Nihal couldn't. Below, some of Pınar's thoughts were written about her way of looking and handling the situation.

Transcript Pınar-8

36. Nothing is resolved alone in this world. You need to share. I myself, reached the hands of people who thrust their hand on me and I put myself in, so together I try to solve this problem.(EV)
37. At the beginning, I needed this more but later I prayed too. Both support, praying and my relationship with God helped me. (RE)

Considering two mothers together, as Reismann (1989) pointed out, 'it was not the events by themselves that were traumatic, but the interpretation placed on them by the narrator-meanings that are built into the dramatic structure of the narrative itself' (p.746). However, it was believed that, the interpretation of the impacts of the traumatic events cannot be free from the narrator's level of self integration. With Nihal's and Pınar's told experiences we understand that Kohut's suggested ideas of mirroring and idealization of selfobject needs naturally reappear during these traumatic experiences. However, the presentation of these needs may differ from person to person depending on the earlier life experiences. While Nihal's needs and avoidance of selfobjects render her more vulnerable and led her to interpret the traumatic event as hard to cope; Pınar's satisfied self experiences led her to interpret the same event in more realistic way, thus help her to overcome with the difficulty. While Nihal was affected from negative responses of people, Pınar seemed to be free from depending on these responses. In order to clarify the reasons of these

mothers' selfobject needs presentations I questioned further about their earlier life difficulties. So I asked as,

2. Have you had any other difficulties before and if yes, how did you cope with other difficulties before this experience?

3. What would you tell about your relationship with your family members now and before?

CASE 1 (cont'd)

As expected, Nihal's feeling of aloneness was not a new one. When her husband had a stroke about ten years earlier, her devoted self appeared again but this time for her husband.

<u>Transcript Nihal-10</u>

43. When my husband had a stroke, in the hospital, I was staying with him during the days.(OR)
44. At night other people were staying but I did not wanted to leave him any time. (EV)
45. I forget my children, everything. (EV)
46. After the hospital, I closed down my house, started to stay with my mother-in-law. (CA)
47. We did not accept anyone at home. (OR)
48. I was looking after him nights and days. I was helping him to make his physical exercises. (OR)
49. Most of the time I didn't see my children.
50. My husband H. would have been waiting for me. He would look at me in the eye as saying 'come quick'. (EV)
51. At the end, we made him to get up on his feet again. (RE)

This story and the way the story told, led me think that, Nihal again acted as the devoted woman at the expense of not seeing her children. It was like she experienced present trauma years before. This was her way of reacting to the trauma. She tries to become a sufficient woman who does not need anyone else. However, behind this self-sufficiency, her need to be in need by someone, in order to be seen by him was remarkable. Following transcript highlights her devotion and suppressed needs of being seen.

Transcript Nihal-11

52. When my husband in the hospital, I told them that 'visiting was forbidden for H. but not to me. You could have visited me', 'seeing was forbidden to him but not to me'. (EV)
53. You could have come and see me. (RE)

As mentioned, her devotion seemed to function as a way of getting the recognition she needed. Her self cohesion seemed to depend on other's responses very much. She was an alone mother who finds the meaning by devoting herself to her family. Beside the scope of her stories, her way of telling (repeating the events and experiences many times with every detail), and looking me in the eye also led me think of her needs of assurance and understanding. In her all stories, she was giving the same message that she needed recognition from her close family. Beside, since she needed this attention, she believed everybody needed that. In order to find a solution to this problem, she was devoting her self to others which renders her so exhausted, at the end.

With these stories in my mind, I was curious about her earliest life environment and what kind of a child she was especially in times of distress. It was believed that these all mirroring needs must be caused from earlier mother-father-child relationships (Kohut, 1977, 1984). So I asked her that,

4. Can you remember and describe a time from your early childhood that you lost something important to you?

Interestingly she could not remember anything with her parents by reasoning that she was the youngest of six siblings. So, she did not report any significant moment in her relationship with her parents. Even this not remembering led me to verify my thought that she was an alone child with whom she was not mirrored or idealized. However, she remembered her older sisters' marriage as a loss and describes the situation with the following sentences.

Transcript Nihal-12

54. My older sister got married when I was in 2nd grade in primary school. (OR)
55. I loved her very much. I remember crying a lot after she got married. I was deeply sad and found a hidden corner to cry. (EV)
56. I felt so alone; I did not have many friends. She was like my friend and I was so upset after her marriage. (EV)
57. I wanted to see her but I couldn't see. I was alone and I did not want anyone to see me. I was going that corner and crying alone. (EV)
58. You know, I just recognized, I am the same know. I was 7 and I am almost 47 years old now. For 40 years I am the same and I don't want anybody to see me. (RE-Coda)

This story of her childhood was very enlightening. She was an alone child who suddenly lost her best friend in the family and found no one to share her feelings with. She again, did not want anyone to see her because there was nobody to carry her feelings. Thus, her feeling of fragmentation, devotion at the present loss and desperate hunger but presented as avoidance for understanding and recognition might be related to her earlier feelings of sudden selfobject loss. In other words, her primary narcissistic injuries seem exacerbated in this present narcissistic injury. Without understanding this connection it would be not possible to provide her necessary attitude. Somehow she could feel that she can be understood in relation with me as a therapist. She reported that she felt good and surprised about how come she opened her real self with me. Since she needed this emphatic understanding, she reported the following sentences, at the end of the interviews implying that her mirroring needs were met.

Transcript Nihal- 13

59. Believe me, I cannot cry neither at home nor with someone or a neighbor. (OR)
60. Since I don't want Dilek to see me, I cannot cry anywhere, (EV)
61. Actually, my feelings are so complicated, I cannot laugh where I should, I cannot cry where I should. (EV)
62. It is strange but when I come here, in front of you, I cannot hold onto myself. (RE)

Before concluding this idea however, I will again return to Pınar's reaction to her earlier life experiences. Thus, wherever convenient, I asked the question 2, 3 and 4 to Pınar, too as; 'Have you had any other difficulties before and if yes, how did you

cope with other difficulties before this experience?'; 'What would you tell about your relationship with your family members now and before?'; 'Can you remember and describe a time from your childhood that you lost something important to you?'

CASE 2 (cont'd)

<u>Transcript Pınar-9</u>

38. I was born in Germany and lived there for 9 months with my parents. After 9 months, my parents brought me into Turkey to live with my grandparents until I was 8 years old. (OR)
39. With them, I had a life with full of love. I mean in my childhood. (EV)
40. I have my grandmother, my cousins, my aunt,...(OR)
41. With this small family I was so happy. (EV)
42. Suddenly, my grandfather got health problems and my grandmother had to look after him. (CA)
43. So, they had to take me to the Germany. (OR)
44. Everything started after that. (CA)
45. After such a beautiful, happy childhood, they put me in a car. (OR)
46. At those times around 70's, going to Germany was done by car. It was around 1975-1976. (OR)
47. So I got into the car and went to the Germany. (OR-CA)

When I asked her about her earlier childhood family relations, naturally she started to talk about her grandparents because she was grown up with them. She described a happy childhood where she was loved very much. Then, she explained her critical life event that potentially could change her life and her relationships.

<u>Transcript Pınar-10</u>

48. I knew who my parents were but I called my grandparents as mother and father. (OR)
49. They were visiting me with lots of presents.(OR)
50. A woman and a man were coming. They were giving presents, they were walking me around. (OR)
51. But, I didn't want to go around with them because I was attached to my grandparents. (EV)
52. After such a beautiful childhood, I met with a kind of mother and father who internalized that kind of despotic German culture.(CA)

So, Pınar as Nihal described a similar event in which she experienced a separation from her selfobjects (grandparents, grand family, neighborhood,

country,..) at a very early childhood. While, Nihal separated only from her sister by her marriage, Pınar separated from everything and joined a new culture which she defined as despotic. Following transcript highlights the difficulties after Pınar's arriving Germany.

Transcript Pınar-11

53. The next morning, my father gave me a sketch of the neighborhood and some money, described the neighborhood and sent me to the market. (OR)
54. I never forgot that. That was the first day of my arrival in Germany. He said 'buy these' and left me in the street. (CA)
55. I was a social child but my father didn't know that. I wouldn't do this to my child now, in a different country. (EV)
56. So, I learned to stay on my feet, and learned to fight with life. (RE-Coda)

Pınar's 'fighting-coping with life' attitude seemed to affect all her following difficult life experiences including her child's cancer diagnose and treatment. Even though she reasoned this attitude with her German style education which teaches her to stay on her own feet, it was seen that her earlier well-established relationships render this transition easier. Thus, this experience became an educational for her rather than traumatic. Likewise, when she described her first job experience in Russia, even though she went there alone, she described those years as magnificent. Below, that experience's transcription is written.

Transcript Pınar-12

57. I went to Russia. (OR)
58. I went there alone but I wasn't alone. I had many friends; we had been through such great times. (EV)
59. Those times were magnificent. (Coda)

As her way of finding positive in difficulties, she experienced and reported her cancer experience with similar attitude. Thus, she pointed to the positive relations of this struggle.

Transcript Pınar-13

60. Here, people find happiness from sadness. (AB)
61. They found a common ground here. (EV)

62. For example, these old women were helping each other. One of them was telling to the other that ‘others don’t understand you; people here take care of each other’.
63. I liked those ideas. (EV)
64. We are in the same room now and if we have a problem we will be helping each other, our relatives can’t come now. Others can’t understand. (Coda)

From these transcripts and during interviews my feelings were as such; Nihal was affected more deeply and had more relationship problems than Pınar during these life difficulties. Even though Pınar was thinking similar with Nihal about the impossibility of others’ understanding of this experience she was benefiting from people who were in the same boat. She can experience twinship with others in hospital setting but Nihal wasn’t able to do this. Nihal also mentioned that only people in this setting can understand her but somehow she did not want to share anything with them. That avoidance led herself feelings stay disintegrated. That avoidance causes her to stay in anxiety which necessitates constant reassurance or mirroring.

Beside twinship experience, Pınar seemed to benefit from people who have wisdom or experience in times of distress because she seemed to have a well established idealization with her father and others in her family. She was admiring and trusting her father as she described below.

Transcript Pınar-14

65. My relationship with my father is so good. (AB)
66. He reads a lot. He improved himself very much. (OR)
67. He is my best friend. I love him a lot. (EV)
68. I always ask his ideas about things. He directs me. He is always calm and easy. He does not exaggerate anything. (EV)
69. These days, I learned from him how to stay calm, not to worry too much. (Coda)
70. .....
71. And then, I talked to my psychologist friend and to a religious person. (OR)
72. They both suggested me to tell myself that ‘it is going to get better’ and it got better. (EV)
73. ……
74. They are from different areas but told the same thing. (EV)
75. Then, I observed this from my father too. He was doing this already. (EV)
76. So I had to do it. (RE)

Pınar was able to use others' strength in times of uncertainty but she conceptualized this strength with different perspective. She was uncomfortable with the suggestions of 'be strong'. She seemed to use others' strength without their suggestions.

Transcript Pınar-15

77. In those times, suggestions of people as 'be strong, you can do this' were a bit of coercive. (AB)
78. I suppose, I couldn't tolerate these suggestions. (CA)
79. I asked myself as 'Do I have to be strong?'. (EV)
80. They know that I am strong but I wanted them to see me that I am a human being. I do have emotional times. I don't have to be strong all the times. Sometimes I will wobble, fall off. (EV)
81. I want people to see my emotional side, too. (EV)
82. I know that people appreciate my strength but I have weak times. (OR)
83. A person does not consist of only plus sides. It has minus sides too. (Coda)

These explanations are very typical in this setting. Usually mothers in this setting do not want to hear any words about being strong. Nihal also reported very similar feelings during interviews under the conceptualizations of being thankful.

CASE 1 (cont'd)

Transcript Nihal- 14

59. I cannot talk to my husband because he cannot talk (Nihal's husband had serious strokes which rendered him immobile and inarticulate for a long time and now he can speak in very limited manner). (OR)
60. I cannot explain my sister and she cannot understand me well. (EV)
61. I am so annoyed with people who say 'be thankful'. (EV)
62. Whenever I started to talk people, their first words becomes 'be grateful'.(CA)
63. I already thank to God, since my husband is still alive, at least he is there to shield us even symbolically, of course I already thank God that my children can still call him as 'father' even he is handicapped. (EV)
64. When I talk about Dilek, they say 'be grateful'. So, they stop you from talking. (EV)
65. Then I stop talking by saying that 'yes, I am greateful to God', …but…(Coda)
66. ……
67. Whenever, I start to talk about what I have been through or how sad I am they stop me, then I don't want to talk anymore. (EV)
68. ……

69. They perceive it as if I am complaining from my husband, my children….. They are all I have, how come I can complain about them. (EV)
70. ….
71. Of course, I trust to my God first then to my doctors… but..(OR)
72. …..
73. They are all I have. When she cries, I am getting into pieces. I try to tell *this*.(Coda)

It appears that both mothers are complaining about the suggestions of 'be strong' and 'be grateful'. This theme is also very common among other mothers who have this experience. However, comparing the two mothers again Nihal seemed to be more disintegrated when he was advised without emotional understanding. Pınar also seemed disturbed and emphasized the emotional understanding on her deficiencies but she reported this as *disturbing* not *crumbling*. So, even both mothers have reported their idealization needs Nihal seem to disintegrate more easily. I guess the difference between these mothers' responses lies in the Nihal's deficiently formed self cohesion. As mentioned earlier, Nihal did not report any special emotional moment between her parents and herself. She reported her relationship between her mother and father as following;

Transcript Nihal- 15

74. What can I say? We brought up under pressure. (AB)
75. My father never slapped us but he would beat up with her glance without moving her hands.(EV)
76. I don't remember my father's beating but he wasn't someone who shows his love. I don't know whether he liked us. (EV)
77. We were scared of him; my mother brought us as to have us scared of him.
78. She was telling that 'you are a girl'.(EV)
79. My brothers were fathering us. They were stepping into our lives. (Coda)

Transcript Nihal- 16

80. I had a very big age differences between my mother.(AB)
81. I was the youngest one. (OR)
82. I had older sisters as in Dilek who were almost at mothering age. (OR)
83. I wish I wasn't born. (Coda)

Nihal's summarizing her relationship with her parents was impressive. She could not report any emotional moment in which she was mirrored or she felt

idealization to others. She was born into a family where she did not feel that she was welcomed, where she could not find any space to be as herself with others' through optimal mirroring, idealization or twinship experiences. So, she seems to be in search for mirroring, or people or beliefs to idealize in her life especially during traumatic experiences where she might potentially lose *all she have*. As a result, while in Pınar's narrative, there was no attribution about the therapist's responsiveness, Nihal mentioned her being understood by me very often. In practice, it is believed that responding those deficits in an appropriate manner would be helpful for this mother.

