THE RELATIONSHIP BETWEEN

MATERNAL EMOTIONAL AWARENESS AND

EMOTION SOCIALIZATION PRACTICES

SAFFET ZEYNEP ATAY

BOĞAZİÇİ UNIVERSITY

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AND EMOTION SOCIALIZATION PRACTICES

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Saffet Zeynep Atay

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Thesis Abstract

Saffet Zeynep Atay, "The Relationship between Maternal Emotional Awareness and Emotion Socialization Practices"

This study investigated direct and indirect relations between mothers' awareness of their own emotions and children's social and emotional competence through their emotion socialization practices. The sample consisted of 106 mothers, their 3-6 year old children and their teachers. A semi-structured interview was initially conducted with a small subsample of mothers (N=31) to delineate the emotion socialization practices of Turkish mothers. In the second step of the study, all mothers filled out an emotion socialization scale and a scale to assess maternal emotional awareness. Mothers and teachers rated children's social and emotional competence. Qualitative interview analyses revealed similar themes with the commonly used emotion socialization scale. Distinct emotion socialization practices reflecting the values of the Turkish culture such as emotional interdependence were also discerned. Results of the quantitative analyses revealed that mothers low in emotional awareness used higher levels of nonsupportive emotion socialization practices and rated their children as more labile/negative. Given that maternal education and gender were both significantly associated with nonsupportive practices and mother ratings of child lability/negativity, they were controlled for in the mediation analysis. Nonsupportive emotion socialization practices were found to fully mediate the effect of maternal emotional awareness on child lability/negativity.

Keywords: emotion socialization, emotional awareness, alexithymia, culture.

iii

Tez Özeti

Saffet Zeynep Atay, "Annelerde Duygulanım ve Erken Çocukluk Dönemindeki
Duygu Sosyalizasyonu"

Bu çalışma annelerin duygusal farkındalığının çocukların sosyal ve duygusal
yetkinlikleri üzerindeki doğrudan etkilerini ve duygu sosyalizasyonu davranışları
aracılığıyla olan dolaylı etkilerini araştırmayı amaçlamıştır. 3-6 yaş arasındaki 106
çocuk ile anneleri ve anaokulu öğretmenleri çalışmaya katılmıştır. Öncelikle bir grup
anne ile (N=31) yarı-yapılandırılmış bir görüşme yapılarak Türk annelerinin duygu
sosyalizasyon davranışları incelenmiştir. Daha sonra tüm anneler bir duygu
sosyalizasyonu ölçeği ve bir duygusal farkındalık ölçeği doldurmuşlardır. Annelerle
öğretmenler çocukların sosyal ve duygusal yetkinlikleriyle ilgili anketler
doldurmuşlardır. Kalitatif görüşme analizleri kullanılmış olan duygu sosyalizasyonu
ölçeğindekilere benzer temalar ortaya koymuştur. Görüşmelerde ayrıca Türk kültür
değerlerini (örn. "duygusal bağlılık") yansıtan duygu sosyalizasyonu davranışları da
görülmüştür. İstatistiki analizler sonucunda düşük seviyede duygusal farkındalığı
olan anneler daha fazla negatif duygu sosyalizasyonu davranışlarında bulunuş ve
çocuklarını daha dengesiz ve negatif olarak değerlendirmişlerdir. Anne eğitimi ile
çocuğun cinsiyeti değişkenlerinin diğer değişkenler üzerinde kuvvetli etkileri olduğu
bulunduğundan bu iki değişken kontrol edilerek analizler yapılmıştır. Negatif duygu
sosyalizasyonu davranışlarının anne duygusal farkındalığının çocuk dengesizliği/
negatifliği üzerindeki etkisine aracılık yaptığı bulunmuştur.

Anahtar sözcükler: duygu farkındalığı, aleksitimi, duygu sosyalizasyonu.

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I would like to thank my friends for sharing the joys and agonies of two very full years of learning and growing. We learned together, we supported one another, we literally cried many a time on each others' shoulders and shared our doubts and fears, we had lots of fun and hours and hours of conversations. I not only have a masters degree now, but also friends for life.

Last and not least, I wish to thank my family for all their love, help and support. What would I do without you...

CONTENTS

TABLES

CHAPTER I: INTRODUCTION

Within the past few decades there has been an increasing interest in research on parental socialization of emotion (Eisenberg, Cumberland, & Spinrad, 1998a; Morris, Silk, Steinberg, Myers, & Robinson, 2007). Emotion socialization refers to how parents and other significant adults may affect "children's understanding, experience, expression, and regulation of emotion" (Eisenberg , Spinrad, & Cumberland, 1998b, p.241). The few available research studies on this topic have investigated a range of parental reactions to child distress, including emotion- and problem-focused coping strategies, punitive, and minimizing strategies. Parents' emotion socialization practices influence child outcomes directly, as well as indirectly through their effect on child emotional arousal (Eisenberg et al., 1998a, Katz, Wilson, & Gottman, 1999; Saarni, 1997; Fabes, Poulin, Eisenberg, & Madden-Derdich, 2002; Gottman, Katz, & Hooven, 1996). The evidence shows that supportive parental strategies in response to children's negative emotions, such as comforting and reassuring children, helping them to express and mentalize their affective states, as well as assisting children in solving the problems that initiated the negative emotions in the first place, contribute to children's social competence and emotion regulation (Eisenberg & Fabes, 1994; Gottman et al., 1996; Fabes, Leonard, Kupanoff, & Martin, 2001), whereas nonsupportive emotion socialization strategies, such as minimizing the emotional distress expressed by children and punishing, shaming, or embarrassing them for their displays of emotion are associated with poor child social adjustment (Shipman & Zeman, 2001; Katz & Windecker-Nelson, 2004; Katz & Hunter, 2007).

Parental emotion socialization practices are influenced by child characteristics (e.g., age, sex, temperamental reactivity), parental characteristics (e.g., mental health, general parenting style, personality), and the characteristics of the culture or subculture that the family is embedded in (e.g. norms and values about emotion expression and regulation, norms for child rearing) (Eisenberg et al. 1998a). Existing research has examined various child and parent characteristics (e.g., sex and age of the child, temperament) in relation to emotion socialization (see Eisenberg et al., 1998a for a review). The present study addresses a number of gaps in the literature. First, this study aims to examine parental socialization of emotions in the Turkish cultural context. Second, although it has been established that different aspects of maternal responsiveness in mother-child dyadic interactions such as maternal sensitivity, emotional availability, and contingent responsivity are important factors for child outcome (Calkins & Fox, 2002; NICHD Early Child Care Research Network, 2004; Little & Carter, 2005), maternal emotional awareness which is the basis for a mother's ability to represent and interpret the child's mental states and respond in a sensitive and contingent manner, has not been fully investigated in relation to emotion socialization practices and child outcomes in early childhood. Another goal of this study is to investigate how individual differences in maternal emotional awareness impacts on child social competence and emotion-regulation through its effect on maternal emotion socialization practices. Findings of this study will also have the potential to inform the design of family-based preventive interventions. Such information can guide practitioners to foster preschoolers' self-regulation skills and peer relations through modifying maternal responses to children's negative emotions.

2

CHAPTER II: LITERATURE REVIEW

Parental Emotion Socialization

Emotion is a construct with multiple definitions. Cole, Martin, and Dennis (2004) extract the following general view from the emotion theories in the emotion regulation literature: "emotions are biologically endowed processes that permit extremely quick appraisals of situations and equally rapid preparedness to act to sustain favorable conditions and deal with unfavorable conditions" (p.319). Emotion consists of three distinct aspects: physiological arousal, emotional expression and emotional experience (Kang & Shaver, 2004). It is believed that infants initially experience emotions on a mainly physical level (Kooiman, Spinhoven, & Trijsburg, 2002) and require the action and intervention of caregivers for the regulation of their affective arousal (Fox & Calkins, 2003). Emotion socialization takes place from the first day of a child's life, through which children gradually start to experience emotions on a mental and verbal level, in addition to the physical level. Babies learn to differentiate the internal patterns of physiological stimulation that accompany different feelings through observing their caregivers' facial or vocal affect-mirroring responses (e.g., Gergely & Watson, 1996, 1999; Legerstee & Varghese, 2001; Meltzoff, 1990; Mitchell, 1993; Schneider-Rosen & Cicchetti, 1991). On the basis of caregivers' consistent and marked mirroring reactions to infants' automatic emotional displays, second-order representations of various emotional states are established, forming the basis for affect-regulation and impulse control (Fonagy, Gergely, Jurist, & Target, 2002; Gergely & Watson, 1996). Caregivers' affect expressions not contingent on the

infant's affect can undermine the appropriate labeling of internal states (or conversely, the formation of second order representations for these emotional states) which may in turn remain confusing, experienced as unsymbolized and hard to regulate (Fonagy et al., 2007). Thus, parent-child affective interactions represent an ongoing process of teaching children how to maintain, alter and modulate their physiological arousal, emotional expression and emotional experiences, as well as developing the interpretative mechanisms required for understanding and making sense of internal states in self and others. Such teaching occurs through the affective give-and-take between parent and child in their daily dyadic interactions, as well as through modeling of emotion expression and regulation and direct coaching in how to recognize and cope with emotion and the situations that give rise to them (e.g., Katz & Windecker-Nelson, 2004; Morris et al., 2007).

In a comprehensive review on parental socialization of emotions, Eisenberg and colleagues define parental emotion socialization as "parenting behaviors that reflect parental beliefs, goals, and values in regard to their children's experience, expression, and modulation of emotion" (Eisenberg et al., 1998b, p. 317). Parents' reactions to child emotions, parents' discussion and expression of emotions are the components of emotion socialization (Eisenberg et al., 1998a; Morris et al., 2007). From day-to-day interactions with their caregivers, children gradually develop a style of dealing with emotions. There is a growing body of evidence that sensitive caregiving plays a central role in the development of effective emotion regulation (Eisenberg et al., 1998a; Fox & Calkins, 2003; Shipman, Schneider, Fitzgerald, Sims, Swisher & Edwards, 2007; Cole, Martin, & Dennis, 2004).

Parental socialization practices are considered "nonsupportive" if parents minimize, ignore, deny, punish, or prevent the experience and expression of

children's emotions. On the other hand, they are considered "supportive" if parents are aware of children's emotions and encourage the experience as well as the expression of emotions, comfort children and help them to find solutions to their source of distress (Eisenberg et al., 1998a; Gottman et al., 1997).

Empirical evidence demonstrates a relationship between parental emotion socialization and children's resulting styles of emotional experience and expression, which in turn can help promote the child's capacity for emotional and social competence (Eisenberg et al., 1998a). Research with pre-school and school-age children reveals that parents' negative, nonsupportive emotion socialization practices such as punitive and minimizing reactions to children's negative emotions are associated with negative social and emotional child outcomes (Gottman et al., 1996; Eisenberg, Fabes, & Murphy, 1996).

Parental Emotion Socialization in Relation to Child
Emotion Regulation and Social Competence

Two aspects of child functioning are of particular importance for the proposed project: child emotion regulation and social competence. Emotion regulation consists of "internal and external processes involved in initiating, maintaining, and modulating the occurrence, intensity, and expression of emotions" (Thompson, 1994, as cited in Morris et al., 2007). Emotion regulation involves the modification of physiological arousal, cognitive processes (e.g., attention management, interpretation of events, expectations), and behavioral tendencies (Gottman & Katz, 2002). An essential objective in the development of emotion regulation is for children to learn ways in which to manage emotions in socially and contextually appropriate ways

(Eisenberg & Morris, 2002), therefore desired levels of emotion regulation may vary with context, subculture, and the wider culture (Eisenberg et al., 1998a). Effective emotion regulation involves emotional flexibility, quick reappraisals of emotion-laden situations, access to a broad range of emotions and goal directedness; thus, a very high level of control is not always optimal (Eisenberg, Fabes, Guthrie, & Reiser, 2000).

For young children, a considerable amount of emotion regulation occurs through the actions and intervention of others (Kopp, 1989; Eisenberg, Cumberland, & Spinrad, 1998). As children develop, they rely less on parents to aid in emotion regulation and often interact with other socialization agents, such as peers (Eisenberg & Morris, 2002; Silk, Steinberg, & Morris, 2003). The family context affects the development of emotion regulation in three important ways: child *observation* of parents' emotion expression and interactions, parental *emotion socialization* practices, and the *emotional climate* of the family, as reflected in the quality of the attachment relationship, styles of parenting, family expressiveness and the emotional quality of the marital relationship (Morris et al., 2007).

By observing parents' own emotional profiles and interactions, children learn which emotions are acceptable and how one reacts in similar situations (Denham, Mitchell-Copeland, Strandberg, Auerbach & Blair, 1997). There is evidence that children actually model parents' strategies for regulating emotion (Parke, 1994). With respect to emotion socialization, there is a growing body of empirical support that parents' use of supportive reactions to displays of child emotions facilitate children's understanding of emotions and regulation skills, whereas a nonsupportive style undermines child regulatory competence (e.g., Eisenberg, Fabes, & Murphy, 1996; Gottman et al., 1996, 1997; Denham, 1998; Fabes et al., 2001, 2002; Shipman

& Zeman, 2001; Snyder, Stoolmiller, & Wilson, 2003; Katz & Windecker-Nelson, 2004; Davidov & Grusec, 2006). Some researchers (Davidov & Grusec, 2006; Gottman, Katz, & Hooven, 1996) have argued that parents' interventions and reactions in response to child distress, rather than warmth and responsiveness to child behavior in daily interactions, provide the important regulatory experiences for young children, since learning to regulate emotions takes place in the context of emotional distress. As for the emotional climate of the family, previous research has identified the most influential factors in the family environment with respect to emotion regulation as the overall predictability and emotional stability of the environment, parental expectations and demands, and the degree of positive and negative expressiveness in the family (Morris et al., 2007). The emotional climate is thought to be important in shaping children's beliefs about their own and others' emotionality, where family expressiveness is especially critical in the formation of children's schemas about "appropriate" emotional expression (Dunsmore & Halberstadt, 1997). When a child's emotional climate is negative, coercive or unpredictable, children feel less emotionally secure (Cummings & Davies, 1996), tend to inhibit the expression of their emotions (Shipman & Zeman, 2001; Suveg, Zeman, Flannery-Schroeder, & Cassano, 2005) and are at risk of becoming emotionally reactive. There is considerable evidence that children who display high levels of negative affect and have problems with emotion regulation tend to display higher levels of externalizing behaviors such as aggression, defiance, impulsivity, and coercive interactions with others (e.g., Eisenberg et al., 1994, 2000; McDowell, Kim, O'Neil, & Parke, 2002; Silk, Steinberg, & Morris, 2003; Frick & Morris, 2004; Eisenberg, Champion, & Ma, 2004; NICHD, 2004; Dennis, 2006).

The second child outcome of interest is social competence. Social competence is defined as "the ability to achieve personal goals in social interaction while simultaneously maintaining positive relationships with others over time and across situations" (Rubin, Bukowski, & Parker, 1998, p.645, as cited in Eisenberg et al., 1998). Successful engagement with peers as well as display of socially interactive play with peers are two primary indicators of preschoolers' social competence (Creasey, Jarvis, & Berk, 1998; LaFreniere & Dumas, 1996; Raver & Zigler, 1997).

Not surprisingly, emotion skills such as emotion expression, understanding, and regulation, are at the crux of social competence (Denham, 1998). Research indicates that children's abilities to regulate emotions are associated with the quality of their peer relationships (Cassidy, Parke, Butkovsky, & Braungart, 1992; Hubbard & Coie, 1994). Eisenberg, Fabes, Bernzweig et al. (1993) found that for 4- to 6-year-old boys, both the type of emotion coping strategies used by children and lower levels of expressed negative affect were related to children's social competence. This study reported that boys who engaged in externalizing behaviors due to negative arousal were rated negatively by their peers. In a later study, Eisenberg and colleagues (1995) found that prosocial behavior and competent social functioning were a function of effective attentional and behavioral regulation according to parent and teacher reports.

As emotion-related abilities play an important role in the development of social competence, emotion socialization is also found to impact on children's social competence (Eisenberg et al., 1998a). Gottman et al. (1997) argue that children develop emotional competence (i.e., the ability to inhibit negative affect, to self-soothe, to focus attention and to regulate affect) as a result of supportive emotion socialization practices. In turn, children's emotional competence influences their

relationships with peers and their prosocial behaviors. Parental punitive reactions to child emotions have been linked to inappropriate emotion regulation strategies (i.e., avoidance or aggressiveness) during real-life anger provocations (Eisenberg & Fabes, 1994; Eisenberg, Fabes, Carlo, & Karbon, 1992), difficulty managing emotions, such as failing to use a coping strategy to deal with disappointment, several years later (Eisenberg, Fabes, Shepard, Guthrie, Murphy, & Reiser, 1999; Spinrad, Stifter, Donelan-McCall, & Turner, 2004), and lower levels of social and emotional competence (Jones, Eisenberg, & Fabes, 2002). Similarly, parents' negative and dismissing responses have been associated with increased displays of child anger in observed parent-child interactions (Snyder, Stoolmiller, & Wilson, 2003). Studies have found that children who expect nonsupportive responses to their displays of negative emotions are less likely to seek social support to manage their arousal and more likely to suppress the expression of emotions (Buck, 1984; Eisenberg et al., 1998a; Gottman et al., 1997; Shipman & Zeman, 2001). Supportive responses to child negative emotions, on the other hand, have consistently been related to positive child social adjustment. In various studies with preschool children, "emotion-coaching" has been associated with more positive and less negative peer play for both aggressive and nonaggressive children (Katz & Windecker-Nelson, 2004), better peer relations at age 8, and level of vagal tone, which is a physiological indicator of regulation (Gottman et al., 1996, 1997). Parents who provide comfort and problem-solving assistance when their children are emotionally aroused have children who are more likely to have appropriate verbal assertion, low anger intensity, and the ability to remove themselves from provocative peer situations (Brown, Fitzgerald, Shipman, & Schneider, 2007; Eisenberg & Fabes, 1994). Positive social functioning as reported not only by mothers and teachers but also by

children themselves, was associated with mothers' problem-focused reactions (Eisenberg et al., 1996). Taken together, these findings suggest that children who receive parental support in response to displays of emotional distress not only manage their emotional arousal better, but they also become more competent in social interactions (Gottman et al., 1996).

<center>Cross-cultural Emotion Socialization</center>

An important function of emotion is to guide adaptation to the social environment (Kang & Shaver, 2004). Desirable social behavior varies with context, subculture, and the wider culture (Eisenberg et al., 1998a) and the process of socialization can be viewed as the transmission of cultural meaning systems from parent to child (Saarni, 1987). Parents socialize their children in the verbal and nonverbal experience and expression of emotions consistent with the norms and value systems of the group that they belong to within their respective cultures (e.g., Lutz, 1983; Lutz & White, 1986; Le et al., 2002). For example, compared with Western socialization practices, Asian socialization practices have been described as more controlling, restrictive, and authoritarian, and less overtly affectionate toward their children (Kelley & Tseng, 1992; Lin & Fu, 1990). In a study investigating parental emotion socialization in two different cultural groups (European American and Asian American college students), Le et al. (2002) found that Asian American subjects were less likely than European Americans to retrospectively report that their parents verbalized positive emotions and displayed physical affection. Similarly, a study reported that Chinese mothers from Taiwan were more likely than European American mothers to talk about and make explicit references to child misbehavior, whereas American mothers were more

<center>10</center>

likely to refer to the use of emotion words and to encourage emotional expressions (Miller, Fung, and Mintz, 1996, as cited in Le et al., 2002). Other studies have reported results that are consistent with these findings. Wang (2001, 2008) found that middle-class European-American parents frequently discussed emotions with their children and encouraged them to express their feelings, which, the author argues, is in line with the cultural emphasis on autonomy and independence, as well as the view of emotions as an indication of the individual self. Wang noted that in Chinese culture where emotions are traditionally viewed as potentially destructive to interpersonal harmony, parents' emotion socialization is not geared towards helping children understand emotions, but instead emphasize conformity to behavioral norms. Therefore, Chinese mothers' conversations about emotions were often focused on "teaching a lesson," so that the child can learn to act within social norms and according to cultural values, with little causal discussion of the child's feeling states (Wang, 2001; Wang & Fivush, 2005). Not surprisingly, European-American preschoolers were consistently found to have higher levels of emotion knowledge and understanding than their Chinese peers, regardless of age (Wang, 2003; Wang, Hutt, Kulkofsky, McDermott, & Wei, 2006; Wang, 2008). Analyzing the conversations of middle-class Japanese mothers with their 2-3 year old children, Sumitomo (2006) found that the internal state words used by these mothers reflected the Japanese cultural values of belongingness, empathy, and occupying one's proper place in society. The author argued that as these Japanese children were acquiring the internal state words, they were also absorbing the social values associated with them. In a study on emotion recognition, Matsumoto and Kishimoto (1983) found that Japanese children were less likely to recognize facial expressions of anger than were American children, attributing this to specific emotion socialization patterns in

11

Japanese families where children are socialized from an early age to avoid the expression of negative emotions like anger. In a study with elementary school children in India, Raval and Martini (2009) found that Gujarati mothers considered, and conveyed to their children, that expressions of anger and sadness were less acceptable than physical pain. These mothers reported more minimizing and less problem- or emotion-focused responses to child anger, compared to either sadness or pain. The authors argue that in the Hindu culture, anger is an uncivilizing emotion, but sadness does not fall into Hindu categories of uncivilizing or refining emotions; hence the different socialization of these two negative emotions among mothers in India.

The above studies suggest that parents from different cultures socialize emotions in ways that are consistent with their respective cultural norms and value systems. Studies looking into variations within a broader culture also give insights about just how much emotion socialization is influenced by culture. In a study with preschool children in rural Nepal, Cole and Tamang (2006) compared the emotion socialization practices of a minority group in Nepal, the Tamang, with those of the majority group, the Brahman, and noted that even though both groups were similar in terms of a collectivist orientation, demographic characteristics, and observed social behavior between adults and children, parents responded differently to child anger and shame. Tamang tended to scold, tease, and rebuke the angry child, but reasoned with and yielded to the child who was ashamed. Brahmans, on the other hand, responded to child anger with nurturing, reasoning, and yielding but consistently dismissed shame, giving children the message that shame is not acceptable. The authors argue that this pattern of socialization fits in with the respective cultural value systems of the two groups, where the Tamang view anger as possibly

endangering to social harmony within the group, as well as to their position in society as a minority group, but for the Brahman, anger is an emotion that is associated with power, pride, and dominance, and may facilitate the maintenance of their status as the majority social group. Similarly, the emotion of shame does not fit in with the self-construals of Brahmans as a proud, powerful, and dominant group, and is not socialized, whereas for the Tamang, shame is an understandable and accepted emotion associated with the minority status of Tamang in society and receives supportive socialization from Tamang elders (Cole, Tamang, & Shrestha, 2006).

The Turkish Family Context

Turkey has undergone a period of change in the past four decades, moving from a predominantly rural to an industrialized urban economy. Sunar (2002) describes the accompanying change that has taken place in the Turkish family parallel to this socioeconomic transition as a movement from an interdependent collectivistic orientation to a "synthesis of some of the more positive aspects of both collectivistic and individualistic cultures (such as close relationships combined with strong encouragement of the child's achievements) while avoiding some of the most negative aspects of both (such as authoritarian discipline and interpersonal alienation)" (p.235). A synthesis means the coexistence of seemingly contradictory features. At the same time that child efforts, achievement, and pursuit of personal fulfillment and happiness are encouraged, independence and separation from the family are discouraged (Sunar, 2002; Kağıtçıbaşı & Ataca, 2005). Therefore, together with a new valuing stance towards autonomy as it relates to children's

13

success in life, there continues to be control rather than permissiveness in parenting (Kağıtçıbaşı, 2005). Moreover, a defining feature of the Turkish culture, that of emotional interdependency, dictates that a high degree of emotional closeness in the family coexists with an emphasis on the suppression of discord and conflict as well as the preservation of the family's reputation (Sunar, 2002; Kağıtçıbaşı & Ataca, 2005). Parents still socialize children to feel a responsibility and loyalty to the family, which however, no longer means the complete subordination of children's interests and ambitions to the family. The whole family shares in child ambitions and success. In essence, this is the same process as the "honour" tradition in the rural family where, Sunar (2002) notes, "honour belongs to individuals, not as individuals but as members of families" (p.220). Children's achievements and success belong not only to the individual children themselves, but to the whole family.

Such cultural characteristics and values have significant relevance for the socialization of emotion in the family. The proposed study will be unique in examining maternal socialization of emotions in the Turkish cultural context, not only among educated, middle-class families but also among more disadvantaged families.

<center>Emotional Awareness</center>

Research indicates that there are individual differences in the cognitive processing of emotion, leading to differing levels in the capacity to consciously experience and express emotion (e.g., Sifneos, 1996; Lane et.al, 1996; 2000; Fonagy, 2003; Mason, Tyson, Jones, & Potts, 2005; Moriguchi et al., 2007). Alexithymia denotes a general impairment in the conscious awareness and experience of emotions (Lane et al.,

<center>14</center>

2000) and is characterized by problems in emotion regulation, such as difficulties in recognizing, processing, and modulating emotions (De Rick & Vanheule, 2006). Alexithymia is found to be a stable and distinct construct among personality constructs and it presents a classic bell-shaped normal distribution in the general nonclinical population (Yelsma, Hovestadt, Anderson, & Nilsson, 2000; Picardi, Toni, & Caroppo, 2005). It has been suggested that alexithymia is a manifestation of limited and undifferentiated emotional experience (Lane, et al., 1996; Nemiah & Sifneos, 1970). In the present study, maternal emotional awareness has been conceptualized as the level of alexithymia in mothers.

Studies of community samples using brain imaging as well as verbal and nonverbal measures demonstrated that as alexithymia scores increase, the ability to recognize emotions decreases, suggesting a general impairment in the capacity to encode and transform emotional information; thus representing a cognitive as well as an affective deficit (Parker et al., 1993; Mann et al. 1994; Lane et al. 1996, 2000; Larsen et al., 2003; Gil et al., 2008a, Kugel et al., 2008, Reker et al., 2009; Prkachin et al., 2009). Alexithymic individuals have difficulty not only in identifying their own feelings, but also in representing and evaluating others' mental states (Moriguchi et al., 2007; Lane et al., 2000). Research on the mirror neuron system suggests that the fundamental mechanism that allows us to understand the actions and emotions of others involves the activation of the mirror neuron system for actions and the activation of viscero-motor centres for the understanding of affect (Gallese et al., 2004). In the anterior insula, visual information concerning the emotions of others is directly mapped onto the same viscero-motor structures that determine the experience of that emotion in the observer (Wicker et al., 2003). This direct mapping can occur even when the emotion of others is only imagined (Singer

et al., 2004) or inferred from visual stimuli (Jackson, Meltzoff, & Decety, 2005).

Investigating specific brain processing of facial expressions in people with

alexithymia, Kano et al. (2003) has found reduced activation in the anterior insula in

response to emotional faces. The anterior insula is associated with empathy (other

oriented emotional responses), whereas the posterior insula, which displays increased

activation in alexithymic subjects compared to controls (Moriguchi et al., 2007), is

associated with personal distress (self-oriented response). Therefore, it is not

surprising that one of the core deficits in alexithymia is impaired empathy, which

requires an introspective awareness of one's own and others' mental states. The

availability of a mechanism that allows the individual to take another's perspective

and infer as well as to an extent experience his/her emotional state of mind is central

to the concept of empathy (Fonagy, 2003). In fact, studies with behavioral measures

and brain imaging have reported that individuals high on alexithymia showed less

mature empathy (i.e., the tendency to experience personal distress and discomfort in

witnessing other people's negative experiences) along with decreased neural activity

in the executive/regulatory regions of the brain associated with cognitive empathy to

others' pain (Guttman & Laporte, 2002; Moriguchi et al., 2007).

Brain imaging studies investigating the areas in the brain implicated in

alexithymia have yielded interesting findings that imply an association of

alexithymia with mentalisation. In the development of the mentalization capacity,

children need to move away from the assumption that everyone else shares the same

knowledge, beliefs, and emotions and towards a recognition of the existence of

separate minds (Fonagy et al., 2007). The inhibitory controls necessary for this

process unequivocally require the activation of the anterior cingulate cortex (ACC)

along with the dorsolateral prefrontal cortex (DLPFC) and superior parietal lobe

(Botvinick, Nystrom, Fissell, Carter, & Cohen, 1999; Braver, Barch, Gray, Molfese, & Snyder, 2001; Milham et al., 2001; Miller & Cohen, 2001; Sylvester et al., 2003 as cited in Fonagy et al., 2007). Moreover, imaging studies confirm the activation of ACC during tasks calling for a theory of mind (Calarge, Andreasen, & O'Leary, 2003; Kobayashi, Glover, & Temple, 2006; Vogeley et al., 2001) Animal research has shown that the ACC plays a key role in emotional regulation of activity and social relating (Allman et al., 2001; Amaral, 2003 as cited in Fonagy et al., 2007), whereas the DLPFC has been associated with changes in moral behaviour (Tranel, Bechara, & Denburg, 2002) and empathy (Vollm et al., 2006). In alexithymia, PET and fMRI studies have found significantly lower cerebral activation in both the anterior cingulate cortex (ACC) and the dorsolateral prefrontal cortex (DLPFC), compared to controls (Moriguchi et al., 2007; Lane et al., 1997).

The deficits associated with alexithymia are found to be reflected in the interpersonal domain, which is not a surprising finding since emotion delivers dense information about others' mental states during interpersonal interactions, which alexithymic individuals fail to receive and interpret (Kang & Shaver, 2004). For example, in clinical samples, alexithymic patients were found to avoid close social relationships, displaying a tendency toward social conformity and conflict avoidance, as well as an unempathic, detached and cold relational style (Vanheule, Desmet, & Meganck, 2007). Attachment research indicates avoidant-dismissing attachment to be the most typical style seen among individuals with alexithymia (Taylor, 2000; Verhaeghe, 2004, as cited in Vanheule et al., 2007; De Rick & Vanheule, 2006). Individuals with an avoidant attachment style are typically uncomfortable being close to others. They find it difficult to trust and depend on others, getting nervous when they feel that others get too close. Alexithymia has also been associated with a

wide range of interpersonal problems in nonclinical samples, such as attachment anxiety and avoidance (Weinryb et al., 1996; Mallinckrodt & Wei, 2005), interpersonal indifference (Vanheule et al., 2006), cold/distant and non-assertive social functioning (Vanheule et al., 2007), interpersonal distrust and social, family, and romantic loneliness (Qualter et al., 2009), emotional inhibition and immature defense styles (Helmes et al., 2008), and low relationship satisfaction in intimate relationships (Humphreys et al., 2009).

In an effort to gain an understanding into the mechanisms operating in the development of alexithymia in the general population, research has focused on various family variables in nonclinical student samples. Some of these studies have looked into retrospectively reported family environments in association with alexithymia (Berenbaum & James, 1994; Yelsma et al., 1998; King & Mallinckrodt, 2000; Kooiman et al., 2004; Gil et al., 2008b) and identified family expressiveness, in particular low levels of positive and high levels of negative expressiveness, as a key factor in predicting alexithymia in adulthood (Berenbaum & James, 1994; Yelsma et al., 1998; Kench & Irwin, 2000; King & Mallinckrodt, 2000). Individuals high in alexithymia have reported feeling less emotionally safe during childhood (Berenbaum & James, 1994). Indeed, a diverse set of retrospectively-reported family functioning factors, such as the family's level of cohesion, expressiveness, conflict, disengagement, sociability, enmeshment, organization, and parenting style (Kench & Irwin, 2000), parental overinvolvement, parent-child role reversal and fear of separation (King & Mallinckrodt, 2000) have all been associated with alexithymia, suggesting the significance of family factors in the development of alexithymia. Investigating alexithymia in association with retrospectively reported parental emotion socialization practices, Le et al. (2002) found that different facets of

emotion socialization were differentially associated with different facets of alexithymia. Specifically, "physical affection" and "avoidance" were associated with the ability to identify emotions, whereas "verbalize positive emotions" was associated with the ability to communicate emotions.

Evidence for the significance of parental emotion socialization practices in the development of children's emotional awareness (or conversely, alexithymia) can be found in the emotion socialization literature. Fabes et al. (2002) investigated parental emotion socialization practices with respect to child emotional competence and found that preschool children's ability to accurately decode others' emotions was related to emotion- and problem-focused supportive parenting responses and inversely related to parental distress. Similarly, Warren and Stifter (2008) related maternal emotion socialization behaviors (such as emotional expressivity, responses to child emotions and observed emotion talk) to children's emotional self-awareness skills one year later. Furthermore, studies of maltreated children showed that between three and seven years of age maltreated children appear to have poorer understanding of universal child facial expressions of emotion (Camras, Grow, & Ribordy, 1983), masked negative emotional facial expressions (Camras et al., 1988), and adult facial expression (During & McMahon, 1991), even when controlled for verbal IQ (Camras et al., 1990). Such findings suggest that parental socialization of emotion might play a role in the development of alexithymia. Current family functioning was also related to the degree of alexithymia. Controlling for negative and positive affect, Lumley et al. (1996) found family dysfunction, namely either over- or under-involvement in others' concerns, a lack of family rules and guidelines for behavior and poor family problem-solving abilities, to predict alexithymia in young adults.

Of particular importance to the current study is the degree of maternal emotional awareness (i.e., alexithymia) and how it affects emotion socialization practices and child psycho-social adjustment. When maternal alexithymia was investigated, cross-generational similarities between mothers' alexithymic characteristics and those of their adult children were found, independent of respondents' positive and negative affect. At the same time that these studies stress the significance of family and parenting factors for the intergenerational transmission of alexithymia, a large scale population study of twins in Danemark has found genetic heritability to be around 30-33% (Jørgensen, Zachariae, Skytthe, & Kyvik, 2007), suggesting a gene-environment interaction in the development of alexithymia.

There are relatively few studies that investigated parental emotional awareness in relation to parent-child interaction quality. For example, in a study about parental meta-emotion (i.e. beliefs and attitudes about emotions), Gottman, Katz and Hooven (1997) have found that parents' awareness of their own emotions was significantly correlated with their ability to recognize those emotions in their children. These researchers have suggested that parents could increase their awareness of their child's emotions through increased self-awareness of their own emotions and found in a longitudinal study that parents' emotional awareness, of both their own and their children's emotions, together with their emotion socialization practices (emotion-coaching versus emotion-dismissing) impact significantly on children's emotion-regulation (Gottman et al., 1996, 1997). Similarly, Katz and Windecker-Nelson (2004) found that mothers of conduct-problem children had lower awareness of their own and their children's emotions, compared to mothers of non-conduct problem children, as well as difficulty distinguishing one emotion from another. These mothers were also less likely to know how to deal with their children's emotions and

to teach strategies for coping. Moreover, mothers who displayed a high level of awareness, both of their own and their children's emotions, had children who engaged in less negative peer interactions and fewer instances of breakdowns in peer play and fewer bouts of negative conversation and affect (Katz & Windecker-Nelson, 2004). In another study investigating conduct problems in preschool children, Cole, Teti, and Zahn-Waxler (2003) have examined videotapes of mother-child interactions and found that mothers' emotional insensitivity and unmatched emotional responses to the minute by minute emotional needs of children during the dyadic interactions characterized the problematic mother-child pairs. A study on adolescents with depressive symptoms reported that a mothers' acceptance of her own emotions was associated with fewer depressive symptoms, higher self-esteem and fewer externalizing problems in children (Katz & Hunter, 2007). To our knowledge, there are as yet no studies looking into various parenting dimensions of mothers with alexithymia with respect to child outcome. One study could be found that has investigated alexithymia and "prenatal attachment" in pregnant women and reported maternal alexithymia to be related to low levels of "prenatal attachment," which is a construct reflecting the extent of a mother's emotional investment towards her unborn baby (Vedova et al., 2008).