CHAPTER VI

CONCLUSIONS

In this part of the study, two mothers' traumatic experiences during cancer diagnose and treatment of their children were reviewed. Later, possible causative factors of selfobject relationships on this experiences based on the Kohut's self psychological perspective were investigated, using narrative analysis.

'The concept of the selfobject is the most important contribution to the investigation and treatment of psychological life since Freud discovered the psychoanalytic method and the significance of the transference' (Basch, 1994, p.1). It was used mostly in individual psychotherapeutic sessions where the aim was to resolve the individual's arrested development. However, there is very limited research where this concept was applied populations other than psychotherapy patients.

Anyone in our environment can come across with cancer diagnose and treatment. It does not choose only people who have stable self cohesion prior to this traumatic event. If people have unstable self cohesion, new trauma can be experienced quite differently than people with comparatively stable sense of self cohesion. Thus, considering the mother-child dyad and prior quantitative results of this study (see Part 1) which show the importance of selfobject needs of mothers on child problems, it is important to identify those vulnerable mothers in order to make an intervention on mothers' side in pediatric oncology setting.

Kohut talked about some parents (1977), 'who are unable to respond their children's changing narcissistic requirements…because they [use] their children for

their own' (p. 274). In our case Nihal, while she played the idealized mother in order to be seen by her children, she missed the need of Dilek who also needs to be seen by appropriate responses. Thus, Nihal might miss the mutuality between herself and her child because of her own needs. Similarly, Lee (1999) pointed out to that if the mother has energizing resources outside the mother/infant dyad, she can function as selfobject for the child but the infant usually depends only on the mother's responsiveness and absence of mother's optimal mutuality would likely to cause trauma in the infant. Thus, in order to provide mutuality in mother/infant dyad, the mother's needs to be nurtured by the mutually responsive selfobject experience outside the mother-child dyad. However, Lee (1999) also noted that 'patients with a history of traumatic functioning as selfobjects may resist bonding until the therapist empathically understands the twinship transference of the patient' (p.185). These patients do not bond easily. They seek an archaic twinship that is difficult for a therapist to understand. 'They test the therapist's capacity for mutuality before they allow emotional ties to form'(p. 185). Thus, in order to help a parent who needs emotional ties from others, we as selfobject therapist must be ready to be an idealized, mirroring or twinship selfobject for the parents who were traumatized by these responses.

6.1. Strength of the study

This study was carried out in four steps and it included both nonclinical and clinical samples. Adapting two scales into Turkish culture through nonclinical sample is one of the most important strength of the study. Also, using cancer patients' mothers to understand maternal factors on the well-being of those children is another important aspect of the study. To the best of author's knowledge, this is the first study in Turkish culture that investigates maternal variables in relation to the well-being of their children with cancer. Moreover, this study is the first about investigating psychoanalytically and developmentally oriented 'selfobject' concept of the caregiver mothers in cancer settings. Understanding 'selfobject needs' during traumatic experiences such as having a child with cancer leads us to identify vulnerable caregivers who have a deficitly formed self cohesion. Beside, using narratives of the mothers who are in the process of getting treatment of their

children's illness, sheds light on the real life stories of those people's difficulties. Without understanding the impact of this traumatic experience in relation to earlier life experiences, it would be restrictive to understand those who are under these difficult life experiences. Thus, from the practitioners' point of view, the idea of applying the developmental theories to understand unique traumatic experiences of people is one of the most important strength of the study.

6.2. Limitations of the study

One limitation of the study was the socio-demographic characteristics of the nonclinical samples used in adaptation studies. Our samples mostly consisted of women. Since, most participants were reached thorough primary and secondary schools, mothers were the primary respondents. In the future studies, the equal dispersion of the genders should be taken into account in order to establish generalizability of the scales. Another limitation is understanding well-being of children with cancer only in relation to their mothers. However, fathers and other family members also have important roles in terms of adaptation of the children into the treatment procedure. Without understanding their contribution, understanding children's well-being would be limiting. Moreover, children's characteristics, treatment's side effects and the nature of the illnesses in terms of its' life threatening potential would be needed to be taken into account in future studies.

6.3. Suggestions for the future research

Selfobject concept is relatively new in scientific research area. In future studies, understanding its' relation to other mental problems and psychopathologies would be enlightening in understanding of people who have psychological difficulties. Moreover, as clinicians, using qualitative methods to understand the presentations of these needs in different life experiences or life tasks would shed light in understanding human psyche.

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APPENDICES

APPENDIX A

AYDINLATILMIŞ ONAM FORMU (INFORMED CONSENT)

Araştırmacının Açıklaması

Merhaba benim adım Sema Yurduşen. Pediatrik Onkoloji bölümünde tedavi olmakta olan çocukların ruhsal uyumu ile ilgili bir araştırma yapmaktayız. Bu araştırmayı yapmak istememizin nedeni, pediatrik onkoloji bölümünde tedavi olmakta olan çocukların genel ruhsal uyumlarını etkileyen bazı faktörleri anlayabilmektir. Araştırmanın ismi "Annelerin kişilik özellikleri, ebeveynlik tutumları ve kendilik nesnesi ihtiyaçlarının çocukların ruhsal uyumları ile ilişkisi"dir. Bu amaçla, Orta Doğu Teknik Üniversitesi Psikoloji Bölümü'nden Prof. Dr. Faruk Gençöz ile Hacettepe Üniversitesi Tıp Fakültesi Pediatrik Onkoloji Anabilim Dalı'ndan Prof. Dr. Canan Akyüz'ün desteğiyle gerçekleştirilecek bu çalışmaya katılımınız araştırmanın başarısı için önemlidir.

Ancak hemen söyleyelim ki bu araştırmaya katılıp katılmamakta serbestsiniz. Çalışmaya katılım gönüllülük esasına dayalıdır. Kararınızdan önce araştırma hakkında sizi bilgilendirmek istiyoruz. Bu bilgileri okuyup anladıktan sonra araştırmaya katılmak isterseniz formu imzalayınız.

Eğer araştırmaya katılmayı kabul ederseniz araştırmacı Uzm. Psikolog Sema Yurduşen tarafından size verilecek bir dizi anketi doldurmanız istenecektir. Ayrıca sonrasında araştırmacı ile bir dizi bireysel görüşme yapmanız istenebilecektir. Sizinle yapılacak görüşmelerde hastalıkla ilgili yaşadığınız süreçlerin paylaşılması planlanmaktadır. Bu görüşmeler, video kaydı ile kayıt altına alınacak ve paylaşılan bilgiler sadece çalışma amaçlı olarak isim anılmadan kullanılacak ve çalışmacılar tarafından gizliliği sağlanacaktır.

Bu çalışmaya katılmanız için sizden herhangi bir ücret istenmeyecektir. Çalışmaya katıldığınız için size ek bir ödeme de yapılmayacaktır.

Bu çalışmaya katılmayı reddedebilirsiniz. Bu araştırmaya katılmak tamamen isteğe bağlıdır ve reddettiğiniz takdirde size uygulanan tedavide herhangi bir

değişiklik olmayacaktır. Yine çalışmanın herhangi bir aşamasında onayınızı çekmek hakkına da sahipsiniz.

Katılımcının Beyanı

Sayın Uzm. Psikolog Sema Yurduşen tarafından Hacettepe Üniversitesi Tıp Fakültesi Pediatrik Onkoloji Anabilim Dalı'nda bir anket ve gözlem çalışması yapılacağı belirtilerek bu araştırma ile ilgili yukarıdaki bilgiler bana aktarıldı. Bu bilgilerden sonra böyle bir araştırmaya "katılımcı" olarak davet edildim.

Araştımanın ikinci aşamasında gerekli görülürse bir dizi görüşme yapmam için araştırmacı tarafından davet edilebilirim. Yapılacak görüşmelerin video kaydı ile kayıt altına alınacağını ve paylaşılan bilgilerin sadece çalışma amaçlı olarak isim anılmadan kullanılacağını ve çalışmacılar tarafından gizliliğinin sağlanacağını biliyorum.

Eğer bu araştırmaya katılırsam araştırmacılar ile aramda kalması gereken bana ait bilgilerin gizliliğine bu araştırma sırasında da büyük özen ve saygı ile yaklaşılacağına inanıyorum. Araştırma sonuçlarının eğitim ve bilimsel amaçlarla kullanımı sırasında kişisel bilgilerimin ihtimamla korunacağı konusunda bana yeterli güven verildi.

Bu araştırmaya katılmak zorunda değilim ya da ilk aşamaya katılıp ikinci aşamaya katılmak istemeyebilirim. Araştırmaya katılmam konusunda zorlayıcı bir davranışla karşılaşmış değilim. Anketlerin doldurulması ya da görüşmelerin yapılması sırasında herhangi bir noktada hiç bir açıklama yapmadan çalışmadan çekilebilirim. Eğer katılmayı reddedersem, bu durumun hekim ve psikolog ile olan ilişkime herhangi bir zarar getirmeyeceğini de biliyorum.

Araştırma için yapılacak harcamalarla ilgili herhangi bir parasal sorumluluk altına girmiyorum. Bana da bir ödeme yapılmayacaktır.

Bana yapılan tüm açıklamaları ayrıntılarıyla anlamış bulunmaktayım. Kendi başıma belli bir düşünme süresi sonunda adı geçen bu araştırma projesinde "katılımcı" olarak yer alma kararını aldım. Bu konuda yapılan daveti büyük bir memnuniyet ve gönüllülük içerisinde kabul ediyorum.

İmzalı bu form kağıdının bir kopyası bana verilecektir.

Katılımcı	**Görüşme tanığı**	**Araştırmacı**
Adı, soyadı:	Adı, soyadı:	Adı soyadı, unvanı:
Tel.	Tel.	Tel.
İmza	İmza:	İmza:

APPENDIX B

DEMOGRAPHIC INFORMATION FORM (DEMOGRAFİK BİLGİ FORMU)

Yaşınız:

Eğitim düzeyiniz: ☐ İlkokul
☐ Ortaokul
☐ Lise
☐ Üniversite
☐ Yüksek lisans/doktora

Mesleğiniz: ☐ …….
☐ Çalışmıyor

Medeni haliniz: ☐ Bekar
☐ Evli
☐ Ayrı
☐ Birlikte yaşıyor
☐ Dul
☐ Boşanmış

Ailenizin ortalama gelir düzeyi: ☐ Düşük
☐ Orta
☐ Yüksek

Kaç çocuğunuz var? ☐ 1 ☐ 2 ☐ 3 ☐ 4

Bu çalışmada değerlendireceğiniz çocuğunuzun yaşı:

Cinsiyeti: ☐ Kız ☐ Erkek

APPENDIX C

KENDİLİKNESNESİ ENVANTERİ

(SELFOBJECT NEEDS INVENTORY)

Lütfen aşağıdaki ifadeleri sizin için en uygun şekilde işaretleyiniz.

1. Kesinlikle katılmıyorum
2. Katılmıyorum
3. Pek katılmıyorum
4. Kararsızım
5. Biraz katılıyorum
6. Katılıyorum
7. Kesinlikle katılıyorum

1.	Başarılarım yeterince takdir edilmediğinde incinirim.	1	2	3	4	5	6	7
2.	Benimle aynı durumdaki insanların çevresinde olmak benim için önemlidir.	1	2	3	4	5	6	7
3.	Bir problemim olduğunda deneyimli insanlardan bile öneri almak benim için zordur.	1	2	3	4	5	6	7
4.	Başarılı insanlarla ilişki kurmak benim de başarılı hissetmemi sağlar.	1	2	3	4	5	6	7
5.	Diğer insanların övgülerine ihtiyacım yoktur.	1	2	3	4	5	6	7
6.	Benimle benzer problemleri olan insanlarla bir arada olmak istemem.	1	2	3	4	5	6	7
7.	Yaptığım iş takdir edilmediğinde hayal kırıklığına uğrarım.	1	2	3	4	5	6	7
8.	Değerlerimi, fikirlerimi ve aktivitelerimi paylaşacağım insanlar ararım.	1	2	3	4	5	6	7
9.	Saygı duyduğum insanların bile yönlendirmelerini kabul etmeyi zor bulurum.	1	2	3	4	5	6	7
10.	Ünlü insanlara özenirim.	1	2	3	4	5	6	7
11.	Çok az dikkat çektiğim durumlarda işimi yeterince iyi yapamam.	1	2	3	4	5	6	7
12.	Belirli bir yaşam tarzını paylaşan bir grubun parçası olduğumu bilmek bana kendimi iyi hissettirir.	1	2	3	4	5	6	7
13.	Daha deneyimli insanlardan yardım almak zorunda kalmak bana kendimi kötü hissettirir.	1	2	3	4	5	6	7
14.	Bir arkadaşımla aynı durumda olduğumu hissetmek benim için önemlidir.	1	2	3	4	5	6	7

15. Bir şey yaptığımda diğerlerinin onayına ihtiyaç hissetmem.	1	2	3	4	5	6	7
16. Bana benzer insanlarla yakın ilişki kurmak beni rahatsız eder.	1	2	3	4	5	6	7
17. Başarılı insanlardan etkilenirim.	1	2	3	4	5	6	7
18. Başarılarımla övünmeye ihtiyaç hissetmem.	1	2	3	4	5	6	7
19. Uzmanların yanındayken kendimi daha iyi hissederim.	1	2	3	4	5	6	7
20. Bana çok benzeyen insanlarla arkadaş olmayı tercih etmem.	1	2	3	4	5	6	7
21. Ben ve bir yakınım başkalarına karşı benzer duygular hissettiğimizde kendimi daha iyi hissederim.	1	2	3	4	5	6	7
22. Benimle benzer fikirleri paylaşan bir grubun parçası olmak benim için önemlidir.	1	2	3	4	5	6	7
23. Başkalarının benim hakkımda düşündüklerini pek önemsemem.	1	2	3	4	5	6	7
24. Başarılı olduğumu biliyorum, dolayısıyla başkalarının benim hakkımdaki fikirlerine ihtiyaç hissetmiyorum.	1	2	3	4	5	6	7
25. Benim gibi düşünen ve bana çok benzeyen insanlardan sıkıldım.	1	2	3	4	5	6	7
26. Bana örnek olacak kişilerin çevresinde olmak benim için önemlidir.	1	2	3	4	5	6	7
27. Çevremde benimkilere benzer problemlerle baş etmeye çalışan kişiler olduğunda kendimi daha güçlü hissederim.	1	2	3	4	5	6	7
28. Bana çok benzeyen insanlardan oluşan bir gruba ait olmak benim için zordur.	1	2	3	4	5	6	7
29. Başarılı hissetmek için başkalarının güvence ve onayına ihtiyaç hissederim.	1	2	3	4	5	6	7
30. Endişeli ya da stresli olduğumda uzmanlardan öneri almak fazla yardımcı olmaz.	1	2	3	4	5	6	7
31. Hayran olduğum insanların çevresinde olmaya çalışırım.	1	2	3	4	5	6	7
32. İnançları benimkilere çok benzeyen arkadaşlara sahip olmak bana özgüven kazandırır.	1	2	3	4	5	6	7
33. Başkalarından bolca desteğe ihtiyaç hissederim.							
34. Ait olduğum gruplarla gurur duymak benim için zordur.	1	2	3	4	5	6	7
35. Çoğu zaman büyüklerim/üstlerim tarafından yeterince takdir edilmediğimi düşünüyorum.	1	2	3	4	5	6	7
36. Benim için, üst düzey, “şaşaalı” sosyal gruplara ait olmak önemlidir.	1	2	3	4	5	6	7
37. Başkalarından destek almaya ve cesaretlendirilmeye ihtiyaç hissetmem.	1	2	3	4	5	6	7
38. Yaşam tarzı benimkine çok benzeyen insanların oluşturduğu bir gruba ait olmayı tercih etmem.	1	2	3	4	5	6	7