Given that culture can have a profound influence on the experience and expression of emotion (e.g., Kitayama & Markus, 1994; Lillard, 1998; Marsella et al.1985 as cited in Zhu et al., 2007), it follows that culture can play a role in alexithymia. There is a body of literature investigating alexithymia in many different cultures (e.g., Pandey, Mandal, Taylor, and Parker, 1996; Bressi et al., 1996; Fukunishi et al., 1997; Taylor et al., 2003), even though comparative cross-cultural studies examining alexithymia in different cultural groups are relatively rare (Dion,

1996; Zhu et al., 2007; Fukunishi et al., 1992; Le et al., 2002). Studies comparing

levels of alexithymia of Eastern and Western cultural groups have consistently found

higher mean levels of alexithymia in Eastern cultures (Fukunishi et al., 1992, 1997;

Dion, 1996; Le et al., 2002; Zhu et al., 2007). Dion (1996) argued that in contrast to

Western cultures, individuals in Eastern cultures tend to be less oriented toward

identifying and verbally describing subjective feelings, and are encouraged by their

cultures to use somatic metaphors for construing and expressing their emotional

states, concluding that the possibility exists that alexithymia may not have the same

meaning in all cultures and higher levels might be required in Eastern cultures before

it would be considered an impairment. Le and colleagues (2002) have investigated

retrospective reports of parental emotion socialization in association with

alexithymia in three different cultural groups (European Americans, Asian

Americans, and Malaysians) and found that emotion socialization mediated the

relationship between culture and the different facets of alexithymia, concluding that

parents' emotion socialization practices play a part in the development of

alexithymia. Studies investigating alexithymia in Turkey have found that mean levels

of alexithymia in the Turkish culture do not deviate significantly from reported

levels of alexithymia in Western cultures (Kose et al., 2005; Celikel et al., 2009) .

CHAPTER III: PURPOSE

Of particular importance to the proposed project are the direct and indirect effects of maternal emotional awareness on the quality of children's social and emotional competence. The purpose of this study is twofold. First, the direct relationship between maternal emotional awareness and child social and emotional competence will be examined. Second, Turkish mothers' emotion socialization practices with respect to childrens' negative emotions, such as anger fear, and sadness will be investigated as a potential mechanism that might explain the relation between maternal emotional awareness and child outcomes. Based on prior research, the following hypotheses are proposed:

Hypothesis 1: Parents who have high levels of awareness of their own emotions would be more likely to have children with higher levels of social competence and emotion regulation compared to children whose parents have lower levels of emotional awareness.

Hypothesis 2: Mothers high in emotional awareness are expected to use higher levels of supportive and lower levels of nonsupportive emotion socialization strategies in response to child distress. Supportive strategies include empathizing with and validating the child's emotions, verbally labeling child emotions, talking about the causes and consequences of emotions, and helping children with problem-solving. Nonsupportive strategies include minimizing, ignoring, denying, criticizing, scolding, punishing, or preventing the experience and expression of children's emotions.

Hypothesis 3: Mothers who use high levels of supportive emotion socialization strategies are expected to have children with higher levels of social and emotional competence, compared to children whose mothers use lower levels of supportive emotion socialization strategies, whereas mothers who react to child negative emotions with high levels of nonsupportive emotion socialization strategies are expected to have children with lower levels of social and emotional competence, compared to children whose mothers use lower levels of nonsupportive emotion socialization strategies.

Hypothesis 4: Finally, we hypothesize that high levels of maternal emotion awareness would be indirectly associated with child's social and emotional competence through maternal engagement in higher levels of supportive and lower levels of nonsupportive emotion socialization. In contrast, we hypothesize that low maternal emotion awareness would interfere with the quality of child's social and emotional competence by undermining supportive emotion socialization and increasing nonsupportive emotion socialization practices.

CHAPTER IV: METHOD

Participants

Participants in this study were 106 Turkish preschool children (57 boys, 49 girls),
their mothers and preschool teachers. Children enrolled in this study were all healthy
and normally developing preschoolers. One child with Down Syndrome and another
one with a pervasive developmental disorder diagnosis have been excluded from the
sample, as well as seven mothers who failed to complete the measures. Child ages
ranged between 39 and 75 months, with an average of 57.17 months (SD=9.63). The
families were recruited from eight preschools in Istanbul, three of which were
university-affiliated, three private and two public. Preschools were selected by
convenience sampling.

The average family size was 3.95 ($SD = 0.96$). 69.8% of the children lived in a
two-adult family and 28.3% of the children had three or more adults in the
household. 45.3% of the participating children were the only child in their families
and 50% had one sibling. Mothers' age ranged from 22 to 47 years old ($M = 35.43$,
$SD = 5.12$). Fathers were between 28 and 58 years of age ($M = 39.34$, $SD = 6.21$).
67.0% of the mothers and 55.7% of the fathers had a university degree or above.
19.8% of the mothers and 24.5% of the fathers had high-school degrees. 64.2% of
mothers were full-time employed, whereas 28.3% were not working at the time of
the study. Most of the fathers (83.0%) were employed full-time, with only 6.6%
unemployed. 98.1% of the parents were married. 72.6% of the families reported an

income level of at least 1500 YTL per month. Table 1 in Appendix A presents detailed descriptive data on the participating children and their caregivers.

At the time of the study, children had been attending preschool for an average of 18.15 months (SD=15.99). Forty-nine children (46.2%) were in public preschools, forty children (37.7%) in university-affiliated preschools and seventeen children (16%) in private preschools. All teachers were female. The number of children in the classrooms ranged from 7 to 28 ($M = 16.10$, $SD = 4.95$). Public preschools had significantly more children in the classrooms, compared to the other preschools, t (111) = 7.44, $p < .001$. The mean age of children from public preschools was significantly higher than the mean age of children from other preschools, $t(109) = 2.75$, $p < .01$. The gender distribution of the children did not differ with respect to preschool type (χ^2 (1, $N = 113$) = .073, $p = .787$). Mothers of children from public schools had a significantly lower education ($t(111) = -4.737$, $p < .001$) and their families had a significantly lower income level ($t(111) = -4.957$, $p < .001$) compared to children from other preschools. Table 2 in Appendix A presents descriptive data according to preschool type. For the qualitative part of the study, a subsample of 31 mothers were chosen, who were mostly well-educated university graduates.

Procedure

Data collection took place between January and October 2008. Eight preschools were selected via convenience sampling and contacted by phone call. After the preschool directors agreed to take part in the study, the consent forms and the first batch of questionnaires were distributed to classroom teachers to be given to mothers. A total

of 263 mothers were contacted. Preschool teachers filled out two questionnaires to report on the emotion regulation and social competence skills of the participating children, as well as a short information form about their classroom. Teachers were uninformed of the study hypotheses and completed the questionnaires after they had known the children for at least three months. All teacher reports were self-administered and were collected through personal contact with the teachers.

In order to capture culturally unique responses, a small subset (N = 31) of these mothers were interviewed individually using 12 scenarios from the Coping with Children's Negative Emotions Scale before they completed the questionnaire. The interview was semi-structured. Mothers were told to imagine themselves the mother of a hypothetical preschooler, who experiences various negative emotions in typical daily situations, which were the twelve scenarios from the Turkish version of the CCNES. After each scenario was read out to mothers, they were asked to talk about what they would do and what they would say to their children in that particular situation (see Appendix G for the interview questions). 15 of these interviews were conducted individually by the graduate student and 16 of them were conducted by two trained advanced undergraduate students. Mothers' responses were audio-recorded and later transcribed verbatim. Interviews ranged from approximately 15 to 45 minutes. After each interview, mothers filled out the CCNES questionnaire. Those mothers who had not been interviewed were sent the CCNES questionnaire through their respective preshools. The completed CCNES forms were collected from the teachers through personal contacts. Thirteen children had to be excluded from the study at this time, as six mothers did not return the CCNES due to different reasons and seven mothers filled out the CCNES only partially.

The Turkish translation of the Coping with Children's Negative Emotions Scale

(CCNES; Fabes, Poulin, & Eisenberg, 2002) was used to investigate mothers'

responses to their children's negative emotions (see Appendix E). The CCNES

consists of 12 hypothetical scenarios where children express different negative

emotions such as sadness, anger, disappointment in everyday situations. For each

scenario, mothers used a 5-point Likert scale ranging from 1 (*very unlikely*) to 5

(*very likely*) to rate the likelihood of responding in each of six different ways to their

child's negative emotion expressed in that specific scenario. Each of the six

responses represent theoretically different emotion socialization practices and make

up the six subscales of the CCNES. Three of the subscales, Problem-focused

Responses, Emotion-focused Responses, and Expressive Encouragement, represent

supportive ways of responding to children's distress. The *Problem-focused

Responses* (PFR) subscale reflects the degree to which parents help the child find

ways of solving the problem that caused his/her negative effect. The *Emotion-

focused Responses* (EFR) subscale reflects the degree to which parents respond with

strategies focused on helping the child feel better (i.e., oriented towards alleviating

the child's negative feelings). The *Expressive Encouragement* (EE) subscale shows

the degree to which parents actively encourage children to express their negative

affect and the degree to which they validate children's negative emotional states. To

give an example, the second scenario in CCNES is "If my child falls off his/her bike

28

and breaks it, and then gets upset and cries, I would:", where the PFR response is "help my child figure out how to get the bike fixed", the EFR response is "comfort my child and try to get him/her to forget about the accident", and the EE response is "tell my child it's OK to cry".

The other three subscales of the CCNES, Minimization Reactions, Punitive Reactions, and Distress Reactions, represent *non-supportive* ways of responding to children's negative emotional states. The *Minimization Reactions* (MR) subscale represents the degree to which parents discount the seriousness of the situation or devalue the child's problem or distressful reaction. The *Punitive Reactions* (PR) subscale reflects the degree to which parents use verbal or physical punishment to avoid having to deal with the negative emotions of their children and to limit the display of these emotions by their children. The *Distress Reactions* (DR) subscale focuses on the degree to which parents themselves become distressed when their children express negative affect. As an example, the MR response to the third scenario ("If my child loses some prized possession and reacts with tears, I would:") is "tell my child that he/she is over-reacting," the PR response is "tell him/her that's what happens when you're not careful", and the DR response is "get upset with him/her for being so careless and then crying about it." Fabes et al. (2002) found that the subscales belonging to the categories of *supportive* versus *nonsupportive* responses correlated significantly positively amongst themselves with *r*'s ranging from .32 to .65, but with no between-group correlations.

A statistically significant test-retest association (over a 4-month period) of moderate strength was found for all the subscales (Fabes et al., 2002). Moderate to high internal consistency reliabilities for the CCNES subscales were documented with Cronbach alphas ranging from .69 to .87 (Fabes et al., 2002, Warren & Stifter,

2008). In the current study, reliability was low for the DR subscale ($\alpha = .58$), moderate for the PFR subscale ($\alpha = .69$) and high for the remaining four subscales with Cronbach alphas ranging from .78 (PR subscale) to .88 (MR subscale). Construct validity of the CCNES has been established by relating the CCNES subscales to theoretically similar parenting scales, such as the Interpersonal Reactivity Index, Parental Control Scale, Parent Attitude Toward Children's Expressiveness Scale, and Parental Anger, where r's ranged from .22 to .45 in the expected direction (Fabes et al., 2002).

Emotional Awareness

The Turkish translation of the 20-item Toronto Alexithymia Scale (TAS-20; Bagby, Parker, & Taylor, 1994) was used to assess maternal emotional awareness (see Apprndix C). TAS-20 consists of 20 self-descriptive statements, each rated on a 5-point Likert scale ranging from 1 (*never*) to 5 (*almost always*). The total TAS score ranges between 20 and 100. The cut-off scores used to assign subjects to alexithymia groups are as follows: *nonalexithymic,* ≤51; *intermediate*, 52 to 60; and *alexithymic,* ≥61 (Lane et al., 2000). Using these cut-off points, prevalence rates of alexithymia were found to be between 5-18% in nonclinical samples (Salminen et al., 2009, Kokkonen et al., 2001, Mason et al., 2005, Säkkinen et al., 2007) and between 30-60% in clinical samples (Uzun, 2003, Subic-Wrana et al., 2005, Evren et al., 2008, Parker et al., 2008).

Bagby, Parker, and Taylor (1994) have identified a three-factor structure of the TAS-20: (1) *Difficulty Identifying Feelings* (DIF) and distinguishing them from bodily sensations (7 items, such as "I have feelings that I can't quite identify"), (2)

Difficulty Describing Feelings (DDF) (5 items, such as "It is difficult for me to find the right words for my feelings"), and (3) *Externally Oriented Thinking* (EOT), referring to a tendency to focus on the concrete details of external events rather than on feelings and inner experiences (8 items, such as "I prefer talking to people about their daily activities rather than their feelings"). There are many studies which replicated the three-factor structure of the TAS-20 (Säkkinen et al., 2007, Swift et al., 2006, Parker et al., 2003), while there are also studies where two, four, or five factors have been found (Haviland & Reise, 1996, Kooiman et al., 2002, Müller et al., 2003, Swift et al., 2006, etc.). Likewise, a study on the reliability, validity, and the factorial structure of the Turkish translation of the TAS-20 reported a two-factor structure (Kose et al., 2005), where the first factor, *Difficulty Identifying and Describing Feelings*, encompassed the first and second original factors and the second factor corresponded to the original third factor, *Externally Oriented Thinking*.

The test-retest reliability coefficient for the TAS-20 was reported as $r = .77$ over a 3-week interval (Bagby et al., 1993). Several previous studies have reported low to moderate internal reliabilities with Cronbach alphas ranging from .70 to .86, .67 to.85, .48 to .82, and .27 to .83, respectively (Taylor et al., 2003). The third factor EOF is generally found to have a markedly lower internal reliability, compared to the other two factors.

Alexithymia, as measured with the TAS-20, was found to be a separate construct from depression and anxiety in a nonclinical population (Picardi, Toni, & Caroppo, 2005) . Neither the Big Five factors nor temperament dimensions uniquely explained more than 20% of TAS-20 total variance, supporting the discriminant validity of the scale. Clinical samples had significantly higher TAS-20 scores compared to nonclinical samples (Müller et al., 2003, Uzun, 2003, Vanheule et al.,

31

2007, Gil et al., 2008a, Parker et al., 2008). Past research has found that higher levels

of education and socioeconomic status were related to lower alexithymia scores

(Lane et al., 1998, Parker et al., 2003, Uzun, 2003). There were inconsistent findings

with regard to gender differences (Bagby, 1994, Loas et al., 2001, Parker et al., 2003,

Vanheule et al., 2007, Humphreys et al., 2009; Parker, 1993, Lane et al., 1998,

Huynh-Nhu et al., 2002; Pandey et al., 1996, Mason et al., 2005).

In the present study, alphas for the TAS-20 factors were .77 for DIF, .61 for

DDF, and .43 for EOT, demonstrating moderate reliabilities for the first two factors

but an inadequate internal reliability for the third factor. The Cronbach alpha for the

TAS-20 scale as a whole was .77. In the current study, 13% of the community

sample of mothers were classified as alexithymic according to the widely-used cut-

off scores.

Child Social Competence

Teachers completed the Turkish translation of the 30-item Social Competence

Behavior Evaluation-Preschool Edition, Short Form (SCBE-30; LaFreniere &

Dumas, 1996) to rate the frequency of children's attitudes towards peers and

classroom behaviors using a 6-point Likert scale (see Appendix F). They indicated

whether the behavior occurred (1) never, (2-3) sometimes, (4-5) often, or (6) always.

Only the 10-item Social Competence (SC) subscale scores were used in the present

study. The SC subscale measures the social adaptation of a child with items such as,

"works easily in a group" and "attentive toward younger children".

Past research showed that test-retest reliability coefficients ranged between .78

and .86 over a two-week interval and from .75 to .79 over a 6-month interval

(LaFreniere & Dumas, 1996). All three subscales of the SCBE-30 showed a high degree of internal consistency with Cronbach's alphas ranging from .80 to .92 (LaFreniere & Dumas, 1996). Furthermore, La Freniere and Dumas (1996) have demonstrated age and gender effects supporting the construct validity of the scale. They found that older children had received higher scores in the SC subscale, compared to younger children. Compared to boys, girls had higher scores in the SC subscale. These findings were replicated in many different studies conducted in different cultures, such as Russia (Butovskaya & Demianovitsch, 2002), China (Chen & Jiang, 2002) and Brazil (Bigras & Desen, 2002) as well as a cross-cultural study conducted by LaFreniere et al. (2002) in Austria, Brazil, Canada, China, Italy, Japan, and Russia. The same age and gender effects were found in the present study, where girls had significantly higher scores in the Social Competence (SC) subscale compared to boys ($t(104)=-2.022$, $p=0.005$) and child age correlated positively with SC scores ($r =.284$, $p<.005$).

SCBE-30 has been translated into Turkish and back-translated into English by graduate students in clinical psychology and child clinical psychologists to ensure translation equivalence. An ongoing study has provided support for the internal consistency, test-retest reliability and construct validity of this measure with a sample of Turkish preschoolers (Corapci, Arslan-Yalcin, Aksan, & Yagmurlu, in progress). In the present study, the SCBE-30 showed high internal reliability, with Cronbach alpha of .89 for the SC subscale.

The Emotion Regulation Checklist

The Emotion Regulation Checklist (ERC) developed by Shields and Cicchetti (1997) is a 24-item measure of children's emotion regulation competence per parent and teacher-report (see Appendix D for the Turkish translation of ERC). The scale items are rated on a 4-point Likert scale ranging from 1 (*rarely never*) to 4 (*almost always*). A factor analysis by Shields and Cicchetti (1997) has found two dimensions: *Lability/Negativity* and *Emotion Regulation.* The 15-item Lability/Negativity (LN) subscale consists of items measuring lack of flexibility, mood lability and dysregulation of negative affect (e.g., "*is prone to angry outbursts, tantrums easily*;" "*displays negative emotions when attempting to engage others in play*"). The Emotion Regulation (ER) subscale is made up of eight items assessing adaptive regulation, such as context appropriate positive and negative emotional displays, empathy and emotional self-awareness. Sample items include "is a cheerful child" and "is empathic towards others, shows concerns when others are upset or distressed."

ERC was found to have high internal consistency, with a Cronbach alpha of .96 for the LN subscale, .83 for the ER subscale, and .89 for the composite ERC score, which was an aggregate of the ER and LN scores (Shields & Cicchetti, 1997). Recent studies have also found satisfactory internal reliabilities for the ERC, with Cronbach alphas ranging between .77 and .92 for the LN subscale and between .68 and .84 for the ER subscale (Trentacosta & Izard, 2007; Leerkes et al., 2008).

The validity of the ERC has been established by relating the two ERC subscales to measures of internalizing and externalizing behavior problems, family

emotion processes such as negative family expressiveness or maternal acceptance, and emotion processes such as affective perspective taking or emotion labeling, and peer acceptance (Kelly et al., 2008; Trentacosta & Izard, 2007; Kidwell & Barnett, 2007; Leerkes et al., 2008; Ramsden & Hubbard, 2002). Recently, Batum and Yagmurlu (2007) found that the Turkish form of the ERC predicted externalizing behaviors of seven-year-old children, which supports the validity of the Turkish form of the ERC.

In the present study, reliability of the LN subscale was high with Cronbach alphas of .81 and .86 for the mother and teacher forms, respectively. Reliability was low to moderate for the ER subscale, with Cronbach alphas of .55 and .73 for the teacher and parent forms, respectively. Even though the teacher and mother reports of the ER subscale were significantly correlated ($r = .26$, p < .01), there was no correlation between the mother and teacher reports of the LN subscale. Therefore, the mother and teacher ratings for the LN and ER subscales were not averaged to obtain aggregate LN and ER scores.

Background Information Form

Parents were asked to complete a background information form (see Appendix B) about their child (i.e., age, sex, hours spent in child care, etc.) and their demographic characteristics (i.e., age, occupation, education and household income).

<u>Narrative analysis coding</u>

In the present study, the transcribed interviews were coded according to a coding scheme that was developed based on the Fabes et al. (2002), as well as Wang et al. (2000) and Wang (2001) coding categories. Each sentence in an interview was numbered as a unit to be coded. Each codable unit was assigned one or more codes from the following categories: (1) Emotion Focused Coping: a-soothing, b-reassuring, c-distracting, (2) Problem Focused Coping: a-solution-offering, b-intervening, (3) Didactic Talk: a-reasoning and explanation, b-norms and display rule, (4) Expressive Encouragement, (5) Minimization Reaction, (6) Punitive Reaction, and (7) Distress Reaction (see Table 3 in Appendix A for examples). Units that were irrelevant to mothers' emotion socialization practices were marked as "not codable". There were two coders, one who coded all the interviews and one who recoded 25% of the interviews to establish interrater reliability. For agreement, coders were required to give the same codes to the same units. Inter-rater reliability was measured by kappa. Kappa was .77.

CHAPTER V: RESULTS

Interview Results

Emotion Socialization Practices of Turkish Mothers

Qualitative analysis of the interviews showed that Turkish mothers' responses to

children's negative emotions were quite similar to the CCNES responses for each

type of emotion socialization practice, as well as in some ways different (see Table 3

in Appendix A for examples). Apart from the six types emotion socialization

practices, there was a tendency among this sample of Turkish mothers to take a

didactic attitude and talk about moral standards, social norms, and behavioral

expectations in situations where children displayed emotion dysregulation. This

didactic emotion socialization response serves the goal of teaching children about the

correct and expected way of living in society and it often involves taking others'

emotions and needs into account in a conflictual situation rather than just one's own

needs and wants. The didactic response also involves teaching children how the

world functions, such as how the scary monsters in a TV show are really

manufactured in a film set or how illness can be avoided with a vaccination, thus

intellectually helping children to deal with emotionally loaded situations.

In order to statistically investigate the interview contents, the relative amount

of the seven emotion socialization strategies expressed throughout the entire

interview (as percentages adding to 100) were computed and entered as a variable to

the data set. As an example, the codable material in one interview consisted of the

following: 31% didactic, 35% emotion-focused, 27% problem-focused, and 7% distress. The relative frequency of different types of emotion socialization strategies in any given interview was not significantly related to any demographic variables. Looking at the mean emotion socialization profiles of the 31 mothers who were interviewed, it was seen that Turkish mothers mostly used didactic, emotion-focused and problem-focused strategies when confronted with situations eliciting negative emotions in their children (see Table 4 in Appendix A for the descriptives on emotion socialization profiles).

Bivariate correlations between each of the emotion socialization variables obtained from the interview and the corresponding subscale in the CCNES were statistically significant. As presented in Table 5 in Appendix A, "% Punitive" variable from the interview was significantly and positively correlated with the *Punitive Reactions* subscale scores of CCNES ($r = .47$, $p < .008$). Mothers who endorsed high levels of distress in the interview also scored high in the Distress Reactions subscale in the CCNES ($r = .40$, $p < .027$). Correlation coefficients ranged from .39 to .43 between the other interview-based and CCNES-based emotion socialization variables. The "didactic" strategy of emotion socialization that came up frequently in the interviews did not correlate with any of the CCNES subscales suggesting that this code was an independent emotion socialization dimension.

Descriptive Statistics of the Study Variables

Prior to data analysis, all of the study variables were investigated for missing values and seven children were excluded from the study due to the extensive amount of missing values. The final sample size with complete data from both mothers and

teachers was 106 at the end of the study. Given the inconsistent results in previous literature about the factor structure of the Turkish version of the TAS-20 (Kose et al., 2005), an exploratory principle components analysis (PCA) with an orthogonal rotation (varimax) was conducted to extract factors that potentially underlie the alexithymia construct. It is important to note that the sample size of the present study was smaller than desired to get reliable results with PCA. Because the factor structure of the Turkish version and the original version could not be replicated in our analyses, we used the total TAS-20 score in the analyses reported below. Means, standard deviations, ranges and skewness values of the TAS-20, CCNES, SCBE-30 and ERC subscales are presented in Table 6 in Appendix A.

Relations Between Demographic Variables and Study Variables

As presented in Table 7 in Appendix A, child's gender correlated significantly and positively with the Social Competence (SC) subscale of SCBE-30 ($r = .19$, $p<.046$) and the mother-rated Emotion Regulation (ER) subscale of ERC ($r = .21$, $p<.029$), suggesting that, compared to boys, girls were perceived by teachers as more socially competent and by mothers as better at emotion regulation. Gender also correlated significantly and negatively with the Distress subscale scores of the CCNES ($r = -.27$, $p <.005$) as well as with the Lability/Negativity (LN) subscale of ERC for mother and teacher versions ($r = -.27$, $p<.004$ and $r = -.22$, $p<.024$, respectively). Compared to mothers of girls, mothers of boys reported higher levels of distress when faced with their child's negative emotions. Both mothers and teachers reported higher levels of child emotional lability for boys compared to girls.

Child age was related significantly and positively to the SC subscale of SCBE-30 ($r = .28$, $p < .003$) and negatively to the teacher-rated LN subscale of ERC ($r = -.195$, $p < .045$). These results suggested that with increasing age, child social competence increased and lability-negativity declined per teacher report.

Maternal education correlated significantly and negatively with TAS-20 ($r = -.37$, $p < .001$) and with the Punitive, Minimization, and Distress subscales, $r = -.40$, $p < .001$, $r = -.36$, $p < .001$, and $r = -.33$, $p < .001$, respectively, suggesting that better educated mothers had a higher level of emotional awareness and reported less distress about their children's negative emotions, less punitive and minimizing reactions when confronted with situations where their children experienced strong negative emotions. Better educated mothers also reported their children as having higher emotion regulation capacities ($r = .33$, $p < .001$) and lower lability/negativity ($r = -.29$, $p < .002$).

Mothers of children attending public preschools had a significantly lower level of education, compared to the mothers of children from other preschools ($r = -.39$, $p < .001$). Family income was also significantly lower in families of children from public preschools, compared to children from other preschools ($r = -.43$, $p < .001$). Lower family income was related significantly negatively to maternal emotional awareness ($r = -.34$, $p < .001$). The scores of the Punitive and Minimization subscales were significantly higher for mothers of children from public preschools, compared to the mothers of children from other preschools ($r = .23$, $p < .02$ and $r = .39$, $p < .001$, respectively), suggesting that these mothers were more punitive and minimizing of their children's negative emotions. Even though teachers from the public preschools rated children as significantly less labile/negative compared to the teachers from other preschools ($r = .22$, $p < .023$), mother-ratings of Lability/Negativity were

significantly higher for children from public preschools compared to children from other preschools ($r = .20$, $p < .05$). These mothers experienced their children as more labile and negative.

<p style="text-align:center">Relations Among the Outcome Variables</p>

The outcome variables consisted of the Lability/Negativity (LN) and Emotion Regulation (ER) subscales of the ERC completed by the mothers and the teachers. Teachers also completed the Social Competence (SC) subscale of the SCBE-30. Mother-ratings of LN correlated significantly in the expected direction with mother-ratings of ER ($r = -.57$, $p < .001$). Similarly, mother-ratings of LN correlated significantly and negatively with the teacher-ratings of SC ($r = -.22$, $p < .021$). Mother-ratings of ER were also significantly associated with the teacher ratings of ER ($r = .26$, $p < .006$). Despite the fact that these two informants' scores were significantly and positively correlated, an aggregated score was not formed, given that the alpha of the mother-rated Emotion Regulation subscale was found to be less than satisfactory.

Teacher ratings of both Lability/Negativity and Emotion Regulation correlated significantly with the Social Competence subscale of the SCBE-30 in the expected directions. Children with higher scores in the LN subscale had significantly lower scores in the SC subscale. For an overlook of the bivariate correlations between the outcome variables, see Table 8 in Appendix A.

Relations Among the Emotion Socialization (mediator) Variables:

As can be seen in Table 9 in Appendix A, which presents the interrelations among the six subscales of the CCNES., the nonsupportive emotion socialization variables of Punitive Reactions (PR), Minimization Reactions (MR) and Distress Reactions (DR) subscales were significantly and positively correlated with one another. Supportive maternal responses of Emotion-Focused Reactions (EFR), Problem-Focused Reactions (PFR), and Expressive Encouragement (EE) were also found to be significantly and positively correlated with one another. However, a few of the supportive subscales of the CCNES were significantly and negatively related to the nonsupportive subscales of the CCNES suggesting that the supportive and nonsupportive dimensions may not be distinct factors. As presented in Table 9 in Appendix A, mother ratings on the EE subscale correlated significantly and positively with both EFR and PFR ($r = .295$, $p < .005$ and $r = .46$, $p < .001$, respectively) and negatively with the DR subscale. Thus, mothers who validated their childrens' negative emotional states and encouraged their children to express how they were feeling were also the mothers who used more emotion and problem focused coping practices. On the other hand, mothers who got more distressed at their childrens' negative emotions were also less likely to encourage the expression of these emotions and less likley to validate their childrens' negative emotional states. A surprising finding was that MR correlated positively with both EFR and PFR ($r = .296$, $p < .002$ and $r = .21$, $p < .03$, respectively) suggesting that mothers who minimized children's emotional distress also responded in more emotion and problem focused ways.

In order to reduce the six separate emotion socialization subscales into summary scores, a principal components factor analysis was conducted using the six subscale scores as the variables in the analysis. Results of the PCA with varimax rotation yielded a two factor solution with eigenvalues greater than 1. The scree plot displayed a break after the first two factors and thus confirmed the two factor solution These two factors accounted for 65.68% of the total variance and were the most theoretically meaningful and interpretable ones. EE, EFC, and PFC subscales loaded on the first factor and hence labeled as supportive practices. PR, MR, and DR loaded on the second factor and hence labeled as nonsupportive practices. The supportive (eigenvalue = 2.1) and nonsupportive (eigenvalue = 1.84) factors accounted for 34.94% and 30.74% percent of the variance, respectively. Factor scores were created using the regression method in SPSS to use as composite variables in the following analyses.

Testing the Mediational Model

In order to investigate whether maternal emotion socialization practices could account for the link between alexithymia and child outcome, the procedures outlined by Baron and Kenny (1986) were followed. A variable may be called a mediator "to the extent that it accounts for the relation between the predictor and the criterion" (Baron & Kenny, 1986, p. 1176). To test for mediation, we must first be able to document a significant relationship between (a) the predictor variable and the outcome variable, (b) the predictor variable and the presumed mediator, and (c) the mediator variable and the outcome variable. The mediating role would be indicated if a previously significant link between the predictor and outcome variable becomes

43

nonsignificant as a result of partialling out the effects of the hypothesized mediator variable.

<u>First step: Relations between the predictor variable and the outcome variables</u>

The predictor variable, TAS-20, correlated significantly with two of the outcome variables. Mothers who scored higher on the alexithymia scale experience their children as more labile/negative ($r = .295$, $p < .002$) and less competent in emotion-regulation ($r = -.27$, $p < .005$). There were no significant correlations between the teacher-rated child outcome measures and the predictor variable.

<u>Second step: Relations between the predictor and mediator variables</u>

TAS-20 correlated significantly and positively with Nonsupportive-Practices factor score ($r = .28$, $p < .005$). Mothers who had more difficulty identifying and expressing their feelings were more likely to react in nonsupportive ways to their childrens' negative feelings. There was no significant association between the TAS-20 and the Supportive-Practices factor score.

<u>Third step: Relations between the mediator and outcome variables</u>

Nonsupportive-Practices factor score was significantly and positively associated with mother-ratings on the Negativity/Lability subscale ($r = .33$, $p < .001$), suggesting that mothers who rated their children's emotions as more labile and negative reacted in nonsupportive ways and with more distress when confronted with situations where

their children experienced negative feelings. The Supportive-Practices factor score did not correlate significantly with any of the child outcome measures, indicating that this variable can not serve as a potential mediator.
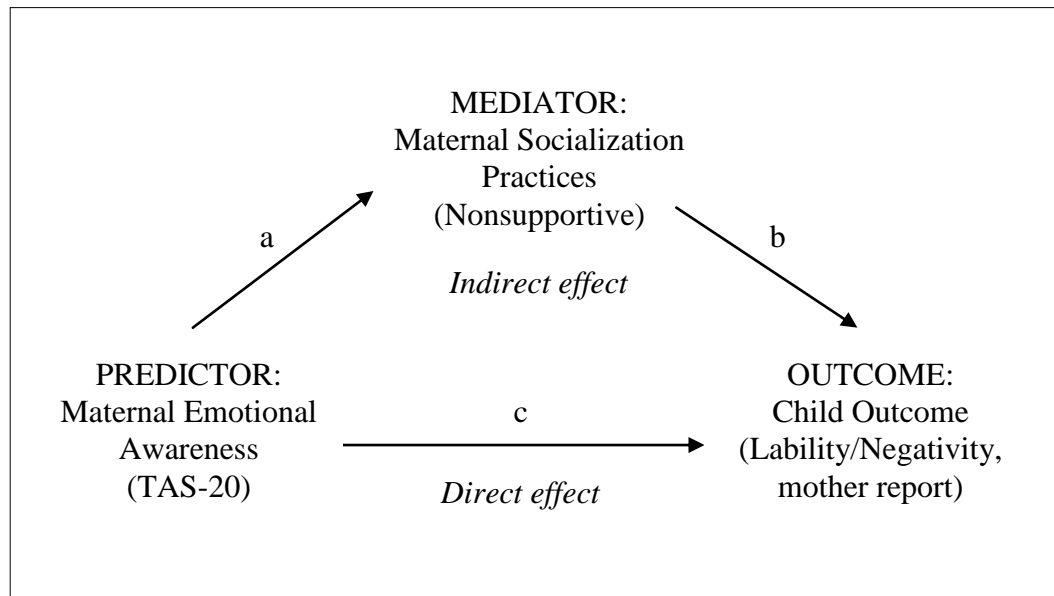
Fig. 1 The mediation model

These findings indicated that the initial assumptions of the mediation model were met for the following hypothesized relations between the predictor variable "TAS-20", the mediator variable "Nonsupportive-Practices", and the outcome variable "Negativity/Lability mother-report" (see Figure 1). Mothers with a higher emotional awareness have rated their children as less labile/negative compared to mothers with lower emotional awareness (Hypothesis#1, path c, the *direct effect* of predictor on outcome). Mothers with a higher emotional awareness have reported resorting less to nonsupportive emotion socialization practices (Hypothesis#2, path a). Mothers who less often resorted to nonsupportive emotion socialization strategies in response to child distress have rated their children as less labile/negative,

compared to mothers who reported using nonsupportive practices more often (Hypothesis#3, path b). Paths a and b together constitute the indirect effect of the predictor on the outcome through the mediator.

To control for a potential confounding effect of child gender and maternal education, these variables were entered in the first step of a multiple hierarchical regression. The predictor variable, TAS-20, was entered in the second step. The result of the regression was significant (see Table 10 in Appendix A for regression results). Low levels of maternal emotional awareness predicted high levels of child lability/negativity after controlling for child gender and maternal education. To evaluate the mediating role of Nonsupportive-Practices, child gender and maternal education were again entered in the first step, the TAS-20 was entered in the second step and the Nonsupportive-Practices factor score was entered in the third step of a multiple hierarchical regression. It was seen that the TAS20 became a nonsignificant predictor of child lability/negativity when Nonsupportive Practices factor score was added into the equation (see Table 10 in Appendix A). The results of the regression analyses revealed that when the contribution of Nonsupportive-Practices was controlled, the previously significant relation between the TAS-20 and the child's emotional Lability/Negativity became nonsignificant, suggesting full mediation. The Sobel test, which performs a hypothesis test to see whether the indirect effect of the predictor on the outcome via the mediator is significantly different from zero, also confirmed mediation ($p = 0.028$).

CHAPTER VI: DISCUSSION

The purpose of this study was twofold. The first goal was to examine Turkish
mothers' emotion socialization practices with their preschool-aged children using
both qualitative and quantitative methods. The second goal was to investigate the
direct and indirect effect of maternal emotional awareness on child social
competence and emotion regulation through its effect on maternal emotion
socialization practices.

In line with our expectations, we found similarities and differences in the
emotion socialization practices among Turkish mothers of preschool children in
comparison with previous studies conducted in the West. The results of these
interviews will be presented to delineate universal and culture-specific emotion
socialization practices, followed by the results obtained with quantitative methods.
Both significant and non-significant findings are discussed.