APPENDIX D

KAPSAMLI GENEL EBEVEYNLİK ANKETİ

(COMPREHENSIVE GENERAL PARENTING QUESTIONNAIRE)

Aşağıda anne-babalık tutumları ile ilgili bazı ifadeler bulunmaktadır. Sizin bu ifadelerle ilgili fikirlerinizle ilgileniyoruz. Lütfen her bir maddeyi dikkatle okuyunuz. Bazı maddelerin sizin aileniz ya da çocuğunuz için uygun olmadığını düşünebilirsiniz. Lütfen bu maddeleri de olabilecek en yakın şekliyle işaretleyiniz. Bazı ifadeler için ise, "bu şekilde davranmak isterdim ancak davranamıyorum" gibi bir düşünce içinde olabilirsiniz. Lütfen bu maddeleri de **gerçekte ne yaptığınızı** düşünerek yanıtlayınız.

Lütfen, aşağıdaki ifadeleri sizin için en uygun şekilde işaretleyiniz.

1. Kesinlikle katılmıyorum
2. Katılmıyorum
3. Kararsızım
4. Katılıyorum
5. Kesinlikle katılıyorum

1. Çocuğumu, meraklı olması, keşfetmesi ve sorgulaması için cesaretlendiririm.	1	2	3	4	5
2. Çocuğum zor bir problemle karşılaştığında ona problemi küçük parçalara bölmesi için yardım ederim.	1	2	3	4	5
3. Çocuğuma duygularını her zaman kontrol etmesini öğretirim.	1	2	3	4	5
4. Çocuğuma bir şeyi yapacağımı söylersem yaparım.	1	2	3	4	5
5. Çocuğumun ne yaptığının her zaman farkında olurum.	1	2	3	4	5
6. Çocuğumun okula giderken hazırlanması için yeterince zamanı olmasını sağlarım.	1	2	3	4	5
7. Çocuğum izni olmayan bir şey yaptığında özür dileyene kadar onunla konuşmam.	1	2	3	4	5
8. Çocuğumla konuşmak için zaman ayırırım.	1	2	3	4	5
9. Kurallara uymadığında çocuğuma vururum.	1	2	3	4	5
10. Çocuğumun kararlarımı sorgulamasına izin vermem.	1	2	3	4	5
11. Çocuğumun moralinin iyi olmadığı zamanları anlarım.	1	2	3	4	5
12. Çocuğuma bir şeyi yapacağımı söylediğimde net ve tutarlı ifadeler kullanırım.	1	2	3	4	5

13. Çocuğum iyi bir şey yaptığında onu överim.	1	2	3	4	5
14. Çocuğumun her zaman sözümü dinlemesini isterim.	1	2	3	4	5
15. Evdeki kuralları sık sık değiştirmemeye çalışırım.	1	2	3	4	5
16. Her boş anımı çocuğumla geçiririm.	1	2	3	4	5
17. Çocuğumun arkadaşlarıyla olan aktivitelerini takip ederim.	1	2	3	4	5
18. Çocuğumun aile kurallarına uymasını beklerim.					
19. Çocuğum benim gibi düşünmezse ona daha mesafeli davranırım.	1	2	3	4	5
20. Çocuğumla problemleri hakkında konuştuğumda ona gerçekten yardım etmeye çalışırım.	1	2	3	4	5
21. Çocuğuma yaptığı her şeyde her zaman yardım ederim.	1	2	3	4	5
22. Çocuğuma güvenirim.	1	2	3	4	5
23. Çocuğumun belirli kurallara göre davranmasını isterim.	1	2	3	4	5
24. Çocuğumun benim gözetimim olmadan, kendi kendine oynamasına sıkça izin veririm.	1	2	3	4	5
25. Yanlış bir şey yaptığında çocuğuma vururum.	1	2	3	4	5
26. Çocuğuma koyduğum kuralları tutarlı olarak uygulamakta zorlanırım.	1	2	3	4	5
27. İyi davranışını ödüllendirmek için çocuğuma hoş sözler söylerim.	1	2	3	4	5
28. Çocuğum bir kurala karşı çıktığında ayrıcalığını/ ödülünü elinden alırım.	1	2	3	4	5
29. Çocuğuma verdiğim sözleri unutmamaya çalışırım.	1	2	3	4	5
30. Çocuğumun söz dinlemesi gerektiğini sıkça hatırlatırım.	1	2	3	4	5
31. Çocuğum üzgün olduğunda, içinde neler yaşadığını bilirim.	1	2	3	4	5
32. Çocuğumu terbiye etmek için tehdit ettiğimde her seferinde söylediğimi gerçekleştirmem.	1	2	3	4	5
33. Çocuğum elinden geleni yaptığında onu överim.	1	2	3	4	5
34. Kurallara uymadığında çocuğumu düzeltirim.	1	2	3	4	5
35. Evdeki sorumluluklarını yerine getirirken zamanını planlaması için çocuğuma yardım ederim.	1	2	3	4	5
36. Çocuğuma çok fazla kural koyarsam ileride mutsuz bir yetişkin olur.	1	2	3	4	5
37. Çocuğum istediğinde zaman ve enerjimi ona yardım etmek için ayırırım.	1	2	3	4	5
38. Beklentilerimi karşılamadığında çocuğumun suçlu hissetmesini sağlarım.	1	2	3	4	5
39. Çocuğumun davranışlarını düzelttiğim zaman neden olduğunu açıklarım.	1	2	3	4	5
40. Çocuğumla ilişkimin iyi olduğunu hissediyorum.	1	2	3	4	5

41. Çocuğumun kimleri arkadaş seçtiğinin ve onların nasıl insanlar olduklarının farkında olurum.	1	2	3	4	5
42. Söz dinlemediğinde çocuğuma vururum.	1	2	3	4	5
43. Günlük/haftalık aktivitelerini planlamasında çocuğuma yardım ederim.	1	2	3	4	5
44. Çocuğum kendiliğinden bana yardım ettiğinde onu ne kadar takdir ettiğimi belirtirim.	1	2	3	4	5
45. Çocuğumun, onun için ne kadar fedakârlık yaptığımın farkında olmasını sağlarım.	1	2	3	4	5
46. Çocuğumdan bir şey yapmasını istediğimde, sorgulamadan yapmasını beklerim.	1	2	3	4	5
47. Çocuğumun nerede olduğuna dikkat ederim.	1	2	3	4	5
48. Gerçekte verdiğim cezadan daha fazlasıyla tehdit ederim.	1	2	3	4	5
49. Çocuğumla bolca vakit geçiririm.	1	2	3	4	5
50. Çocuğum bir şey kaybettiğinde, çok fazla üzülmesin diye, onu bulmak için yaptığım işi bırakırım.	1	2	3	4	5
51. Çocuğuma odasını temiz ve düzenli tutmasını öğretirim.	1	2	3	4	5
52. Çocuğumu terbiye etmek için fiziksel ceza uygularım.	1	2	3	4	5
53. Çocuğuma zaman ayırmanın bir yolunu kolayca bulurum.	1	2	3	4	5
54. Çocuğumun arkadaşı eve geldiğinde ne yaptıklarını sıkça kontrol ederim.	1	2	3	4	5
55. Çocuğum hislerimi incittiğinde beni tekrar memnun edene kadar onunla konuşmam.	1	2	3	4	5
56. Çocuğumun fikirlerine saygı duyar, bunları ifade etmesi için cesaretlendiririm.	1	2	3	4	5
57. Çocuğumun başarısız olabileceği aktivitelerin çine girmesine izin vermem.	1	2	3	4	5
58. Çocuğumun küçük yanlış davranışlarını açıklayarak düzeltirim.	1	2	3	4	5
59. Çocuğuma hata yapması ve bu hatalardan öğrenmesi için çokça özgürlük tanırım.	1	2	3	4	5
60. Çocuğumla yaşadığım sıcak, sevgi dolu anlarımız vardır.	1	2	3	4	5
61. Çocuğumun tam olarak nerede olduğundan her zaman haberim olur.	1	2	3	4	5
62. Çocuğumu kendisine karşı dürüst olması için cesaretlendiririm.	1	2	3	4	5
63. Çocuğumun aktivitelerine ve önemli anlarına olabildiğince sık katılmaya çalışırım.	1	2	3	4	5
64. Onu meşgul tutabilecek yeterince etkinliği olması için çocuğumun gününü dikkatle planlarım.	1	2	3	4	5

65. Çocuğumun uygun davrandığından emin olmak için onu gözlemlerim.	1	2	3	4	5
66. Çocuğum evdeyken ne yaptığının farkında olurum.	1	2	3	4	5
67. Çocuğumu disipline etmek istediğimde bazen cezasını erken keserim.	1	2	3	4	5
68. Çocuğumun nasıl davranması gerektiğine ilişkin net beklentilerim vardır.	1	2	3	4	5
69. Çocuğum zorlandığında ona yardım ederim.					
70. Çocuğumun zamanında okulda olmasını sağlarım.	1	2	3	4	5
71. Çocuğumun arkadaşıyla onun evinde oynamasındansa kendi evimizde oynamasını tercih ederim.	1	2	3	4	5
72. Onunla aynı fikirde olmasam bile fikirlerini ifade etmesi için çocuğumu cesaretlendiririm.	1	2	3	4	5
73. Çocuğumun evdeki patronun ben olduğumu bilmesini isterim.	1	2	3	4	5
74. Uygunsuz davrandığında çocuğuma vururum.					
75. Çocuğuma kurallara uyması gerektiğini öğretirim.	1	2	3	4	5
76. Bir problemi olduğunda ne yapabileceğini çözmesi için çocuğuma yardım ederim.					
77. Çocuğumun bana öfkelenmesine izin vermem.	1	2	3	4	5
78. Çocuğuma ailemizdeki kuralların neden gerektiğini açıklarım.	1	2	3	4	5
79. Bazen çocuğumun gerektiği şekilde davranmasını sağlamak için yeterince enerjim olmaz.	1	2	3	4	5
80. Çocuğum hak ettiğinde onu överim.	1	2	3	4	5
81. Çocuğum ciddi bir suç işlediyse evden çıkmama cezası veririm.	1	2	3	4	5
82. Çocuğum bir şeyle ilgili zorlandığında bunu iyi bilirim.	1	2	3	4	5
83. Çocuğumun benim ondan ne beklediğimi anlamasını sağlarım.	1	2	3	4	5
84. Çocuğumla uzun süreler birlikte olmayı ilginç ve eğitici bulurum.	1	2	3	4	5
85. Çocuğuma kendi kararlarını verebilmesi için çokça özgürlük tanırım.	1	2	3	4	5

APPENDIX E

GENEL EBEVEYNLİK ANKETİ-KISA FORM

(GENERAL PARENTING QUESTIONNAIRE-SHORT FORM)

Aşağıda anne-babalık tutumları ile ilgili bazı ifadeler bulunmaktadır. Sizin bu ifadelerle ilgili fikirlerinizle ilgileniyoruz. Lütfen her bir maddeyi dikkatle okuyunuz. Bazı maddelerin sizin aileniz ya da çocuğunuz için uygun olmadığını düşünebilirsiniz. Lütfen bu maddeleri de olabilecek en yakın şekliyle işaretleyiniz. Bazı ifadeler için ise, "bu şekilde davranmak isterdim ancak davranamıyorum" gibi bir düşünce içinde olabilirsiniz. Lütfen bu maddeleri de **gerçekte ne yaptığınızı** düşünerek yanıtlayınız.

Lütfen, aşağıdaki ifadeleri sizin için en uygun şekilde işaretleyiniz.