Emotion Socialization Practices of Turkish Mothers

Parents are the primary agents of socialization, but the larger culture guides parents
on how to raise their children (Halberstadt, 1991; Saarni, 1998). Some, but not all, of
the processes relevant to emotion socialization extend across cultures. Values of
independence and individualism, which include behaviors that promote self-
expression and open communication of emotion, are highly regarded and socialized
in Western industrialized nations, especially among the middle and upper-middle
class European American families (Kağıtçıbaşı & Poortinga, 2002; Sunar, 2002;

47

Kağıtçıbaşı, 2005). Other belief systems that are characterized as valuing harmonious interactions, cooperation and conformity to others' expectations (i.e., interdependence or collectivism) are highly regarded in non-Western nations such as in Asian cultures. These cultural differences can have a significant degree of impact on parents' reactions to children's emotions. In the contemporary Turkish family, individual and group loyalties are found to coexist (Kagıtçıbaşı, 1996). The transition in the last three decades from a rural to an urban industrialized economy has brought with it a shift in the values and characteristics of the Turkish family, such that material interdependencies have weakened along with increased affluence and urban life styles, whereas emotional interdependencies have continued on since they are not incompatible with changing life styles (Kagıtçıbaşı, 1996; Kağıtçıbaşı & Ataca, 2005). Along with these changes, a sharp increase in the psychological value of children and a corresponding decrease in the utilitarian/economic value of children have been documented in multiple studies (Ataca, 1992; Ataca & Sunar, 1999; Kağıtçıbaşı & Ataca, 2005). In individualistic Western cultures, relatively permissive and self-reliance oriented parenting which facilitates the autonomy and separateness of the growing child culminates in a "separated self", whereas in collectivistic Eastern cultures authoritarian and obedience-oriented parenting promotes the development of a "relational self" (Kağıtçıbaşı, 1996). According to Kağıtçıbaşı's family model (1996; 2005), in contemporary Turkish culture a dialectic synthesis of these two models is observed, which manifests itself in a childrearing orientation integrating autonomy with relatedness to foster an "autonomous-relational" self. Thus, although autonomy is now valued because of the competitive requirements of a modern economy and complete obedience/loyalty of the child is no longer needed, there is still firm parental control in the family along with a lot of warmth and

affection, since separation is not a goal and closeness is highly desired (Kağıtçıbaşı, 1996). In a series of studies with three generations, Sunar (2002) found an emphasis on interdependence and group harmony to go hand in hand with support for child efforts and encouragement of achievement in the contemporary Turkish family. Similarly, a study with young Turkish adults (Fişek, 2009) supported Roland's model of self construals describing an eastern "familial self" in contrast to a western "individualized self" (1988, 1996, 2006 as cited in Fişek, 2009), where the eastern "familial self" is a multi-layered construct that has a permeable outer ego boundary with a sense of "we-self" and a strong "emotional interdependence", an inner impermeable ego boundary with a sense of "private self" that provides an inner psychological space of unshared feelings, fantasies and impulses, and a sense of an "expanding self" which can develop through social change and multicultural exposure. To investigate how these cultural value orientations (i.e., "emotional interdependence", "autonomous-relational self", "familial self") might be reflected in mothers' reactions to children's negative emotion expressions, we examined the role of culture on Turkish mothers' emotion socialization by using semi-structured interviews.

A subset of mothers (N = 30) who had on average a university education were interviewed individually to ask them open ended questions about their emotion socialization approaches. These interview questions were based on the twelve CCNES scenarios, where children face typical situations that elicit negative emotions. These semi-structured interviews allowed Turkish mothers to talk freely about their reactions and communication patterns with their children in such situations. Given that the CCNES is an instrument that has been developed based on American mothers' emotion socialization practices (Fabes et al., 2002), our primary

goal was to evaluate how much overlap there would be in Turkish mothers' reactions to children's negative emotions and the CCNES emotion socialization categories.

In the CCNES, there are six different ways of reacting to children's negative emotions, three of which have been referred to as supportive emotion socialization practices and the other three as nonsupportive emotion socialization practices (Fabes et al., 2002). Our qualitative analysis of the interview transcripts showed that all of these six possible emotion socialization approaches presented in the CCNES had been endorsed by Turkish mothers. The interview codes correlated with the CCNES scores, such that mothers who received more coding for a certain response in the interview, for example "*Punitive Reactions*," also scored higher for the corresponding response in the CCNES. This, however, does not mean that the CCNES covers the whole scope of emotion socialization practices of Turkish mothers. Distinct emotion socialization themes have emerged that were not covered by the CCNES response options (for examples, see Table 3 in Appendix A). These included the "didactic response" to child distress, where mothers directly imparted behavioral norms, display rules and cultural values to children as well as teaching them basic facts of life, and the "reassuring response," which was coded as one of the emotion-focused responses.

The two supportive strategies *Emotion-focused* and *Problem-focused responses* were the most frequently mentioned CCNES responses in the interviews, together accounting for more than 54% of the emotion socialization content of the interviews. Fabes et al. (2002) found in two different studies conducted with American mothers that *Problem-focused responses* (*PFR*) had higher means compared to *Emotion-focused responses* (*EFR*) and noted that "parents are considerably more likely to utilize problem-solving strategies in response to children's distress than they are to

use comforting or distracting (Roberts & Strayer, 1987)". In this study, however, *Emotion-focused responses* took up a greater proportion of the total interview content than *Problem-focused responses* in the interviews (29.6% vs. 24.8%) and mean *EFR* score was higher than mean *PFR* score in the CCNES questionnaires. Comforting, distracting, and reassuring, namely strategies to reinstate children's emotional equilibrium, took precedence over problem-solving strategies for Turkish mothers of preschool-aged children. Indeed, a series of studies looking into the practices and attitutes of mothers and fathers towards sons and daughters (Sunar, 2002) found the Turkish family to be characterized by a "great deal of warmth and affection," especially between mothers and children. In these studies, three generations of participants rated the statement "*My mother gave me comfort and understanding when I was scared or upset*" as *most* descriptive of Turkish mothers from among 91 statements given to participants (Sunar, 2002). In a study on the disciplinary practices of Turkish mothers, Kırcaali-Iftar (2005) reported a low usage of social reinforcers (e.g., kissing, hugging, cuddling, drawing stars or smiling faces, applauding, etc.) by Turkish mothers to reward children, as these "mothers might be showing affection and love to their young children naturally and unconditionally, rather than as a disciplinary tool" (p.198). Therefore, it is not surprising that *EFR* scores were higher than *PFR* scores for this sample of Turkish mothers. Moreover, since the children in our sample were young preschoolers between three and six years of age, it is natural for mothers to initially try to soothe their children to reinstate their emotional equilibrium. Even mothers who gave punitive or minimizing responses for a scenario in the interviews sometimes mentioned that they would initially hug and comfort their child. For these Turkish mothers, it was not contradictory to first comfort and show affection, and then scold.

The surprising finding in our study that minimizing reactions were positively associated with emotion- and problem-focused responses can also be explained in a similar vein. Turkish mothers in our sample who rated it as highly likely that they might tell their child s/he is exaggerating, making too big a deal or being a cry-baby in different situations of child distress also thought it highly likely that they might comfort or distract their child and help him/her in problem-solving. That is consistent with typical Turkish attitudes towards children involving a high degree of love and affection along with a high degree of control, reflecting the values of connectedness, relatedness, and emotional interdependence. Even as mothers might find children's emotions and distress uncalled for or exaggerated and tell the child so, they still try to ameliorate it in an effort to bring the child back to psychological equilibrium and reinstate harmony in the family. As Fisek (1991) noted, in the Turkish family conceptions as well as the experience of the self are inseparable from those of close family members. Moreover, studies also show that within the Turkish family "control of negative emotions is strongly encouraged" (Sunar, 2002, p.226) and interfamily conflict is minimized. For such young children, therefore, mothers' first priority might be to soothe and reassure, regardless of whether they find children's distress justified or not. Problem-solving comes later. This orientation is by no means specific to the Turkish culture, but rather shows similarities to other eastern cultures. For example, Fişek (2009) explains that

> Roland describes the Indian mother-infant relationship as being 'tremendously physically and emotionally gratifying to the infant and young child' (1988, p. 231). The mother 'will handle her infant's…frustrations… by instant gratification, assisting and closely protecting the toddler whenever possible' (1988, p. 232). This prolonged maternal matrix fosters a sense of self which is much more inclusive of we-ness, with a closer interconnection of images of self and other; outer ego boundaries that remain much more permeable to constant affective exchanges and emotional connectedness with others. 'Simultaneously there is a subtle inhibition of too great self-other differentiation and

separation through the amount of gratification and closeness….This decidedly contrasts with the 'optimal' frustrations of the Western child' (1988, 233). The Japanese case according to Roland, shows even more emphasis on a 'prolonged symbiotic mothering….a high degree of maternal empathy with the child's inner feelings' (1988, 275).
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American mothers, in contrast, might be emphasizing problem-focused responses to child distress, in order to promote self-sufficiency, autonomy and independence in their children in line with the value orientation of their culture.

Future research with a Turkish sample of older children and their mothers might make any such distinctions clearer, however, as older children's needs for soothing and comforting are not as salient as younger children's.

Expressive Encouragement (*EE*), which is the third supportive strategy in CCNES, had a very low profile in this study, making up only 5.83% of the total interview content, suggesting that this is not a typical response of Turkish mothers when confronted with children's negative emotions compared to the EFR (29.59%) and PFR (24.83%) and Didactic (30.73%). Consequently, expressive encouragement seems to be primarily a Western, middle-class, European-American family way of soothing a child, but not necessarily a global, universal practice of supportive emotion socialization. Instead of "it's OK to cry," Turkish mothers tend to say "don't cry, it's OK," thereby reassuring the child and making him/her feel better, rather than encouraging him/her to investigate his/her emotional state. Reassurance is a typical response of Turkish mothers, which we have adapted from Wang (2001) and coded as one of the emotion-focused responses. Turkish mothers often reassure children by stressing the normative nature of the child's emotional experience and by giving examples of themselves or others having went through the same type of experiences. In the interviews, when mothers acknowledged children's feelings (e.g., "That made you sad, didn't it?"), they often went on either with reassurance or didactic

explanations (e.g., EE+Reassurance: "You're afraid, but that's normal; when I was a little girl, I was also scared of injections," EE+Didactic Response: "I understand that you're really disappointed about not going to the party, but if you went, you might pass your illness onto your friends and they could become ill like you"), rather than encouraging the child to explore the way s/he's feeling.

In a study investigating mother-child conversations about shared emotional memories of American and Chinese participants, Wang (2001) found significant differences in the emotion socialization of American versus Chinese mothers, which was similar to the results of the present study. Wang noted that,

> For American mothers, emotions constitute an important aspect of the child's self and therefore need to be explained and elaborated on fully in order to facilitate the child's emotion understanding and individuality. For Chinese mothers, in contrast, emotions are consequences of social interactions between the child and significant others and therefore are instrumental for reinforcing in the child proper behavioral conduct and a sense of connectedness. Their commentary on children's feeling states are often intended to ''teach the child a lesson,'' rather than to explain to the child why he or she felt the emotion" (Wang, 2001, p. 709).

Indeed, each situation in the interviews, where children reacted with different negative emotions, seemed to constitute a teaching opportunity for the Turkish mothers in our sample. Qualitative analysis showed that Turkish mothers tended to talk to their children in a didactic manner when faced with children's negative emotions. This "didactic" emotion socialization response, which does not have a corresponding category in the CCNES, was actually the most frequent response in mother interviews accounting for 30,7% of the total interview content (see Table 3 in Appendix A for examples). Didactic approach serves the goal of teaching children about the correct and expected way of living in society and it often involves taking others into account in a conflict situation, rather than only one's own needs and wants (Wang, 2001). Saarni (1993: p.439) calls this kind of 'didactic teaching' a

'direct' method of socialization. With this method, parents are directly teaching their children which emotions are acceptable, when and how they should be expressed in line with other-oriented thinking so that children can learn to not only focus on themselves, but to also consider the consequences of their actions or emotion expressions for others. To give an example, in a scenario where a child receives a birthday present he doesn't like from a friend and becomes upset, Turkish mothers invariably responded with didactic responses that were other-oriented (e.g., talking about how his friend could not have known what to buy, how he might feel when the present he selected and brought is rejected, etc.) and norm-value oriented ("no matter what the present is, even if it is a chewing gum, you must thank your friend and not show how you feel about the present"). In a longitudinal study with preschool children and their mothers, Ruffman, Slade, Devitt, and Crowe (2006) found that other-oriented mother-child conversations where mothers focus on others' thoughts and feelings might facilitate children's theory of mind and reported that "by focusing on peoples' feelings and perspectives, mothers might teach children that other persons are important and should be treated well" (p.122). Research has investigated other-oriented maternal practices generally in association with the development of empathy and prosocial behavior in children. By "other-oriented practices" we understand practices inducing the child to take the perspective of another (e.g., by pointing out another child's feelings), reinforcing children for sympathizing, and restrictiveness with regard to emotional displays that can cause distress in other people (Eisenberg, et al., 1992b). Eisenberg and colleagues (1992b) noted that parental emphasis on the consequences of children's emotion expression for others may foster perspective taking and other-oriented concern. Similarly, Eisenberg et al. (1991) found that parental restrictiveness with regard to same-sex children's

expression of emotion when its display might hurt others was correlated with children's self-reported sympathy and argued that this relation might be expected to increase as children grow both due to children's increased understanding of the reasons behind parents' restrictiveness and their increased exposure to parental practices (i.e. modeling). Parental use of reasoning that induces children to cognitively take the perspective of others (i.e., to focus on another person's needs rather than one's own) is generally positively associated with children's empathy (Janssens et al., 1989, as cited in Eisenberg et al., 1992b) and prosocial behavior such as comforting, sharing, and helping (Hoffman, 1970; Radke-Yarrow, Zahn- Waxler, & Chapman, 1983).

In our interviews didactic response was also coded in relation to mothers' statements which involved teaching children that scary monsters in a TV show were actually manufactured in a film set or how illness could be avoided with a vaccination. These examples revealed that with the didactic approach mothers in our sample tended to intellectually help their children to deal with situations evoking negative emotions, by teaching not only other-oriented thinking and the proper way of conducting oneself in society, but also about the basic facts of life to help children make sense of the world they live in. Thus, the didactic response might be conceived of as a cognitive element of emotion socialization (Ruffman et al., 2006; Thompson & Meyr, 2007; Gross & Thompson, 2007) where children are taught to *think* about why they should act in a certain way when faced with different situations eliciting negative emotions (such as, "this movie is making me scared, but it's not real, it's only make-believe," or "I don't like the birthday present my friend brought me, but I shouldn't let it show, because that could make my friend sad"). The reasons are either based on norms and values of society, on the rules of social interactions, or on

the basic facts of life. The didactic response corresponds to "cognitive change" or "cognitive reappraisal" in the cognitive psychology literature (Thompson & Meyr, 2007; Gross & Thompson, 2007). "Cognitive change" refers to changing how we appraise a situation to alter its emotional significance, either by changing how we think about the situation ("the movie is just make-believe, not real") or about our capacity to manage the demands it poses ("a shot is no worse than an immunization and I had many of those") (Gross & Thompson, 2007). Parents influence how children appraise potentially emotion-evoking situations by the information they provide about the circumstances ("the doctor will only examine you as usual and nothing else"), exploring the causes of the emotions the child feels or observes in others ("you are nervous, because this is the first time you're performing in front of an audience"), and enlisting feeling rules or emotion scripts ("we don't make a fuss when we're at someone's home"). Parents can directly provoke cognitive change by reinterpreting the situation for the child, thereby altering the child's cognitive appraisal of the situation ("We don't laugh at people who fall down, how do you think they feel?") (Denham, 1998; Gross & Thompson, 2007). Grossman and Thompson (2007) conclude that as a result "socialized representations of emotion shape children's evaluations of emotion-relevant situations and their emotion-regulatory reappraisals" (p.20).

Turkish mothers in our sample also gave problem-focused responses, but the character of these responses differed from that of the CCNES, reflecting the character of the Turkish culture. Instead of the CCNES problem-focused response of helping the child himself solve the problem, Turkish mothers' problem-focused responses took mostly the form of "*offering solutions*" or in some cases even "*intervening*" for the child. When mothers "offer solutions", they don't let the child

think out solutions on his/her own, but just tell him/her what could be done. Thus, it is again a way of making the child feel better, by reassuring him/her that the problem at hand can and will be solved, so that there is no more reason to be upset, sad, angry, or disappointed, rather than teaching the child to find ways of coping with problems. Similarly, when mothers intervene for the child, they take it into their own hand to deal with the problem, rather than giving the child an opportunity to tackle it. For example, in one of the scenarios where the child is very upset because other children won't let him/her play with them, Turkish mothers often said they would go and talk to the children, maybe even organize a game that they could all play together. The aim of the problem-focused response here is the resolution of the problem, not teaching the child to problem-solve on his own. Separation from the family and fostering of autonomy are not socialization goals in the Turkish family, but harmony in the social group and fostering of interdependence are.

Nonsupportive emotion socialization practices constituted a very small part of the interviews. Punitive, minimization and distress reactions made up 2,62%, 2,71%, and 3,68% of the emotion socialization content of the interviews, respectively. Punitive reactions mostly involved scolding (e.g., "You should have been careful, serves you right", "Didn't I tell you to be careful!"). Minimization reactions were the most difficult parental responses to code, as Turkish mothers used phrases like "there is no reason to be upset," or "it's no problem" not only in a dismissing context but also to reassure and comfort children. Therefore, we looked at the context in which such phrases were situated to decide whether they represented minimizing parental attitudes or reassurances. Phrases such as "If he's sad, I'd say 'instead of being sad, you should be more careful'", or "I see no need for you to be upset" were coded as minimizing, but phrases such as "Don't be sad my love, it might pop up in the most

unexpected place, let's wait and see" or "Don't be scared, OK? It won't hurt so much
and I'll be holding your hand" were coded as emotion-focused reassurance
responses. Distress reactions were somewhat different in character compared to the
CCNES. In the CCNES distress reactions, mothers become angry or upset at their
children's reactions, but mothers in our sample mentioned becoming upset either
because they don't know what to do to help the child, or because they put themselves
in their children's place and feel similar emotions as their children ("I could cry with
my son in such a situation" or "when one sees her child sad, one automatically
becomes sad too"). Here there is a psychological convergence of self and child. An
interesting finding was that minimization% and punitive%in the interviews
correlated with PFR%, suggesting that mothers who reacted in punitive or
minimizing ways to child distress were the ones who were less likely to use problem-
solving strategies of emotion socialization.

Taken together, these findings suggest that the Turkish mothers in our sample
socialize their children in line with the values of the Turkish culture, where
relatedness and interdependence rather than individualism and independence are
fostered. This finding is is line with both developmental studies and cross-cultural
studies on emotion socialization. For example, Sumitomo (2006) reported that the
internal state words used by Japanese mothers in conversations with their 2-3 year
old children reflected Japanese cultural values (e.g., belongingness, empathy, and
occupying one's proper place in society). The author argued that as these Japanese
children were acquiring the internal state words, they were also absorbing the social
values associated with them. Similarly, recent developmental research (Stern, 1985,
1995; Beebe & Lachman, 2002 as cited in Fisek, 2009) found that children's
interactions with significant others are coded into mental representations of self-in-

relationship-with-other, which become imbued with cultural norms and values on two levels: a macro and a micro level. The macro level refers to explicit socialization, where cultural norms and values are directly and intentionally instilled in children and which are more or less consciously processed in explicit, declarative memory. The micro level, on the other hand, refers to the dyadic moment by moment interactions between mother and child, which become coded in implicit memory and form the basis for unconscious patterns of expectancies, i.e., the way things are and ought to be (Landrine, 1992, as cited in Fisek, 2009).

In conclusion, our interview results have revealed socialization approaches that are in agreement with research on Turkish cultural values and family characteristics (Fisek, 1991; Ataca, 1992; Ataca & Sunar, 1999; Sunar, 2002; Kagıtçıbaşı, 1996, 2005; Kağıtçıbaşı & Ataca, 2005). It is important to note that the qualitative analyses were done with a small subset of mothers due to time restraints. However, in order to test direct and indirect links of maternal emotional awareness with child outcomes, we needed a larger sample, therefore the assessment of emotion socialization in the full sample was accomplished with the questionnaire format of the CCNES. The following sections in the discussion will draw on the quantitative analyses with these CCNES findings.

Maternal Emotional Awareness and Emotion Socialization

Findings of previous studies on alexithymia suggest that the impairments associated with alexithymia, or low emotional awareness, could have serious implications for mother-child interactions, especially with regard to emotion socialization (e.g., Vedova et al., 2008; Lumley et al., 1996; Vanheule et al., 2006, 2007). Mothers with

deficiencies in representing and processing emotions would be expected to have difficulty in identifying and evaluating their children's emotional states, as well as in empathizing with the emotional distress of their children. In the present study, maternal emotional awareness was found to be strongly related to mothers' emotion socialization practices, such that mothers with low emotional awareness (i.e., high alexithymia) were more likely to respond in minimizing and punitive ways when their children displayed negative emotions such as sadness, anger, disappointment, or fear. This finding is consistent with previous research (e.g., Shipman & Zeman, 2001; Cole et al., 2003; Katz & Windecker-Nelson, 2004). For example, Katz and Windecker-Nelson (2004) reported that mothers of conduct-problem children had a significantly lower awareness of their own and their children's emotions compared to control mothers. More importantly, mothers with low emotional awareness were less likely to deal effectively with children's emotions or to teach coping strategies (Katz & Windecker-Nelson, 2004).

The finding linking low emotional awareness to nonsupportive emotion socialization practices also makes sense in the framework of "the interpersonal interpretive mechanism," which refers to mechanisms including "the second order representation of affect and through this its regulation, the regulation of attention, particularly effortful control, alongside aspects of mentalization, both implicit and explicit" (Fonagy, 2003, p.226). Fonagy (2003) argues that the ability to respond positively to others' emotional states requires second-order mental representations of one's own and others' affective states and a capacity to interpret emotions, desires, intentions, and behaviors, in order to explain and predict behavior. Internal states must have meaning so that they may be communicated to others and interpreted in others to guide interpersonal interactions (Fonagy, 2007) and emotion delivers dense

information about others' mental states during interpersonal interactions, which alexithymic individuals fail to receive and interpret (Kang & Shaver, 2004). Moreover, two of the important brain regions implicated in alexithymia are the same regions that are associated with mentalization (Lane et al., 1997; Vogeley et al., 2001; Calarge et al., 2003; Moriguchi et al., 2007). Without adequate representation and interpretation of affect, mothers low in emotional awareness (or high in alexithymia) cannot make sense of their own or their children's emotional states, leading them to react in dismissing and/or punitive ways to affective arousal, both their own and their children's. An example for the link between insufficient mentalization of emotional states and consequent negative reactions to child emotions comes from studies on maltreated children. Maltreating mothers demonstrated an impoverished and simplistic understanding of their children's emotional states, made more negative attributions about children's emotional displays and failed to recognize the functional significance of emotion within the parent–child relationship (Shipman & Zeman, 2001). They also became highly emotionally aroused in response to children's negative emotion (Frodi & Lamb, 1980; Shipman & Zeman, 2001) and reacted in defeatist, dismissing, conflictual, or punitive ways to children's emotional displays, whereas nonmaltreating mothers had a significantly more sophisticated understanding of child emotions and generated supportive strategies for coping with difficult child emotions. A possible interpretation of all these findings could be that these mothers have weaknesses in the IIM (i.e., the interpersonal interpretive mechanism) and not only lack the mentalization skills necessary to understand and consequently to respond appropriately to their children's negative emotions, but they also have problems regulating their own emotional arousal in the face of children's displays of negative

emotion, leading to nonsupportive and highly negative reactions to child emotional

displays (Shipman et al., 2007). It has been observed that dismissing and punitive

parents often convey the sense that the child's emotions are something they are

forced to deal with and perceive the child's emotional displays as an overwhelming

demand on themselves (Gottman et al., 1996). Mothers, however, cannot escape

contact with their children, whose demands in coping with difficult emotions they

might experience as overwhelming. Dismissing and punitive reactions might reflect

the aversion, unwillingness, or inability of these mothers to actively and thoroughly

deal with child negative emotions (Gottman et al., 1996).

Maternal attachment could be implicated in the dismissing and punitive

reactions of mothers high in alexithymia to child negative emotions, since

avoidant/dismissing is found to be the most typical attachment style in alexithymia

(Mallinckrodt & Wei, 2005; Picardi et al., 2005; De Rick & Vanheule, 2006).

Fonagy and colleagues (2002, 2007) argue that a securely attached individual who is

able to distinguish mental states of the other from those of the self does not need

specific strategies to conduct interpersonal relationships, but when the mechanisms

underlying attachment are weak, the individual's ability to preserve a clear

distinction of self and other is undermined, making specific strategies, typically the

avoidant and resistant strategies, necessary to deal with interpersonal encounters. In

the case of avoidant/dismissing attachment, the individual deliberately withdraws,

enhancing his self-representation relative to other representations (dismissing).

Individuals with an avoidant attachment style are typically uncomfortable being

close to others and find it difficult to trust and depend on others, getting nervous

when they feel that others get too close. Mothers high in alexithymia might tend to

discount the seriousness of children's emotions, devalue children's problems, or

punish children verbally/physically to control their displays of negative emotions, all in order to get rid of the acute emotional and interactional difficulties associated with children's strong negative emotions.

In many studies with a variety of measures, low emotional awareness (high alexithymia) has consistently been associated with impaired empathic reactions to others' pain and an immature form of empathy, namely, personal distress in the face of others' negative affective experiences, which reflects a self-oriented distress response rather than an other-oriented response (Guttman & Laporte, 2002; Kano et al., 2003; Moriguchi et al., 2007). This low-level empathy response reflects a deficit in emotion regulation. Research has related regulation of emotion to sympathy rather than personal distress reactions to others' emotion (Eisenberg et al., 1996; Eisenberg & Okun, 1996). Eisenberg and colleagues (1994) argued that people who have difficulty regulating their emotional arousal are likely to become overly aroused by others' negative emotions and consequently, to experience the feelings induced in themselves by others' distress as aversive. When people experience others' emotion as aversive and overly arousing, they are likely to be motivated by self-concern and the desire to escape contact with those experiencing negative emotion (Eisenberg et al., 1994), to exhibit unregulated behavior (Cummings & Cummings, 1988) and tend not to help others in need or distress if it is possible to escape (Eisenberg & Fabes, 1990). In addition, when people are overly aroused, they are unlikely to focus on and process important social information in emotionally evocative situations (Hoffman, 1983, as cited in Eisenberg et al., 1998). A surprising finding in the present study was the lack of relation between personal distress reactions to child negative emotions and maternal alexithymia. This finding could be explained by the fact that a key feature in alexithymia is the existence of exaggerated and unusually persistent

autonomic responses in the context of emotion-evoking stimuli. Even as subjects high in alexithymia report low emotional responses to emotion-evoking stimuli, they are likely to experience significant physiological dysregulation (Lane et al., 1997). Furthermore, individuals with a high level of alexithymia occasionally have outbursts of uncontrolled emotional expressions, but when they are questioned about them, they are unable to verbalize what they were feeling at the time of emotional outburst (Yelsma et al., 2000). In alexithymia, the conscious experience of emotion is stunted, even as emotional dysregulation and distress reactions are subconsciously experienced. It might be that some alexithymic mothers have not reported personal distress in association with child distress in hypothetical scenarios, when they might become dysregulated in actuality. It would be more reliable to investigate both mothers' physiological affective reactions to child emotionality and mothers' actual emotion socialization practices in an experimental setting, where mothers actually have to deal with child emotional distress.

Maternal Emotional Awareness and Child Social-Emotional Well-Being

The way children understand different emotions and react to their own and others' emotions are the result of a socialization process that starts early in infancy and continues to operate in childhood. In the present study, maternal emotional awareness was associated with mother ratings of child emotionality. Specifically, mothers with low levels of emotional awareness were more likely to perceive their children as labile/negative. Maternal emotional awareness was also positively related to child emotional regulation competence. These findings suggest that "emotion-blind" mothers do not or cannot help their children regulate their emotions. They also

appear to act punitively in the face of their childrens' negative emotions as noted above. It follows then that children of mothers who show low emotional awareness themselves are likely to grow up without maternal help in coping with difficult emotions. They are also more likely to deal with the possibility of negative maternal reactions whenever they display negative emotions.

As noted above, alexithymia has been associated with personal distress in the face of others' negative affective experiences (Moriguchi et al., 2007). This might explain why mothers high in alexithymia, or low in emotional awareness, were more likely to perceive their child as highly labile and negative. It is possible that alexithymic mothers experience their children as more negative, labile, and dysregulated, because they cannot enter into their childrens' emotionality. Children's emotional displays might seem extreme and unjustified to these mothers, who then blame children's temperaments for justified and normative negative emotional states of children. However, it might also be that these children really are more dysregulated, since they get no help in emotion regulation, but rather receive negative, nonsupportive feedback from their mothers each time they express negative emotions.

The finding that maternal emotional awareness was significantly and positively associated with child emotion regulation is also in line with the literature. For example, mothers' emotional-awareness and supportive emotion socialization predicted the quality of peer interactions for preschoolers (Gottman et al., 1996; Katz & Windecker-Nelson, 2004) and better adjustment for adolescents with depressive symptoms (Katz & Hunter, 2007). Parents who provided comfort and problem-solving assistance when their children were distressed had children who showed appropriate verbal assertion, low anger intensity, and the ability to remove

themselves from provocative peer situations (Eisenberg & Fabes, 1994). However, this finding must be interpreted with caution due to its correlational nature. While it is possible that low emotional awareness (or high alexithymia) in mothers leads to a deficiency in the emotion regulation of their offspring such that they become highly negative and labile, it is also possible that child characteristics such as negativity and reactivity interact with mother characteristics to influence mother-child interactions. Children with this kind of intense emotionality might overwhelm mothers whose affective information processing is already vulnerable leading them to be less responsive or too impulsive in dealing with the strong emotionality of their children. Studies on mutuality find that a child's emotion affects a mother's emotion, her emotion affects the child's emotion, and, in a continuing co-construction of events, partners mutually influence or regulate each other's emotions (Cole et al., 2003; Deater-Deckard et al., 2004). The present study has a cross sectional design and hence cannot delineate such bidirectional influences or show directions of causality. Future longitudinal studies are required to investigate such processes.

Among the demographic characteristics, maternal education had significant associations with maternal alexithymia, emotion socialization practices and child adjustment. Mothers with higher levels of education were less alexithymic than mothers with lower levels of educational background, which is in line with previous studies on alexithymia. Better educated mothers also reported being less likely to respond with punitive, minimizing, and distress reactions to their children's negative emotions and rated their children as having higher emotion regulation capacities and lower lability/negativity. While we cannot eliminate all possible factor(s) closely associated with alexithymia, our results still remained significant after controlling for the effects of maternal education.

In the present study, neither maternal alexithymia, nor any of the emotion socialization measures correlated with teacher ratings of child outcome. One reason that we only obtained the significant relations when the measures were from the same informant is due to common-rater variance. The lack of cross-informant findings does not necessarily imply a lack of relation between the two constructs. Although mother reports suffer from the perceptual bias of the informant, a number of studies have also documented that these measures also contain a substantial objective component that allows for accurate assessments of children's characteristics (Bates, 1989). It is also important to note that there were significant and positive relations between mother reports and teacher reports. For example, mothers' experience of high negativity and lability in a child was related to teachers' perception of low social competence. Moreover, mother-rated child emotion regulation was significantly and positively correlated with teacher-rated child emotion regulation.

Nonsupportive Emotion Socialization Practices and Child Social-Emotional Well-Being

In the present study, minimizing, punitive and distress reactions to child negative emotions were significantly and positively related to mother ratings of child lability and negativity. The association between parental nonsupportive emotion socialization and child negativity/lability has also been reported in the emotion socialization literature. Fabes et al. (2001) found that parents who responded nonsupportively to preschoolers' negative emotion expressions had children who expressed more intense negative emotions with peers. Punitive parental reactions

have been associated with parents' and teachers' reports of externalizing problem behaviors (e.g., aggression, stubbornness, rule-breaking), particularly for boys in middle childhood (Eisenberg et al., 1999). In preschool and kindergarten, children exposed to punitive parental reactions to their negative emotions tend either to escape or to seek revenge in real-life anger situations with peers (Eisenberg & Fabes, 1994; Eisenberg et al., 1992a). Parental minimizing reactions have also been associated with low levels of socially appropriate behavior at ages 4 to 6 (Eisenberg et al., 1992a) and in Grades 3 to 6 (Eisenberg et al., 1996) and with teachers' and parents' reports of externalizing problem behavior (Eisenberg et al., 1999).

It has been argued that when parents are dismissive, critical, or punitive, it exacerbates the negative emotions that the child is trying to manage by arousing further emotion (Thompson & Meyr, 2007) and by leaving the child on his own to cope with both the problems and his emotional arousal. Additionally, it is believed that the use of nonsupportive socialization practices to control children's negative emotions teaches children to suppress negative emotions (Shipman & Zeman, 2001), which in turn increases their negative emotional arousal and anxiety (Gross & Levenson, 1993). The child then stores the negative emotions for a time, but tends to release them uncontrollably in another similar situation. Thus, a pattern of stored and released negative emotion is created over time and results in more intense expressions that children have difficulty regulating (Buck, 1984; Roberts & Strayer, 1987).

In our study, personal distress reaction was also significantly inversely related to expressive encouragement responses and in the interviews to didactic responses to child negative emotions. If we conceptualize expressive encouragement and didactic responses to child emotions as two different forms of cognitive structuring of

emotional experiences (Eisenberg, 1996; Gross & Thompson, 2007; Thompson & Meyr, 2007), these findings suggest that mothers who become overly dysregulated in the face of child negative emotions cannot inhibit or modulate their emotional arousal enough to focus attention on the cognitive structuring of their children's emotional experience. In previous studies and the present study, mothers' personal distress reaction was significantly and positively related to punitive and minimizing responses. It appears that mothers might become so dysregulated by child emotionality that they cannot focus on the needs of their children and respond in supportive ways, but rather try to get rid of the distressing emotions by discounting the seriousness of children's emotions, by devaluing their problems or by lashing out at children to get some relief from their intense emotional arousal (Gottman, 1997; Fabes et al., 2001, 2002). In our study, personal distress reaction was also significantly inversely related to expressive encouragement responses and in the interviews to didactic responses to child negative emotions. If we conceptualize expressive encouragement and didactic responses to child emotions as two different forms of cognitive structuring of emotional experiences (Eisenberg, 1996; Gross & Thompson, 2007; Thompson & Meyr, 2007), these findings suggest that mothers who become overly dysregulated in the face of child negative emotions cannot inhibit or modulate their emotional arousal enough to focus attention on the cognitive structuring of their children's emotional experience.

Gender and Child Social-Emotional Well-Being

In each measure of child social and emotional competence, girls were rated by both teachers and mothers as having higher levels of regulation and competence

70

compared to boys. Even though this finding is in line with the literature, it must still be interpreted with caution, since cultural gender roles and the differential socialization of girls in line with social norms and expectations are possibly implicated in addition to biological regulatory processes. Sunar (2002) found the feminine sex-role identification in Turkish females to be closely related to fathers' controlling behaviour towards their daughters. Sunar remarks that there emerges "a picture of a father who is highly involved in regulating his daughter's behaviour, whether through warnings, rewards, or punishments, and who has a clear image of the kind of daughter he desires - gentle, gracious, and grateful, a perfect little lady" (p. 229). Even though there seems to be a trend towards a more equilitarian treatment of girls and boys in the Turkish family, there is still a clearly differential treatment of sons and daughters, with sons being given more autonomy whereas daughters are more closely supervised and controlled (Sunar, 2002). This differential socialization of girls compared to boys might be one reason for the higher ratings that girls receive from teahers and mothers for their so-called "higher" regulation and competence, which might actually point to the lower autonomy being allowed girls and to stricter control and discipline.

Emotion Socialization as Mediatior

The results that were reported so far have all been looking at direct effects. Considering that mothers' emotional awareness can act upon on child emotional and social competence not only directly but also indirectly through its influence on emotion-related parenting, we have investigated Turkish mothers' emotion socialization practices as a potential mediator between mothers' emotional awareness

71

and child outcomes. Mediation analysis showed the relationship between maternal emotional awareness and child social adjustment to be fully mediated by mothers' emotion socialization practices, even after controlling for maternal education levels. The findings of the present study imply that emotion socialization is an important mechanism through which mothers' emotionality impacts on the emotional and social adjustment of children.