1. Kesinlikle katılmıyorum
2. Katılmıyorum
3. Kararsızım
4. Katılıyorum
5. Kesinlikle katılıyorum

1. Çocuğumun ne yaptığının her zaman farkında olurum.	1	2	3	4	5
2. Çocuğumun okula giderken hazırlanması için yeterince zamanı olmasını sağlarım.	1	2	3	4	5
3. Kurallara uymadığında çocuğuma vururum.	1	2	3	4	5
4. Her boş anımı çocuğumla geçiririm.	1	2	3	4	5
5. Çocuğumun arkadaşlarıyla olan aktivitelerini takip ederim.	1	2	3	4	5
6. Çocuğumun aile kurallarına uymasını beklerim.					
7. Çocuğumun belirli kurallara göre davranmasını isterim.	1	2	3	4	5
8. Yanlış bir şey yaptığında çocuğuma vururum.	1	2	3	4	5
9. İyi davranışını ödüllendirmek için çocuğuma hoş sözler söylerim.	1	2	3	4	5
10. Çocuğum üzgün olduğunda, içinde neler yaşadığını bilirim.	1	2	3	4	5
11. Çocuğum elinden geleni yaptığında onu överim.	1	2	3	4	5
12. Kurallara uymadığında çocuğumu düzeltirim.	1	2	3	4	5
13. Evdeki sorumluluklarını yerine getirirken zamanını planlaması için çocuğuma yardım ederim.	1	2	3	4	5
14. Çocuğum istediğinde zaman ve enerjimi ona yardım etmek için ayırırım.	1	2	3	4	5

15. Çocuğumun kimleri arkadaş seçtiğinin ve onların nasıl insanlar olduklarının farkında olurum.	1	2	3	4	5
16. Söz dinlemediğinde çocuğuma vururum.	1	2	3	4	5
17. Günlük/haftalık aktivitelerini planlamasında çocuğuma yardım ederim.	1	2	3	4	5
18. Çocuğum kendiliğinden bana yardım ettiğinde onu ne kadar takdir ettiğimi belirtirim.	1	2	3	4	5
19. Çocuğumun, onun için ne kadar fedakârlık yaptığımın farkında olmasını sağlarım.	1	2	3	4	5
20. Çocuğumdan bir şey yapmasını istediğimde, sorgulamadan yapmasını beklerim.	1	2	3	4	5
21. Çocuğumun nerede olduğuna dikkat ederim.	1	2	3	4	5
22. Çocuğumla bolca vakit geçiririm.	1	2	3	4	5
23. Çocuğuma odasını temiz ve düzenli tutmasını öğretirim.	1	2	3	4	5
24. Çocuğumu terbiye etmek için fiziksel ceza uygularım.	1	2	3	4	5
25. Çocuğuma zaman ayırmanın bir yolunu kolayca bulurum.	1	2	3	4	5
26. Çocuğumun fikirlerine saygı duyar, bunları ifade etmesi için cesaretlendiririm.	1	2	3	4	5
27. Çocuğumla yaşadığım sıcak, sevgi dolu anlarımız vardır.	1	2	3	4	5
28. Çocuğumun tam olarak nerede olduğundan her zaman haberim olur.	1	2	3	4	5
29. Çocuğumu kendisine karşı dürüst olması için cesaretlendiririm.	1	2	3	4	5
30. Onu meşgul tutabilecek yeterince etkinliği olması için çocuğumun gününü dikkatle planlarım.	1	2	3	4	5
31. Çocuğum evdeyken ne yaptığının farkında olurum.	1	2	3	4	5
32. Çocuğumun nasıl davranması gerektiğine ilişkin net beklentilerim vardır.	1	2	3	4	5
33. Çocuğum zorlandığında ona yardım ederim.	1	2	3	4	5
34. Onunla aynı fikirde olmasam bile fikirlerini ifade etmesi için çocuğumu cesaretlendiririm.	1	2	3	4	5
35. Çocuğumun evdeki patronun ben olduğumu bilmesini isterim.	1	2	3	4	5
36. Uygunsuz davrandığında çocuğuma vururum.	1	2	3	4	5
37. Bir problemi olduğunda ne yapabileceğini çözmesi için çocuğuma yardım ederim.	1	2	3	4	5
38. Çocuğum bir şeyle ilgili zorlandığında bunu iyi bilirim.	1	2	3	4	5

APPENDIX F

TEMEL KİŞİLİK ÖZELLİKLERİ ENVANTERİ

(BASIC PERSONALITY TRAITS INVENTORY)

Aşağıda size uyan ya da uymayan pek çok kişilik özelliği bulunmaktadır. Bu özelliklerden her birinin sizin için ne kadar uygun olduğunu ilgili rakamı daire içine alarak belirtiniz.

Örneğin; Kendimi ..... biri olarak görüyorum.

Hiç uygun değil	**Uygun değil**	**Kararsızım**	**Uygun**	**Çok uygun**
1	**2**	**(3)**	**4**	**5**

1	Aceleci	1	2	3	4	5	24	Pasif	1	2	3	4	5
2	Yapmacık	1	2	3	4	5	25	Disiplinli	1	2	3	4	5
3	Duyarlı	1	2	3	4	5	26	Açgözlü	1	2	3	4	5
4	Konuşkan	1	2	3	4	5	27	Sinirli	1	2	3	4	5
5	Kendine güvenen	1	2	3	4	5	28	Canayakın	1	2	3	4	5
6	Soğuk	1	2	3	4	5	29	Kızgın	1	2	3	4	5
7	Utangaç	1	2	3	4	5	30	Sabit fikirli	1	2	3	4	5
8	Paylaşımcı	1	2	3	4	5	31	Görgüsüz	1	2	3	4	5
9	Geniş / rahat	1	2	3	4	5	32	Durgun	1	2	3	4	5
10	Cesur	1	2	3	4	5	33	Kaygılı	1	2	3	4	5
11	Agresif(Saldırgan)	1	2	3	4	5	34	Terbiyesiz	1	2	3	4	5
12	Çalışkan	1	2	3	4	5	35	Sabırsız	1	2	3	4	5
13	İçten pazarlıklı	1	2	3	4	5	36	Yaratıcı (Üretken)	1	2	3	4	5
14	Girişken	1	2	3	4	5	37	Kaprisli	1	2	3	4	5
15	İyi niyetli	1	2	3	4	5	38	İçine kapanık	1	2	3	4	5
16	İçten	1	2	3	4	5	39	Çekingen	1	2	3	4	5
17	Kendinden emin	1	2	3	4	5	40	Alıngan	1	2	3	4	5
18	Huysuz	1	2	3	4	5	41	Hoşgörülü	1	2	3	4	5
19	Yardımsever	1	2	3	4	5	42	Düzenli	1	2	3	4	5
20	Kabiliyetli	1	2	3	4	5	43	Titiz	1	2	3	4	5
21	Üşengeç	1	2	3	4	5	44	Tedbirli	1	2	3	4	5
22	Sorumsuz	1	2	3	4	5	45	Azimli	1	2	3	4	5
23	Sevecen	1	2	3	4	5							

APPENDIX G

HACETTEPE RUHSAL UYUM ÖLÇEĞİ

(HACETTEPE MENTAL HEALTH QUESTIONNAIRE)

Aşağıda çocuğunuzun hastaneye yattıktan sonra sergiliyor olabileceği bazı duygu ve davranış biçimlerini belirten cümleler yer almaktadır. Çocuğunuzun son bir haftadır bu duygu ve davranışları ne düzeyde sergilediğinizi belirtiniz.

Yok	Biraz	Çok	
.....	.....	.....	1. Sıkılgan, çekingen ve güvensizdir.
.....	.....	.....	2. Hareketlidir, yerinde duramaz.
.....	.....	.....	3. Korkaktır, ürkektir.
.....	.....	.....	4. Sinirlidir, çabuk kızar.
.....	.....	.....	5. Bencildir, paylaşmaz.
.....	.....	.....	6. Kıskançtır.
.....	.....	.....	7. Herşeye ağlar.
.....	.....	.....	8. İnatçıdır, söz dinlemez.
.....	.....	.....	9. Kendi başına birşey yapamaz, yardım bekler.
.....	.....	.....	10. Yalan söyler.
.....	.....	.....	11. Gece korkar, yalnız yatamaz.
.....	.....	.....	12. Kendine ait olmayan şeyleri izinsiz alır.
.....	.....	.....	13. Kaygılı ve kuruntuludur.
.....	.....	.....	14. Yaşıtlarıyla geçinemez.
.....	.....	.....	15. Arkadaşsızdır, yalnız oynar.
.....	.....	.....	16. Cezadan etkilenmez, uslanmaz.
.....	.....	.....	17. Okula isteksiz gider.
.....	.....	.....	18. Kavgacı ve saldırgandır.
.....	.....	.....	19. Durgun ve içine kapanıktır.
.....	.....	.....	20. Kırıcı ve zararcıdır.
.....	.....	.....	21. Neşesiz ve mutsuzdur.
.....	.....	.....	22. Sorumsuzdur, kendi işini yapmaz.
.....	.....	.....	23. Dikkatsizdir.
.....	.....	.....	24. Gereksiz titizliği vardır.
.....	.....	.....	25. Kekemelik
.....	.....	.....	26. Tik
.....	.....	.....	27. Tırnak yeme
.....	.....	.....	28. Parmak emme
.....	.....	.....	29. Kaka kaçırma
.....	.....	.....	30. Yatağa işeme
.....	.....	.....	31. Okul başarısızlığı
.....	.....	.....	32. Diğer sorunlar(Açıklayınız)

Sizi en çok kaygılandıran sorunu:
Size göre çocuğun olumlu özellikleri:

APPENDIX H

ÖLÇEKLERİN ADAPTASYONU için GÖNÜLÜ KATILIM FORMU (INFORMED CONSENT for ADAPTATION of the SCALES)

Bu çalışma Prof. Dr. Faruk Gençöz danışmanlığında, ODTÜ Psikoloji bölümü doktora öğrencisi Uzm. Psk. Sema Yurduşen tarafından tez çalışması kapsamında yürütülmektedir. Çalışmanın amacı uygulanan ölçeklerin Türk kültürüne adaptasyon çalışmasının yapılmasıdır. Ankette, sizden kimlik belirleyici hiçbir bilgi istenmemektedir. Çalışmaya katılım tamamıyla gönüllülük temelindedir. Cevaplarınız tamimiyle gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir; elde edilecek bilgiler bilimsel yayımlarda ve sunumlarda grup ortalama değerleri olarak kullanılacaktır.

Anket, genel olarak kişisel rahatsızlık verecek soruları içermemektedir. Ancak, katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakabilirsiniz. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz. Çalışma hakkında daha fazla bilgi almak için Psikoloji Bölümü doktora öğrencisi Sema Yurduşen (Tel: 0533 567 75 83; E-posta: semaaci@hotmail.com) ile iletişim kurabilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum ve istediğim zaman cevaplamayı yarıda kesebileceği biliyorum. Verdiğim bilgilerin bilimsel amaçlı yayımlarda kullanılmasını kabul ediyorum. (Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

Ad Soyad Tarih İmza

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APPENDIX I

KİŞİLERARASI İLİŞKİ BOYUTLARI ÖLÇEĞİ

(SCALE of DIMENSIONS of INTERPERSONAL RELATIONSHIPS)

Aşağıda kendimize ve diğer insanlara yönelik algımız, bakış açımızla ilgili ifadeler bulunmaktadır. Bu ifadeleri dikkatlice okuyup, ifadeye ne ölçüde katıldığınızı işaretleyiniz

1. Kesinlikle katılmıyorum
2. Katılmıyorum
3. Kararsızım
4. Biraz katılıyorum
5. Kesinlikle katılıyorum

1.	İnsanların sözünde duracağına güvenirim.	1	2	3	4	5
2.	Kendimi iyi hissetmediğim zaman, bana ilgi ve şefkat gösterilmesinden hoşlanırım.	1	2	3	4	5
3.	Kendimi kolayca kaybedip, öfkelenebilirim.	1	2	3	4	5
4.	İnsanların benim hakkımdaki düşünceleri, benim duygularımı etkiler.	1	2	3	4	5
5.	Kimseye kolay kolay güvenmem.	1	2	3	4	5
6.	Karşımdaki insana duygularımı belli etmekte zorlanırım.	1	2	3	4	5
7.	Fikirlerimi söylemeden önce, başkalarının ne düşündüğünü bilmek isterim.	1	2	3	4	5
8.	Tartışma durumlarında konuyu kişiselleştirmem.	1	2	3	4	5
9.	Benimle ters düşen insanlardan öç almak isterim.	1	2	3	4	5
10.	Öfkelendiğimde ağzıma geleni söylerim.	1	2	3	4	5
11.	İnsanların hareketlerimi yanlış yorumlamalarından endişelenirim.	1	2	3	4	5
12.	Eleştirildiğim zaman otomatikman savunmaya geçerim.	1	2	3	4	5
13.	Bir kişi ile sorun yaşadığımda, sakin kafa ile düşünmeye, öfkelenmemeye çalışırım.	1	2	3	4	5
14.	Başkalarına güvenmenin beni sıkıntıya sokacağını düşünürüm.	1	2	3	4	5
15.	Öfkemi kolaylıkla kontrol edebilirim.	1	2	3	4	5
16.	Başkasının, haklı da olsa beni eleştirmesine dayanamam.	1	2	3	4	5
17.	Bir başka insanın düşünce ve duygularından kolayca etkilenirim.	1	2	3	4	5

18. Bana dostça yaklaşılması o kişi ile yakın ilişki kurmamı kolaylaştırır.	1	2	3	4	5
19. Eğer bir insan ile geçmişte olumsuz bir yaşantım olmuş ise, o insan benim gözümde hep haksızdır.	1	2	3	4	5
20. Karşımdaki insanların beni inciteceklerinden korkarım.	1	2	3	4	5
21. Diğer insanların hedeflerini kabul etmektense kendi hedeflerimi kendim belirlemeyi tercih ederim.	1	2	3	4	5
22. Sırlarımı paylaştığım insanların, sırlarımı tutacaklarına güvenirim.	1	2	3	4	5
23. İnsanların beni kullandıklarını düşünürüm.	1	2	3	4	5
24. Ailemden başka hiç kimseye güvenmem.	1	2	3	4	5
25. Kızdığım kişiyi kolaylıkla affetmem.	1	2	3	4	5
26. Hoşuma gitmese de diğerlerini memnun edecek şekilde davranırım.	1	2	3	4	5
27. Karşımdaki insanın bakış açısını anlamada zorluk çekmem.	1	2	3	4	5
28. Herkesin karşı çıkacağını bilsem de, fikirlerimi ortaya koymaktan çekinmem.	1	2	3	4	5
29. İnsanların beni önemsediklerini sanmam.	1	2	3	4	5
30. Diğer insanlardan beklediğim tepkileri alamazsam, cesaretim kırılır.	1	2	3	4	5
31. İnsanların iyi niyetli olmadıklarını düşünürüm.	1	2	3	4	5
32. Başkalarının benim hakkımdaki düşünceleri, kendimi değerlendirmemde son derece önemlidir.	1	2	3	4	5
33. Karşı taraftan sevgi alamazsam kendimi çaresiz hissederim.	1	2	3	4	5
34. Bir insanı önemsediğimi, ona ifade edebilirim.	1	2	3	4	5
35. İhtiyacım olduğunda insanları yanımda bulacağımı biliyorum.	1	2	3	4	5
36. Başkalarının önerileri, nasihatleri olmadan kendi kendime hedefler koymada zorlanırım.	1	2	3	4	5
37. Konuşmalarım yapıcı ve olumludur.	1	2	3	4	5
38. İnsanların yalan söylediklerine inanırım.	1	2	3	4	5
39. Başkaları ile yakınlık kurmakta zorluk çekmem.	1	2	3	4	5
40. Önemsediğim kişilerin beni onaylamaması canımı acıtır.	1	2	3	4	5
41. Önemsediğim kişilerin bana ne yapacağımı söylemesi işimi kolaylaştırır.	1	2	3	4	5
42. Olumlu duygularımı karşımdaki kişiyle paylaşabilirim.	1	2	3	4	5
43. Başkalarının benim gerçek düşüncelerimi bilmelerini istemem.	1	2	3	4	5
44. Diğer insanlarla yakın ilişki kurduğumda kendimi iyi hissederim.	1	2	3	4	5

45. Etrafımda benden daha güçlü ya da zeki insanlar olduğunda kolaylıkla kendime güvenimi kaybederim.	1	2	3	4	5
46. Duygularımı kontrol altında tutmak benim için oldukça zordur.	1	2	3	4	5
47. Tanımadığım insanlar arasında kendimi gergin hissederim.	1	2	3	4	5
48. Karşımdaki kişinin ihtiyaçlarını göz önüne alırım.	1	2	3	4	5
49. Karşımdakini olduğu gibi kabul etmede güçlük yaşarım.	1	2	3	4	5
50. Yeni bir ortamda bile insanlara güvenmek gerektiğini düşünürüm.	1	2	3	4	5
51. Bir iş yaparken karşımdaki kişinin de duygularını hesaba katarım.	1	2	3	4	5
52. Problemli durumlarda başkalarını suçlama eğilimindeyim.	1	2	3	4	5
53. İnsanların sadece kendi çıkarları ile ilgilendiklerini düşünürüm.	1	2	3	4	5

APPENDIX J

POZİTİF ve NEGATİF DUYGULANIM ÖLÇEĞİ

(POSITIVE and NEGATIVE AFFECT SCALE)

Bu ölçek farklı duyguları tanımlayan bir tapsözcükler içermektedir. Son iki hafta nasıl hissettiğinizi düşünüp her maddeyi okuyun. Uygun cevabı her maddenin yanında ayrılan yere (puanları daire içine alarak) işaretleyin. Cevaplarınızı verirken aşağıdaki puanları kullanın.