Strengths, Limitations, and Future Research Recommendations

The present study investigated alexithymia in the context of parenting, crossing the boundaries between alexithymia and child emotion socialization research. The investigation of parental alexithymia and various dimensions of parenting as it relates to child outcomes in early childhood is a neglected area. Thus, this study fills a gap in the literature with its focus on alexithymia in a community sample of mothers with preschool children and its link to their current emotion-related parenting practices and child outcomes. The present study used self-report measures to tap mother, child, and parenting dimensions. Future studies could observe actual parent-child interactions in emotion-provoking experimental settings to gain insights into how parental alexithymia reflects on the mutuality in dyadic parent-child interactions and the socialization of different emotions. To investigate alexithymia in the context of parent-child conversations related to emotional experiences is another possible project. In the reverse direction, it is also possible to examine the development of alexithymia in children using newly developed measures for children in association with parenting processes such as attachment and emotion socialization.

The present study was conducted with a sample of preschool children and their mothers because preschool years are particularly important for the study of emotion

socialization as they mark the transition from emotional dependence on the caregiver to more autonomous emotional regulation (Kopp, 1989). Chronic behavior problems have been reported to begin in the preschool years (Campbell, 1990), which is therefore a period particularly important for the development of emotion regulation and social competence.

The qualitative data obtained from the semi-structured interviews with mothers about their emotion socialization behaviors and attitudes was a strength of this study. Rather than assuming Turkish mothers' emotion socialization practices to be the same as Western emotion socialization practices, free-style interviews were conducted with a subset of relatively educated mothers. The analysis of the interviews showed that mothers did indeed respond to child negative emotions in the ways measured by the instrument used in this study to tap emotion socialization practices, the CCNES, and supported its validity.

Several limitations need to be mentioned. One limitation is that the present study utilized self-report instruments rather than actual observations. Inclusion of observational methods of emotion socialization and dyadic mother-child interactions might have led to more robust conclusions. For example, mothers' degree of personal distress reactions to child displays of emotionality remained in doubt in the present study, as in alexithymia individuals often do not retrospectively report being distressed, even as their autonomic arousal levels suggest otherwise. It would be more reliable to measure mothers' personal distress in an experimental setting where physiological autonomic arousal could be looked into. Another limitation is that the magnitude of the correlations in this study were modest to moderate. Moreover, given the correlational nature of the analyses, causality cannot be inferred from our findings

73

APPENDICES

Appendix A: Tables

Table 1

Child and Family Characteristics

	Mean	*SD*
Child age (months)	57.17	9.63
Maternal age (years)	35.43	5.22
Paternal age (years)	39.34	6.31
Family size	3.95	0.96
	Percent	
Child gender (Male)	53.8	
Intact family	98.1	
Adults in the family		
1-adult family	1.9	
2-adult family	69.8	
3-adult family	19.8	
Siblings		
None	45.3	
1 sibling	50.0	
2 siblings	3.8	
Maternal education		
Less than high-school	13.2	
High-school	19.8	
University/2-year college	48.1	
Graduate school	18.9	
Paternal education		
Less than high-school	17.9	
High-school	24.5	
University/2-year college	45.2	
Graduate school	12.3	

	Percent
Maternal employment	
Unemployed	28.3
Part-time employed (<45 hrs)	4.7
Full-time employed (=45 hrs)	64.2
Paternal employment	
Unemployed	6.6
Part-time employed (<45 hrs)	9.4
Full-time employed (=45 hrs)	83.0
Family income (TL)	
< 750	7.5
750 – 1450	19.8
1450 – 3000	37.7
> 3000	34.9

Table 2

Descriptive data according to preschool type

	Public (*n* = 55)		Other (*n* = 58)	
	Mean	*SD*	*Mean*	*SD*
Child age (months)	59.69	7.27	55.00	10.87 **
Classroom size	19.02	0.92	13.35	5.65 ***
Maternal age (years)	33.98	5.67	36.63	4.53
Paternal age (years)	38.32	6.87	40.12	5.79
Family size	3.96	1.17	3.95	0.74
Siblings	0.54	0.62	0.61	0.53
	Percent		Percent	
Gender (male)	53.1		54.4	
Maternal education				***
High-school degree	28.5		12.3	
University degree	40.8		54.3	
Graduate degree	6.1		29.8	
Maternal employment				***
Unemployed	48.9		12.5	
Full-time employed	46.8		82.1	
Family income				***
Less than 750 TL	16.3		0	
More than 3000 TL	20.4		47.4	

Note: Tests of statistical significance of the differences between state-administered and other preschool groups are based on Student t-test or Chi-square test, ** $p < .01$, *** $p < .001$

Table 3

Examples of Interview responses compared to CCNES responses

	CCNES responses	Similar interview responses	Divergent interview responses
Emotion- Focused Responses (EFC)	*Comforting EFC response:* "I comfort my child and try to make him/her feel better" (Scenario 6)	*Comforting EFC response:* "I sit him on my lap and I hug and caress him to try and soothe him." (Scenario 6)	*Reassuring EFC response:* "I'd tell him everyone can make mistakes, and give examples from my mistakes and his friends'. I'd also tell him stories of how things get better in time and with some practice to soothe him and make him feel better." (Scenario 6) *Didactic response:* "I'd explain the lessons to be learned from mistakes, tell her that everyone makes mistakes, but the important thing is to learn from our mistakes and not keep making the same mistakes over and over again." (Scenario 6)
	Distracting EFC response: "I distract my child by talking about happy things" (Scenario 3)	*Distracting EFC response:* "I try to direct her attention to some activity she likes, so that she can forget and get over this." (Scenario 3)	*Reassuring EFC response:* "I'd say 'don't worry my love, in a couple of days it might just pop up in the most unexpected place, who knows. Let's be patient and see, maybe you'll even remember where it is". (Scenario 3) *Didactic response:* "I'd talk about the importance of being neat and putting everything in its place. I'd also bring up the concept of 'value' at this point, how we should take good care of things that we value and so on." (Scenario 3)
	Distracting EFC response: "I suggest that my child think about something relaxing so that his/her nervousness would go away." (Scenario 7)	*Distracting response:* "I could tell him stories and give him a massage to soothe and take his mind off from the upcoming performance." (Scenario 7)	*Reassuring response:* "I would tell him I believe in him. That I'm sure he'll perform wonderfully and that afterwards everyone will cheer and congratulate him and I will be so proud of him." (Scenario 7) *Didactic response:* "The important thing is to do the best you can, it is not necessary to be the winner or to be perfect. There can only be one winner anyway. Noone expects everything to be mistake-free. You should show civil courage, go out there, and do your best." (Scenario 7)

	CCNES responses	Similar interview responses	Divergent interview responses
Problem Focused Responses (EFC)	"I tell my child that the present can be exchanged for something that the child wants." (Scenario 8)	"I'd try and get her to find something to like in the present, if it's a watch, we could look at her outfits and see which ones would go well with it, etc." (Scenario 8)	*Didactic response:* "When someeone gives you a present, you always thank them. Even if it's just a piece of gum your friend brings you, you must look happy. If you don't, your friend could be sad and embarrassed." (Scenario 8)
	"I help my child think of something else to do." (Scenario 10)	"I'd show him how to play on his own if he doesn't want to join them or if they're still mean towards him." (S. 10) *PFC-Solution offering:* "Go talk to those children again, but take your toys this time, that might get their attention." (Scenario 10)	*PFC-Intervene response:* "I'd go talk to the children, tell them 'here's another friend, play together'. I might also direct the children to make up a game they can all play together, so that they'll let my son join in." (Scenario 10)
Expressive Encouragement (EE)	"I encourage my child to talk about what scared him or her." (Scenario 9)	"Were you scared, I'd ask. He'd probably say, yes I was scared. I'd say some films are really scary, aren't they and they look so real." (Scenario 9)	*Didactic response:* "I'd tell her that they're make-believe, not real, and I'd probably explain her how films are made, the make-up, masks and costumes, how actors act and so on, if it's a movie. If it's an animation, I would explain how they're made. Someone thinks and imagines this story and then draws the pictures, etc." (Scenario 9)
	"I tell my child it's okay to cry." (Scenario 2)	"Oh no, it's broken, isn't it, I'd say, are you sad? And he'd say he's sad.." (Scenario 2)	*Didactic response:* "If he's doing something wrong on the bike, I'd tell him that's why this happened and if he doesn't do that anymore he won't fall again." (Scenario 2) *Reassuring EFC response:* "Everyone falls from a bike, I fell so many times myself, I'd say, and it hurt like hell. It's normal when you're learning to ride a bike, really it is." (Scenario 2)

	CCNES responses	Similar interview responses	Divergent interview responses
Punitive Reactions (PR)	"I tell my child that's what happens when you are not careful." (Scenario 3)	"It's lost, so she should face the consequences. She can cry all she wants, it's all her fault." (Scenario 3)	
	"I tell my child to stop crying or he/she won't be allowed to ride his or her bike anytime soon." (S.2)	"I'd say why weren't you more careful, this is what happens if you're not." (Scenario 2)	
	"I tell him/her to go to bed or he/she won't be allowed to watch any more TV." (Scenario 9)	"Didn't I tell you not to watch these films, why did you do it? Serves you right." (Scenario 9)	
Minimization Reactions (MR)	"I tell my child that he/she is overreacting." (Scenario 2)	"Be glad you didn't break a leg. There is no need to be sad about a bike, it can be repaired." (S 2)	
	"I tell my child not to make a big deal out of it." (Scenario 11)	"I'd say, they called you names, but it's not really important, children say such things just for the fun of it. No need to be sad." (Scenario 11)	
	"I tell my child that he/she is overreacting." (Scenario 6)	"Thinking as a grown-up, I'd find his crying in such a situation really uncalled for." (Scenario 6)	
	"I tell my child that he/she will feel better soon." (Scenario 10)	"My son, there is no reason to cry, go on and play with other children." (Scenario 10)	

	CCNES responses	Similar interview responses	Divergent interview responses
Distress Reactions (DR)	"I feel upset and uncomfortable because of my child's reactions." (Scenario 12)	"First of all, that'd make me angry, why does she react so to people she sees so often, people who are family and friends, it makes no sense. I can't understand that." (Scenario 12)	
	"NOT get upset myself." (reversed coding, Scenario 10)	"I mean of course when one sees her own child sad, one automatically gets sad and upset. I'm at a loss here really, I don't know what I'd do, I'm quite at a loss…" (Scenario 10)	
	"I feel upset myself." (Scenario 11)	"This is bad, I mean this is really bad, when a child is wounded, it's almost as if the mother's wounded too, why do they call my child names, why hurt him so…" (Scenario 11) "I might start crying, too, with my son." (Scenario 11)	
	"NOT be annoyed with my child for being rude." (reversed coding, S. 8)	"I'd feel very ashamed to be the mother of that child." (Scenario 8)	
	"I tell him/her not to embarrass us by crying" (Scenario 4)	"He's scared and when I see him so, that makes me sad." (Scenario 4)	

Table 4

Interview Profiles

Strategy	Mean	SD	Min.	Max.
% Punitive	2,62	4,57	0	20,00
% Minimization	2,71	3,93	0	13,33
% Distress	3,68	6,68	0	33,33
% Expressive Encouragement	5,83	6,55	0	32,17
% Emotion-focused Responses	29,59	8,03	8,97	48,57
% Problem-focused Responses	24,83	7,19	10,00	45,45
% Didactic	30,73	8,69	12,00	58,33

Table 5

Bivariate correlations of the interview variables with the CCNES subscales.

Interview Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Percent Punitive	--	.650***	.301	-.242	-.318	-.470**	-.186	.466**	.340	-.030	.069	-.062	-.253
2. Percent Minimization		--	.220	-.323	-.309	-.358*	-.138	.412*	.281	-.140	-.168	-.192	-.170
3. Percent Distress			--	-.152	-.278	-.323	-.389*	.302	-.008	.397*	-.019	-.124	-.183
4. Percent Expressive Encouragement				--	-.213	-.122	-.066	-.094	-.193	.023	.387*	-.219	.012
5. Percent Emotion-focused Responses					--	.132	-.352	-.182	.043	-.202	-.063	.209	.052
6. Percent Problem-focused Responses						--	-.200	-.244	-.022	.003	-.060	.164	.427*
7. Percent Didactic							--	-.223	-.177	-.059	-.130	.052	-.060
8. CCNES Punitive								--	.716***	.401***	-.041	.057	.040
9. CCNES Minimization									--	.225*	.077	.296**	.211*
10. CCNES Distress										--	-.208*	-.105	-.098
11. CCNES Expressive Encouragement											--	.295**	.458***
12. CCNES Emotion-focused Responses												--	.526***
13. CCNES Problem-focused Responses													--

Note. * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 6

Descriptives for the TAS20, CCNES, SCBE-30 and ERC mother and teacher versions

Variable	Mean	*SD*	Min.	Max.	Skewness	Std. Error
TAS20-Total Score	41.91	8.05	26	65	.491	.235
CCNES						
Punitive	18.76	6.33	12	41	1.37	.235
Minimization	27.25	9.54	12	54	.546	.235
Distress	26.96	5.88	17	47	1.022	.235
Expressive Encouragement	43.73	9.01	18	60	-.537	.235
Emotion-focused	51.92	5.94	35	60	-.635	.235
Problem-focused	49.99	5.12	35	58	-.722	.235
SCBE-30						
Anxiety-Withdrawal	18.78	8.23	10	44	1.338	.235
Anger-Aggression	19.04	7.98	10	49	1.252	.235
Social Competence	45.89	8.53	20	60	-.716	.235
ERC-Maternal						
Lability/ Negativity	29.23	6.16	18	50	1.081	.235
Emotion Regulation	26.19	3.10	19	32	-.309	.235
ERC-Teacher						
Lability/ Negativity	26.88	7.03	15	49	.872	.235
Emotion Regulation	24.85	3.61	16	31	-.513	.235

Table 7

Correlations of Demographic Data to the TAS20, CCNES, SCBE and the ERC.

	1	2	3	4	5
1. Child gender	--				
2. Child age	-.40	--			
3. School type	-.130	-.244[*]	--		
4. Maternal Education	.082	-.184	.392[**]	--	
5. Income	.135	-.240[*]	.430[**]	.693[**]	--
TAS20-Total Score	-.108	-.128	-.108	-.369[***]	-.343[**]
CCNES					
Punitive	-.129	.103	-.226[*]	-.403[**]	-.372[**]
Minimization	-.065	.183	-.388[**]	-.363[**]	-.397[**]
Distress	-.270[**]	.106	-.057	-.334[**]	-.265[**]
Expressive Encouragement	.051	-.024	.065	.115	.032
Emotion-focused Responses	.071	-.093	-.177	-.105	-.134
Problem-focused Responses	.090	-.036	-.027	.041	.004
SCBE-30					
Social Competence	.194[*]	.284[**]	.060	.058	.034
ERC-Maternal					
Lability/ Negativity	-.274[**]	-.026	-.202[*]	-.293[**]	-.256[**]
Emotion Regulation	.213*	.059	.123	.326[**]	.265[**]
ERC-Teacher					
Lability/ Negativity	-.220[*]	-.195[*]	.221[*]	.123	.030
Emotion Regulation	.121	-.096	.180	.116	.136

Note. Child gender and school type are coded as 0 = boy, 1 = girl; and 0 = public preschool, 1 = private preschool, respectively. [*] $p < .05$, [**] $p < .01$, [***] $p < .001$.

Table 8 Correlations of TAS20, CCNES, SCBE and the ERC.

		1	2	3	4	5	6	7	8	9	10	11	12
TAS20	1. Total Score	--	.257**	.209*	.149	-.182	.029	-.141	-.099	.295**	-.268**	-.033	-.059
CCNES	2. Punitive		--	.716***	.401***	-.041	.057	.040	.062	.224*	-.066	-.132	.081
	3. Min.			--	.225*	.077	.296**	.211*	.038	.226*	-.151	-.110	-.085
	4. Distress				--	-.208*	-.105	-.098	.072	.334***	-.172	.017	-.005
	5. EE					--	.295**	.458***	.074	-.113	.076	-.078	-.106
	6. EFC						--	.526***	-.133	.111	-.096	.016	-.004
	7. PFC							--	-.044	.054	.065	.028	-.048
SCBE-30	8. SC								--	-.224*	.118	-.579***	.398***
ERC-	9. LN									--	-.574***	.114	-.074
Mother	10. ER										--	-.004	.264**
ERC-	11. LN											--	-.183
Teacher	12. ER												--

Note. EE = Expressive Encouragement, EFC = Emotion-focused Responses, PFC = Problem-focused Responses, AW = Anxiety Withdrawal, AA=Anger Aggression, SC=Social Competence, LN=Lability/Negativity, ER=Emotion Regulation, * p < .05, ** p < .01, *** p < .01.

Table 9

Interrelations between CCNES Subscales.