Çok az veya hiç 2.Biraz 3. Ortalama 4. Oldukça 5. Çok fazla

1. İlgili	1	2	3	4	5
2. Sıkıntılı	1	2	3	4	5
3. Heyecanlı	1	2	3	4	5
4. Mutsuz	1	2	3	4	5
5. Güçlü	1	2	3	4	5
6. Suçlu	1	2	3	4	5
7. Ürkmüş	1	2	3	4	5
8. Düşmanca	1	2	3	4	5
9. Hevesli	1	2	3	4	5
10. Gururlu	1	2	3	4	5
11. Asabi	1	2	3	4	5
12. Uyanık (dikkati açık)	1	2	3	4	5
13. Utanmış	1	2	3	4	5
14. İlhamlı (yaratıcı düşüncelerle dolu)	1	2	3	4	5
15. Sinirli	1	2	3	4	5
16. Kararlı	1	2	3	4	5
17. Dikkatli	1	2	3	4	5
18. Tedirgin	1	2	3	4	5
19. Aktif	1	2	3	4	5
20. Korkmuş	1	2	3	4	5

APPENDIX K

TURKISH SUMMARY

KANSERHASTALIĞI OLAN ÇOCUKLARIN ANNELERİNİN KİŞİLİK ÖZELLİKLERİNİN, EBEVEYN TUTUMLARININ VE KENDİLİKNESNESİ İHTİYAÇLARININ ÇOCUKLARININ GENEL UYUMUNA İLİŞKİSİ

GİRİŞ

Kanser hastalığından iyileşme oranları son yıllarda artmakta ve 5-yıllık yaşam oranları %85'lere yaklaşmaktadır (SEER veri tabanı, 2016). Bu gelişme, kanser hastası çocukların ve onların bakım veren yakınlarının genel uyumunun önemini ön plana çıkarmaktadır. Hastaneye yatmak, tedavinin yan etkileri, değişen yaşama adapte olma görevi gibi güçlükleri düşündüğümüzde, bu çocukların ve onların bakım verenlerinin tedavi ve sonrasında güçlükler yaşamaları şaşırtıcı olmayacaktır (örn., Rempel, Ravindran, Rogers, Magill-Evans, 2012). Yazında, tedavi gören çocukların depresyon, travma sonrası stres bozukluğu gibi zorluklar yaşadığı belirtilmiştir. Aynı zamanda bu çocukların ebeveynlerinin de çeşitli zorluklar yaşadığı ve %30'lere varan oranlarda travma sonrası stres bozukluğu gösterdikleri bulunmuştur (Taïeb, Moro, Baubet, Revah-Lévy ve Flament, 2003). Genelde travma dışsal bir tehlikeden kaynaklanır. Ancak tehlike kişinin bedeninden kaynaklandığında kaçınılması çok zordur ve kişinin fiziksel ve ruhsal bütünlüğünü tehlike altında bırakan içsel bir tehdite dönüşür. Bu tehlike kişinin çocuğunda oluştuğunda aynı şekilde çocukta olduğu gibi onun annesinin de fiziksel ve ruhsal bütünlük hissi etkilenir (Pöder, Ljungman ve von Essen, 2010). Kanser tedavisi gören çocukların annelerinin "bir parçamı kaybediyormuşum gibi", "yüreğim parçalanıyor" gibi söylemlerini sıklıkla duyarız. Bu anneler benlik bütünlüklerine yönelik sürekli bir tehdit algılarlar.

Çocuklarının yaşadığı zorlukları gözlüyor olmak onları oldukça çaresiz bırakır. Anne-çocuk çiftinin karşılıklı etkileşiminin niteliğinin annelerin bu hisleri ile ilişkili olduğu düşünülmektedir. Bunun yanında bu süreçteki ebeveyn tutumları ve kişilik özelliklerinin de çocuklarının tedavi sırasındaki genel uyumlarını etkileyen önemli faktörler olduğu düşünülmektedir.

Ebeveyn tutumlarının neler olduğu ve bunların çocuğun genel uyumuna etkisine dair çokça araştırma vardır (örn. Anthony & Benedek, 1970; Baumrind, 1965, 1967, 1971; Darling & Steinberg, 1993; Maccoby & Martin, 1983). Bu araştırmalar sonucunda ebeveyn tutumlarının çok boyutlu olduğu ve genel olarak sıcaklık-reddetme, yapılandırma-kargaşa ve özerkliği destekleme-zorlama eksenlerinde yer aldığı düşünülmektedir (Skinner, Johnson, Synder, 2005). Bununla beraber olumlu ebeveyn tutumlarının çocuklarının uyumuna olumlu etkisi, olumsuz ebeveyn tutumlarının ise olumsuz etkisi olduğu değerlendirilmektedir (örn. Prinzie, Onghena, Hellinckx, Grietens, Ghesquiere, Colpin, 2004; Haskett, Willoughby, 2007).

Ebeveyn tutumları çocuğun kanser tedavisi sırasında da etkilenir. Bu süreçte birçok ebeveyn çocuklarını kaybetme tehlikesi sebebiyle uyguladıkları disiplin ve kontrol konularında tutarsızlaşmakta, aşırı bir bakım verme eğilimine girmekte ve çocuğu rahatlatmak için onun psikolojik uyumu yakın ilişkide olmaktadırlar. Ebevynlerin değişen tutumlarının tedavi ve sonrasında da etkileri olduğu belirtilmiştir (Williams, McCarthy, Eyles, Drew, 2013).

Kişilik özelliklerinin de değişen yaşam koşulları ile baş etmede etkisi olduğu belirtilmektedir. Kişilik özellikleri, evrensel olarak beş boyutta incelenmektedir. Bunlar büyük-beş kişilik özelliği olarak isimlendirilmekte ve dışadönüklük, uyumluluk, sorumluluk, deneyime açıklık ve nevrotiklik olarak sınıflandırılmaktadır (Goldberg, 1993; Gençöz, Öncül, 2012). Her insan bu boyutların her birini çeşitli düzeylerde göstermektedir. Yazında dışadönüklük ve uyumluluk gibi olumlu kişilik özelliklerinin olumlu baş etme ile ilişkide olduğu, nevrotik kişilik özelliğinin ise olumsuz baş etme ile ilişkide olduğu rapor edilmiştir (örn. Costa, Somerfield & McCrae, 1996; Panayiotou, Kokkinos, Kapsou, 2014). Bununla beraber çalışmalar

sınırlı olmakla beraber, ebeveynin kişilik özelliklerinin çocukların gelişimine etkileri olduğu rapor edilmiştir (örn. Bertino, Connell & Levis, 2012).

Ebeveyn tutumları ve kişilik özelliklerinin bir arada ele alındığı çalışmalarda olumlu ebeveyn tutumlarının olumlu kişilik özellikleri ile olumsuz ebeveyn tutumlarının da olumsuz kişilik özellikleri ile ilişkili olduğu (see Prinzie, Stams, Dekovic, Reijintes, Belsky, 2009) ve bu faktörlerin de çocukların uyumu üzerinde etkili olduğu belirtilmiştir (örn. Kochanska, Clark, Goldman, 1997). Ancak, kişilik özelliklerinin çocuklarının kanser tedavisi sırasında onların genel uyumuna nasıl etkisi olduğuna dair çalışmalar oldukça sınırlıdır. Bu sebeple bu çalışmada annenin ebeveyn tutumlarının yanı sıra, onun kişilik özelliklerinin de kanserli çocukların uyumunu nasıl etkilediği araştırılmak istenmiştir. Ancak, annenin kayıp ihtimali sırasında sahip olduğu ilişkisel yoksunlukları dikkate alınmadığında bu faktörlerin etkilerinin çocuğun uyumunu açıklamakta sınırlı olacağı düşünülmektedir.

Bu çalışmada annenin ilişkisel bütünlük hissi Kohut'un (1977, 1984) kendilik-kendilik nesnesi kavramsallaştırması temelinde ele alınmıştır. Kohut'a göre kendilik, kendiliğin bir parçası olarak deneyimlenilen diğerleri (kendiliknesnesi) ile girilen ilişkiler aracılığı ile oluşur. Kohut'a göre (1984), kişinin bütün bir kendiliğe ulaşabilmesi için doğumdan ölüme kadar kendisine istekle karşılık veren, yüceltilebilecek bir güç kaynağı olarak algılanan ve kişinin iç dünyasını az-çok doğru olarak algılayan kişilerin varlığına ihtiyaç vardır. Sağlıklı bir kendilik bütünlüğüne ulaşabilmek için, yaşamın erken dönemlerinde duygusal olarak ulaşılabilir bu yetişkinlerin varlığı önemlidir. Eğer bu kendiliknesnesi ihtiyaçları uygun şekilde karşılanmazsa kişiler hayat boyu kendilik bozukluklarından rahatsız olur ve duygusal olarak ulaşılabilir kendiliknesnesi tepkilerine bağımlı kalırlar. Kohut, kendiliknesnesi ihtiyaçlarını üç boyutta ele almıştır. Aynalanma ihtiyacı, ebeveynin çocuğun yaşı ile uyumlu büyüklenmeci ihtiyaçlarına yanıt vermesi, onun farkında olması, onu takdir etmesi gibi özelliklerle açıklanır. İdealizasyon ihtiyacı, çocuğun yüceltebileceği yetişkinle bir olma, onun gücünden faydalanma ihtiyacı olarak açıklanır. İkizlilik ihtiyacı ise kendisinin diğer insanlarla aynı özelliklere sahip olduğu ve onların arasında onlardan biri gibi hissetme ihtiyacı olarak açıklanır. Erken dönemdeki travmatik seviyede eksik karşılanmış bu ihtiyaçların kişileri narsistik olarak

incinebilir kıldığı ve kişiyi diğerlerinden gelecek bu tepkilere bağımlı kıldığı belirtilmektedir. Bununla beraber, erken dönemde ihtiyaçlar uygun düzeyde karşılanmış olsa da yaşamın zorlu olaylarında kişilerin bu kendilik nesnesi ihtiyaçlarına daha fazla ihtiyaç hissetmesinin mümkün olduğu ifade edilmiştir (Kohut, 1984, p.287). Togashi ve Kottler (2012, p.346) Kohut'un kendilik-patolojisi psikolojisini, travmadan kaynaklanan patolojinin psikolojisi olarak tanımlamışlardır. Yani, travmatik olaylardan sonra kişinin diğer insanlar arasında yaşadığı insan olma hissinin kaybolduğunu ve diğerleri ile aynılık ve benzerlik ihtiyacının yoğun bir şekilde arttığını belirtmişlerdir. Yazında kanser tedavisi sırasında kendilik nesnesi ihtiyacına yönelik bir çalışmaya rastlanmamıştır. Ancak, Brewer-Johnson'ın (2005) otizmi olan çocukları olan anneleri ile ilgili yaptığı nitel çalışmada, bakım verme sürecinde annelerin aynalanma, ikizlilik ve idealizasyon ihtiyaçlarının arttığı belirtilmiştir.

Bu bilgiler ışığında, bu çalışmada ilk olarak, kanser tedavisi alan çocuğun annesinin, çocuğunun kayıp riski sırasındaki ilişkisel ihtiyaçları, kişilik özellikleri ve ebeveyn tutumlarının çocuğunun uyumu üzerinde nasıl etkisi olduğunun araştırılması planlanmaktadır. İlişkisel olarak aynalanma, idealizasyon ve ikizlilik ihtiyacı yoğun olan ve negatif ebeveyn tutumu ve negatif kişilik özellikleri gösteren annelerin çocuklarının daha fazla uyum problemi sergiliyor olabileceği değerlendirilmektedir. Çalışmanın ikinci bölümünde ise annelerin kendilik-kendiliknesnesi deneyimlerinin tanı ve tedavi sırasında nasıl ifade bulduğu ve bunun annelerin geçmiş yaşantılarıyla ilişkisi karşılaştırılmalı iki vaka üzerinden ele alınmıştır.

YÖNTEM

Hacettepe Üniversitesi, Pediatrik Onkoloji Kliniği'nde tedavi olmakta olan 5-13 yaş arası, 50 çocuğun annesinden anketler aracılığıyla veri toplanmıştır. Annelerin ortalama yaşı 36, çocukların ortalama yaşı 9'dur. Annelerin neredeyse tamamı evli, %76'sı çalışmamakta, yarıya yakını ise lise ve üzeri eğitime sahiptir.

Araçlar

Kendilik Nesnesi Envanteri (Selfobject Needs Inventory-SONI). Banai, Mikulincer ve Shaver (2005) tarafından geliştirilmiştir. Kişilerin kendiliknesnesi ihtiyaçlarına olan yaklaşma ya da kaçınma arzusunun yoğunluğunu ölçmek için tasarlanmıştır. Bu boyutlardaki yüksek puanlar kendilik bütünlüğünde eksiklikler oluğuna dair fikir verir. Beş alt boyuttan oluşmaktadır. 1. Aynalanmaya yaklaşma, 2. İdealizasyona yaklaşma, 3. İkizliliğe yaklaşma, 4. Aynalanmadan kaçınma, 5. İdealizasyon ve ikizlilikten kaçınma. Ölçeğin Cronbach's alfa katsayıları .79 ve .91 arasında, test-tekrar test güvenirliği puanları ise .84 ile .87 arasında yer almaktadır. Ölçeğin, eşzamanlılık ve ayırdedici geçerliği de tatmin edici düzeydedir.

Bu çalışmada SONI'nin Türk kültürüne uyarlanma çalışması da yapılmıştır. Buna göre bizim kültürümüzde, 3 faktörlü bir yapı ortaya çıkmıştır. Bunlar; 1. Aynalanmaya, idealizasyona ve ikizliliğe yaklaşma, 2. İdealizasyon ve ikizlilikten kaçınma, ve 3. Aynalanmadan kaçınma olarak belirmiştir. Faktörlerin Cronbach's alfa katsayıları, .65 ile .84 arasında, madde toplam korelasyonları da .25 ile .60 arasında bulunmuştur. Ölçeğin eşzamanlılık geçerliliğine ise Kişilerarası İlişki Boyutları Ölçeği, Temel Kişilik Özellikleri Ölçeği ve Pozitif ve Negatif Duygulanım Ölçeği kullanılarak bakılmıştır. Buna göre, kendilik nesnesine yaklaşma ihtiyacı olan kişilerin onay arama tutumu ile pozitif yönde diğerlerine güvenme ve duygusal farkındalık ile negatif yönde olduğu bulunmuştur. Aynalanmadan kaçınma ihtiyacı olan kişilerin ise onay arama tutumu ile negatif yönde ilişkide olduğu gösterilmiştir. Benzeri şekilde kendilik nesnesi ihtiyacı olan kişiler nevrotik kişilik özelliği ile pozitif yönde ilişkide olurken aynalanmadan kaçınan kişilerin nevrotik kişilik özelliği ile negatif, olumlu kişilik özellikleri ile pozitif yönde ilişkide olduğu görülmüştür. Aynalanmadan kaçınan kişilerin buna fazlaca ihtiyaç hissedenlerin aksine daha fazla kendilerine yeterli olma eğiliminde olduğu değerlendirilmiştir. Son olarak kendilik nesnesi ihtiyacı olan kişilerin negatif duyulanımla olumlu yönde ilişkide olduğu gösterilmiştir. Bu bilgiler ışığında GPQ-SF'nin eşzamanlılık geçerliğinin kabul edilebilir sınırlarda olduğu değerlendirilmiştir.

Kapsamlı Genel Ebevynlik Anketi (Comprehensive General Parenting Questionnaire-CGPQ). Sleddens, O'connor, Watson, Hughes, Power, Thijs, De Vries and Kremers (2014) tarafından farklı ölçeklerden genel ebeveynlik tutumu (sıcaklık, yapılandırma ve control) boyutları dikkate alınarak seçilen maddelerden oluşturulmuştur. 85 maddedir. Beş alt boyuttan oluşmaktadır. 1. Besleyici olma, 2. Yapılandırma, 3. Davranışsal control, 4. Aşırı koruyucu olma, 5. Zorlayıcı control. Ölçeğin psikometrik özellikleri üzerinde çalışmalar devam etmektedir ancak Doğrulayıcı Faktör Analizi sonuçlarına göre 82-maddelik ebeveyn modelinin oldukça iyi fit ettiği bulunmuştur (χ^2 = 12864,61, df = 3213, p<.001; RMSEA = .05, CFI = .93, NNFI = .93). Ölçeğin 62-maddelik güvenirlik sonuçları da beş alt boyut için .53 ile . 86 arasında bulunmuştur. Ölçeğin eş zamanlılık geçerliğine Beş-Faktör Kişilik Özelliği ölçeği ile bakılmış ve olumlu kişilik özelliklerinin olumlu ebeveynlik tutumları ile pozitif yönde ilişkili olduğu, olumsuz ebeveyn tutumları ile de negative yönde ilişkili olduğu bulunmuştur.

Bu çalışmada CGPQ'nin Türk kültürüne uyarlama çalışması yapılmıştır. Bizim kültürümüzde ise 38-maddeye indirgenen ölçek Genel Ebeveynlik Anketi-Kısa Form (GPQ-SF) olarak adlandırılmıştır. Buna göre ölçeğin faktörleri 1.Kontol, 2. Monitorize/süpervize etme, 2. Destekleme/cesaretlendirme, 4. Dahil olma ve 5. Fiziksel Disiplin olarak adlandırılmıştır. Ölçeğin doğrulayıcı analiz sonucu kabul edilebilir sınırlardadır. ($\chi^2_{648)}$ = 1115,76 p<.001, CFI = .88, RMSEA = .05, CI. 04, .05). Ayrıca faktörlerin Cronbach's alfa katsayıları .71 ile .86 arasında, madde-toplam korelasyonları ise .37 ile .73 bulunmuştur. Ölçeğin eşzamanlılık geçerlilik analizi ise Temel Kişilik Özellikleri ve Pozitif ve Negatif Duygulanım Ölçeği kullanılarak incelenmiştir. Buna göre olumlu ebeveyn tutumlarının olumlu kişilik özellikleri ve olumlu duygulanım ile pozitif yönde ilişkide olduğu, olumsuz kişilik özelliği nevrotiklik ve olumsuz duygulanım ile de negatif yönde ilişkide olduğu bulunmuştur.

Temel Kişilik Özellikleri Ölçeği (Basic Personality Traits Inventory-BPTI). Gençöz ve Öncül (2012) tarafından geliştirilmiştir. 45 maddeden oluşan ölçeğin faktörleri 1. Dışadönüklük, 2. Uyumluluk, 3. Sorumluluk, 4. Nevrotiklik, 5. Deneyime Açıklık, 6. Olumsuz Değerleme olarak altı boyuttan oluşmaktadır.

Ölçeğin iç tutarlık katsayıları .71 ile .89 arasında, madde-toplam katsayıları ise .71 ile .84 arasında yer almaktadır. Ölçeğin geçerlik analizleri de tatmin edici düzeydedir.

Hacettepe Ruhsal Uyum Ölçeği (Hacettepe Mental Health Questionnaire-HMHQ). Gökler ve Öktem (1985) tarafından geliştirilmiştir. 32 maddeden oluşmaktadır. İlk 24 madde çocukların içeyönelik ve dışayönelik davranışlarını, kalan 8 madde çocuklarda görülebilecek farklı psikolojik problemleri (kekemelik, kaka kaçırma, vs.) ölçmektedir. Bu çalışmada ilk 24 madde kullanılmıştır. Ölçeğin iç tutarlık katsayıları içeyönelik davranış problemleri için .82, dışayönelik davranış problemleri için ise .83 olarak bulunmuştur. Ölçeğin yapı ve içerik geçerliği de tatmin edici olarak rapor edilmiştir.

SÜREÇ

Bu çalışma, ODTÜ, Bilimsel Araştırmalar Birimi tarafından desteklenmektedir. ODTÜ Etik Onay Komitesi'nden alınan etik onay sonrasında, Şubat 2015-Ocak 2016 tarihleri arasında, Hacettepe Üniversitesi Pediatrik Onkoloji Bölümü'nde en az iki aydır tedavi olan çocukların annelerine anketler uygulanarak veri toplanmıştır. Veri SPSS 21 kullanılarak analiz edilmiştir. Çalışmanın ikinci aşamasında iki anne ile görüşmeler yapılmış ve bu görüşmeler öyküsel analiz yöntemi ile incelenmiştir.

SONUÇLAR ve TARTIŞMA

Korelasyon analizi

Öncelikle, çalışmada kullanılan değişkenlerin birbiri ile ilişki düzeyleri incelenmiştir. Buna göre, sorumlu kişilik özelliğinin tüm olumlu ebeveyn tutumları ile olumlu yönde ilişkili olduğu görülmüştür. Çalışmalar, olumsuz bir durum karşısında kişilerin sorumlu kişilik özelliğinin durumu kontrol etmede rolü olduğunu vurgulamaktadır (Neitzel, Dopkins Stright, 2004; Jensen-Campbell, Knack, Waldrip and Campbell, 2007). Bu durum, kanser tedavisi sırasında da annelerin durumu kontrol etme eğilimi ile sorumlu kişilik özelliğinde artış oluştuğunu açıklamaktadır.

Bu sebeple de çocuklarını korumak ve kollamak adına daha fazla gözleme, kontrol etme, destek ya da dahil olma gibi ebeveyn tutumlarına sahip oluyor olabilirler.

Kendiliknesnesi ihtiyaçları ve kişilik özellikleri ilişkisine baktığımızda ise artmış kendiliknesnesi (aynalanma, idealizasyon ve ikizlilik) ihtiyacının hem sorumlu hem nevrotik kişilik özelliği ile olumlu yönde ilişkide olduğu bulunmuştur. Bu durum kendiliknesnesi ihtiyacının hem olumlu hem olumsuz kişilik özelliklerinin etiyolojisinde rol oynadığını düşündürmektedir. Yani bu ilişkisel ihtiyaçlara sahip kişiler ya duygusal olarak iniş-çıkışlar yaşayarak karşısındakinin tepkilerine bağımlı kalmakta ya da kendi etki alanlarını daha fazla kontrol ederek bu ihtiyaçlarını karşılamaya çalışıyor olabilirler. Benzeri şekilde kendiliknesnesine daha fazla ihtiyaç hisseden kişilerin daha fazla kontrolcü ebeveyn tutumları sergilediği bulunmuştur. Yine, ilişkisel ihtiyacı fazla olan kişilerin bu ihtiyaçlarını belki de çocuklarına da yansıttığı ve bu ihtiyacı karşılamak için daha fazla kontrolcü olma eğiliminde olabileceği değerlendirilmektedir. Son olarak annenin kişilik özellikleri ile çocuk davranış problemleri ile ilişkisine bakıldığında annenin deneyime açıklık kişilik özelliği ile çocuğun içe yönelik davranış problemlerinin olumsuz yönde, dışa yönelik kişilik özelliği ile dışa yönelik davranış problemlerinin de olumlu yönde ilişkide olduğu görülmüştür. Bu sonuçların, annelerin deneyime açıklık kişilik özelliğine sahip olduklarında çocuklarını daha fazla adapte etmeye çalışıyor olmaları ve sorunların azalmasına yardımcı olabileceği ile ancak dışa yönelik kişilik özellikleri arttığında ise çocuğun uyumu için gerekli olan duygusal ihtiyaçların karşılanmasını göz ardı etmeleri sonucu problemlerin ortaya çıkması ile ilişkili olabileceği değerlendirmiştir.

T-test ve tek-yönlü ANCOVA ve çift-yönlü ANCOVA analiz sonuçları

Demografik değişkenlerin pediatrik onkoloji kliniğindeki çocuk davranış problemleri üzerindeki etkisine bakıldığında t-test sonuçları, sadece erkek çocukların anneleri tarafından daha fazla dışayönelik probleme sahip olarak değerlendirildiğini göstermiştir ($t(47,89)= -2.05$; $p< .05$; $\underline{M}=6.26 > \underline{M}=4.42$). Yazında da erkek çocukların dışayönelik problemlere daha fazla yatkınlık gösterdiğini belirten çalışmalar vardır (örn., Keenan and Shaw, 1997; Leadbeater, Kuperminc, Blatt,

Hertzog, 1999; Lussier, Corrada, Tzoumakis, 2012). Bu çalışma, bu durumun kanser tedavisi gören çocuklar için de geçerli olduğunu göstermiştir. Bunun dışında çocuğun yaşı, annenin yaşı, eğitimi gibi değişkenlerin hiçbirinin çocuk davranış problemleri üzerinde anlamlı bir etkisi olmadığı gözlenmiştir.

Annenin kişilik özelliklerinin çocuk davranış problemleri üzerindeki etkisine bakmak için cinsiyet kontrol edilerek One-way ANCOVA analizi uygulanmıştır. Buna göre, düşük düzeyde dışayönelik kişilik özelliği gösteren annelerin yüksek düzeyde dışayönelik kişilik özelliği gösteren annelere göre çocuklarını anlamlı olarak daha fazla içeyönelik problemlere sahip olarak değerlendirdiği gözlenmiştir ($\underline{F}$ [1,47] = 5.85; $\underline{p}$<.05; $\underline{M}$ = 7.78 > $\underline{M}$ = 5.45). Benzeri şekilde, düşükdüzeyde deneyime açıklık kişilik özelliği gösteren anneler yüksek düzeyde deneyime açıklık kişilik özelliği gösteren annelere göre çocuklarını anlamlı olarak daha fazla içeyönelik problemlere sahip olarak değerlendirmektedirler ($\underline{F}$ [1,47] = 5.44; $\underline{p}$<.05; $\underline{M}$ = 7.56 > $\underline{M}$ = 5.41). Yani annenin ilişkiye ve olumsuz bile olsa yeni yaşantılara açık olabilme özelliğinin çocuk davranış problemlerinin rapor edilmesinde önleyici etkisi olduğu anlaşılmaktadır. Yazında da bu bulguyu destekleyen çalışmalar mevcuttur (örn.,van Den Akker, Deković, Prinzie, 2010).

Annenin ebeveyn tutumlarının çocuk davranış problemleri üzerindeki etkisine bakmak için, cinsiyet kontrol edilerek One-way ANCOVA analizi uygulanmıştır. Buna göre, kontrol edici ebeveynlik tutumu yüksek olan anneler düşük olan annelere göre çocuklarını anlamlı olarak daha fazla dışayönelik probleme sahip olarak ifade etmişlerdir ($\underline{F}$ [1,47] = 5.53; $\underline{p}$<.05; $\underline{M}$ = 6.86 > $\underline{M}$ = 4.62). Yazında da kontrol edici ebeveynliğin daha fazla kaygı ve davranış bozukluklarına yol açtığı hatta bazı çalışmalarda bu çocuklarda gözlenen problemlerin ebeveynlerde daha fazla zorlayıcı davranışlara sebep olduğu belirtilmektedir (Robila, Krishnakumar, 2006; Stone, Otten, Janssens, Soenens, Kuntsche, Engels, 2013 ; Scanlon & Epkins, 2015; Eisenberg, Taylor, Widaman, Spinrad, 2015). Dolayısıyla, annelerin özellikle kanser tedavisi sırasında da durumu kontrol etmek için bile olsa uyguladığı kontrol edici davranışların çocukların genel uyumuna olumsuz etkisi olduğu görülmektedir. Bu durumun çocuğun tedavi sonrasındaki uyumuna da etkileri olacağından annelerin bu

davranışlarının ele alınması ve onlara bu konuda eğitsel ve terapötik desteğin önemli olduğu düşünülmektedir.