	1	2	3	4	5	6
1 Punitive	--	.716***	.401***	-.041	.057	.040
2 Minimization		--	.225*	.077	.296**	.211*
3 Distress			--	-.208*	-.105	-.098
4 Expressive Encouragement				--	.295**	.458***
5 Emotion-focused Responses					--	.526***
6 Problem-focused Responses						--

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

Table 10

Hierarchical Regression Analysis Testing the Relations Between Maternal Emotional Awareness (TAS-20), Maternal Emotion Socialization (Nonsupportive-Practices factor score) and Child Outcome (L/N Subscale of ERC-Mother version)

Predictor Variable: TAS-20 Total score

Mediator Variable: Nonsupportive-Practices factor score

Outcome Variable: L/N Subscale score (mother-rated),

Overall $F(4,101) = 6.54$, $p < .001$

Predictor Variable	R^2	ΔR^2	ΔF	B	SEB	β	*Sig.*
Step 1	.149	.149	9.01***				
Child Gender				-3.09	1.12	-.25**	.007
Maternal Education				-.71	.24	-.27**	.004
Step 2	.181	.032	4.04*				
Child Gender				-2.91	1.11	-.24**	.010
Maternal Education				-.53	.25	-.20*	.039
TAS-20				.15	.07	.19*	.047
Step 3	.206	.024	3.11				
Child Gender				-2.62	1.11	-.21*	.020
Maternal Education				-.33	.27	-.13	.226
TAS-20				.13	.07	.18	.072
Nonsupportive				1.11	.63	.18	.081

* $p < .05$, ** $p < .01$, *** $p < .001$

Appendix B: Demographic Information Form

Genel Bilgi Formu

<u>Çalışmaya Katılan Çocuk ile İlgili Sorular:</u>

1. Çocuğun adı ve soyadı: _____

2. Anketi doldurduğunuz tarih: Gün____ Ay_____ Yıl_____

3. Çocuğun doğum tarihi: Gün____ Ay_____ Yıl_____

4. Çocuğun cinsiyeti (lütfen işaretleyiniz): Erkek____ Kız____

5. a) <u>Çocuk Bakımının Cinsi ve Her Hafta Orada Geçirdiği Saat Sayısı:</u> (lütfen her seçeneği "evet" veya "hayır" şeklinde cevaplayınız ve "evet" diye yanıtladıklarınız için saat sayısını yazınız):

Çocuk Bakımının Cinsi		Yanıtınız Evetse: Her Hafta Orada Geçirdiği Saat Sayısı
Anaokulu – kreş	Evet / Hayır	
Akraba/ arkadaş/ bakıcı	Evet / Hayır	

5. b) Çocuğunuz ne zaman anaokuluna/ kreşe başladı? Ay_____ Yıl_____

6. Çocuğun evde sürekli beraber yaşadığı <u>tüm bireyleri</u> lütfen sıralayınız:

İsim	Çocukla olan yakınlığı	Yaş

Çocuğun Annesi ve Babası ile İlgili Sorular

1. Annenin doğum tarihi: Gün_____ Ay_____ Yıl_____

2. Annenin mesleği: _____
(işsiz ise, lütfen her zamanki mesleğini yazınız)

3. Anne şu anda calısıyor mu? (uygun olan seçeneğin altındaki rakamı daire içine alınız)

Evet (Yarı-zamanlı, haftada 45 saatten az)	Evet (Tam zamanlı, haftada 45 saat)	Hayır
1	2	3

4. Annenin şu anki medeni hali (uygun olan seçeneğin altındaki rakamı daire içine alınız)

Evli	Bekar, Ayrılmış veya Boşanmış	Yeniden evlenmiş	Dul
1	2	3	4

5. Babasının doğum tarihi: Gün_____ Ay_____ Yıl_____

6. Babanın mesleği: _____
(işsiz ise, lütfen her zamanki mesleğini yazınız)

7. Baba şu anda çalısıyor mu? (uygun olan seçeneğin altındaki rakamı daire içine alınız)

Evet (Yarı-zamanlı, haftada 45 saatten az)	Evet (Tam zamanlı, haftada 45 saat)	Hayır
1	2	3

8. Babanın şu anki medeni hali (uygun olan seçeneğin altındaki rakamı daire içine alınız)

Evli	Bekar, Ayrılmış veya Boşanmış	Yeniden evlenmiş	Dul
1	2	3	4

9. Anne ve babanın eğitimi
(geldiği en yüksek düzey; lütfen hem anne hem de baba için işaretleyiniz.)

	Anne	Baba
İlkokuldan terk	1	1
İlkokul mezunu	2	2
Ortaokuldan terk	3	3
Ortaokul mezunu	4	4
Liseden terk	5	5
Lise mezunu	6	6
Yüksek okul mezunu (2 yıllık)	7	7
Üniversiteden terk	8	8
Üniversite mezunu (4 yıllık)	9	9
Uzmanlik derecesi var (Master, doktora gibi)	10	10

10. <u>Hane halkının toplam geliri (lütfen birini işaretleyiniz)</u>

Ayda 250 milyonun altında	1	
Ayda 250 - 450 milyon	2	
Ayda 450 - 750 milyon	3	
Ayda 750 - 1.5 milyar	4	
Ayda1.5 - 3 milyar	5	
Ayda 3 milyarın üzerinde	6	

ANNEDE DUYGULANIM (TAS-20)

Lütfen aşağıdaki maddelerin sizi ne ölçüde tanımladığını işaretleyiniz.

	Hiçbir zaman	Nadiren	Bazen	Sık sık	Her zaman
1- Ne hissettiğimi çoğu kez tam olarak bilemem.	1	2	3	4	5
2- Duygularım için uygun kelimeleri bulmak benim için zordur.	1	2	3	4	5
3- Bedenimde doktorların dahi anlamadığı hisler oluyor.	1	2	3	4	5
4- Duygularımı kolayca tarif edebilirim.	1	2	3	4	5
5- Sorunları yalnızca tarif etmektense onları çözümlemeyi yeğlerim.	1	2	3	4	5
6- Keyfim kaçtığında, üzgün mü, korkmuş mu yoksa kızgın mı olduğumu bilemem.	1	2	3	4	5
7- Bedenimdeki hisler kafamı karıştırır.	1	2	3	4	5
8- Neden öyle sonuçlandığını anlamaya çalışmaksızın, işleri oluruna bırakmayı yeğlerim.	1	2	3	4	5
9- Tam olarak tanımlayamadığım duygularım var.	1	2	3	4	5
10- İnsanların duygularını tanıması gerekir.	1	2	3	4	5
11- İnsanlar hakkında ne hissettiği tarif etmek bana zor geliyor.	1	2	3	4	5
12- İnsanlar duygularımı kolayca tarif etmemi isterler.	1	2	3	4	5
13- İçimde ne olup bittiğini bilmiyorum.	1	2	3	4	5
14- Çoğu zaman neden kızgın olduğumu bilmem.	1	2	3	4	5
15- İnsanlarla, duygularından çok günlük uğraşları hakkında konuşmayı yeğlerim.	1	2	3	4	5

	Hiçbir zaman	Nadiren	Bazen	Sık sık	Her zaman
16- Psikolojik dramalar yerine eğlendirici programlar izlemeyi yeğlerim.	1	2	3	4	5
17- İçimdeki duyguları yakın arkadaşlarıma bile açıklamak bana zor gelir.	1	2	3	4	5
18- Sessizlik anlarında dahi, kendimi birisine yakın hissedebilirim.	1	2	3	4	5
19- Kişisel sorunlarımı çözerken duygularımı incelemeyi yararlı bulurum.	1	2	3	4	5
20- Film veya oyunlarda gizli anlamlar aramak, onlardan alınacak hazzı azaltır.	1	2	3	4	5

DUYGU DÜZENLEME ÖLÇEĞİ

Aşağıdaki listede bir çocuğun duygusal durumu ile ilgili ifadeler yer almaktadır. Verilen numaralandırma sistemini göz önünde bulundurarak aşağıdaki davranışları öğrencinizde ne kadar sıklıkla gözlemlediğinizi işaretleyiniz. Bu davranışı:

(1) HİÇBİR ZAMAN, (2) BAZEN, (3) SIK SIK, (4) HER ZAMAN gözlemliyorum.

	HİÇBİR ZAMAN	BAZEN	SIK SIK	HER ZAMAN
1. Neşeli bir çocuktur.	1	2	3	4
2. Duygu hali cok değişkendir (Çocuğun duygu durumunu tahmin etmek zordur çünkü neşeli ve mutluyken kolayca üzgünleşebilir).	1	2	3	4
3. Yetişkinlerin arkadaşça ya da sıradan (nötr) yaklaşımlarına olumlu karşılık verir.	1	2	3	4
4. Bir faaliyetten diğerine kolayca geçer; kızıp sinirlenmez, endişelenmez (kaygılanmaz), sıkıntı duymaz veya aşırı derecede heyecanlanmaz.	1	2	3	4
5. Üzüntüsünü veya sıkıntısını kolayca atlatabilir (örneğin, canını sıkan bir olay sonrasında uzun süre surat asmaz, endişeli veya üzgün durmaz).	1	2	3	4
6. Kolaylıkla hayal kırıklığına uğrayıp sinirlenir (huysuzlaşır, öfkelenir).	1	2	3	4
7. Yaşıtlarının arkadaşça ya da sıradan (nötr) yaklaşımlarına olumlu karşılık verir.	1	2	3	4
8. Öfke patlamalarına, huysuzluk nöbetlerine eğilimlidir.	1	2	3	4
9. Hoşuna giden bir şeye ulaşmak için bekleyebilir. (örneğin, şeker almak icin sirasini beklemesi gerektiğinde keyfi kaçmaz veya heyecanını kontrol edebilir).	1	2	3	4
10. Başkalarının sıkıntı hissetmesinden keyif duyar (örneğin, biri incindiğinde veya ceza aldığında güler; başkalarıyla alay etmekten	1	2	3	4

	HİÇBİR ZAMAN	BAZEN	SIK SIK	HER ZAMAN
zevk alır).				
11. Heyecanını kontrol edebilir (örneğin, çok hareketli oyunlarda kontrolünü kaybetmez veya uygun olmayan ortamlarda aşırı derecede heyecanlanmaz).	1	2	3	4
12. Mızmızdır ve yetişkinlerin eteğinin dibinden ayrılmaz.	1	2	3	4
13. Ortalığı karıştırarak çevresine zarar verebilecek enerji patlamaları ve taşkınlıklara eğilimlidir.	1	2	3	4
14. Yetişkinlerin sınır koymalarına sinirlenir.	1	2	3	4
15. Üzüldüğünü, kızıp öfkelendiğini, veya korktuğunu söyleyebilir.	1	2	3	4
16. Üzgün veya halsiz görünür.	1	2	3	4
17. Oyuna başkalarını katmaya çalışırken aşırı enerjik ve hareketlidir.	1	2	3	4
18. Yüzü ifadesizdir; yüz ifadesinden duyguları anlaşılmaz.	1	2	3	4
19. Yaşıtlarının arkadaşça ya da sıradan (nötr) yaklaşımlarına olumsuz karşılık verir (örneğin kızgın bir ses tonuyla konuşabilir ya da ürkek davranabilir).	1	2	3	4
20. Düşünmeden, ani tepkiler verir.	1	2	3	4
21. Kendini başkalarının yerine koyarak onların duygularını anlar; başkaları üzgün ya da sıkıntılı oldugunda onlara ilgi gösterir.	1	2	3	4
22. Başkalarını rahatsız edecek veya etrafa zarar verebilecek kadar aşırı enerjik, hareketli davranır.	1	2	3	4
23. Yaşıtları ona saldırgan davranır ya da zorla işine karışırsa yerinde olumsuz duygular gösterir (kızgınlık, korku, öfke, sıkıntı, vb).	1	2	3	4
24. Oyuna başkalarını katmaya çalışırken olumsuz duygular gösterir (aşırı heyecan, kızgınlık, üzüntü, vb).	1	2	3	4

Appendix E: Turkish Form of the Coping with Childrens' Negative Emotions Scale

ÇOCUKLARIN OLUMSUZ DUYGULARIYLA BAŞETME ÖLÇEĞİ

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SOSYAL YETKİNLİK VE DAVRANIŞ DEĞERLENDİRMESİ

Aşağıdaki listede bir çocuğun duygusal durumu ve davranısları ile ilgili ifadeler yer almaktadır. Verilen numaralandırma sistemini göz önünde bulundurarak ifadelerdeki davranışlari anketi doldurduğunuz çocukta ne kadar sıklıkla gözlemlediğinizi işaretleyiniz:

Bu davranışı

(1) HİÇBİR ZAMAN, (2 veya 3) BAZEN, (4 veya 5) SIK SIK, (6) HER ZAMAN gözlemliyorum.

1. Yüz ifadesi duygularını belli etmez.	1	2	3	4	5	6
2. Zorda olan bir çocuğu teselli eder ya da ona yardımcı olur.	1	2	3	4	5	6
3. Kolaylıkla hayal kırıklığına uğrayıp sinirlenir.	1	2	3	4	5	6
4. Faaliyeti kesintiye uğradığında kızar.	1	2	3	4	5	6
5. Huysuzdur, çabuk kızıp öfkelenir.	1	2	3	4	5	6
6. Gündelik işlerde yardım eder (örneğin sinif toplanirken ya da beslenme dagitilirken yardımcı olur).	1	2	3	4	5	6
7. Çekingen, ürkektir; yeni ortamlardan ve durumlardan kaçınır.	1	2	3	4	5	6
8. Üzgün, mutsuz ya da depresiftir.	1	2	3	4	5	6
9. Grup içinde içe dönük ya da grupta olmaktan huzursuz görünür.	1	2	3	4	5	6
10. En ufak bir şeyde bağırır ya da çığlık atar.	1	2	3	4	5	6
11. Grup içinde kolaylıkla çalışır.	1	2	3	4	5	6
12. Hareketsizdir, oynayan cocukları uzaktan seyreder.	1	2	3	4	5	6
13. Anlaşmazlıklara çözüm yolları arar.	1	2	3	4	5	6
14. Gruptan ayrı, kendi başına kalır.	1	2	3	4	5	6

Bu davranışı

(1) HİÇBİR ZAMAN, (2 veya 3) BAZEN, (4 veya 5) SIK SIK, (6) HER ZAMAN gözlemliyorum.

15. Diğer çocukların görüşlerini dikkate alır.	1	2	3	4	5	6
16. Diğer çocuklara vurur, onları ısırır ya da tekmeler.	1	2	3	4	5	6
17. Grup faaliyetlerinde diğer çocuklarla birlikte çalışır, onlarla iş birliği yapar.	1	2	3	4	5	6
18. Diğer çocuklarla anlaşmazlığa düşer.	1	2	3	4	5	6
19. Yorgundur.	1	2	3	4	5	6
20. Oyuncaklara iyi bakar, oyuncakların kıymetini bilir.	1	2	3	4	5	6
21. Grup faaliyetleri sırasında konuşmaz ya da faaliyetlere katılmaz.	1	2	3	4	5	6
22. Kendinden küçük çocuklara karşı dikkatlidir.	1	2	3	4	5	6
23. Grup içinde farkedilmez.	1	2	3	4	5	6
24. Diğer çocukları istemedikleri şeyleri yapmaya zorlar.	1	2	3	4	5	6
25. Öğretmene kızdığı zaman ona vurur ya da çevresindeki eşyalara zarar verir.	1	2	3	4	5	6
26. Endişeye kapılır.	1	2	3	4	5	6
27. Akla yatan açıklamalar yapıldığında uzlaşmaya varır.	1	2	3	4	5	6
28. Öğretmenin önerilerine karşı çıkar.	1	2	3	4	5	6
29. Cezalandırıldığında (örneğin herhangi bir şeyden yoksun bırakıldığında) başkaldırır, karşı koyar.	1	2	3	4	5	6
30. Kendi başarılarından memnuniyet duyar.	1	2	3	4	5	6

Anne Görüşme Formu

Şimdi size gündelik hayatınızda çocuğunuzla karşılaşabileceğiniz bazı tipik senaryolar okuyacağım. Senaryolarda sözü geçen 4-6 yaş çocuğu sizin çocuğunuz olsa okuduğum senaryodaki gibi bir durumda ona ne derdiniz ve bu durumda ne yapardınız diye düşünerek cevap vermenizi rica ediyorum.

1. Hastalandığı ya da bir yerini incittiği için arkadaşının doğum günü partisine veya oyun davetine gidemeyen bir çocuk bundan dolayı öfkeleniyor. Siz bu çocuğun annesi olsanız bu durumda ne dersiniz, ne yaparsınız?

2. Bisikletten düşüp bisikletini kıran bir çocuk buna üzülüp ağlıyor. Siz bu çocuğun annesi olsanız bu durumda ne dersiniz, ne yaparsınız?

3. Çok değer verdiği bir şeyini kaybeden bir çocuk bunun üzerine ağlamaya başlıyor. Siz bu çocuğun annesi olsanız bu durumda ne dersiniz, ne yaparsınız?

4. İğne olmaktan korkan bir çocuk aşı sırasında beklerken bir hayli titreyip ağlamaklı oluyor. Siz bu çocuğun annesi olsanız bu durumda ne dersiniz, ne yaparsınız?

5. Öğleden sonrasını arkadaşının evinde geçirecek olan bir çocuk annesi yanında kalamayacağı için tedirgin olup üzülüyor. Siz bu çocuğun annesi olsanız bu durumda ne dersiniz, ne yaparsınız?

6. Arkadaşlarıyla birlikte yer aldığı grup faaliyetinde bir hata yapan çocuk utanıp ağlamaklı oluyor. Siz bu çocuğun annesi olsanız bu durumda ne dersiniz, ne yaparsınız?

7. Müsamere ya da bir spor faaliyetinde seyircilerin karşısına çıkmak üzere olan bir oğlan çocuğu çok heyecanlı ve kaygılı görünüyor. Siz bu çocuğun annesi olsanız bu durumda ne dersiniz, ne yaparsınız?

8. Arkadaşından arzu etmediği bir doğum günü hediyesi alan çocuk arkadaşının önünde hediyesini açtıktan sonra hayal kırıklığına uğramış hatta kızgın görünüyor. Siz bu çocuğun annesi olsanız bu durumda ne dersiniz, ne yaparsınız?

9. Ürkütücü bir televizyon programı izleyen bir çocuk korkuya kapılıp uyuyamıyor. Siz bu çocuğun annesi olsanız bu durumda ne dersiniz, ne yaparsınız?

10. Oyun parkındaki bir çocuk diğer çocuklar ona kötü davranıp aralarına almadıkları için ağlamaklı oluyor. Siz bu çocuğun annesi olsanız bu durumda ne dersiniz, ne yaparsınız?

11. Oyun sırasında arkadaşlarından alaylı ya da çirkin sözler işitmiş bir çocuk ağlamaklı oluyor ve titremeye başlıyor. Siz bu çocuğun annesi olsanız bu durumda ne dersiniz, ne yaparsınız?

12. Tanımadığı kişilerle karşılaştığında bir çocuk tedirgin oluyor. Ya da ne zaman aile dostları misafirliğe gelse ağlamaklı olup odasından çıkmak istemiyor. Siz bu çocuğun annesi olsanız bu durumda ne dersiniz, ne yaparsınız?

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