İlginç bir şekilde, daha az fiziksel disiplin uygulayan anneler daha fazla fiziksel disiplin uygulayan annelere göre çocuklarını anlamlı olarak daha fazla içe yönelik problemlere sahip olarak ifade etmişlerdir ($\underline{F}$ [1,47] = 4.74; $\underline{p}$<.05; ($\underline{M}$ = 7.52 > $\underline{M}$ = 5.46). Bu sonucun annelerin uyguladıkları disiplini gizleme eğilimleri ile ilişkili olabileceği düşünülmektedir. Her ne kadar verilerin anonimliği sağlansa da araştırmaya dahil edilen annelerin araştırmacı tarafından kişisel olarak tanınması sebebiyle annelerin fiziksel disiplin uygulamaları konusunda savunmacı bir tutum içine girdikleri düşünülmektedir.

Annenin kendiliknesnesi ihtiyacının çocuk davranış problemleri üzerindeki etkisine bakmak için, yine cinsiyet kontrol edilerek One-way ANCOVA analizi uygulanmıştır. Ancak, çocuk davranış problemleri üzerinde bu ihtiyaçların tek başına doğrudan anlamlı bir etkisi olmadığı gözlenmiştir. Bu sebeple, kendiliknesnesi ihtiyaçlarının çocuk davranış problemleri üzerinde kişilik özellikleri ve ebeveyn tutumları ile nasıl bir ilişki içinde olduğu anlaşılmak istenmiştir.

2 x 2 (Kendiliknesnesi x kişilik özellikleri)'nin çocuk davranış problemleri üzerindeki gruplarası faktoriyel ANCOVA sonuçlarına göre, ilişkisel kendiliknesnesi ihtiyaçları yoğun olan annelerin aynı zamanda yüksek düzeyde sorumlu kişilik özelliğine sahip olduklarında çocuklarında daha fazla dışayönelik problem ifade ettikleri görülmüştür. Ancak bu gruptaki anneler aşırı düzeyde sorumlu kişilik özelliği sergilediklerinde çocuklarındaki olduğunu belirttikleri dışayönelik problemler anlamlı olarak azalmıştır. ($\underline{F}$ [1,45] = 8.35; $\underline{p}$< .01; η^2=.16; $\underline{M}$= 7.59 > $\underline{M}$= 4.28). Benzeri bir sonuç yüksek düzeyde aynalanmadan kaçınan anneler için de geçerlidir. Her iki grupta da sorumluluk kişilik özelliği davranış problemlerinin artmış şekilde rapor edilmesine sebep olurken bu özellik en uçlarda yaşandığında problemlerin rapor edilmesi azalmıştır ($\underline{F}$ [1,45] = 5.37; p< .05; η^2=.11; $\underline{M}$= 7.36 > $\underline{M}$= 4.22).

Özetle, yüksek düzeyde kendilik nesnesi ihtiyacı olan ya da yüksek düzeyde aynalanmadan kaçınan anneler, yüksek düzeyde sorumlu kişilik özelliği

gösterdiklerinde çocuklarında daha fazla dışayönelik problemler rapor ederken, aynı anneler aşırı sorumluluk göstermeye başladıklarında ifade ettikleri problemler anlamlı olarak azalmıştır.

2 x 2 (Kendiliknesnesi x ebeveyn tutumu)'nun çocuk davranış problemleri üzerindeki gruplarası faktoriyel ANCOVA sonuçlarına göre, kendiliknesnesi ihtiyaçları yoğun olan annelerin aynı zamanda yüksek düzeyde kontrol edici ebeveyn tutumuna sahip olduklarında çocuklarında daha fazla dışa yönelik problem ifade ettikleri görülmüştür ($\underline{F}$ [1,45] = 9.64; $\underline{p}$< .01; η^2=.18; $\underline{M}$= 8.18 > $\underline{M}$= 3.26).

Yani, yüksek düzeyde kendiliknesnesi ihtiyacı olan anneler, yüksek düzeyde kontrol edici ebeveyn tutumuna sahip olduklarında çocuklarında daha fazla dışayönelik problemler rapor etmişlerdir.

2 x 2 (Kişilik özellikleri x ebeveyn tutumu)'nun gruplarası faktoriyel ANCOVA sonuçlarına göre ise dışayönelik kişilik özellikleri zayıf olan anneler aynı zamanda daha fazla monitorize edici davrandıklarında ($\underline{F}$ [1,45] = 8.49; $\underline{p}$< .001; η^2=.16; ($\underline{M}$= 9.09 > $\underline{M}$= 5.84) dışayönelik kişilik özellikleri yüksek olan annelere göre daha fazla içeyönelik davranış problemi ifade etmişlerdir. Benzeri şekilde artmış destekleyici tutuma sahip anneler daha az dışayönelik kişilik özellikleri sergilediklerinde ($\underline{F}$ [1,45] = 4.86; $\underline{p}$< .05; η^2=.10; $\underline{M}$= 8.82 > $\underline{M}$= 4.34 çocuklarnda olduğunu belirttikleri içeyönelik davranışlar anlamlı olarak artmıştır.

Son olarak, annenin monitorize edici davranışları arttığında, uyumlu kişilik özelliği daha zayıfsa ($\underline{F}$ [1,45] = 4.78; $\underline{p}$< .05; η^2=.10; $\underline{M}$= 8.03 > $\underline{M}$= 4.89) çocuklarında rapor ettikleri dışayönelik problemlerin arttığı gözlenmiştir

Özetle, artmış pozitif (destekleyici ya da monitorize edici) ebeveynliğin anne daha içe dönük olduğunda kanserli çocuklar için daha fazla problemlerin ortaya çıkmasına ya da farkedilmesine sebep olduğu görülmüştür.

Kendiliknesnesi ihtiyacı, ebeveyn tutumları ve kişilik özelliklerinin çocuk davranışları üzerine etkisinin incelendiği tüm faktoriyel kovaryans analizi sonuçları özetle göstermektedir ki, kanser tanısı sırasında annenin hem sorumluluk kişilik özelliğinin hem de kontrol edici ebevyen tutumunun özellikle ilişkisel yoksunluklarla

birlikte gözlendiğinde çocuklarda daha fazla uyum problemlerine sebep olduğu anlaşılmaktadır. Kişinin farkedilme, onaylanma, güçlü diğerine sığınma, onun bir parçası gibi hissetme ya da diğerleriyle aynıymış gibi hissetme ihtiyaçları kişinin içinde yaşadığı gruplara entegrasyonu açısından önemlidir. Diğer bir deyişle ilişkisel açıdan eksik, yoksun ya da yabancılaşmış hisleri ve diğerinin tepkilerine duyarlılık ve bu ihtiyaçların doyurulması beklentisi kişinin yeni yaşantılara da uyumunu da etkiler. Bu ihtiyaçlar, olumsuz yaşam deneyimleri sonrasında artabileceği gibi çoğunlukla erken yaşam deneyimlerinden kaynaklanır. Bu çalışmadan da anlaşılabileceği gibi, öteki ile ilişkide onaylanma, sığınma ve benzerlik ihtiyaçları daha fazla olan kişiler, çevrelerine ya da çocuklarına karşı daha sorumluluk sahibi ve kontrol edici davrandıklarında çocuklarının uyum problemleri sergilediği gözlenmektedir. Özellikle de, farkedilme ve onaylanma alanında yaşanan ilişkisel yoksunlukların kontrolle ilgili tutumlarla birarada görüldüğünde çocuk problemlerine daha fazla yansıdığı anlaşılmaktadır.

Ebeveyn tutumları ve kişilik özellikleri söz konusu olduğunda da ilişkisel açıdan daha kapalı ya da temkinli kişilik özelliği gösteren annelerin bir nevi kontrol davranışı olan daha koruyucu tutumlar sergilediklerinde çocuklarda problemli davranışların oluştuğu anlaşılmaktadır. Bu bulgu, kendilik nesnesi ihtiyacı-kontrol ya da sorumluluk ilişkisine paralel olarak değerlendirilebilir.

Çocuk davranış problemlerinin, ailesel ve çevresel faktörlerden doğrudan etkilendiği bilinmektedir (see Belsky, 1984). Bu çalışmada ise kanser tedavisi alan çocuklarda gözlenen bu problemlerin annenin ilişkisel ihtiyaçları ile nasıl bir ilişki içinde olduğu gösterilmeye çalışılmıştır. Bulgularımız, annenin narsistik ihtiyaçlar olarak tanımlanan aynalanma, idealizasyon ve ikizlilik ihtiyaçlarının önemine ve özellikle kanser tedavisi alan çocuk davranış problemlerini ele alırken annenin bu ihtiyaçlarına yönelik terapötik desteğin verilmesi gerektiğine dikkat çekmektedir.

NİTEL ANALİZ

Nicel analizlerden elde edilen bulgular genellemeler yapmamıza yardımcı olsa da, bu tip çalışmalarda bireylerin öznelliğinin gözden kaçırıldığı ve bu öznelliğin daha çok ‘hata payı’ adı altında değerlendirildiği bilinmektedir (see

Hollway and Jefferson, 2008, p.297). Bu sebeple çalışmanın bu bölümünde, annelerin yaşadıkları travmatik deneyim sonrası kendilik nesnesi ihtiyaçlarının görüşmelerde nasıl ifade bulduğu ve bu ihtiyaçların geçmiş yaşam deneyimleri ile nasıl bir ilişki içinde olduğu nitel açıdan değerlendirmiştir. Nitel analiz, görüşme notları, kitaplar, resimler, video kayıtları gibi günlük yaşam içinde aktif olarak yaşanan öğelerin analiz edilmesi fikrine dayanır ve çeşitli isimler altında ele alınır. Örneğin, görüşme içeriklerindeki temalara bakıldığında *tematik analiz* ya da *yorumlayıcı fenomenolojik analiz*, bu temalardan genel teorilere ulaşılmak istendiğinde *grounded teori analizi*, karşılıklı konuşmaların nasıl oluştuğuna ya da dilin kullanımının nasıl gerçekleştiğine bakıldığında *konuşma* ya *söylem analizi*, ya da kişisel yaşam olayları ve bunun diğerleri üzerindeki etkisini incelenmek istendiğinde *öyküsel analiz* olarak adlandırılır. Bu analizlerin hepsinde analizi yapan araştırmacının kişisel yorumları analizden bağımsız değildir. Nitel analiz, olayları ele alırken araştırmacının kişiliğinin ve bakış açısının bu değerlendirmeler üzerinde etkisi olduğu fikrini de barındırır. Bu çalışmada ise annelerin yaşam deneyimlerinin öyküsel sorgulama ve analiz yöntemi kullanılarak ele alınması planlanmıştır. Amaç, annenin anlattığı yaşam öyküleri temelinde kendi kimliğini nasıl konumlandırdığını anlamak ve bunu kendilik psikolojisi çerçevesinde yorumlayabilmektir. Öyküsel analiz sadece teknikle değil daha genel varoluşsal meselelerle de ilgilenir (Murray, 2003, s.96). Bamberg'in de dediği gibi (2012), 'anlattığımız öyküler hayatımızı nasıl yönlendirdiğimizi ve kim olduğumuzu belirler' (s. 204). Öyküsel analiz görüşmeleri, tüm yaşamımızı fazlaca bir müdahale olmadan anlattığımız *yaşam-hikayesi görüşmeleri* ya da hayatımızda sadece belirli dönemlerin ele alındığı *dönemsel-görüşmeler* olarak sınıflanabilecek iki şekilde yapılabilir. Bu çalışmada, amacımız annelerin yaşadıkları kanser tanı ve tedavisini ve bunun önceki zorlu yaşam olayları ile ilişkisini ele almak olduğundan dönemsel-görüşme yöntemi kullanılmıştır. Öyküsel analizde, anlatılan öykülerin hangi öğelerine odaklanabileceğimizi ise dört farklı boyutta ele alabiliriz. Eğer öykülerdeki temalara odaklanıyorsak *tematik öykü analizi*, cümlelerin kuruluş düzenine odaklanıyorsak *yapısal öykü analizi*, görüşmelerin taraflarının etkileşimlerine odaklanıyorsak *etkileşimsel öykü analizi* ve son olarak anlatıcının performansına odaklanıyorsak *performatif öykü analizi* olarak adlandırabileceğimiz dört boyutta ele almak mümkündür. Bu boyutlar ayrı şekillerde

ele alınabileceği gibi birbiriyle iç içe geçmiş şekilde de değerlendirilebilirler. Öyküsel sorgulama yapan araştırmacılar, anlatılan öykülerin nasıl anlatıldığı, neleri içerdiği, nasıl oluşturulduğu ile ilgilenir ve bunların hangi amaçla ve neye hizmet ettiğini anlamak için yorumlamaya çalışır. Özetle, çalışmanın bu bölümünde annelerin çocuklarının kanser tedavisi sırasındaki kendilik deneyimlerini Kohut'un (1971, 1977, 1984) kendilik-kendilik nesnesi çerçevesinde ele alabilmek ve terapistin bu konudaki yaklaşımlarına ışık tutmak amaçlanmıştır. Bu amaçla tedavi alan çocukların annelerinden seçkisiz seçilen iki annenin deneyimleri karşılaştırmalı olarak ele alınmaya çalışılmıştır. Yapılan görüşmelerde ele alınan sorular aşağıdaki gibidir.

1. Çocuğunuzun hastalığı ve tedavisi sırasındaki deneyimlerinizi anlatabilir misiniz?
2. Daha önce hiç zorluk yaşadınız mı? Evet ise önceki zorluklarınızla nasıl başettiniz?
3. Aile üyelerinizle şu andaki ve önceki ilişkileriniz hakkında neler söyleyebilirsiniz?
4. Çocukluğunuzda yaşadığınız, sizin için önemli herhangi bir kayıp deneyiminiz oldu mu?

Karşılaştırmalı vaka analizi[3]

İlk vaka, 10 yaşındaki kızı yaklaşık 3 aydır karın bölgesindeki kitle için kemoterapi tedavisi gören 45 yaşında bir annedir. Bu çalışmada anne Nihal kod adıyla, kızı ise Dilek kod adıyla anılmıştır. Nihal Hanımla kızı kemoterapi alırken serviste karşılaşılmış ve ilk olarak bu karşılaşmada kaygılı bakışları dikkat çekmiştir. Daha sonraki günlerden birinde görüşmelere katılması teklif edildiğinde tedirgin bir şekilde kabul etmiştir. Kendisiyle 5 görüşme yapılmıştır ve tüm görüşmelerde kaygılı ifadesine eşlik eden yoğun ağlaması dikkat çekmiştir. Tedavi deneyiminin sorgulandığı ilk görüşmede tek kelime ile *"yaşamıyorum"* olarak ifade ettiği *ölü olma hissi* en belirgin tema olarak ortaya çıkmıştır. Görüşme boyunca bu hissin nasıl

[3] Bu bölümde iki vakanın, görüşme notları detaylandırılmadan, ortaya çıkan temalar üzerinden, kendilik-psikolojisi çerçevesinde değerlendirilmesine yer verilmiştir.

oluştuğuna dair söylediği kelimeleri sık sık tekrar ederek ve ağlayarak tanı sürecini tüm detayları ile anlatmaya girişmiştir. Bu süreçte kaygılı bakışlarına eşlik eden ve sık sık dile getirdiği *"Allah korusun"* cümleleri, ne kadar çaresiz kaldığını ve idealize edebileceği bir güce ne kadar ihtiyacı olduğunu göstermiştir. Nihal Hanımın yaşadığı *ölü olma hissi* aynı anda sığınabileceği bir gücün varlığına, Allah'a olan ihtiyacı da beraberinde getirmiştir. Görüşmelerde karşılaşılan diğer temalar, içindeki ölü histen kaynaklanan *maske takma* ve insanlarla ilişkilerinde hissettiği *anlaşılmama* temalarıdır. Nihal Hanım içindeki ölü olma hissinden dolayı kızına sürekli canlıymış gibi hissettirmek için bütün gün maske taktığını ve gece herkes uyunduğunda ancak bu maskeyi çıkardığını belirtmiştir. Aynı anda iki farklı kimliği içinde yaşamaktadır. *Anlaşılmama* hisleri ile ilgili olarak ise insanlarla ilişkilerinde aradığı karşılığı bulamadığını, kimsenin kendisini tam olarak anlayamayacağını sıklıkla belirtmiştir. Nihal Hanım'ın ölü olma hissi, maske takması ve anlaşılmaktan kaçınma ve yoğun olarak yaşadığı Allah'a sığınma hisleri bir arada ve kendilik psikolojisi perspektifinden değerlendirildiğinde, onun aynalanmaya ve idealizasyona yoğun ihtiyaç hisseden ancak aynalanmadan ve ikizlilikten aradığı karşılığı bulamadığı için kaçınan bir kendilik örüntüsü olduğunu düşündürmektedir. Nitekim, gerçek, maske takmayan Nihal sorgulandığında, "kimse gerçek Nihal'i tanımak istemez, kendi içinde yaşayan, problemleri ile kendi başına savaşan, üzgün bir insan" olarak tanımlamıştır. Nihal Hanım'ın ölü hissetme duygusunun bu travmatik yaşam deneyimi öncesinden kaynaklanan başka sebeplerle de ilişkili olabileceği anlaşılmaktadır. Ancak, Nihal Hanım'ın önceki yaşam deneyimlerine ilişkin öyküsüne geçmeden önce ikinci vakanın ele alınması uygun olacaktır.

İkinci vaka, 8 yaşındaki oğlu yüzündeki kitle için 2 aydır kemoterapi alan Pınar kod isimli annedir. Bu anne de aşağı yukarı Nihal Hanım'la benzer süreçleri yaşamıştır ancak onun öyküsünde dikkati çeken başına gelen bu olaydan etkilendiği ancak bir süre sonra toparlanıp baş etmek için yollar aradığıdır. Pınar Hanım da ilk görüşme teklifine biraz tedirgin olarak yanıt vermiştir ancak ilk görüşmedeki tavrının yardım aramaktan çok daha çok görüşmeciye yardımcı olma rolünde olduğu dikkat çekmiştir. Nitekim ilk görüşmedeki en belirgin tema onun *savaşan-kararlı kimliği* olmuştur. Nihal ile karşılaştırıldığında Nihal'in *yalnız, izole, dağılmış kendiliği*

yerine Pınar'ın daha çok *kararlı-hedef odaklı kimliği* ön plana çıkmıştır. Aile ilişkilerinin ve geçmiş zorluk ve kayıplarının sorgulandığı ilerleyen görüşmelerde, hayatının ilk 7 yılını anneannesi ve dedesi ile geçirdiğini ve anne-babasını uzaktan tanıdığını ancak sevilen bir çocuk olduğunu, küçük ama mutlu bir ailesi olduğunu ifade etmiştir. Bununla birlikte, 7 yaşından sonra birden tüm çevresini arkasında bırakarak Almanya gibi *"despot"* bir ülkeye gitmek durumunda kaldığını belirtmiştir. Bu öykülerde kendisini önemli kayıpları olmasına rağmen Almanya'ya adapte olmakta başarılı olan ve zorluklara göğüs gerebilen bir yapıya sahip olarak tasvir etmiştir. Nihal Hanım ise aşağı yukarı aynı yaşlarda iken ablasının evliliğini kayıp deneyimi olarak aktarmıştır. Bu deneyimin ardından, kendi evinde ve diğer tüm aile üyeleri ile bir arada olmasına rağmen tıpkı şimdi olduğu gibi büyük bir yalnızlığa gömülmüş, kendini odaya kapatıp sık sık ağladığını hatırlamıştır. Bu noktada nasıl olup da Pınar Hanım neredeyse her şeyini kaybetmesine rağmen geçiş sürecini atlatıp tıpkı şimdi olduğu gibi baş etme aşamasına geçerken, Nihal Hanm'ın tek bir yakınının evliliği ile bu denli yalnızlaşması ve şimdi olduğu gibi kendini kapatıp ağlamasının nedenleri düşünülmeye başlanmıştır. Her ikisi de ilk çocukluk dönemlerindeki ilişki biçimlerini bu travmatik olay karşısında da yineliyor görünmektedirler. Kendilik psikolojisi çerçevesinden değerlendirmek gerekirse Nihal Hanım'ın aksine daha büyük kayıplara rağmen, Pınar Hanım aynalanma, idealizasyon ve ikizlilik ihtiyaçları açısından dengeli ilişkiler kurabiliyor ve bu denge sayesinde zorluklarla baş edebiliyor görünmektedir.

Anne-baba ilişkileri sorgulandığında, Nihal Hanım'ın çocukluğunda bu ilişkilere dair herhangi bir anısı olmayıp, annesinin çok yaşlı olduğu için paylaşımının çok az olduğunu, babasının da her zaman mesafeli ve gözleriyle döven bir yapısı olduğunu belirtmiştir. Bu yüzden, sahip olduğu tek kendiliknesnesi rolündeki ablasını kaybettiğinde çevresinde bunu telafi edecek rolde kimse bulamayınca bu dönemin gelimsel aşamasına takılı kalmış ve özellikle kayıp sonrası aynalanma ihtiyacına takılı kalmış görünmektedir. Pınar Hanım ise hem ilk çocukluk döneminde ailede yer açılan ve sevilen bir çocuk olmuş hem de sonraki geçiş aşamasında o zamana kadar anne-babasını ne kadar uzak hissederse hissetsin onlar tarafından uygun karşılık görmüş ve bu ilişkisel ihtiyaçlarını onlara transfer ederek

olgunlaştırmayı başarmıştır. Özellikle babası ile ilişkisini çok iyi olarak tanımlamakta ve onun fikirlerine çok önem verdiğini zorlu zamanlarında onun yönlendiriciliğinin rahatlığına sığındığını belirtmektedir.

Erken yaşam dönemlerindeki, kendilik-kendilik nesnesi ihtiyaçlarının yaşa uygun karşılıklarla ele alınmış olmasının sonraki süreçleri nasıl etkilediği şu andaki sürecin nasıl ele alındığını da belirliyor görünmektedir. Yani bu dönemi başarıyla atlatan bireyler, çevrelerindeki ilişkileri aynalanma, idealizasyon ve ikizlilik ihtiyaçlarının karşılanması için kullanabilirken, bu gelişimsel döneme takılı kalanların bu ihtiyaçlarını var olan kaynaklarla kullanmaları mümkün görünmemektedir. Nitekim, Nihal Hanım "beni en çok bu deneyimi yaşayanlar, buradakiler anlar", demekle birlikte bu ortama da negatif atıfta bulunup, "kimse sorsun istemiyorum, kimseyle paylaşmak istemiyorum" diyerek kendini kapatarak belki de geçmişin küskünlüğünü yinelemektedir. Pınar Hanım ise benzeri şekilde kendisini en çok buradakilerin anlayacağını belirtmiştir. Ancak o bu ortama olumlu atıfta bulunmuş ve "burada insanlar mutsuzluktan mutluluk çıkarıyor", "hepimiz aynı odadayız şu anda ve eğer bir problemimiz olursa biz birbirimize yardım ediyor olacağız, akrabalarımız şu an gelemezler, anlayamazlar" diyerek burada sağlanan aynalanma, idealizasyon ve ikizlilik deneyimlerinin önemine vurgu yapmaktadır.

Bu bağlamda bu iki tip kendilik örüntüsüne sahip annenin çocuklarına yönelik ilişkileri değerlendirildiğinde, Nihal hanım kendini kızına adama yolunu seçerek, onun için kendisinin zamanında yoksun kaldığı idealize edilebilecek rolü oynamaya çalışırken, Pınar hanım süreci kabul etmiş "her şeyin bir sonu var" fikrini kabul ederek çocuğu ile ilişkisini daha doğal bir şekilde yaşamayı tercih etmiş görünmektedir. Nihal Hanım'ın daha önce eşinin rahatsızlığı sırasında refakatçi iken insanların aynalanmasına nasıl ihtiyaç duyduğu "görüş eşime yasaktı ama bana değildi, gelip beni görebilirdiniz" sözleri ile daha anlaşılır olmaktadır. Aynalanmaya duyduğu ihtiyaç ile ilgili olarak kendisi de diğerlerinin gözlerini okumaya çok iyi alışmış ve eşinin kendisinin gözünün içine bakarak "çabuk gel" dediğini hatırladığını belirtmiştir.

SONUÇ

Bu bölümde aynı travmatik olaya iki farklı kişi tarafından verilen tepkiler kendilik psikolojisi çerçevesinden değerlendirilmeye çalışılmıştır. "Kendiliknesnesi kavramı, psikolojik dünyanın anlaşılması ve tedavi edilmesi için Freud'un psikoanalitik yöntem ve aktarımın önemini keşfinden sonra ortaya konan en önemli katkı olmuştur (Basch, 1994, s.1). Çevremizdeki herhangi bir anne, her an için çocuğuna kanser tanısı konması durumu ile karşı karşıya kalabilir. Kanser tanısı ya da travmatik olaylar sadece kendilik bütünlüğü dengede olan kişileri seçmez. Yukarıda da örneklendirildiği gibi, eğer kişinin kendilik bütünlüğü sağlam değilse bu deneyim kişiyi çok farklı şekillerde etkileyebilir. Bu da anne-çocuk ilişkisinin niteliğini olumsuz etkileyebilir. Kohut, "çocuklarını kendi narsistik ihtiyaçlarını karşılamak için kullanan ve bu yüzden çocuklarının değişen narsistik ihtiyaçlarına cevap veremeyen ebeveylerden söz etmiştir" (1977, s.274). Bu vaka analizinde de Nihal, kendi aynalanma ve idealize etme kaynaklı ihtiyaçlarının telafisi için Dilek'e onun idealize edebileceği ve onu aynalayabileceği bir anne figürünü *maske takarak* oynamaya ve bu yolla kendiliknesnesi yoksunluğunun yarattığı ölü olma hissini çocuğu üzerinden canlı tutmaya çalışıyor görünmektedir. Oysa Dilek'in ihtiyacının bu kadar koruyucu, adanmış bir anne değil, daha normal ilişkilerin yaşandığı, sakin bir anne-çocuk ilişkisi olduğu düşünülmektedir. Bu bağlamda Lee'nin (1999) de belirttiği gibi, dışarıda kendilik nesnesi ihtiyacını karşılayamayan anne, çocuğuna optimal karşılığı veremeyeceği içim onda travmatik ilişki deneyimleri yaşatıyor olabilecektir. Anne-çocuk ilişkisinin karşılıklığını sağlayabilmek için annenin kendiliknesnesi ihtiyaçlarının bu ilişki dışında başka biri tarafından karşılanıyor olması gerekmektedir. Bu bağlamda, duygusal bağlara ihtiyaç hisseden annelerin fark edilmesinin ve onlara karşı, uygun biçimde aynalayan, idealize edebilecekleri ve ikizlilik deneyimi yaşatabilecekleri terapist ya da sağlık personeli tutumunu takınmanın hem bu anneleri koruyacağı hem de çocuklarının psikolojik sağlıklarına katkıda bulunacağı düşünülmektedir.

APPENDIX L

CURRICULUM VİTAE

PERSONAL INFORMATION

Surname, Name: Yurduşen, Sema
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EDUCATION

Degree	Institution	Year of Graduation
PhD	METU, Clinical Psychology	2016
MSc	METU, Clinical Psychology	2004
BS	HU, Psychology	1999

WORK EXPERIENCE

Year	Place	Enrollment
2011-present	HU, Pediatric Oncology Dep.	Psychologist
2010-2011	HU, Child and Adolescent Dep.	Psychologist
2005-2006	School of Gendarme Command	Psychologist
2003-2004	Altın Çocuk Kindergarden	Psychologist
2000-2001	London	Au-pair

FOREIGN LANGUAGES

Advanced English, pre-intermediate French

HOBBIES

Playing *Bendir*, music, books, movies.

ACADEMIC ACHIEVEMENTS

Msc Thesis "The Effects of Mothers` Parental Attitudes on Their Pre-School Children's Internalizing and Externalizing Behavioral Problems: The mediator Role of Mothers' Psychological Adjustment", (2004).

PUBLICATIONS

Yurduşen, S., Erol, N., Gençöz, T. (2012). The effects of parental attitudes and mother's psychological well-being on the emotional and behavioural problems of their preschool children, *Maternal Child Health Journal,* 17: 68-75.

Rescorla, L.A., Achenbach, T.M., Ivanova, M.Y., ...Yurdusen, S. (2011). International comparisons of behavioural and emotional problems in preschool children: parents' reports from 24 societies, *Journal of Clinical child and Adolescent Psychology, 40 (3), 456-467.*

APPENDIX M

TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü ☐

Sosyal Bilimler Enstitüsü ☐

Uygulamalı Matematik Enstitüsü ☐

Enformatik Enstitüsü ☐

Deniz Bilimleri Enstitüsü ☐

YAZARIN

Soyadı :
Adı :
Bölümü :

TEZİN ADI (İngilizce) :

TEZİN TÜRÜ : Yüksek Lisans ☐ Doktora ☐

Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir. ☐

Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir. ☐

Tezimden bir bir (1) yıl süreyle fotokopi alınamaz. ☐

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: