

THE AN EXPLORATION OF MATERNAL EFFICACY:
THE PREDICTIVE POWER OF CHILDHOOD TRAUMAS, COGNITIVE
FLEXIBILITY, AND ATTACHMENT

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AN EXPLORATION OF MATERNAL EFFICACY: THE PREDICTIVE POWER
OF CHILDHOOD TRAUMAS, COGNITIVE FLEXIBILITY, AND
ATTACHMENT

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

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ABSTRACT

In this study, the relationship between mothers' self-efficacy levels and childhood traumas, attachment, and cognitive flexibility levels was investigated. 386 mothers with children aged 0-6 participated in the study. "Personal Information Form", "Childhood Trauma Questionnaire", "Parental Self-Efficacy Scale", "Experiences in Close Relationships Questionnaire-I" and "Cognitive Flexibility Scale" were applied to the participants. Pearson Correlation was applied to examine the relationship between mothers' self-efficacy levels and childhood traumas, attachment, and cognitive flexibility levels. Hierarchical regression analysis was applied to determine the predictors of self-efficacy levels. In addition, the self-efficacy levels of the participants were compared according to the variables of age, employment status, number of children, and number of people in the family. The descriptive findings of the data and the Independent Samples t-Test, One-Way Analysis of Variance (ANOVA), Tukey analysis of post-Hoc tests, Pearson Product Moment Correlation, and Hierarchical Regression Analysis results are shown in tables. Based on the findings, mothers' self-efficacy scores were negatively and significantly related to childhood traumas and insecure attachment styles. In addition, mothers' self-efficacy scores were found to be positively and significantly related to cognitive flexibility. When the predictors of self-efficacy scores were examined, it was found that the most powerful predictor of mothers' self-efficacy scores was cognitive flexibility. High cognitive flexibility scores of mothers have a significant effect on higher self-efficacy scores.

Keywords: Attachment, childhood trauma, cognitive flexibility, parental self-efficacy

ÖZET

Bu araştırmada, annelerin özyetkinlik düzeylerinin çocukluk çağı travmaları, bağlanma ve bilişsel esneklik düzeyleriyle ilişkisi incelenmiştir. Araştırmaya, 0-6 yaş çocuk sahibi olan 386 anne katılmıştır. Katılımcılara, “Kişisel Bilgi Formu”, “Çocukluk Çağı Travma Ölçeği”, “Ebeveyn Özyetkinlik Ölçeği”, “Yakın İlişkilerde Yaşantılar Envanteri-I” ve “Bilişsel Esneklik Ölçeği” uygulanmıştır. Annelerin özyetkinlik düzeyleri ile çocukluk çağı travmaları, bağlanma ve bilişsel esneklik düzeyleri arasındaki ilişkinin incelenmesi için Pearson Korelasyonu uygulanmıştır. Özyetkinlik düzeylerinin yordayıcılarını tespit etmek için hiyerarşik regresyon analizi uygulanmıştır. Ayrıca, katılımcıların yaş, çalışma durumu, çocuk sayısı ve ailedeki kişi sayısı değişkenlerine göre özyetkinlik düzeyleri karşılaştırılmıştır. Verilere ait tanımlayıcı bulgular ve yapılan Bağımsız Gruplar t Testi, Tek Yönlü Varyans Analizi (ANOVA), Post-Hoc testlerinden Tukey analizi, Pearson Çarpım Moment Korelasyonu ve Hiyerarşik Regresyon Analizi sonuçları tablolarla gösterilmiştir. Araştırmada elde edilen bulgulara göre, annelerin özyetkinlik puanları çocukluk çağı travmaları ve güvensiz bağlanma stilleri ile negatif yönlü ve anlamlı ilişkili bulunmuştur. Ayrıca, annelerin özyetkinlik puanları bilişsel esneklik ile pozitif yönlü ve anlamlı ilişkili bulunmuştur. Özyetkinlik puanlarının yordayıcıları incelendiğinde, annelerin özyetkinlik puanlarını en güçlü yordayan değişkenin bilişsel esneklik olduğu saptanmıştır. Annelerin bilişsel esneklik puanlarının yüksek oluşu özyetkinlik puanlarının yüksek oluşuna anlamlı düzeyde etki etmektedir.

Anahtar Sözcükler: Bağlanma, bilişsel esneklik, çocukluk çağı travması, ebeveyn özyetkinliği

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ABBREVIATION LIST

PSE: Parental Self Efficacy

CT: Childhood Trauma

CF: Cognitive Flexibility

SA: Secure Attachment Style

AnAS: Anxious Attachment Style

AvAS: Avoidant Attachment Style



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CHAPTER I

INTRODUCTION

1.1. Rationale

Parenting is often recognized by society as an fundamental role that meets the demands of the child. The cultural and family system should value the role of the mother, hold the resources and power necessary to ensure the long-term well-being of her children and family, and respond to their physical, emotional, and social needs. Therefore a mother adequately and strongly fulfills her maternal role. One of the factors affecting these power and resources is parental self-efficacy.

The notion of self-efficacy expressed by Bandura (1982) includes the feelings and thoughts of organizing the activities necessary for a certain performance, coping with the difficulties encountered, and performing the actions at an optimal level. It is a phenomenon that determines the motivation and behavior of the individual when faced with current and future conditions. Another source discusses the concept of self-efficacy based on an individual's self-evaluation (Tafarodi, 1998; Tafarodi et al., 2001). Schunk (1990) states that efficacy belief is an important parameter in predicting human behavior.

According to Bandura (1997), one of the most important foundations of parenting practices is efficacy beliefs. According to him, various psycho-social components and maternal efficacy are processed through the notion of maternal self-efficacy. Parental self-efficacy is the assessment of a parent's capabilities to care for their children. (de Montigny & Lacharite, 2005).

Parental self-efficacy depends on how the parent sees herself in her role and how perceives her. Parental self-efficacy depends on how the parent sees herself in her role

and how she perceives her. In this sense, parental self-efficacy is linked to the perception that parents have positive effects on their children's behavior and development (Coleman, 1998). Parental self-efficacy, belief of parents in their capability to effectively and adequately cope with difficulties their children may face, leads to more cohesive family situations and better outcomes for their children (Scannell, 2021). As a result, parents take on parenting responsibilities more easily, become more resistant to stress, and feel more competent in their parenting role. Some parents may have self-doubt in their parenting experiences, feel high levels of anxiety in the coping with difficulties, and hold themselves accountable for failures in their parenting duties, as a result of which they may not consider themselves competent as parents (Weaver et al., 2008). In this respect, parental self-efficacy is one of the factors that play an important role in children's development, behavior and ability to cope with difficulties.

Parents need to be aware of this competence in order for their children to have the competence to assume their responsibilities in the social system and to give their children positive personality traits (Güler, 2010). The times when people have difficulties are the transition to parenthood and the first period when the child starts school. These two periods cover the ages 0-6. However, usually mother is more influential than the father in the development process of the child aged 0-6 (Schaffer, 1996). Traditionally, mothers are expected to meet child's needs (Güler, 2010). The mother may want to feel competent in parenting skills, but not all mothers share the same understanding of responsibility and parental self-efficacy. In order for children to be parent's physical and mental well-being should come first. The mother's self-efficacy, however, is influenced by a wide range of conditions.

The childhood experiences of the mother also reflect the development process of her own child. The mother's childhood experiences are a factor that affects the mother's parental self-efficacy and motherhood process (Hassall et al., 2005; Bağatarhan, 2012). The mother's childhood experiences are also reflected in the development process of her own child (Ezen & Açıkgöz, 2017). The emotional and cognitive structure of the mother, who had adverse experiences such as physical, emotional and sexual abuse during childhood, may be negatively affected and the development process may be interrupted. These negativities affect adversely attachment styles of individuals. The mothers who have the type experiences establish less secure relationships in adulthood (Nakazawa, 2022)

Relationship styles, marital life and pregnancy of traumatized mothers can be emotionally difficult and traumatic (Öz, 2017). Parenting practices such as warmth, acceptance, belonging, and responsiveness to the mother, who assumes the role of parent, can stress the parent's healthy development process. These stress and behaviors of the mother affect parental self-efficacy (Scannell, 2021).

Another factor affecting and shaping parental self-efficacy is the attachment style of the mother (Yurdalan, 2019). Childhood traumas affect mother's attachment patterns. Attachment begins to form from birth, directly affects adult life and is resistant to change (Ainsworth & Bowlby, 1991). It is an emotional bond with continuity and consistency that starts with establishing closeness with the person who cares for the child. Mothers, who were exposed to childhood traumas during childhood, feel less secure and more depressed in their close relationships, so their parental self-efficacy feelings decrease and they develop insecure attachment styles (Caldwell et al., 2011).

The child may not always see this closeness and consistency from the caregiver. The

bond and stability that mothers establish with their mothers or attachment objects in early childhood affect their attachment styles. With this attachment model, they perceive the world and their children. An unstable and inconsistent caregiver develops and maintains an unhealthy attachment style by feeling anxiety and developmental inconsistencies more (Gülüm & Dağ, 2014). As a result, the framework in which they look at the world increases the stress level in the role of mother and father, as in many other areas, and causes them to feel insecure and inadequate.

When parental self-efficacy is examined, It implies that attachment is connected with negative self-representations and low self-perception manifested by inadequacy, neglect, and abuse (Riggs & Kaminski, 2010). From this point of view, the examination of attachment styles has an importance in addressing the issue of parental self-efficacy.

Secure attachment affects cognitive flexibility. Securely attached individuals perceive themselves as strong, consistent, valuable, competent, and lovable. Securely attached individuals have a high level of emotional and cognitive flexibility. When these individuals grow up, they become individuals who can express themselves comfortably, solve their problems, express their feelings, and have a high capacity for recovery and flexibility (Asıcı & İkiz, 2015).

Insecurely attached individuals cannot express themselves easily, their problem-solving skills are low, they do not feel competent and their cognitive flexibility capacities are low (Seçkin & Hasanoğlu, 2019). Individuals with cognitive flexibility are highly interested, able to deal efficiently with recent and challenging situations, generate alternate ideas, adapt to differences and innovations, and are expert in interpersonal relationships (Martin & Rubin, 1995).

When reviewing the literature regarding maternal self-efficacy, childhood traumas,

attachment styles, and cognitive flexibility, it can be said that there have been no studies indicating the relationship among these variables together. Therefore, it is expected that this study will be contributive in terms of examining the relation between mothers' parental self-efficacy, childhood traumas and attachment styles, level of cognitive flexibility for further studies and intervention strategies.

1.2. Research Objective

The focus of this study is to look into the role of childhood traumas, attachment styles and cognitive flexibility in understanding of the parental self-efficacy of mothers with children between 0-6 years. In line with this purpose, parental self-efficacy of the participants were examined in relation to specific demographic variables.

As a result, the following research questions were addressed:

- Does parental self-efficacy perception of mothers with children aged 0-6 differ significantly in accordance with the mother's age?
- Is the parental self-efficacy perception of mothers significantly different according to the mother's place of employment?
- Does the self-efficacy perception of mothers differ significantly according to the number of children the mother has ?
- Is there a significant relationship between mother's self-efficacy perceptions of motherhood, childhood traumas, attachment styles, and cognitive flexibility levels of mothers?
- To what extent do the childhood experiences, attachment styles, and cognitive flexibility levels of mothers predict their perceptions of self-efficacy in motherhood?

1.3. Significance of the Study

Various definitions and suggestions are offered about how a mother's role should be in a society. From the moment a baby begins to exist in the mother's womb, psychological and physiological changes begin to occur in the mother's life.

The mother may initially experience some stresses and confusion regarding the mothering role. After a while, the mother normalizes this situation with her own coping skills and the support of the environment and begins to adapt to the role of motherhood (Ionio & Di Blasio, 2013). Sometimes these stresses, anxieties and restlessness can stay in the mother's life longer than usual. This situation may cause the mother to question her own mothering skills (Grownick et al., 1998). It is thought that it will be beneficial for parents to explore the processes that affect the perceptions of mothers who see themselves as sufficient or not in the role of mother (Webster-Stratton & Reid, 2004). This situation is also called parental self-efficacy. The psychological background of the mother influences the mother's parenting process and parental self-efficacy. One of them is reputed to be childhood mental traumas. The effects of childhood trauma continue throughout the individual's life if the trauma is not resolved over the time (Chapman et al., 2004).

In the studies 1 out of every 5 person in family member are reported that had a mental illness. Some of these mental health problems such depression, dissociative disorder and anxious attachment related with childhood trauma (Şar et al., 2020). Based on all these, it is thought that childhood traumas affect parental self-efficacy.

It is thought that one of the factors affecting the perception of parental self-efficacy is attachment. Attachment system is one of the most important behavioral systems in terms of ensuring the survival of people and learning to trust them in the

relationship established with others (Dönmez, 2000). For this reason, it is thought that the attachment figure will also affect the mothering attitudes of the individual. The early period of attachment is critical in this sense.

The age of 0-6 is one of the most critical periods of development for children, and it is also known that the mother's schemas about the role of mother develop. In this period, the psychological well-being and competencies of the parents have a direct and indirect effect on both their parenting roles and their children (Samur & Buluş, 2017).

Another independent variable that examined in this study is cognitive flexibility. Cognitive flexibility describes a person's ability to use his/her knowledge in a flexible and appropriate way at different times. Cognitive flexibility is the individual's awareness of alternative options the capability of readily adjusting to new circumstances., to feel competent and sufficient in the face of situations where he/she can be flexible (Martin & Rubin, 1995; Martin & Anderson, 1998; Martin et al., 1998).

The concept of cognitive flexibility is remarkable in that it has begun to be researched in Turkey in recent years. The relationship between cognitive flexibility and adult attachment has been studied in previous studies. Unlike earlier research, the reviewed study will research how mothers' cognitive flexibility predicts the correlation between a mother's self-efficacy, childhood traumas and attachment styles.

The research only has a few investigations on this topic. Based on the researchers knowledge, there is no study explore in which parental self-efficacy, childhood traumas, attachment styles and cognitive flexibility were discussed together. Therefore, this study contributes to understand the variables that related to mothers' self-efficacy.

The negativities caused by childhood traumas can leave more permanent damage if ignored. Children exposed to these damages cause insecure attachment. When the necessary support is not provided to this child, she grows up with insecurity and inadequacies.

At the stage of becoming a mother, these negativities causes conflicts in the parent's perception of self-efficacy. In the future, situations that the mother cannot cope with may begin to increase. It is estimated that the age of 0-6 range, which is the sensitive period in which personality is formed to a large extent, may cause disruptions in the child's development process and these disruptions may affect society in a chain (Meriem et al.,2020).

The essential goals of the current research is to increase the benefit of the individual and society from mental health services related to childhood traumas, attachment problems and cognitive flexibility processes that will affect the mother's parental self-efficacy by acting proactively before becoming a mother.

In this way, It is desired that the findings of this study could raise of the importance of mothers well-being and can be a useful resource in prospective preventive and educational programs that will positively affect the well-being of the child and the society together with the parents and increase awareness. In addition,It is expected that this study will support future researchers social individual and group studies that will include mothers and expectant mothers, who are the most valuable figures of society and family.

Finally, The outcomes derived from this study will be useful for the society, parents, and will enable mothers to develop a different perspective on the difficulties they experience in their parenting processes. It will also provide a different perspective in the fields of family and social policy studies.

1.4. Assumptions

In this study, it is assumed that the scales used are valid and reliable. It is assumed that mothers with children aged 0-6 voluntarily participated in this research and Responded to the questions in the evaluation tools in an honest manner.

1.5. Limitations

This exploratory has certain restrictions outlined below:

- The sample of the search subject are limited to childhood traumas, attachment styles, and cognitive flexibility levels as predictors of maternal self-efficacy perceptions of mothers.
- The research is limited to mothers who have children age of 0-6 and living in Turkey between the years of 2020-2021 and participating in the research voluntarily
- The measurement tools used in the data collection process in this study are limited to the characteristics measured by the Demographic Information Form, the Turkish Childhood Trauma Questionnaire, the Parental Self-efficacy Scale, the Cognitive Flexibility Scale and the Experiences in Close Relationships Inventory – II.
- Limited to online collection of data

1.6. Definitions

Attachment: This attachment theory is a personality development theory based on object relations and psychodynamic approaches, and it mainly deals with attachment by focusing on infancy and childhood (Kesebir, Kavzoğlu & Üstündağ, 2011).

Cognitive Flexibility: Cognitive flexibility refers to the capability of modifying thoughts in response to changing surrounding. People with this ability can substitute

more balanced and harmonious thoughts for compelling and incompatible thoughts, produce alternatives, and evaluate difficult situations as more manageable (Gülüm & Dağ, 2012).

Childhood Trauma: Childhood traumas are known with examples dating back to ancient times, according to culture, tradition, and beliefs. These are examples such as selling children as slaves, giving them as gifts to the gods by sacrificing, killing them, punishing them for being sinful, getting married in childhood, getting pregnant while still underdeveloped (Polat, 2007).

Self-Efficacy: Self-efficacy is a phenomenon that directly affects human behavior and motivation. Perceptions of efficacy assess how much effort individuals will expend and how long they will persist in the face of difficulties and undesirable situations. The higher the perceived self-efficacy, the more active the initiatives (Bandura, 1977).

CHAPTER II

CONCEPTUAL FRAMEWORK

This part expresses the conceptual framework of parental self-efficacy, childhood trauma, attachment types, and cognitive flexibility. First, information will be given about what self-efficacy is and which theory it is based on, and then about parental self-efficacy. Secondly, information is given about childhood traumas and the theory of this concept. Then, the third variable, attachment, and then the attachment styles were explained. At the end of the chapter, the relationship between the dependent variable and the independent variable, and then the concept of cognitive flexibility and the theory on which it is based will be explained. In the last part, the relationship between parental self-efficacy, childhood traumas, attachment styles and cognitive flexibility concepts was tried to be explained to understand the purpose of this study.

2.1. Self-Efficacy

Self-efficacy is a phenomenon that directly affects human behavior and motivation. Perceptions of efficacy assess how much effort individuals will expend and how long they will persist in the face of difficulties and undesirable situations. The higher the perceived self-efficacy, the more active the initiatives (Bandura, 1977). In other words, it can also be called the opinion in one's potential, skills, and qualities. Self-efficacy is aware of the available resources rather than being talented and trusts that they can use the resources correctly and appropriately (Yıldırım & İlhan, 2010). According to Schultz (2016), self-efficacy includes a sense of competence or self-worth, efficiency and competence in coping with difficulties (Schultz & Schultz, 2016).

Bandura (1982) first mentioned this concept in social learning theory. Social learning theory advocates a common system of behavioral change with various modes of control that partially alter coping behavior by creating and developing self-efficacy perceptions. Self-efficacy affects individuals behaviorally, cognitively, and emotionally. Behaviors as well as emotional responses are affected by self-efficacy. Individuals have a strong feeling of self-efficacy and can act quickly and structure their processes more flexibly and cognitively (Bouffard et al., 1991). This is particularly relevant to anxiety and stress responses to new or potentially discouraging activities.

Individuals with high self-efficacy stress can more easily control their Mental states including anxiety and depression and better manage negative situations (Bandura, 1982). In addition, self-efficacy affects the motivation of the individual and other psychological processes such as making a choice. Persons with a strong degrees of perception of self-efficacy make faster and smarter choices, and their motivation is not easily diminished (Ramachandran, 1996). People avoid activities that they think exceed their coping abilities, but they undertake and perform the tasks they believe they can manage (Bandura, 1982).

Self-efficacy affects individuals' coping skills. Individuals with high self-efficacy constantly move towards their goals despite difficulties (Bandura, 1997). When these individuals make mistakes, they criticize their methods and strategies and do not blame themselves (Yıldırım & İlhan, 2010). According to this theory, self-efficacy is required in addition to internal satisfaction and performance gains for the development of one's interest (Bandura, 1982).

The development of the self-efficacy concept stems from the social learning theory. To understand the concept of self-efficacy, we need to understand social

learning theory. According to Bandura (1989), the perception of self-efficacy affects cognitive models, action, and emotional arousal. In other words, it is important to understand self-efficacy both at the level of cognition and at the level of behavior, so social learning theory is important. Social learning relies on four main sources of information, performance achievements, vicarious experience, verbal persuasion, and physiological states. The first is performance achievements; It centers on one's experiences of personal mastery. Achievements increase proficiency standards; repetitive failures reduce them, especially if the failures take place at the beginning of the sequence of events. The negative impact of occasional failures is likely to be minimized once high standards of efficiency are established through sustainable performance (Bandura, 1977).

One of the ways to create an individual's self-efficacy perception is through indirect experiences. People think that if they see how individuals similar to them cope with difficulties, they will have the capacity to cope with difficulties in similar situations. They encourage themselves that if others can, they should at least be able to increase their results (Bandura, 1977). The more the effort of the person he/she observes and the greater the similarity between them, the greater the person's sense of self-efficacy will be (Aksoy & Diken, 2009).

Another source is verbal persuasion. When faced with a problem, if the individual focuses on his inadequacies or weaknesses, if he is convinced that he should try harder, he will be successful, instead the possibilities increase (Bandura, 1977). The individual is persuaded and encouraged by his/her environment that he/she can achieve. Actions increase his belief that he can be successful (Aksoy & Diken, 2009). Emotional arousal is another constitutive source of information that can affect perceived self-efficacy in coping with threatening conditions. The capacity level of

the individual generally depends on his emotional and physical state (Bandura, 1977). When individuals feel better mentally and physically, the probability of performing a given task or a desired behavior will increase, and thus self-efficacy will develop better (Kuzgun, 2000).

One of the areas in which individuals evaluate their self-efficacy and try to make sense of it is parenting roles. While raising their children, parents with high self-efficacy increase their tendency to question their behavior and methods and to approach their problems with a solution-oriented approach (Nebioğulları, 2019).

2.2. The Parental Self Efficacy

Bandura explains that efficacy belief is one of the most important infrastructures of parents (Bandura, 1982, as cited in Aksoy & Diken, 2009). Parental self-efficacy is the belief that parents have the power to control incidents impacting their lives. (Wood & Bandura, 1989). Perception of parental self-efficacy is the judgments and expectations of parents about their ability to raise their children (Wood & Bandura, 1989; Montigny & Lacharite, 2005). Parental self-efficacy of mothers directly affects the development of children. Parental self-efficacy affects the child first, and then this child, who grows up and becomes a mother, affects his own parenting process.

According to researchers, parents expect to play their roles knowingly and adequately. They want to make a positive impact on their child's development. It is also defined as seeing themselves as competent as their parents (Teti & Gelfand, 1991). According to another concept, parental self-efficacy is the degree of parents' ability to have a positive impact on their children's development and actions, and their belief in their ability to fulfill parenting tasks (Troutman et al., 2012). Parents' ability

to play the parenting role adequately and effectively is also related to their childhood experiences.

Individuals who have positive experiences are more adaptable individuals and parents. Early losses, chronic unpredictable stress dramatically affect the brain's neurocircuitry in their ability to form and develop successful, meaningful relationships later on. Such negativities in the first three years of life can cause them to become more reactive and difficult individuals as parents, partners or spouses. They may also be more susceptible to reacting to stressful events for the rest of their lives (Nakazawa, 2022).

Emotions are significant factors in parenting. Parents' emotions directly affect cognitive and behavioral processes, and this effect has a meaningful impact on a child's development (Dix, 1991). Parents' understanding of their own parenting abilities affects their ability to resolve issues with their children and through their children's actions (Johnston & Mash, 1989). The effect of a mother with high self-efficacy as a parent on the child's growth, development and education is quite clear (Coleman et al., 2002).

As stated by Bandura's concept of self-efficacy (1977, 1982, 1997), parents with a strong perception of their parenting abilities may feel less hopeless, have less self-confidence, and believe that they can exert a high level of effort while fulfilling their parent's roles. Also, the mother's parental self-efficacy advances and rises as the mother is successful in challenging childcare tasks. The higher the perceived competence, the parent will work harder if she has to care for the child. Montigny and Lacharité (2005) expressed perceived parental effectiveness as a belief or judgment that a parent has the ability to organize and perform a set of tasks related to the

parenting of a child. There is a relationship between high parental self-efficacy and adaptive and effective parenting skills. Parents with high parental self-efficacy are not worn or punitive (Coleman, 1998).

Mothers' self-efficacy and self-efficacy beliefs have an effect between psychosocial variables and maternal efficacy by mediating between the effects of depression, social supports, the temperament of the newborn and the mother's behaviors (Teti & Gelfand, 1991). In addition, parental self-efficacy is associated with parents' perception of personal efficacy (Bandura, 1982). There is a correlation between children's problem behaviors and mothers' parental self-efficacy perceptions (Hassall et al., 2005). The mother's expectations regarding her children are referred to as parental self-efficacy beliefs how competent and productive she can act as a mother (Teti & Gelfand, 1991).

Bandura noted that self-efficacy beliefs developed from social comparison are typically more prone to change. Observing others engaged in certain activities can provide observers with assessments of their own abilities in a social context (Coleman, 1998). It is important for them to see the experiences of their own parents or another parent and compare them with their own parenting skills

Low parental self-efficacy in early childhood causes parents to experience high levels of anxiety in situations of failure, to show an escape reaction when faced with difficulties, to see problems as obstacles instead of solving them, and to experience an unpredictable process (Weaver et al., 2008). Mothers who productively experience their position as parents can develop warm and balanced mother-child relationships. Because they lack the skills or persistence to form sensitive

relationships with children, they may experience uncertain, inappropriate, and unpleasant situations for dealing with children (Teti & Gelfand, 1991).

Mothers who have confidence in their parental self-efficacy are more effective in accepting their children unconditionally, establishing a healthy communication environment, and providing the child with necessary stimuli. Mothers with low parental self-efficacy have difficulties in establishing healthy communication with their children and in coping with their children's negative behaviors and issues (Elibol et al., 2007).

0-6 years of childhood and infancy is the age period that forms the basis of future years. It is a period when a strong infrastructure should be developed for an adult who supports families with children, especially mothers, or has children between the ages of 0-6. The primary 6 years of life, also called the critical period, the mother's self-efficacy as a parent and her psychological health contribute to the child's positive livelihood and character during this period.

Prior experiences, holding the nature and nature of family-child interaction and the home environment, are crucial for child development, especially as young children are more sensitive to environmental stimuli (Howard et al., 2010). Children who have healthier relationships and are supported by their parents will have better prepared and strong characters in adolescence or adulthood in the future (Yavuzer, 2010).

2.3. Childhood Trauma

Trauma in ancient Greek meant injury, and in medicine it refers to a bodily or psychological injury caused by a blow. Trauma in psychology is situations and experiences that threaten physical, emotional and behavioral integrity (Bayram et

al.,2018). Childhood traumas are known with examples dating back to ancient times, according to culture, tradition, and beliefs. These are examples such as selling children as slaves, giving them as gifts to the gods by sacrificing, killing them, punishing them for being sinful, getting married in childhood, getting pregnant while still underdeveloped (Polat, 2007).

According to the World Health Organization (WHO), Childhood traumas refer to some of the most severe and repetitive sources of stress that children can encounter early in life. Such incidents involve more than one form of abuse; neglect; violence between parents or caregivers; other serious types of family instability, such as alcohol and drug use; and cases of peer, group and collective violence (WHO, 2018).

According to the DSM-V, childhood trauma is disclosure to real or exposed loss, severe injury or sexual violence, war, terrorism, accidents, bullying, physical, emotional abuse, domestic violence. Trauma can be experienced directly, in the form of witnessing and learning. As a result of childhood traumas, distress, post-traumatic stress symptoms, depression, anxiety, and antisocial behaviors are observed (Bellis & Zisk, 2014). It is possible to describe childhood trauma as a sudden, single blow or a long-term blow from the child's external environment (Teti & Gelfand, 1991). When traumatic events are examined, one of the most difficult situations to endure is the traumatic experiences in childhood that there is no power to overcome (Şar, 1998).

2.3.1. Trauma and neurocognitive mental development.

Repeated exposure to the life cycle of trauma development can have a lasting effect on mental and neural development. To understand negative childhood trauma, it is essential to be informed about brain structure and the changes that occur in the brain after trauma. Stress experienced in the early stages of brain development has

negative effects on the brain. One of the most significant issues is child abuse and neglect sources of stress in the early period. For this reason, studies examining the relationship between neglect and abuse and neurobiology have focused on the effect of stress on the brain (Gökler, 2002).

The brain consists of three main parts from bottom to top. These parts are the brain stem, limbic system, and cortex. The brain stem connects the spinal cord to the brain. it also includes the lower brain and midbrain (Öktem, 2013). This part of the brain is known as the lower brain or reptilian brain (Levine & Frederick, 2019). Our lower brain is responsible for functions that help us survive, such as eating, drinking, sleeping, crying, and breathing that occur in the womb. It also controls our impulsive behaviors, fight-or-flight responses, and strong emotions such as fear and anger (Siegel et al., 2016). The reticular formation region of the lower brain provides attention and stimulation by exposing the cortex to various stimuli. In cases of high anxiety triggered by a real or perceived threat, the lower brain structure and attraction Locus Coeruleus (LC) is stimulated and secretes noradrenaline by arousing the sympathetic nervous system. This reasons an escalation in heart rate, blood pressure, and metabolism, resulting in a fight, flight, or freeze response (Panzer, 2008). This stress affects the functioning of parts of the brain responsible for memory such as Locus Coeruleus (LC), hippocampus, amygdala, hypothalamus and cerebral cortex (Gökler, 2002).

Located at the top of the brain, the hypothalamus helps us maintain our psychological and physiological balance, known as homeostasis. Another structure is the Thalamus. By sending a signal to the entire cortex, the thalamus produces a state of consciousness. The thalamus receives information from all the senses and transmits it to the appropriate places. This area is also important in terms of storing information

in long-term memory (Öktem, 2013). If the function of the thalamus is impaired by exposure to trauma, individuals are constantly exposed to sensations and perceptions. This means remembering the trauma emotionally, not verbally (Kolk & Maral, 2018).

The amygdala is the part of the brain that encourages the expression of strong emotions such as happiness, anger, and fear. The hippocampus is the basic structure for learning and memory. The limbic system is the region where these two systems and their auxiliary structures are located. This system also allows us to respond automatically and rapidly to inputs from the proximal hippocampus, which decides whether information from the amygdala is relevant to our survival and activates the stress response in the face of imminent threats by correlating new data with previous experiences. When threatened, the stress hormone system is activated (Tilbrook and Clarke, 2006). When individuals feel insecure or witness a traumatic event, they are disconnected from their upper brain. Dopamine and noradrenaline hormones are secreted in large quantities. This condition affects the upper brain. By shutting down the conscious mind, the lower brain prepares the body to fight, flee or freeze, so individuals make snap decisions without thinking (Siegel & Bryson, 2018). Trauma prevents fight or flight responses result in freezing. Trauma occurs when our internal responses don't work properly, our actions don't meet our needs, and our relationships break down. The lower brain comes into play in these situations, resulting in incorrect reactions, attachment problems, inability to develop insight and inability to regulate emotions (Herman & Tosun, 2011).

Trauma also affects our upper brain, also known as the rational and logical brain (Levine et al., 2019). Only the physical structure is formed in the mother's womb, and the connections between neurons begin to develop after birth. It is responsible for senior executive functions such as thinking, imagining, planning,

abstract thinking, empathy, time management (Siegel et al., 2016). The upper brain is divided into right and left hemispheres. The situation that causes trauma, on the other hand, activates the intuitive, sensory, visual, spatial and tactile parts of our brain and neutralizes the verbal, logical, sequential and analytical part of the left side (Öktem, 2013). The right hemisphere, which develops in the mother's womb, provides non-verbal communication. It hides the sounds, senses, smells and emotions it arouses and gives automatic responses. As the left hemisphere becomes inactive, it changes our capacity to organize, to put our experiences in logical order, to put our perceptions into words. Trauma occurs when the left brain is ineffective (Kolk and Maral, 2018).

One of the most important studies in the literature, in which trauma is presented longitudinally and examining the power of the traumatic past in the transition from childhood to adulthood, is Felitti's study of childhood traumas (CT) (Felitti et al., 2019). Many years of research have been conducted on patients who were treated in an obesity clinic and could not be terminated despite a successful treatment process, and more information about childhood traumas has been added to the literature.

Health researchers in primary health care institutions have begun to explore the associations between childhood traumas and health-risk behaviors and diseases in adulthood. When the histories of these patients were examined, it was seen that they were exposed to sexual, physical and psychological violence at an early age. The study revealed that individuals who experienced these negative experiences developed depression, anxiety, and different psychiatric disorders in adulthood.

Traumatized children are at threat of a wide range of long-term developmental, behavioral, psychological, and physical health issues throughout their lives that affect

well-being (Balistreri, 2015). Felitti et al. (2019) also emphasized the importance of managing traumatic situations in the family. Not every traumatic event has the same effect on all individuals. It differs in the person's perception, evaluation and coping of the event or situation (Özen, 1997). According to Perry and Szalavitz, childhood is the most difficult period to cope with traumatic experiences (Perry & Szlavitz, 2017).

The ability of the child to deal with traumatic experiences is inadequate. Compared to adults, children are less able to cope with traumatic experiences. In addition, the child's cognitive flexibility structure has the feature of flexibility gained over time and should not be mentioned in trauma. The brain is in the developmental stage during childhood and can be affected by any positive or negative experience as well as being open to new experiences (Öklük, 2018)

2.3.2. Childhood trauma sub-scales.

The idea of trauma; divided into three categories as physical, sexual and mental neglect and abuse. In order to better understand these definitions, it is necessary to define neglect and abuse (Toth & Cicchetti, 2013). The term has been suggested as "abuse and neglect" by psychologists and counselors. However, lawyers describe it as "maltreatment" and health professionals as "abuse" or "battered child syndrome" (Kempe et al., 1984).

Neglect and abuse; It is all the attitudes and behaviors that harm the health of the parents in charge of the child's welfare or the people in charge of education, and negatively influence the physical, social, emotional and mental development of the child. Neglect includes physical, developmental, and emotionally passive behaviors. If it is abuse includes physically, sexually, emotionally and verbally active negative

behaviors (Öklük, 2018). In addition, the terms “child maltreatment” and “child abuse and neglect” are often used interchangeably (Nurius et al., 2014).

2.3.2.1. Abuse.

Child abuse, according to the definition of the World Health Organization, is an adult's intentional or unintentional behavior that adversely affects the child's health, physical and psychosocial development (Dubowitz, 2002).

Physical abuse is a non-accidental injury of a child (Polat, 2007). Physical abuse is destructive behavior towards a child that leaves marked marks. Physical abuse can harm the child's body, as well as harm his mental integrity. It is stated that children who are exposed to physical violence in any way experience different difficulties in their social interactions in their future lives, develop a tense and introverted stance, and have serious problems in initiating contact with other people around them (Kalkavan, 2018).

Emotional abuse is difficult to define, explain, understand and provide legal evidence. Emotional abuse is defined as depriving the child of love, interest, and psychological harm (Aydoğan et al., 2002). Verbal and nonverbal insults, scolding, exclusion, not responding to the emotional requirements of the child, Keeping the child separate from their peers and adults and not seeing them is called emotional abuse (APSAC, 1995).

Sexual abuse; has not completed his psycho-social development and age. It is a phenomenon that is stated as the use of a small child or young by another adult or adolescent to satisfy their sexual impulses and has emerged as a major problem in many parts of the world (Biçer et al., 2004). Sexual violence is hidden. Sexual abuse of girls is three times more common than boys (Akgül & Kanbur, 2010).

Deterioration in social skills of children who have been sexually abused can be observed after abuse (Taner & Gökler, 2004). Children who have been sexually abused have a high incidence of depression and are known to have low self-esteem (Pelcovitz et al., 1994). Studies conducted on adults show that people who have been sexually abused have high rates of depression, anxiety disorders, and sexual dysfunction (Ruggiero et al., 2000).

2.3.2.2. Neglect.

The neglect of the child is the inability of the primary caregiver to provide basic necessities such as nutrition, accommodation, clothing, education, health, safety, care, trust, touching and respect (Acehan et al., 2013).

Physical neglect is the failure to meet the basic needs such as food and shelter, which are required for the child's physical and mental development (Yüksel & Yüksel, 2005). Physical neglect has a more severe impact on a child's cognitive development than poverty, especially when considering its effects on the child's social and emotional well-being. (Brooks-Gunn & Duncan, 1997 cited in Font & Berger).

Emotional neglect is not expecting to meet the child's emotional needs and depriving him of psychological support when necessary (Yüksel et al., 2005). The baby lacks parental care, love and affection (Acehan et al., 2013). Emotional neglect includes situations such as not being able to fulfill the child's social requirements, not providing a safe environment, acting against physical neglect and sexual harassment, not providing information about sexual development, deprivation of education and necessary care (İnandı et al., 2006).

Emotional abuse causes feelings of vulnerability, worthlessness and helplessness in children. These children overestimate danger and may show signs of

depression and post-traumatic stress disorder, overstimulation, or apathy. Childhood traumas include neglect and abuse, as well as natural disasters, forced migrations, conflicts, kidnappings, deaths, deaths, divorce, home dysfunction, and serious health problems (Giaconia et al., 1995).

2.3.3. The effects of childhood traumas.

The negative effects of childhood traumas can have significant long-term effects on adult life. First experiences in life are also a determining factor for future experiences. The fact that children are more vulnerable than adults causes many psychopathologies and CT is at risk for psychopathologies (Paris, 1998). Reported studies show that there is a relationship between high depression, anxiety, substance abuse, suicidal tendencies individuals have emotional and behavioral issues who have had childhood traumas (Briere and Elliott, 1994).

Traumatic events are an important risk factor for emotional development and emotion regulation (Marusak et al., 2015). Individuals with CT go through a defense mechanism and psychopathology to adapt to life (Roques et al, 2014).

According to Lazarus' stress theory, self-efficacy has a protective impact on how individuals react to stress. It is a crucial element in the stress and coping process, as having confidence in one's ability to manage emotions helps individuals make positive evaluations in various situations. This leads to more effective coping strategies and less stress overall. Hence, high self-efficacy is associated with better outcomes in handling stress. (Choi et al., 2013). CTs refer to exposure to emotional violence as a teenager, adult, child or adolescent, as well as the negative consequences of emotional neglect and a depressed/suicidal member of the household.

In addition, the findings, if supported by prevention strategies, confirm previous reports on the ability of certain factors to better explain and positively influence the effects of childhood violence or neglect on the mental and physical health of adults. The capacity of protective factors is particularly evident for experiences of emotional neglect, the associations between emotional neglect and psychological problems are improved with increased social support, self-efficacy, and emotional stability (Felitti et al., 2019).

The communication that children establish with the family they were born and grew up in affects the developmental stages that contribute to the child's lifelong development. While children who grow up in an environment where their emotional needs such as love and trust are met grow up to be healthy and happy individuals, on the contrary, children who are abused, neglected, and grow up without love and care experience some behavioral problems (Yörükoğlu, 2007). In the preschool period, mothers have a significant influence on the growth and the children's education (Ulutaş Avcı, 2016). The feature of communication between mother and child is crucial to the welfare of the child. Mothers sometimes use physical and emotional neglect to punish their children, whether they realize it or not. This situation negatively affects the psychosocial and physical development of children (Dubowitz, 2002). As it can be understood from here, mother's awareness and parental self-efficacy have a positive effect on the physical and mental integrity of the child.

Some studies have examined the behavioral impact of traumatic childhood life experiences in future life. It was understood that a group of individuals with psychological problems were exposed to childhood abuse. In a study, it was concluded that parents who were abused during childhood inflict physical violence on their own children (Keser et al., 2010). It has been suggested that since girls are more

silent and unresponsive than boys, abuse is mostly directed at girls and this may be powerful in increasing the potential for abuse (Sunday et al., 2008). In summary, mothers' childhood traumas negatively affect parental self-efficacy.

2.4. Attachment

The attachment system is an evolutionary system that is seen in all mammalian species, is inherited, cannot function independently and ensures the survival of the newborn (Kraemer, 1992). Attachment is the robust emotional relations people form with people who are valuable to them. This interaction between the mother and the baby is significant in terms of meeting the physical, social and emotional needs of the baby for survival. The baby will create some schemas in his mind according to the mother's sufficiency in these three areas and will have the main effect in every relationship that the baby will establish in the future (Orta & Sümer, 2016).

The person who sees babies as attachment figures must protect them from danger, ensure their survival and teach them to trust in their relationships with others. The secure attachment of the newborn depends on the quality of their communication with caregivers (Donmez, 2000).

Physiological and psychological needs of the baby must be met by the caregiver for secure attachment to occur. If the caregiver ignores the baby's physiological and psychological needs, secure attachment will not occur and it also leaves the baby psychologically damaged (Ruppert, 2011). This takes the tension in the baby away from the state of anxiety and leaves appropriate effects on personality development.

If the infant's requirements are not met, adequately met and he has grown up in an environment where he is ignored, he will not be able to develop a healthy personality pattern and this will increase the possibility of being more prone to pathological conditions (Güvender & Çiftci, 2016).

The formation is significantly influenced by experiences. The sort of attachment shapes our personality, including how we interact with others and how we make decisions, and it serves as the foundation for the future social and emotional relations we will forge. (Erözkan, 2011). When these relationships are disrupted, insecure attachment patterns emerge. Bowlby likens the deterioration and inconsistency of the baby's relationship with the caregiver to a trauma situation (Sargın et al., 2016). Exposure to traumatic events reveals avoidant attachment behaviors. The avoidant attachment style is formed as a result of human-induced trauma experiences (Juang, 2017). One of the places where this situation is seen is parent-child relationships. Parents exhibit this situation as low parent involvement and lack of trust in parent-child relationship and low warmth in their parenting processes (Cui et al., 2010).

This type of attachment will cause similar patterns in the close relationships they will establish in other periods of life (Hazan & Shaver, 1987). The relationship that the baby develops with the caregiver is important for its safety, security and protection (Dönmez, 2000). In addition, the trust given by the attachment figure enables the newborn to explore his/her environment independently (Bowlby, 1969). The attachment system, which is one of the behavioral systems, must be experienced in order to learn and live to trust them in relationships with others. Attachment is a nested behavioral system. It includes exploration, socialization, care and sexual intercourse (Dönmez, 2000).

Bowlby (1969), an attachment theorist, has earned a reputation for his research and interpretations that differ from typical psychoanalytic attachment models. Attachment theory is important in that it draws the infant from an unobservable and abstract field such as mental processes and instincts to the behavioral field formed by the mother-infant relationship, which is an observable field, and emphasizes the importance of the behavioral field formed by the mother-infant relationship.

This attachment theory is a personality development theory based on object relations and psychodynamic approaches, and it mainly deals with attachment by focusing on infancy and childhood (Kesebir, Kavzoğlu & Üstündağ, 2011). Bowlby regards attachment as a bio-behavioral construct that is likely to progress through different developmental stages depending on the effects of environmental conditions and experiences (Bowlby, 1979). Bowlby claims that a child needs a close and supportive caregiver for his emotional health to be secure (Bowlby, 1969).

Attachment theory was formed as a result of animal experiments and observations of children separated from their mothers in child protection institutions (Bretherton, 1992). According to the basic concept of the theory, a baby needs adult support from the moment of birth in order to survive. In order to obtain and maintain this care, the baby needs instinctive responses to maintain closeness. As a result, behavioral responses such as mother's worry when the baby cries and the child's movements to reach for the breast when hungry develop an interaction between mother and child. (Hazan & Shaver, 2000).

The bonding process allows the infant to bond with the caregiver while protecting it from external dangers. The major purpose of the attachment structure is to maintain the closeness developed with the caregiver and thus to generate an

environment in which the child can grow up safely. Proximity acts as a safe haven for the baby to explore his surroundings while remaining safe in times of danger. Thanks to this closeness, the child begins to form internal representations (Morsunbul & Çok, 2011).

Being a mother encompasses all stages of development, social roles and attitudes. The bond between a mother and her child begins when she finds out she is pregnant and develops through the mother's abilities. An ideal mother-child communication develops with the birth of the baby and the reactions of the mother and baby to each other (Karaçam, 2008). It is thought that a mother's relationship with her caregiver as a child can affect her relationship with her child. Relationship styles, marriage experiences and pregnancies of traumatized mothers can be emotionally difficult and traumatic (Öz, 2017). Additionally, Bowlby identifies three defining characteristics of attachment. Namely attachment in infancy, attachment in childhood and adolescence, and adult attachment in developmental stages (Balci, 2011).

2.4.1. Attachment in infants.

Since the baby lacks the necessary skills during this period, he receives the support of a caregiver (Soysal et al., 2000). According to the attachment theory, the relationship established with the mother in the first years is effective in determining the quality of the relationship established with others in the following years, and therefore the first relationship is critical. Thanks to the bond it establishes with its mother, the baby discovers the outside world and knows that when he feels in danger, his mother will offer him a safe place (Tüzün & Sayar, 2006).

The brain develops rapidly, and our early development is significantly influenced by experiences of our neuronal structure. The attachment schema develops

after thousands of encounters with parents, the brain's initial adaptability. These experiences affect the real world of the newborn, in these cases the unconscious mind of the parents (Miehls, 2007).

It has been stated that there are three basic parameters of attachment. These; age of onset, density of attachment, and primary attachment object. The first attachment signals appear between 8-12 weeks and 6 months. In the second month, the baby goes to the caregiver. During this period, the newborn smiles at the caregiver, makes long-term eye contact and makes more noise to the caregiver (Soysal et al., 2005).

Attachment is a dual relationship because it thrives when both parties meet each other's needs. It is very important that the caregiver responds to the baby's physical needs. Caregivers not only perceive this as a duty, but these actions also bring them pleasure and satisfaction. All these supports help strengthen the bond between baby and caregiver over time (Tüzün & Sayar, 2006).

Separation of mother, father and child for different reasons in the first 6 months of life significantly affects the attachment process in the early period (Soysal et al., 2000). The experiments on monkey attachment by Harry Harlow in the 1950s are illuminating. Harlow explained that baby monkeys develop obsessions during infancy and describe this period as the critical period. He answered these questions after researching baby monkeys reared separately from their mothers. Meanwhile, the baby monkeys separated from their mother had no interaction with other monkeys. While some of these monkeys died, some of them started to display distressed and abnormal behaviors (Tüzün & Sayar, 2006).

These findings support Bowlby's theory that the absence of an initial attachment relationship has an impact on the quality of subsequent relationships. Cohn and Tronick (1989) argue that babies internalize their mothers' positive emotional expressions, evoke positive emotions in babies and begin to respond appropriately to this situation. They revealed that the relationship established in the first months is a sign of future relationship patterns (Tronick, 1989).

Attachment styles were established as a result of his research in an awkward situation experience. It is formed by observing the moments when the child is alone with a stranger while still with his mother, when the stranger returns to him and his mother returns to him (Kuzu, 1980). Ainsworth (1978) divided the attachment between mother and child into three categories namely secure, anxious/ambivalent, and avoidant.

Secure attachment is easily separated from the mother and can explore. When children are in danger or scared, they seek contact and are easily calmed down. The child does not avoid or reject when the mother initiates contact. The child prefers the mother to a stranger and is warmly welcomed when the mother returns (Bee & Boyd, 2009).

Insecurely attached individuals who develop depression may experience problems such as rejection, a negative emotional life, hostility, aggression, anger, low self-esteem and low frustration threshold (Akkapulu, 2005). Children with behavioral problems are also likely to have difficulties in parent and peer relationships. While the aspects of childhood negative experiences as a parent and the relationship between attachment insecurity and maternal depression is comprehended, there is less

knowledge regarding the connection between attachment insecurity and negative parenting experiences such as low parental self-efficacy (Görgü, 2015).

According to Ainsworth (1978), attachment is divided into three parts; avoidant attachment, ambivalent attachment, avoidant-avoidant and avoidant fearful. Avoidant attachment is the type of attachment in which children do not feel safe with their parents and are not easily soothed by them when they are anxious. The child avoids contact with his mother, especially when he returns after his mother's absence. He does not refuse mother's attempts to contact him, but the need for contact is reduced. However, he still chooses to be with his mother rather than with a stranger.

The child with insecure attachment does not explore and is nervous with strangers. Separation from the mother is a concern for children with this attachment type. Her mother's return is not enough to calm her down. These children sometimes want to make contact, and sometimes they avoid the same contact. When the child is reunited with his mother, he may display angry behavior and resist support from strangers.

People with disorganized attachment experience confusion, shock, and anxiety. They exhibit contradictory behavioral patterns. The child may move towards the mother while contacting another person (Main & Solomon, 1990).

2.4.2. Attachment in adolescence.

Adolescence is the period when a person begins to leave childhood and prepare for adulthood. During puberty, an adolescent goes through many physical, social, and cognitive changes as well as psychological changes. Getting through this period without difficulty is strongly associated with childhood. In adolescence, the

quality of the relationship developed with the parents during childhood, as well as peer relationships are important (Damarlı, 2006).

Adolescence is a transitional period in attachment theory. The secure attachment behavior that adolescents establish with their parents is effective in coping with new problems. (Allen and Land, 1999). Adolescents exhibit less attachment behavior as their competence develops during this period. Although the adolescent transitions from parent figures to peer groups, the early attachment relationship has a strong and permanent effect on the adolescent (Allen & Land, 1999).

With the differentiation of cognitive abilities and the acquisition of abstract thinking skills during childhood and adolescence, the relationship of attachment also differs. The relationship established between the child and the parent is an important lifelong process (Sümer, Anafarta, & Şendağ, 2009). In general, adolescence is a stage in which the individual moves away from his parents and focuses on his inner and outer world, and peer relationships are important. Secure attachment is the search for independence and autonomy and identity during adolescence (Isinsu, 2003).

Securely attached adolescents need autonomy and form multiple attachment relationships with their peers. Insecurely attached adolescents face a range of problems with their adolescent transition, including an inability to respond to their identity and socialization needs. Anxious attachment, especially accompanied by fears of abandonment and being unloved, can cause adolescents to experience depression, loneliness, and attention problems (Sümer, 2006). When all these negativities cannot be overcome, the problems are transferred to adulthood.

2.4.3. Attachment in adulthood

The interaction of the parent with the child is very important. The fact that

parents have long-term and important effects on the development of the child brings the family, which is the first environment in the socialization process, to an important position (Grusec & Davidov, 2007 as cited in Nacak, 2011). The most fundamental difference between infancy and adult development, unlike adults, is that the infant receives care during infancy, but cannot look after its parents and seeks security, but cannot provide security. While babies and children seek physical closeness to feel secure, knowing that they can establish intimacy with an attachment figure as they get older is enough to feel safe. (Donmez, 2000)

Main, Kaplan, and Cassidy (1985), in a study with adults, examined the effect of childhood attachment styles on adult interpersonal relationships. According to the results obtained, adults established attachment relationships in three different ways. These; secure, anxious-busy, apathetic-avoidant, and fearful-avoidant. It is reported that the three attachment styles defined by Bowlby (1977) and Ainsworth (1978) are also preserved with these forms in adulthood.

According to the findings related to adult attachment types, individuals with secure attachment relationships have more positive experiences and beliefs in their emotional relationships as well as their relationships with their parents during adolescence. These individuals express their childhood experiences in a coherent and rational way and gain insight into how these experiences affect them. In addition, a positive relationship was revealed among secure attachment and trust, honesty and closeness, while jealousy was negatively correlated.

Individuals who develop an anxious preoccupied attachment tend to deny childhood relationships, have difficulty remembering, or idealize events and/or people. Obsessed individuals become confused about their lives, actively experience anger in their relationships with their families, or meet by passively reacting to anger

(Main, Kaplan, & Cassidy 1985).

Bartholomew and Horowitz (1991) defined adult attachment styles as the intersection of "self" and "others" mental models at positive and negative poles, and classified attachment types as secure, preoccupied, indifferent, and fearful.

Secure attachment reflects the expectation, likability, and worthiness of other people that they will usually respond in an acceptable and appropriate way (Bartholomew & Horowitz, 1991). Most mothers of securely attached children are in the autonomous category. Securely attached individuals have high self-esteem and self-confidence (Sümer & Güngör, 1999). Self-confident individuals are generally happy in their relationships and have a sense of acceptance by others (Feeney, 1998).

The effect of parental attitudes on children varies according to the developmental stage of the child. According to Erikson's theory of psychosocial development, it is a stage in which children aged 3-6 try to act on their own. The development of the child depends on supporting initiatives and satisfying their curiosity. The child develops a personality trait that worries that he will be held responsible for his every action if his behaviors and interests are not supported (Cindioğlu, 2015). The support of the attachment figure is also very important at this stage.

Preoccupied attachment individuals with preoccupied attachment are concerned about being trusted and accepted by others (Bartholomew & Shaver, 1998). They show a sense of worthlessness with the negative evaluation of others and try to find their own values and self-efficacy in their close relationships with people (Bartholomew & Horowitz, 1991). They depend on the approval and opinion of others. They want to be close to others, but they doubt that they can reach others when they need them, they have constant obsessions and unrealistic expectations in relationships (Clark & Shaver, 1998).

In the fearful-avoidant attachment type individual sees himself as worthless, she sees others as insecure and rejected. Individuals with feelings of worthlessness have developed internal representations that others are unreliable and rejecting. The person has beliefs that he is not good enough to be loved and that others may reject him. In other words, he sees himself as worthless and has a pessimistic view of others. He avoids establishing relationships because he is afraid of being rejected by his environment (Clark & Shaver, 1998). Parents with this attachment model stand out by being overly intrusive and disproportionate to the needs of the child.

Insecure attachment patterns, known as anxious/ambivalent and defensive/avoidant attachment, constitute a risk factor especially for the emotional development of children. Additionally, low parental efficacy is connected to high levels of anxiety and self-doubt when presented with challenges. At the end of a task, in case of failure rather than success, self-efficacy problems, interpreting problems as fears and avoiding difficult tasks arise, and the level of parenting these individuals will provide cannot be predicted (Weaver et al., 2008).

Avoidant-attractive attachment is considered an insecure attachment style. She experiences constant fear as her relationship with the babysitter is unpredictable. The person finds himself valuable, but evaluates other people negatively (Bowlby, 1999). Adults with an avoidant-accepting attachment style may evaluate others negatively as they see themselves as valuable. Individuals with this attachment style protect themselves from disappointment by not being too close with others, being more independent and less hurt. (Clark and Shaver, 1998).

Individuals with dismissive attachment styles maintain self-worth by defensively dismissing the importance of personal relations while avoiding them because of negative expectations. (Bartholomew & Shaver, 1998). Because they are

hostile towards others, they show coldness and emotional distance in their relationships (Bartholomew & Horowitz, 1991). Attachment parents often refuse to seek support for their children because they create an implicit model for themselves and their children. This situation is thought to be an early harbinger of narcissistic personality disorder (Bee & Boyd, 2009). According to this circumstance, the developmental processes of children are disrupted.

2.4.4. Attachment and parental self-efficacy.

The first six years of a child's life form the basis of his development and greatly affect his development (Yavuzer, 2010). A baby's relationship with its parents is critical to its survival, and when parents fail to meet the child's need for this reliable and unwavering bond, it has serious and devastating effects on a child's psyche. Attachment patterns of infants are shaped by the bond they establish with their mother (Ainsworth, 1963; Bowlby, 1980). In attachment patterns that continue between generations, the bond that mothers establish with their mothers manifests itself in this process, and mothers continue with the behaviors and information they learn from their mothers while caring for their babies (Görgü, 2015).

Traumas and inadequacies experienced by the parents negatively affect the early attachment system and its subsequent development (Kondolot & Sertegil, 2017). Parents who systematically neglect, reject, or abuse their children in different ways often make their children the object of their own physical and emotional needs, projecting on them their own need to be loved and fears of being overcome and hated. In such a case, the child's need for attachment is traumatized, that is, attachment trauma occurs (Yücel, 2014). Adverse experiences of parents who did not experience consistent, positive parenting in their own upbringing can make it difficult to establish warmth and attachment with their children. This situation reduces the impression of

parental self-efficacy and makes it difficult to produce strategies to cope with the difficulties that arise in the parenting process (Scanell, 2020).



2.5. Cognitive Flexibility

Cognitive flexibility is the capability to modify one's thoughts and beliefs in accordance with varying conditions. People with this ability can substitute more balanced and harmonious thoughts for compelling and incompatible thoughts, produce alternatives, and evaluate difficult situations as more manageable (Gülüm & Dağ, 2012). Although individuals with excellent cognitive flexibility can make changes easily and spontaneously, people with low cognitive flexibility struggle to make changes. (Cox, 1980).

Cognitive flexibility can be defined in three important dimensions. These are having awareness of various possibilities, being adaptable in dealing with new circumstances, and believing in one's ability to handle changing circumstances (Martin et al., 1998; Martin & Rubin, 1995). To explain, the individuals with cognitive flexibility are aware of options, can effectively deal with new and difficult situations, can produce alternative thoughts and ideas, and are competent in adapting to new situations. They see themselves as competent, assertive and responsible, shows interest and can make sense of their experiences (Martin & Anderson, 1996, 1998). Cognitively flexible people are comfortable communicating effectively in a range of settings, and when faced with unfamiliar situations, they are willing to attempt new strategies and adjust to their needs. (Altunkol, 2011; Bilgin, 2009; Martin & Rubin, 1995; Stahl & Pry, 2005). Cognitive flexibility includes several components namely executive functions, attention, functional memory, and emotion regulation (Schmeichel et al., 2008).

Between the ages of three and six, executive function abilities rapidly develop simultaneously with the rapid development of the prefrontal cortex (Willcutt et al., 2005). Increases in gray and white matter volume as well as interhemispheric

connectivity are age-related improvements in the prefrontal cortex during this period (Frye et al., 1998). Responsive care in early life, such as parental responsiveness, secure attachment, and organized social attention, has been associated with later self-regulation and executive functioning in children (Farrant, 2015).

Individuals with cognitive flexibility are aware of options, can effectively cope with new and difficult situations, produce alternative thoughts and ideas, and are competent in adapting to new situations (Altunkol, 2011; Bilgin, 2009; Martin & Rubin, 1995; Stahl & Pry, 2005). In other words, individuals with high cognitive flexibility are planned to try new and different methods of communication, encounter unknown situations, and change their behavior to meet their requirements. She sees himself competent in interpersonal relations, is assertive and responsible, shows curiosity and can make sense of his experiences (Martin & Anderson, 1996, 1998). Awareness of options, decision making, and problem-solving skills all require high levels of creativity. According to Torrance (1968), divergent thinking is included in the concept of creativity. In this system of thought, a person will not limit himself to one thought while understanding the relationships between ideas from different perspectives. In other words, cognitive flexibility is an important part of creative thinking (Tezci & Gürol, 2003).

2.6. The Relationship Between Parental Self-Efficacy, Childhood traumas, Attachment Styles and Cognitive Flexibility

According to Bandura (1982), people process, reason and combine quite a lot of sources of information. The next step is to organize their behavior and efforts accordingly. At this stage, the person must believe that he or she can be successful (Martin & Anderson, 2001; Martin et al., 1998). Executive function and theory of mind abilities develop rapidly between the ages of 3 and 6, a period that coincides

with the rapid growth period of the prefrontal cortex (Frye et al., 1998). In early childhood, young children develop increasingly complex strategies for regulating their own emotions and behaviors.

Executive function refers to high-level cognitive processes that help monitor and control emotions and behaviors, including keeping information in working memory, inhibiting impulses, planning, maintaining attention during distraction, and flexibly changing attention to achieve goals (Jacques & Zelazo, 2005). If this function does not develop well, it cannot reveal its potential and qualities (Frye et al., 1998).

There is a relationship between parental self-efficacy and cognitive flexibility of parents, and the mother, who needs more cognitive flexibility, needs to develop multiple strategies for the newborn's survival and perceiving the world as a safe place. The cognitive flexibility level of the mother, who is an important attachment figure, is significant in terms of ensuring that children have a foundational knowledge and skills, especially in the first six years of life, which is the period when the foundation of children's development is formed (Saadat et al., 2020).

Bandura (1982, 1989) thinks that self-efficacy belief is important in understanding people's interactions with their environment and that this is a fundamental concept that regulates the relationship between knowledge and behavior. According to Bandura, mothers' self-efficacy beliefs significantly affect the development of their children in the first 6 years of their lives.

The needs of children and mothers are mutual. It is important to meet this need in a healthy way. Unresolved traumatic experiences of mothers negatively affect the mother's mental health, mothering skills and a secure bond with her baby (Nielsen et al., 2004). In the first years after the birth of the baby, the relation between a child's family and themselves, the quality of communication and the opportunity to

experience the child affect his development positively. One of the factors supporting this positive development is parental self-efficacy.

PSE enables the mother to take on the parenting role effectively. It makes them feel competent in their motherhood experience. In this way, the mother teaches her children to cope with the physical and emotional challenges they face. She tries to provide an environment where she and her children feel safe (Scannell, 2021). For the mother to offer these opportunities to her child in a healthy way, the period of her own childhood experiences is important. For this reason, it is fundamental to associate the concept of parental self-efficacy with the mother's own childhood experiences and the bond she establishes with her environment.

The parental self-efficacy of mothers has also been related with childhood socio-emotional adjustment. Parental self-efficacy has a significant impact in negative life situations. The mother's sense of self-efficacy reduces stress by making it easier for her to manage difficult processes. When the opposite happens, parents find it difficult to feel in control because of the added stress on pre-existing resources. Studies show that individuals experiencing distress are less likely to report feelings of self-efficacy when something is out of their control (Prinz & Jones, 2005).

Parents with high self-efficacy have the psychological resources they need to cope with and successfully relate to stressors. Individuals with low self-efficacy are more likely to leave with the resources they have because they think they cannot cope with the traumatic event (Schwarzer & Warner, 2012). The mother's observation of the parenting behavior of a person close to her provides an important support for her own parenting process. The mother's experiences with her own caregiver as a child affect her own parenting process positively or negatively (Öz, 2017).

PSE includes the mother's ideas in their capability to create an environment

that fosters a child's development and success. When the mother cannot achieve this, she feels inadequate and has difficulty coping with difficulties (Ardelt & Eccles, 2001). As a result, it is necessary to find and develop the factors that negatively affect the mother's self-efficacy skills.

Parental self-efficacy is a concept that has an impact on parenting ability. Kochanska (1990) reported that there is a significant relationship between parenting belief and child-rearing behavior. It is thought that parents who have psychologically healthy and positive experiences will raise their children more effectively. Poor parental efficacy in parents have great difficulty in acting effectively in difficult situations related to the child and struggling with parenting. The aim of parental efficacy is to find a link between social environment variables and parental efficacy. Environmental factors impair parents' self-esteem and cause ineffective parenting (Coleman, 1998; Coleman & Karraker, 1997).

According to Öz (2017), attachment models show why a mother can be traumatized. If the attachment figure immediately responds to the child's needs and affirms the infant's need for protection and comfort, the child will develop a reliable and lovable working model. Conversely, if parents block or reject their children's attempts at exploration and comfort, they see themselves as inadequate or worthless and develop an internal working model accordingly. In this way, the child will develop positive or negative internal schemas about the world (Bretherton, 1992). Mothers who develop a positive schema towards the world can more easily fulfill their parenting roles. Relationship styles, marriages and pregnancies that shape the motherhood process of mothers who have negative experiences can be emotionally difficult and traumatic (Öz, 2017).

The mother, who has unresolved childhood traumas, may encounter situations

such as not being tolerant, not sharing things with her children, showing cruel attitudes towards her child, neglecting her, not being a supportive mother, not spending time with her child, not being in cooperation with her child, and not having a child. The mother's inability to enter the emotional world of her children and to empathize negatively affects the psychological and emotional development of the children. The common result of trauma in mothers exposed to CT is intense fear, helplessness, loss of control and threat of extinction. Since they look at the world from this window, they always act with the instinct of protection and cannot communicate well with their children due to fear (Irak & Parlar, 2019).

Cognitive flexibility makes it easier to cope with negative situations and adapt to new situations. Cognitive flexibility in children develops over time, so cognitive flexibility capacity in children is low. The human brain creates new neurons and new synaptic connections in the early period. The smaller the child, the easier it is for the environment to adapt and help the child (Nakazawa, 2022). The child's upbringing in a positive environment and having positive experiences improves their coping skills and makes them feel competent as individuals. This increases the cognitive flexibility capacity of the individual (Seçkin & Hasanoglu, 2021). Children who face adverse experiences during early childhood and are not supported by the environment indicate that they have dramatically changed their ability to build and develop successful, meaningful relationships. These children who have been subjected to negative experiences may have reduced cognitive flexibility, difficulty coping and may not self-efficacious. These experiences of early return are also carried into the parenting process (Nakazawa, 2022).

Another concept that affects self-efficacy is secure attachment. Childhood traumas affect the development of attachment styles, and attachment styles of mothers

who have childhood traumas become insecure (Aktan, 2020). The pathological structures developed by insecurely attached individuals negatively affect the development of their cognitive flexibility and being self-confident healthy individuals (Seçkin & Hasanoğlu, 2021). It is the most critical period of the development process of children aged 0-6. Based on all these, parental self-efficacy, childhood traumas, attachment styles and cognitive flexibility of mothers with children aged 0-6 influence the developmental process of children.



CHAPTER III

LITERATURE REVIEW

Past research on the major components and demographic characteristics that are the focus of this study has been conducted in parental self-efficacy, childhood traumas, attachment types and cognitive flexibility.

3.1. The Relation Between PSE and CT

Rosenzweig (2020) examined the relationship among childhood traumas, parental self-efficacy and language learning. This study was conducted with mothers and children of children aged 3-12 years with hearing loss. According to this research result, participants reported higher CT than previous studies. When examined in terms of demographic variables, it was found that the mother's parental self-efficacy and demographic factors were not significantly related.

A study was conducted on the relationship among childhood traumas, maternal depression, self-efficacy, and social support. The research group consists of 52 mothers. According to the results of the research, CT scores were positively correlated with maternal depression and child social and emotional problems. Parental self efficacy scores were negatively correlated with childhood traumas variable (Treat et al., 2019).

In a study conducted with 76 mothers, the relationship between parental self-efficacy of mothers, childhood traumas and attachment styles was evaluated. In accordance with the findings of the study, mothers who were revealed to childhood neglect and abuse developed avoidant and anxious attachment styles. This finding has been connected with low levels of parental self-efficacy. Also, emotional abuse had the strongest correlations with anxious attachment, mother depression, and parental

self-efficacy of any type of maltreatment. The strongest bivariate correlation is between depression symptoms and low parental self-efficacy. All correlations between main variables were found to be significant (Caldwell et al., 2011).

Cunningham & Renk (2017) examined the relationship between parental self-efficacy and childhood trauma. In this study, it was found that mothers with low childhood trauma scores had high PSE and competencies. Conversely, mothers who scored high on the childhood trauma scale were related negatively and significantly to parenting self-efficacy to parenting competence.

In a study conducted with 121 mothers, the stress experienced by mothers with high self-efficacy was found to be lower. It was discovered that mothers with low parental self-efficacy levels were more concerned with the care of their children, their responsibilities in the role of mother were higher than other mothers, and their depression and traumatization levels were also higher (Uzun, 2019).

According to the study conducted by Irak & Parlar (2019), they discussed that the traumatic reactions of mothers who had 20 trauma experiences caused them to become weak, anxious and fearful, and to remember the experiences they had. According to the results of the research, they found that this situation negatively affected the mother's parenting performance. They demonstrated that mothers with trauma experience are not able to provide their children with safe and sufficient resources.

Kuzu and Kısa (2019) conducted a study on the perception of parental self-efficacy with 150 parents with children aged 2-6. Based on the study's findings, they found significant negative correlation between the parental self-efficacy levels of the parents and their neglect and abuse levels. When the literature is examined, most studies have found a significant relationship between parental self-efficacy and

childhood trauma.

3.2. The Relationship Between Parental Self-Efficacy (PSE) And Attachment Styles

Fang et al. (2021) conducted a study in which they examined parental, child and socio-contextual factors associated with parenting self-efficacy among parents of children aged 0–7 years old. They found that parents with a healthy psychological structure had high parental self-efficacy scores. According to the results of the research, parents with an unhealthy psychological structure feel insecure and are more anxious and stressed. They think that these parents have difficulties in meeting their needs while raising their children.

Coleman (1998) in a study with mothers. It examined the parenting self-efficacy of mothers and also researched at the effect of attachment. According to the results, they found that the attachment processes of the mothers participating in the study did not have a strong relationship on parenting self-efficacy.

Handley et al. (2017) conducted a study in which they examined developmental cascade effects of interpersonal psychotherapy for depressed mothers in terms of attachment, temperament, and maternal parenting efficacy. According to the results of the research, the mother's establishing a secure attachment relationship is related to her psychological health. They found that mothers with depression had an insecure attachment figure. It has been revealed that when mothers' depression levels decrease and they try to establish a secure attachment, they begin to establish a secure attachment in their children. Another result is that mothers with low depression levels and who can establish a secure attachment have higher mother's efficacy.

Cassé et al. (2016) managed a study in which they examined parenting self-efficacy, partner relationship dissatisfaction and infant–mother attachment. It was

found that mothers who were dissatisfied with their spouses and had low parenting self-efficacy were less likely to develop an avoidant attachment style. In addition, they detected that the mothers' parental self-efficacy were dissatisfied in the relationship was also low.

Kohlhoff and Barnett (2013) examined the relationship among parental self-efficacy, maternal depression, and attachment in their study with 83 mothers. The results of the study showed that PSE was negatively related to maternal anxiety, depression, and insecure attachment. Mothers who have experienced low parental abuse and avoidant attachment and depression during childhood were found to have low PSE. After the intervention program, there was a change in the symptoms of the mothers. The self-efficacy of parents significantly increased.

Chen and Xu (2017) examined mothers' attachment history and parental self-efficacy levels when they had their first and second child. They found that mothers' attachment to their own mothers was effective in their secure attachment to their babies in the prenatal period during pregnancy. Another result of the study was that mothers with high parenting competence had a secure attachment to their mothers. A positive correlation was found between PSE and secure attachment style. When the literature is examined, most studies have found a significant relationship between parental self-efficacy and attachment styles.

3.3.The Relationship Between Parental Self-Efficacy and Cognitive Flexibility

Examining the literature reveals that there are a few research that examines parental self-efficacy and cognitive flexibility together. In these study, there are relationship between parental self-efficacy and cognitive flexibility. These studies are explained below considering their publication dates.

Saasati et al. (2020) researched the relationship between parental self-efficacy

and cognitive flexibility in an experimental study they conducted with 40 mothers with children aged 12-18 in Isfahan. They applied a step-by-step parenting training program during the working process. It was discovered that the level of parental self-efficacy that as the parental self-efficacy of the mothers who started this program increased, cognition flexibility increased.

A study of 72 female and 29 male examined at the connection between PSE and CF. A positive relationship was discovered between cognitive flexibility and self-efficacy. It has been found that people with higher cognitive flexibility capacity trust their cats more, cope with difficulties better, and see themselves as more competent (Martin & Anderson, 2009)

In a study conducted with a total of 278 people, including 197 females and 81 males, the relationship among cognitive flexibility and happiness was examined. There is a statistically difference and positive relationship among cognitive flexibility and happiness levels. Happiness is considered a crucial standard for measuring mental well-being and it is also discussed inside that context of positive psychology-emphasized ideas like psychological well-being, self-efficacy, subjective well-being, quality of life, and positive affect. It has been found that individuals with high levels of cognitive flexibility can meet their biological and psychological needs, engage in activities compatible with their abilities, cope with difficulties and actively fulfill their life tasks (Asıcı & İkiz, 2015).

Bilgin (2009) examined the variables that predict cognitive flexibility in his study with 155 people. As a consequence, significant correlations were revealed between cognitive flexibility and social efficacy expectation and problem solving skills. In addition, it was concluded that the authoritarian parental attitude prevented the formation of cognitive flexibility. The oppressive and protective attitudes of

parents leads children to feel inadequate and have difficulty in establishing safe and social relationships. When the literature is examined, most studies have found a significant relationship between parental self-efficacy and cognitive flexibility.

3.4.The relationship between parental self-efficacy and demographic variables

Kotil (2010) studied parental self-efficacy in mothers. The sample of the study 586 kindergarten students, as well as their instructors and mothers, lived in Istanbul. Due to the demographic findings of the research there was no significant difference between parental self-efficacy level depending on the mother's age, number of children, and marital status. Depending on the mother's education level variable, it is understood that the education level of a mother increases, various positive outcomes have been observed, the mother's perception of parental self-efficacy also increases. It was concluded that mothers with better education and higher family income had higher PSE. A meaningful difference was found in the level of parental self-efficacy depending on the relative living at home variable. Having relatives living at home causes the mother to perceive herself as more inadequate in raising her child. Lastly, a significant difference was found between the parental self-efficacy levels of working mothers and the parental self-efficacy levels of non-working mothers. It was observed that non-working mothers had increased levels of parental self-efficacy. than working mothers.

Nebioğulları (2019) investigated the parental self-efficacy levels of working and non-working mothers. The sample of the research consists of 100 mothers with children aged 11-13. In accordance with the study's findings, mothers' perceptions of self-efficacy towards their parenting do not significantly differ from one another in terms of the gender of their children, the children age during mothers' work period, their education level and employment status.

Balat (2014), Seer et al. (2008), Oskay (2016) showed that there was no significant difference in parental self-efficacy according to the working status of the mothers. Aksoy and Diken (2009) examined the relationship between mothers' perceptions of parenting self-efficacy and the development of infants whose development was at risk. They stated that the parental self-efficacy of the mothers of their children is affected by factors such as socio-economic level, age of becoming a mother, receiving communal support, depression and anxiety. According to the consequences of the study, it was observed that the parental self-efficacy of the mothers who had a low socio-economic level, who were mothers at a young age and who could not receive social support was low. They also concluded that mothers with low parental self-efficacy had higher levels of depression.

Coleman and Karraker (2000) stated in their study on parental self-efficacy of mothers with children(school-age)that mothers with high education levels exhibited high parental self-efficacy. Telef (2013) found a similar result in his study in which examined mothers 'parental self-efficacy and psychological symptoms. According to the results of the study, parents with high school and university education levels were found to have higher access to resources and general PSE than parents who were primary school graduates. He revealed that parents with an university degree and university education levels had higher parents with an elementary school education have higher parental self-efficacy.

Raikes and Thompson (2005) examined the association between parenting social support and stress and parental self-efficacy in their study of 65 low-income mothers. According to the results of the research, they found a negative relationship between social support and high parental self-efficacy and parenting stress level. They couldn't find a definite strong relationship exists between parental efficacy and

mothers' income. High-income mothers reported higher parenting stress than mothers with lower self-efficacy. These mothers expressed that PSE could be negatively affected by parenting stress. Another result of this study is that poor families also predicted that parental self-efficacy may be a defensive factor for them. They reported that parental self-efficacy offers a psychological resource while struggling with difficult life conditions.

Bubić et al. (2021) studied 301 students and their mothers in a study examining students' educational levels and academic achievements and their mothers' parental self-efficacy. According to the study's findings, they explained that education level of the mothers were associated with their parental self-efficacy. They also found that the children of mothers with higher parental self-efficacy and higher education level are more successful.

Brunton et al. (2020) conducted a study with new mothers and first-time mothers (18-20 age) and mothers who gave birth and had children before. According to the results of the study, they saw that the anxiety levels of the mothers who had just given birth were higher and that their parental self-efficacy was lower than the older (21-25 years old) women who had given birth before.

The relationship between mothers of preschool-aged children's(aged 2-6) parental views, psychological resiliency, and parental self-efficacy is studied by Kurt and Aslan (2020).According to the results of the study, they determined that there was no statistically significant difference between the age of the mothers and their self-efficacy scores. They reported that the self-efficacy scores of the mothers varied statistically significantly depending on their degree of education. It was found that there was a statistically significant difference between the self-efficacy scores of mothers who graduated from primary-secondary school and the self-efficacy scores of

mothers who graduated from high school and the self-efficacy scores of mothers who graduated from high school. This situation is in favor of mothers who graduated from higher education. Another result was that the difference was statistically significant between the self-efficacy scores of mothers according to their income levels. It was demonstrated that there was a statistically significant difference between the self-efficacy scores of the participants with low income and the self-efficacy scores of the participants with high monthly income in favor of the participants with high income. Finally, Kurt and Aslan (2020) implied that there was no difference that was statistically significant. between the self-efficacy scores of the mothers depending on the number of children.

CHAPTER IV

METHOD

This chapter provides details about the research, participant information, procedures, data collection techniques, and evaluation.

4.1. Research Model

This research is designed as a relational screening model, which is one of the quantitative research methods, aimed to identify relationships between two or more variables in order to gather information about impacts and effects. In studies conducted for predictive purposes, it can be easily seen how much of the change (variance) in the relevant variables assist to explain the dependent variable. (Büyüköztürk et al., 2013; Karakaya, 2012). In this research, the independent variables are childhood traumas, attachment styles and cognitive flexibility whereas the dependent variable is parental self-efficacy.

4.2. Participants

For this study, convenience sampling method was used for recruiting participants. A convenience sample is a type of non-probability sampling method where the sample is taken from a group of people easy to contact or to reach (Saunders et al., 2012). Participants of this study included mothers living in Turkey and having children between the ages of 0-6. In the research, information was gathered from mothers who voluntarily participated in the study via the online form between December 2020-April 2021. Participants consist of 400 mothers however, after outlier values were excluded, 386 questionnaires were evaluated. It required approximately 25 minutes to collect the data. Before the participants applied for the

scales, the researcher gave them the appropriate explanations about the study's aim and format, as well as the scales' instructions.

4.3. Measurement Instruments

4.3.1. Personal Information Form

Demographic information of the participants was developed by the researcher. The form includes information about education status, marital status, number of children, age at giving birth to the first child, socioeconomic status, and employment status (The form was included in the Appendix A).

4.3.2. Childhood Traumas Scale (CTQ -33)

Childhood Trauma Scales (CTQ-33) were developed by Bernstein (1994) to measure the childhood traumas of individuals. This 33-item questionnaire was adapted to Turkish by Şar (2019) and revised in 2020. The internal consistency (Cronbach alpha) coefficient of the scale was calculated as .87. It is a 5-point Likert-type scale (Always, Seldom, Sometimes, Rarely, Never) that consists of 33 questions. There is no reverse scored question in the scale.

CTQ-33 consists of six sub-factors and the overall score can be obtained by the scale. Sub-factors were named as emotional neglect, emotional abuse, sexual abuse, over-controlling / protecting, physical abuse, physical neglect (Şar et al., 2020). The Cronbach's alpha coefficients of the scale's sub-factors are, respectively, emotional neglect. .89, emotional abuse. .88, sexual abuse. .90, extreme control / protection. .84, physical abuse. .81, and physical neglect. .77. The lowest score that can be obtained from the scale is 25, and the highest score is 150. Cronbach's alpha coefficient was calculated as .86 in this present research (The form was included in the Appendix B).

4.3.3. Parental Self Efficacy Scale

Parental Self Efficacy Scale was used to obtain information about the parental self-efficacy of the mothers of 5-year-old children. The original of the scale was developed by Coleman et al. (2000) and adapted to Turkish by Kotil (2011). The scale which is a 6-points Likert-Type, consists of 20 items. The responses to the items are "I totally disagree", "I partially disagree", "I do not agree", "I agree", "I partially agree" and "I totally agree". Cronbach's alpha coefficient was calculated as .90 in the original scale and calculated as .80 in this present research (The form was included in the Appendix C).

4.3.4. Experiences in Close Relationships Questionnaire - I

The Experiences in Close Relationships Inventory (YIYE-I) formed by Brennan et al. (1998), aims to measure the anxiety experienced in attachment in close relationships and avoidance of others. The scale consists of a total of 36 items and three subscales including anxiety and avoidance dimensions is measured with 18 items. In this scale, the participants evaluated the extent to which each item defines them on a 7-point Likert-Type assessment (1=Never Agree, 7=Strongly Agree). The original scale was adopted to Turkish by Sümer (2006). Of these three factors, "Anxious Attachment" ($\alpha = .86$), "Avoidant Attachment" ($\alpha = .87$) and "Secure Attachment" ($\alpha = .87$), three subscales were created and Cronbach's Alpha coefficients were calculated (Sümer, 2006). According to the results of current research, secure attachment ($\alpha = .86$), anxious attachment ($\alpha = .84$) and avoidant attachment ($\alpha = .85$) was found (The form was included in the Appendix D).

4.3.5. Cognitive Flexibility Scale

Cognitive Flexibility Inventory was formed by Dennis and VanderWal (2010). It was created to determine the ability of people to produce different solutions in situations that they encounter in life or in difficult situations that extend to a certain period, balanced thinking, awareness of appropriate options and transforming them into behavior. The scale was adapted the Turkish by Gülüm and Dağ (2012). It consists of 20 items including 5-point likert scale. The highest score that can be obtained from the scale is 200 and the lowest score is 20. It has been accepted that the higher the score, the higher the cognitive flexibility.

Cronbach α and item-total correlation values of the Cognitive Flexibility Inventory were calculated for all inventory and sub-factors. Dennis and Wall (2010) found that the Cronbach α value of the Cognitive Flexibility Inventory was 0.85, the alternatives subscale was 0.83, and the control subscale was 0.76. In the study of Gülüm and Dağ (2012), these values were calculated as 0.89 for the Alternatives subscale and 0.85 for the Control subscale. In addition, the Cronbach alpha value for the whole scale was found to be 0.90. According to the results of current research, Cronbach's alpha coefficient was calculated as 0.90 (The form was included in the Appendix E).

4.4. Data Analysis

SPSS 25 was used to analyze the collected data inside the scope of the investigation. The hierarchical regression analysis method was applied to state whether the independent variables predicted the dependent variable. For this reason, it was first tested whether the data met the regression analysis assumptions.

4.5. Testing Assumptions

One-way and multi-directional extreme values and normality assumptions of the data were examined before the assessment of the research problem. The normality of the scores of the scales was evaluated by examining the skewness-kurtosis coefficients and histogram graphics of the distribution of data. It was realized that the skewness and kurtosis coefficients of the scales remained between +2 and -2. George and Mallery (2010) stated that the skewness and kurtosis coefficients for the assumption of normality of the distribution could be between +2 and -2. The obtained coefficients show that the distribution does not deviate excessively from normality.

Mahalanobis distance values were calculated to determine the versatile extreme values (Esen & Timor, 2019; Tabachnik & Fidell, 2013). For 400 data obtained from participants, Mahalanobis values were examined and outliers were determined according to the Mahalanobis value and 14 data were excluded from the analysis. Analyzes were continued with the remaining 386 data. In order to perform regression analysis according to the multicollinearity assumption, there should not be strong relationships between independent variables (Tabachnik & Fidell, 2013). To test the multicollinearity, binary correlations between data are calculated. If the Variance Increase Factor (VIF) of the independent variables is <10 and Condition Index (CI) is <30 and Tolerance Value (TV) is $>.10$ then the data indicates that there

is no multicollinearity problem among independent variables (Tabachnik & Fidell, 2013). The VIF, CI and TV values of the data set were examined, and it was seen that there was no problem with multiple connections (see Table 9).

The Durbin-Watson coefficient was calculated to analyze the independence of errors among the variables and the coefficient was found as 1.8. According to Tabachnik and Fidell (2013), the Durbin-Watson coefficient should be between 1.5 and 2.5 in order to evaluate the errors independently. The Durbin-Watson coefficient found in the study shows that the errors regarding the data are independent of each other (Tabachnik & Fidell, 2013).

CHAPTER V

RESULTS

5.1. Descriptive Statistics

The demographic information of the participants is presented in Table 1. 109 of the 386 mothers were at the age of 30 and younger, 154 were between 31 and 35 years old, and 134 of them were 36 and older. According to the educational level, 81 people have a high school or lower education level, 249 of them have an undergraduate education degree and 56 people have a postgraduate education degree.

The childbearing age of 99 participants indicates a young age of 25 or more, 189 of them were at age of 26-30, and 98 of them were at age of 31 or more. In terms of the marital status of the participants, 369 of them were married and 17 of them were single. 164 of the participants were housewives and 222 of the participants were employed. 230 of the participants had one child, 127 of the participants had two children, and 29 of the participants had 3 children or more.

18 of the participants are in the middle-low or less socioeconomic level. 198 of the participants have a middle socioeconomic level. two members, 151 of the participants are also middle upper socioeconomic level. 19 of the participants are in the upper socioeconomic level.

Table 1.

Demographic information of participants

Variables		n	%
Age	30 and younger	109	28.2
	31 – 35 age	154	39.9
	36 and older	123	31.9
Education	High school level and lower	81	21.0
	Bachelor's degree	249	64.5
	Postgraduate	56	31.9
First childbearing age	25 age and younger	99	25.6
	26-30 age	189	49.0
	31 age and older	98	25.4
Marital status	Married	369	95.6
	Single	17	4.4
	Total	386	100.0
Employment	Housewife	164	42.5
	Employed	222	57.5
Number of children	1	230	59.6
	2	127	32.9
	3 and above	29	7.5
Socioeconomic Level	Middle low and less	18	4.7
	Middle	198	51.3
	Middle-Upper	151	39.1
	Upper	19	4.9
	Total	386	100.0

Table 2 presented the descriptive statistics of the dependent variable (Parental Self-efficacy- PSE) and three independent variables (Attachment Styles, Childhood traumas and, Cognitive Flexibility) in the study.

Table 2.

Descriptive statistics for the dependent and independent variables

<i>Variables</i>	<i>$\bar{x}$</i>	<i>SD</i>	<i>Min-Max</i>	<i>Skewness</i>	<i>Kurtosis</i>
Parental Self-Efficacy (PSE)	4,09	0,40	2,79-5,27	-0,08	0,14
ChildhoodTrauma Questionary (CTQ)	44,17	13,40	27,00-96,00	1,16	1,24
Attachment Styles (AS)					
Secure attachment (SA)	5,13	1,38	1,89 – 7,00	-0,31	-0,70
Anxious attachment (AnA)	3,73	1,08	1,32 – 7,00	0,24	-0,07
Avoidant attachment (AvA)	2,97	1,36	1,00 – 6,63	0,33	-0,78
Cognitive Flexibility (CF)	78,45	9,97	40,00– 100,00	-0,22	0,39
Alternatives (CF-A)	53,00	6,33	27,00 – 65,00	-0,29	0,63
Control (CF-C)	25,45	5,02	11,00 - 35,00	-0,26	-0,31

(n=386) PSE: Parental Self-efficacy, ACE: Childhood traumas, SA: Secure Attachment Style, AnA: Anxious Attachment Style, AvA: Avoidant Attachment Style, CF: Cognitive Flexibility, CF-A: Alternatives sub dimension of CF, CF-C: Control sub dimension of CF

When Table 2 is examined, the mean of the PSE scale is 4,09 and the standard deviation value is 0,40; skewness and kurtosis values are -0,08 and 0,14. The mean of ACE is 44.17 and the standard deviation is 13,40. Skewness - Kurtosis values of ACE are relatively 1,16 and 1,24. Since the total score of the scale (CRS-I) stating the attachment styles is not taken, descriptive statistics regarding the sub-dimensions of the scale are included in the table: secure attachment (SA), anxious attachment (AnA), and avoidant attachment (AvA). The mean of SA is 5,13; the standard deviation is 1,38. Skewness and kurtosis values were obtained as -0,31 and -0,70. AnA had a mean of 3,73 and a standard deviation of 1.08. Skewness and kurtosis values were determined as 0,25 and -0,07. The mean of AvA is 2,97 and its standard deviation is 1,36. Skewness and kurtosis values were obtained as 0,33 and -0,78. The mean Cognitive flexibility (CF) score is 78,45 and its standard deviation value is 9.97. Skewness and kurtosis values were obtained as -0,22 and 0,39. The mean score of the alternatives sub-dimension of CF was 53,00 and its standard deviation was 6,33.

Skewness and kurtosis values are -0,29 and 0,63. The control sub-dimension of the CF mean score is 25,45 and its standard deviation is 5,02. The skewness and kurtosis values were obtained as -0,26 and -0,31. When the kurtosis and skewness values of the dependent (PSE) and independent variables (ACE, CF - Alternatives and Control, Attachment Styles - SA, Avoidant Attachment, Anxious Attachment) were examined, the values were between -2 and +2. The results indicate that there was no deviation from the normal distribution (Tabachnik & Fidell, 2013). Therefore, the data set in the current study were analyzed by utilizing the parametric tests.



5.2. The Results Regarding the Demographic Variables

In this section, there are results and comments regarding the fact that there is a noticeable difference among the levels of parental self-efficacy levels of mothers with children aged 0-6 in terms of socio-demographics such as employment status, age, the number of children and the number of people at home. For this purpose, One-Way Analysis of Variance (One-way ANOVA) and t-test for independent samples were used to test the research questions. One-way ANOVA for age; t-test was used for independent samples for the number of children, and employment status. For One-Way ANOVA, the Levene test was used for the assumption that variances are homogeneously distributed. The Post-hoc test for which category it belongs to in variables that are found to be different between parental self-efficacy scores is the Tukey HSD test for Post Hoc test measuring for the resource of the significant difference and its results are given below. Many researchers focus on comparing measurements (scores) of a dependent variable between groups of people on one variable; they use hypothesis testing to test whether the observed differences between the groups are statistically significant or whether these differences are simply due to chance. The t-test for independent samples is used to test whether the difference between the means of two independent samples is significant, whereas ANOVA is used to test whether the difference among the means of more than two independent samples (Büyüköztürk et al., 2012).

5.2.1. Age

In this section, there are results regarding whether A statistically significant difference existed in between PSE levels of mothers with children aged 0-6 years in terms of their age.

Descriptive statistics about the levels of parental self-efficacy of the mothers with children aged 0-6 years according to the age variable are presented in Table 3.

Table 3.

Descriptive statistics of PSE and the age variable

<i>Dependent variable</i>	<i>Independent variables</i>	<i>n</i>	<i>$\bar{x}$</i>	<i>SD</i>
Parental self-efficacy	30 age and younger	109	42,07	9,22
	31-35 age	154	44,26	11,30
	36 age and older	123	45,64	9,11
	Total	386	44,08	10,14

* $p < 0.05$

Among mothers with children aged 0-6, the mean of PSE of the 30 age and the younger group is 42,07; SD is 9,22; The mean of the group between the ages of 31-35 is 44,26; its SD is 11.30, and the mean of the age of 36 and more elder mothers is 45,64; its SD is 9,11. Among the groups, it is seen that the mothers in the age group 36 years and older have the highest level of PSE. The lowest level of PSE can be said to be 30 years and younger mothers. One-way ANOVA results regarding whether the mean difference between groups is statistically significant or not are presented in Table 7.

Table 4.

The One-way ANOVA results of the parental self-efficacy (PSE) with regard to age of the participants

	Sum Squares	of df	$\bar{x}$ Square	F	p	η^2
Between Groups	747,690	2	373,845	3,687	.026*	.02
Within Groups	38830,801	383	101,386			
Total	39578,491	385				

* $p < 0.05$

Table 4 shows that A statistically significant difference existed in the mean of parental self-efficacy scores of mothers with children aged 0 - 6 according to the age levels of the participants ($F(2,383) = 3.687$; $p < .05$). Accordingly, parental self-efficacy scores significantly differ according to the mothers' ages. It can be said that maternal self-efficacy was different in terms of maternal age. On the other hand, the eta square value .02 indicates that the effect size is at a low level. In order to determine the source of the difference between the groups, the Tukey HSD test was conducted, and the results are shown in Table 8.

Table 5.

The results of Tukey HSD related to the analysis of the difference in PSE levels with regard to the Ages of the participants

Age (I)	Age (J)	$\bar{x}$ difference (I-J)	p
30 age and younger	31-35 years old	-2.194	.19
	36 and older	-3.58*	.02*
31-35 years old	30 age and below	2,194	.19
	36 age and older	- 1.38	.49

* $p < 0.05$

In Table 5, the source of the difference between the means of parental self-efficacy according to the age levels of the mothers is given. Accordingly, there is no statistically significant difference in parental self-efficacy levels between mothers aged 30 and younger and between 31-35 years old ($p > .05$). In addition, there is no significant difference between the parental self-efficacy scores when comparing the mothers between the ages of 31-35 and the mothers aged 36 and more ($p > .05$). On the other hand, the mean of parental self-efficacy of mothers aged 30 and younger was -3.58 lower compared to mothers aged 36 and elder, and the difference between the parental self-efficacy scores is statistically significant ($p < .05$). In other words, the PSE scores of the youngest group of the participants were lower than those in the older group.

5.2.2. The Number of Children

In this section, there are results regarding whether there is a statistically significant difference between the parental self-efficacy levels of mothers with children aged 0-6 years concerning the number of their children.

Descriptive statistics about the levels of parental self-efficacy of the mothers with

children aged 0-6 years according to the number of their children are presented in Table 6.

Descriptive statistics and t-test results of PSE and the number of the children

Dependent variable	The number of children	n	$\bar{x}$	SD	df	t	p
Parental self-efficacy	One child	320	43.39	10.37	384	-1.626	.10
	Two children and more	156	45.10	9.74			

* $p < 0.05$

In Table 6, the mean of the parental self-efficacy score of mothers who have a child at home is 43.39. The mean scores of mothers who have more than one child at home are 45.10 and higher. Instead, there is no statistically significant difference between the parental self-efficacy levels of the mothers when the number of children in the house is one and more than one ($p > .05$).

5.2.3. The Employment Status

In this section, there are results regarding whether there is a statistically significant difference between the parental self-efficacy levels of mothers with children aged 0-6 years concerning their employment status.

Descriptive statistics about the levels of parental self-efficacy of the mothers with children aged 0-6 years according to their employment status are seen in Table 7.

Table 7.

Descriptive statistics and t-test results of PSE with regard to the employment status of the participants

Dependent variable	The employment status	n	$\bar{x}$	SD	df	t	p
Parental self-efficacy	At home	164	43.29	10.59	384	-1.313	.19
	In the workplace	222	44.66	9.78			

* $p < 0.05$

Considering the employment status of the participants, the mean of PSE levels of mothers working at home is 43,29; its SD is 10,59, while the mean of PSE levels of mothers working in the workplace is 44,66 and its SD is 9,78. However, according to the results of the *t*-test analysis, this difference is not statistically significant ($t = 1,313$; $p > .05$). In other words, parental self-efficacy levels of mothers with children between the ages of 0-6 do not differ according to their employment status at home or in the workplace.

5.3. Results of the Correlation Analysis

For the examination of the relationship of parental self-efficacy with attachment, childhood traumas, and cognitive flexibility, Pearson correlation coefficient results were conducted, and these results are presented in Table 8.

Table 8.

Pearson correlation coefficients between the dependent and independent variables

Scale and Sub-	1	2	3	4	5	6	7	8
scales								
1.PSE	1							
2.CTQ	-.19**	1						
3.SA	.14**	-.25**	1					
4.AnA	-.18**	.30**	-.05	1				
5.AvA	-.16**	.26**	-.63**	.33**	1			
6.CF	.33**	-.37**	.31**	-.41**	-.36**	1		
7.CF-A	.29**	-.28**	.28**	-.24**	-.27**	.90**	1	
8.CF-C	.29**	-.37**	.27**	-.52**	-.36**	.84**	.53**	1

*p<.01 PSE: Parental Self-efficacy, CTQ: Childhood traumas, SA: Secure Attachment Style, AnA: Anxious Attachment Style, AvA: Avoidant Attachment Style, CF: Cognitive Flexibility, CF-A: Alternatives subdimension of CF, CF-C: Control subdimension of CF

Table 8 shows that there are coefficients for dependent and independent variables to be included in the regression analysis according to the Pearson Product-Moment Correlation Coefficient technique.

The Pearson correlation coefficients of the participants' PSE levels were respectively -.19 for CTQ; .14 for SA, -.18; for AnA, -.16; for AvA, .33; for CF, .29; for CF-A and CF-C. Briefly, The relationship between PSE and other independent

variables and its subscales is positive and statistically significant for SA, CF, CF-A, and CF-C ($p < .01$). The higher scores of SA, CF, CF-A, and CF-C, the higher the PSE points. The relationship between PSE and CTQ was analyzed as negative and statistically significant ($p < .01$). There was a significant and negative correlation between parental self-efficacy and avoidant attachment, anxious attachment, and childhood traumas. The higher the CTQ, AnA, and AvA scores, the lower the PSE scores. The correlation coefficient of all other independent variables among themselves is between $-.63$ and $.31$.

There was a significant and positive correlation between parental self-efficacy and secure attachment, cognitive flexibility total score, cognitive flexibility alternatives subscale, and cognitive flexibility control subscale. There was a significant and negative correlation between parental self-efficacy and avoidant attachment, anxious attachment, and childhood traumas.

5.4. The Results of Hierarchical Regression Analysis

A hierarchical regression analysis was conducted on the predictive effect of childhood traumas, attachment styles, and cognitive flexibility, which were determined as independent variables on parental self-efficacy of mothers with children aged 0-6 years. In order to do that analysis, the independent variables were entered into the model in the following order:

- Step 1: Sociodemographic variables: age, education, number of children, and employment status.
- Step 2: Childhood traumas total scores
- Step 3: Avoidant and anxious attachment subscales
- Step 4: Cognitive flexibility subscales.

The theory behind the research problem and the past research were taken as

determinant criteria while choosing the order of variable entry as suggested by Kerlinger (1986) and Lewis (2007).

Sociodemographic variables were entered into the model first as they are considered as control variables in terms of predicting maternal self-efficacy. Second, childhood traumas entered into the model since it is thought as the first emerging variable that may affect the future experiences of individuals in their lives. Experienced childhood traumas also shape the attachment styles of individuals (e.g. Nielsen et al., 2004; Schwarzer & Warner, 2012) therefore in the third step the attachment styles were entered into the model. Both childhood traumas and attachment were viewed as effective on the cognitive flexibility levels of individuals therefore CF was entered into the model lastly. The purpose of entering the variables in this way is to highlight the increased predictive validity of each step. The final step, however, allowed an overall assessment of what causes for a distinctive variance because all model variables were taken into consideration (Lewis, 2007).

Hierarchical linear regression analysis was performed to determine whether the childhood traumas (CTQ), attachment styles (secure attachment – SA, anxious attachment – AnA, avoidant attachment – AvA), and cognitive flexibility levels of the participants significantly predicted their parental self-efficacy levels, and the results are presented in Table 9.

Table 9.

Hierarchical regression analysis results on the prediction of mothers' parental self-efficacy

Model		B	S.H.	B	T	p
1	Constant	4.29	.20		21.92	.00
	Age	-.05	.02	-.13	-2.49	.013*
	Education	.04	.03	.07	1.24	.22
	Marital Status (married)	-.20	.10	-.10	-2.05	.04*
	Number of Children	-.05	.04	-.08	-1.50	.13
	Income	.08	.03	.14	2.71	.007**
	Employment (at home)	-.05	.04	-.09	-1.69	.09
		R=.271	ΔR=.074	p=.000		
		R ² =.074	F _(6,374) = 4.955			
2	Constant	4.55	.20		22.28	.000
	Age	-.05	.02	-.12	-2.34	.020*
	Education	.04	.03	.07	1.18	.340
	Marital Status (married)	-.19	.09	-.10	-2.08	.038*
	Number of Children	-.06	.04	-.09	-1.70	.091
	Income	.08	.04	.14	2.73	.007**
	Employment (at home)	-.08	.03	-.10	-1.93	.054
	CTQ	-.01	.001	-.19	-3.80	.000**
		R=.329	ΔR=.035	p=.00		
		R ² =.108	F _(7,373) = 6.461			
3	Constant	4.58	.25		17.80	.00
	Age	-.05	.02	-.13	-2.53	.012*
	Education	.03	.03	.06	1.06	.291
	Marital Status (married)	-.19	.09	-.10	-1.94	.053
	Number of Children	-.06	.04	-.09	-1.66	.097
	Income	.07	.03	.12	2.40	.017*
	Employment (at home)	-.09	.04	-.11	-1.97	.051
	CTQ	-.004	.002	-.13	-2.42	.016*
	AvA	.00	.02	-.001	-.01	.993
	AnA	-.05	.02	-.14	-2.48	.013*
	SA	.02	.02	.07	1.10	.273
		R=.360	ΔR=.02	p=.00		
		R ² =.129	F _(10,370) = 5.499			
4	Constant	3.67	.31		11.76	.000
	Age	-.05	.02	-.13	-2.58	.010*
	Education	.04	.03	.07	1.19	.236
	Marital Status (married)	-.19	.09	-.10	-2.06	.040*
	Number of Children	-.07	.04	-.11	-2.00	.046*
	Income	.05	.03	.09	1.86	.064
	Employment (at home)	-.08	.04	-.10	-1.83	.068
	CTQ	-.002	.002	-.07	-1.31	.192
	AvA	.005	.02	.02	.24	.814
	AnA	-.018	.02	-.05	-.89	.375
	SA	.005	.02	.02	.24	.809
	CF	.011	.002	.28	4.88	.000*
		R=.427	ΔR=.053	p=.000		
		R ² =.182	F _(11,369) = 7.469			

**p<0.01; * p < 0.05 PSE: Parental Self-efficacy, CTQ: Childhood traumas, SA: Secure Attachment Style, AnA: Anxious Attachment Style, AvA: Avoidant Attachment Style, CF: Cognitive Flexibility, CF-A: Alternatives subdimension of CF, CF-C: Control subdimension of CF Dependent variable: PSE

Table 10.

Comparison values for hierarchical modeling

	R	R ²	Adjusted R ²	R ² Change	F	P
Model 1	.27	.07	.06	.07	4.96	.00
Model 2	.33	.11	.09	.04	14.43	.00
Model 3	.36	.13	.11	.02	3.01	.03
Model 4	.43	.18	.16	.05	23.78	.00

** p < 0.01; *p<.05

In the first step sociodemographic variables including age, marital status, income, the number of children, and the education level were added as independent variables to examine the predictive power on maternal self-efficacy. Based on the findings in the first model, from sociodemographic variables only age, marital status and income significantly predicted parental self-efficacy and explained 7% of the total variance ($F_{(6,374)}=4.96$; $p<.01$; $R=.27$, $R^2=.07$). Age is a negative predictor of PSE ($\beta=-0.13$; $p<.05$). Younger ages were found as predictive on lower PSE scores. Income is a positive predictor of PSE ($\beta=0.14$; $p<.05$). Increased income level significantly predicted higher PSE scores. Marital status is a negative predictor of PSE ($\beta=-0.10$; $p<.05$). Being a single mother significantly predicted higher PSE scores.

In the second step, childhood trauma scores were added as independent variables to examine the predictive power on maternal self-efficacy. The result indicated an increase in the total variance explained as 4 % ($\Delta R = .04$). Based on the findings in the second model, sociodemographic variables (age, marital status, and income) and childhood traumas significantly predicted parental self-efficacy and explained approximately 11 % of the total variance ($F_{(3,373)}=14.43$; $p<.01$; $R=.33$,

$R^2=.11$). Age is a negative predictor of PSE ($\beta=-0.12$; $p < .05$). Younger ages were found as predictive on lower PSE scores. Marital status (married) is a negative predictor of PSE ($\beta=0.10$; $p < .05$). Being a single mother significantly predicted higher PSE scores. Income is a positive predictor of PSE ($\beta=0.14$; $p < .05$). Increased income level significantly predicted higher PSE scores. CTQ is a negative predictor of PSE ($\beta=-0.18$; $p < .01$). Decreased CTQ scores significantly predicted higher PSE scores.

In the third step, sociodemographic variables, childhood trauma, and attachment styles subscale scores (secure attachment, anxious attachment, and avoidant attachment) were added as independent variables to examine the predictive power on maternal self-efficacy. The result indicated an increase in the total variance explained as 2% ($\Delta R = .02$), and the model explained approximately 13 % of the total variance of parental self-efficacy ($F_{(10,370)} = 3.01$; $p < .01$; $R=.36$, $R^2=.13$). Based on the third model, it was found that Age is a negative predictor of PSE ($\beta=-0.13$; $p < .05$). Younger ages were found as predictive on lower PSE scores. Income is a positive predictor of PSE ($\beta=0.12$; $p < .05$). Increased income level significantly predicted higher PSE scores. The number of children is a negative predictor of PSE ($\beta=-0.12$; $p < .05$). Decreased number of children significantly predicted higher PSE scores. CTQ is a negative predictor of PSE ($\beta=-0.13$; $p < .05$). Decreased CTQ scores significantly predicted higher PSE scores. In addition, anxious attachment variable significantly and negatively predicted self-efficacy levels ($\beta= -0.14$; $p < .05$). Decreased Anxious attachment scores significantly predicted higher PSE scores. Secure attachment and avoidant attachment variables were not statistically significant predictors of parental self-efficacy levels (respectively, $\beta= 0.07$; $\beta= -0.001$; $p > .05$).

In the fourth step model, cognitive flexibility scores were added as

independent variables to examine the predictive power on maternal self-efficacy cognitive flexibility was added to sociodemographic variables, childhood traumas, secure attachment, anxious attachment, and avoidant attachment. The result indicated an increase in the total variance explained as 5% ($\Delta R = .05$), and the model explained approximately 18 % of the total variance of parental self-efficacy ($F_{(11,369)} = 23.78$; $p < .01$; $R = .43$, $R^2 = .18$). Among the variables in the model, education, income, employment, childhood traumas, avoidant attachment, anxious attachment, and secure attachment variables do not significantly predict parental self-efficacy (respectively, $\beta = 0.050$; $\beta = -0.032$; $\beta = 0.095$; $\beta = -0.071$; $\beta = -0.053$; $\beta = 0.012$; $\beta = -0.049$; $\beta = 0.026$; $p > .05$). Additionally, age ($\beta = -0.13$, $p < .05$), marital status ($\beta = -0.099$; $p < .05$), number of children ($\beta = -0.107$; $p < .05$) predict negatively and cognitive flexibility predicts parental self-efficacy positively and significantly ($\beta = 0.277$; $p < .01$). Younger ages were found as predictive on lower PSE scores Increased income level significantly predicted higher PSE scores. Decreased number of children significantly predicted higher PSE scores. Increased cognitive flexibility scores significantly predicted higher PSE scores. It was found that cognitive flexibility was a powerful factor as compared to CTQ in terms of explaining parental self-efficacy.

CHAPTER VI

DISCUSSION

This part examined the predictive power of perceived parental self-efficacy, childhood traumas, attachment styles, and cognitive flexibility on mothers having 0-6 age children. The collected data for the main and additional purposes are analyzed and debated in this section in accordance with the associated literature.

6.1. Discussion of Findings on Maternal Self-Efficacy Scores According to Age

The relationship between the mother's self-efficacy perception of motherhood and the age of the mother was investigated. According to the results of the research, the parental self-efficacy averages of the mothers aged 30 and younger were found to be lower compared to mothers aged 36 and more ages, and this result is statistically valuable. There is not a discernible difference between the parental self-efficacy scores when comparing the mothers between the ages of 31-35 and the mothers aged 36 and more. Parental self-efficacy scores of mothers aged 36 and over are higher than other age groups and are statistically significant. From this point of view, it can be said that the perception of parental self-efficacy increases with age. This situation revealed that as the age of the mothers increased, their experiences related to life and parenting increased, and thus their perception of parental self-efficacy increased. In the literature, the results of the studies on this subject are as follows; Coleman and Karraker (2000) concluded that there is no relationship between the mother's age and the mother's perception of parental self-efficacy. In another study, when the analysis results on mothers' social support, life satisfaction, and parental self-efficacy were examined, there was no significant relationship discovered between the ages of the

participants. and their perceived parenting self-efficacy levels (Çattik, 2015). In another study, there was no discernible difference in the analyzes made depending on the mother's age variable; that is, the mother's age did not affect parental self-efficacy (Kotil, 2010). Likewise, Al-Kandari& Al-Quashan (2010) stated that there is no relationship between age and parental self-efficacy.

It can be interpreted that this difference arises due to the sample. However, when the theoretical framework of parental self-efficacy is examined, it is expected that the parental self-efficacy of young mothers is lower. (Aksoy ve Diken, 2009; Luebering, 1995).

As a result of current research, a different result from the literature was found. These results show that there are clues about the existence of a connection between the age of the mother who has a 0-6 year old child and parental self-efficacy. In addition to this, it is thought that controlled studies with large samples are needed.

6.2. Discussion of Findings on Maternal Self-Efficacy Scores According to Number of Children

The relationship between the self-efficacy perception of motherhood and the number of children the mother has was investigated. When the number of children in the house was one or more, there was no statistically significant distinction between the mothers' degrees of parental self-efficacy. The results are consistent with the studies in the literature. A relationship is not found between the number of children parents have and their parental self-efficacy levels (Kuzu & K1sa, 2019). According to the results of Coleman (1998)'s study on parental self-efficacy, when looking at the relationship between mothers' parental self-efficacy and the number of children they have, no significant relationship was found with any of the demographic items. In

another study with similar results, it was found that the number of children had not affected the mother's perception of parental self-efficacy as a result of the analysis (Kotil, 2010).

Based on these findings, when the relationship between parental self-efficacy levels and the number of children they have is evaluated, it is thought that the low or high number of children is not a factor affecting the self-efficacy perception of the mother. It was seen that the data obtained in the study supported the information in the literature.

6.3. Discussion of Findings on Maternal Self-Efficacy Scores According to Employment Status

According to the results of current research, there is no statistically significant difference when we examine whether the parental self-efficacy score averages of mothers with children aged 0-6 differ according to their employment status. In other words, there is no significant difference between the parental self-efficacy of mothers working at home or working at a workplace. Parental self-efficacy levels of mothers do not differ according to employment status. In the literature, studies examine parental self-efficacy of this mother's employment status regarding motherhood. One of these studies examined the relationship between mothers' parental self-efficacy and their children's perceived maternal attitude and self-esteem.

According to the results of this study, no statistically significant difference was found. It was concluded that the mothers' parental self-efficacy perceptions did not differ according to the working factor (Nebioğulları, 2019). In another study examining the parental self-efficacy perceptions of mothers, a significant difference was found in the interest sub-dimension at the level of .05 in favor of non-working mothers. Non-working mothers consider themselves more competent in the attention

sub-dimension than working mothers (Kotil, 2010). On the contrary, Jackson and Scheines (2005) stated in their study that mothers with a regular job might have higher parental self-efficacy perceptions than mothers without a job. In another study, working mothers' sharing their mothering skills with people in the workplace and having the opportunity to exchange ideas, compare, and self-criticize may seem to be more advantageous than non-working mothers in terms of reaching parental self-efficacy and having a positive perception in this regard (Gülay et al., 2014).

In the literature, different results have been reached in the direction of the relationship between the self-efficacy perception of motherhood and the mother's employment status. This situation can be interpreted as mothers' efforts, interests, values, and individual differences towards parenting processes, regardless of whether they are working or not.

6.4. Discussion of the findings on the power of Sociodemographic Variables, Childhood Traumas, Attachment Styles, And Cognitive Flexibility to Predict Maternal Self-Efficacy

The primary objective of the research was to analyze whether sociodemographic variables, childhood traumas, attachment styles, and cognitive flexibility predicted mothers' parental self-efficacy. It was noticed when the results of hierarchical regression analysis were evaluated for this purpose that age, marital status, number of children, and cognitive flexibility significantly predicted mothers' parental self efficacy. However, childhood trauma and anxious attachment styles were found as significant in their models. Childhood traumas and anxious attachment negatively predicted mothers' parental self-efficacy.

In the first model of hierarchical regression, sociodemographic variables including age, marital status, income, and employment were added as predictors of

parental self-efficacy. Based on the findings in the first model, age, income, and marital status significantly predicted mothers' parental self-efficacy scores. Younger-aged mothers, single mothers, and mothers having higher income levels were found as having higher parental self-efficacy.

In the second model, childhood traumas were added as a predictor of mothers' parental self-efficacy. Based on the findings, childhood traumas of mothers significantly and negatively predicted parental self-efficacy. Additionally, in the second model, age, income, and marital status significantly predicted mothers' parental self-efficacy scores. Younger-aged mothers, single mothers, and mothers having higher income levels as well as mothers who reported lower childhood trauma scores were found as having higher parental self-efficacy. These findings in this manner are in line with literature-based study looking at the association between PSE and CT. (e.g., Bouffard et al., 1991; Treat 2019; Cunningham & Renk, 2017; Kuzu & Kisa, 2019). It is feasible to say that low PSE is not independent of mothers' traumatic childhood experiences and has a significant impact on the role of motherhood. Unlike these results, the results of the study by Rosenzweig (2020) were found high and were not significantly correlated with CT or demographic variables. This study is not consistent with the result of other studies. The reason for this may be that the characteristics of the selected sample group are different as well as having different cultural characteristics.

In the third model, Attachment styles were added to the hierarchical regression with three different dimensions: secure, anxiety, and avoidance in the study. In the third model, findings indicated that as the anxious attachment levels of the participants increase, their PSE levels significantly decrease. Individuals with an anxious attachment style may have lower PSE. Secure attachment and avoidant

attachment styles did not significantly predict PSE. Anxious attachment was found to predict PSE. Additionally, age, income, and childhood trauma were found as significant predictors for PSE when attachment subscales were added to the model. These findings in this direction are in line with literature-based study looking at the relationship between parental self-efficacy and attachment patterns(e.g., Caldwell et al., 2011; Fang et al., 2021; Handley et al., 2017; Cassé et al., 2016; Kohlhoff & Barnett, 2013; Chen and Xu ., 2017). According to the results of the research, it has been found that mothers with these experiences have a decreased sense of competence related to their parenting, in part because they feel less secure and more depressed in their close relationships.

In the fourth model, cognitive flexibility was added as a predictor for mothers' PSE. Based on the findings in the fourth model, it was found that the cognitive flexibility levels of the parents positively predicted the PSE. Additionally, age, income, and the number of children significantly predicted mothers' PSE when cognitive flexibility was added to the fourth model. In the fourth model, it was found that mothers with higher cognitive flexibility had high parental self-efficacy. Besides, younger mothers, single mothers, and decreased number of children indicated higher PSE. Based on the r-square changes among models, it was found that the strongest predictor for PSE was cognitive flexibility. The results obtained in this study were found as consistent with the previous findings. For instance, Saadat et al. (2020) found in their study that parents who take care of their children effectively and adequately and who have strong communication skills have more cognitive flexibility. This study found a similar result to the current study. As a result of this condition, it has been found that parents with high cognitive flexibility have a high tolerance for making mistakes, are able to treat themselves with compassion, and develop a positive

perspective towards themselves. At the same time, it has been revealed that parenting processes become easier.

6.5. Implications, Recommendations, and Limitations

This part gives limits based on study findings as well as consequences and recommendations for practitioners, field researchers, and policy makers.

6.5.1. Implications and Recommendations for Practitioners

According to the outcomes of the study, it was found that there is a relationship between parental self-efficacy, adverse childhood experiences, attachment styles, and cognitive flexibility, and this result is also consistent with the correlation analysis. Based on the results of the research, in order to minimize the negative effects of mothers' PSE, mothers can be directed to trainings where they can realize the obstacles in front of their own competence in the process of raising children and improve their self efficacy. Individual and family counseling services can be provided regarding the processes in which mothers have difficulties in parental self-efficacy. Parenting activities that will increase the cooperation and communication of parents with school and psychological counseling departments can be designed by pre-school education institutions. Seminars can be organized for mothers in educational institutions about parental self-efficacy, childhood traumas, attachment styles, and cognitive flexibility concepts and their interrelationships. School counselors can bulletin on this subject and prepare parent workshops. Finally, group counseling activities can be organized so that they can come together with mothers who have had similar experiences in a group. With these activities, mothers' self-awareness improves, and their cognitive flexibility capacity increases.

6.5.2. Implications and Recommendations for Field Researchers

This study includes mothers with children aged 0-6 years. The same research can be conducted with a larger sample group of children in different age groups. In addition, this study, in which only mothers were investigated, can be re-explored by including fathers through examining dyadic relationship. Since there is a limited number of studies on parental self-efficacy, field researchers can re-examine this issue with different variables including resilience, parental attitudes, and emotion regulation skills in order to examine the possible underlying factors related to parental self-efficacy.

In order to better understand the factors affecting parental self-efficacy, more comprehensive results can be obtained by conducting qualitative research. Using stronger research methods, the dynamics between perceived parental self-efficacy, childhood traumas, attachment styles, and cognitive flexibility can be explored in detail. In order to help the parents for their awareness, with the increase in higher education levels, courses on the variables affecting parental self-efficacy can be given at universities. The scope of these courses can be expanded, especially in the training programs of experts who will work directly with parents.

6.5.3. Implications and Recommendations for Policy Makers

In order to minimize the factors that negatively affect parental self-efficacy, training and seminars can be given to parents before and after having a child. With the development of technology, studies can be carried out to use parent schools with face-to-face and online training. In addition to these, supports can be provided in news sources and social media to make informative programs about the factors affecting parental self-efficacy and parenting attitudes. Informative resources can be provided free of charge and public service announcements can be made in public areas as well as public health centers, in areas where families spend time, in maternity services,

health centers, and areas where psychological services are provided, and in public transport. Needs assessment can be conducted to increase the access of parents from lower socio-economic groups to professional social support in order to help them increase parental self-efficacy by providing interventions focusing on traumatic experiences and early life experiences.

6.6.Limitations

This study has some limitations in terms of the research group and the measurement tools used. Among the limitations of the study, it is thought that the number of samples may limit the population. In addition, it is thought that the collection of data through online surveys may create limitations in the data collection process. It is thought that the fact that the questionnaires contain a large number of questions may be another factor that may limit the continuity of the participants. Additionally, the proportion of the participants had undergraduate degrees, according to information on their educational backgrounds. This can be regarded as a study restriction.

The other limitation of this research is about the measurement instruments. The measurement instruments are self-report measures. Data collected through self-report measures are limited to participants' answers. This could be a limitation for the analysis and the outcomes from the study. Childhood Trauma Questionnaire is also based on participants' recollections of childhood history. Participants in this study might have had trouble recalling their early experiences.

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APPENDICES

Appendix A: Personal Information Form

Değerli Katılımcılar,

Aşağıda size ait bazı demografik bilgileri öğrenmek üzere sorular sorulmuştur. Lütfen her soruya doğru ve eksiksiz şekilde cevap veriniz. Katkılarınızdan dolayı teşekkür ederim.

1. Çocuk sayısı: 1() 2() 3() 3'den fazla()
2. Yaşınız : _____
3. Eğitim Düzeyi
İlkokul () Ortaokul () Lise () Üniversite () Y. Lisans/ Doktora ()
4. Medeni Durum: Evli() Bekar()
5. Evlilik Süresi ---yıl ----ay
6. Çalışma Durumu: çalışıyorum() çalışmıyorum()

Appendix B: Childhood Traumas Scale

Gözden Geçirilmiş ve Genişletilmiş Türkçe Versiyon

© Türkçe CTQ-28: Vedat Şar, 1996

© Türkçe CTQ-33: Vedat Şar, Işıl Necef, Tuba Mutluer, Parmis Fatih, 2019

Her bir madde için aşağıdaki seçeneklerden birini işaretleyiniz:

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

Çocukluğumda ya da ergenliğimde...

1)Yeterli yemeğim olurdu.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

2) Gündelik bakım ve güvenliğim sağlanıyordu.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

3) Anne ya da babam kendilerine layık olmadığımı ifade ederlerdi.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

4) Fiziksel ihtiyaçlarım tam olarak karşılanırdı.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

5) Ailemde sorunlarımı paylaşabileceğim biri vardı

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

6) Üst baş açısından bakımsızdım.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

7) Sevildiğimi hissediyordum.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

8) Anne ya da babam kendimden utanmama neden olurdu.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

9) Ailemden birisi bana öyle kötü vurmuştu ki doktora ya da hastaneye gitmem gerekmişti.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

10) Ailemde değiştirmek istediğim şeyler vardı.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

11) Ailemdekiler bana o kadar şiddetle vuruyorlardı ki vücudumda morartı ya da sıyrıklar

oluyordu.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

12)Kayış, sopa, kordon ya da başka sert bir cisimle vurularak cezalandırılıyordum.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

13) Anne ya da babam fikirlerimi önemserdi.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

14) Ailemdekiler bana kırıncı ya da saldırganca sözler söylerlerdi.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

15) Fiziksel bakımdan hırpalanmış olduğuma inanıyorum.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

16) Çocukluğum mükemmeldi.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

17) Bana o kadar kötü vuruluyor ya da dövülüyordum ki öğretmen, komşu ya da bir doktorun bunu fark ettiği oluyordu.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

18)Ailemde birisi benden nefret ederdi.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

19)Ailemdekiler kendilerini birbirlerine yakın hissederlerdi.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

20) Biri bana cinsel amaçla dokunmaya ya da kendisine dokundurtmaya çalıştı.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

21) Kendisi ile cinsel ilişki kurmadığım takdirde bana zarar vermekle tehdit eden biri vardı.

1.Hiç Bir Zaman 2.Nadiren 3.Kimi Zaman 4.Sık Olarak 5.Çok Sık

Appendix C: Parental Self Efficacy Scale

EBEVEYN ÖZ YETERLİK ÖLÇEĞİ

Maddeler	Aşağıda belirli konularla ilgili fikirlerinizi yansıtabilecek bazı ifadeler bulunmaktadır. Lütfen her bir ifadeyi dikkatle okuyarak size ne ölçüde uyduğunu ifadelerin yanında yer alan kutulardan birini işaretleyerek (x) belirtiniz.	Tamamen Katılmıyorum	Katılmıyorum	Kısmen Katılmıyorum	Kısmen Katılıyorum	Katılıyorum	Tamamen Katılıyorum
1.	Çocuğumun okul eğitimiyle olabildiğince ilgiliyim.						
2.	Çocuğumun arkadaşları ile oynayabileceği uygun ortamlar hazırlayabilen bir anne / babayım.						
3.	Çocuğum için hangi kuralların uygun olduğunu belirlemede güçlük çekiyorum.						
4.	Çocuğumun serbest zaman etkinliklerine katılmam.						
5.	Çocuğumun sağlıklı alışkanlıklar edinmesini teşvik etmek için çok gayret ederim.						
6.	Duygusal açıdan çocuğum bana ihtiyaç duyduğunda yeterince yanında olamadığımı düşünüyorum.						
7.	Çocuğumun fiziksel sağlığı ile ilgilenme konusunda iyi bir anne / babayım.						
8.	Çocuğuma yeterince disiplin sağlayabilen biriyim.						
9.	Çocuğuma oyun oynayabileceği olanaklar yaratmakta kendimi yeterli buluyorum.						
10.	Çocuğumun eğitimi ile yapmam gerektiğini düşündüğüm kadar ilgilenmiyorum.						
11.	Çocuğum bir arkadaşı ile oynamak istediğinde, buna olanak sağlamak için elimden geleni yaparım.						
12.	Çocuğumun ihtiyacı olduğu anda tıbbi yardım almasını sağlarım.						
13.	Çocuğumdan bir şey yapmasını istediğimde beni hiç dinlemediğini hissediyorum.						
14.	Çocuğumun hoşça vakit geçirmesini sağlamak için yeterince uğraşmıyorum.						
15.	Çocuğuma disiplin sağlamakta etkili olmayan çabalarla çok zaman harcıyorum.						
16.	Çocuğumun sağlığı ile yeterince ilgilenmediğimi biliyorum.						
17.	Disiplin kurmakta anne / babalığın diğer görevlerine göre daha fazla sıkıntı yaşıyorum.						
18.	Çocuğum hasta olduğunda ona bakmakta çok becerikli değildir.						
19.	Çocuğumun hasta olacağını gösteren belirtiler gördüğümde geçeceğini umarak bu belirtileri göz ardı ederim.						
20.	Ben kesinlikle çocuğuma yeterince şefkatle bakan bir anne / babayım.						

Appendix D: Experiences in Close Relationships Questionnaire-I

1. Gerçekte ne hissettiğimi birlikte olduğum kişiye göstermemeyi tercih ederim	1	2	3	4	5	6	7
2. Terk edilmekten korkarım	1	2	3	4	5	6	7
3. Romantik ilişkide olduğum kişilere yakın olmak konusunda çok rahatımdır	1	2	3	4	5	6	7
4. İlişkilerim konusunda çok kaygılıyım	1	2	3	4	5	6	7
5. Birlikte olduğum kişi bana yakınlaşmaya başlar başlamaz kendimi geri çekiyorum	1	2	3	4	5	6	7
6. Romantik ilişkide olduğum kişilerin beni, benim onları umursadığım kadar umursamayacaklarından Endişelenirim	1	2	3	4	5	6	7
7. Romantik ilişkide olduğum kişi çok yakın olmak istediğinde rahatsızlık duyarım	1	2	3	4	5	6	7
8. Birlikte olduğum kişiyi kaybedeceğim diye çok kaygılanırım	1	2	3	4	5	6	7
9. Birlikte olduğum kişilere açılma konusunda kendimi rahat hissetmem	1	2	3	4	5	6	7
10. Genellikle, birlikte olduğum kişinin benim için hissettiklerinin benim onun için hissettiklerim kadar güçlü olmasını arzu ederim	1	2	3	4	5	6	7
11. Birlikte olduğum kişiye yakın olmak isterim, ama sürekli kendimi geri çekerim	1	2	3	4	5	6	7
12. Genellikle birlikte olduğum kişiyle tamamen bütünleşmek isterim ve bu bazen onları korkutup benden uzaklaştırır	1	2	3	4	5	6	7
13. Birlikte olduğum kişilerin benimle çok yakınlaşması beni gerginleştirir	1	2	3	4	5	6	7

14. Yalnız kalmaktan endişelenirim	1	2	3	4	5	6	7
15. Özel duygu ve düşüncelerimi birlikte olduğum kişiyle paylaşmak konusunda oldukça rahatımdır	1	2	3	4	5	6	7
16. Çok yakın olma arzumu bazen insanları korkutup Uzaklaştırır	1	2	3	4	5	6	7
17. Birlikte olduğum kişiyle çok yakınlaşmaktan kaçınmaya Çalışırım	1	2	3	4	5	6	7

1-----2-----3-----4-----5-----6-----7

Hiç

Kararsızım/
fikrim yok

Tamamen

katılmıyorum

katılıyorum

18. Birlikte olduğum kişi tarafından sevildiğimin sürekli ifade edilmesine gereksinim duyarım	1	2	3	4	5	6	7
19. Birlikte olduğum kişiyle kolaylıkla yakınlaşabilirim	1	2	3	4	5	6	7
20. Birlikte olduğum kişileri bazen daha fazla duygu ve bağlılık göstermeleri için zorladığımı	1	2	3	4	5	6	7
21. Birlikte olduğum kişilere güvenip dayanma konusunda kendimi rahat bırakmakta	1	2	3	4	5	6	7

22. Terk edilmekten pek korkmam	1	2	3	4	5	6	7
23. Birlikte olduğum kişilere fazla yakın olmamayı tercih ederim	1	2	3	4	5	6	7
24. Birlikte olduğum kişinin bana ilgi göstermesini sağlayamazsam üzülür ya da kızarım	1	2	3	4	5	6	7
25. Birlikte olduğum kişiye hemen hemen her şeyi Anlatırım	1	2	3	4	5	6	7
26. Birlikte olduğum kişinin bana istediğim kadar yakın olmadığını düşünürüm	1	2	3	4	5	6	7
27. Sorunlarımı ve kaygılarımı genellikle birlikte olduğum kişiyle tartışırım	1	2	3	4	5	6	7

28. Bir ilişkide olmadığım zaman kendimi biraz kaygılı ve güvensiz hissederim	1	2	3	4	5	6	7
29. Birlikte olduğum kişilere güvenip dayanmakta Rahatımdır	1	2	3	4	5	6	7
30. Birlikte olduğum kişi istediğim kadar yakınımında olmadığında kendimi engellenmiş hissederim	1	2	3	4	5	6	7
31. Birlikte olduğum kişilerden teselli, öğüt ya da yardım istemekten rahatsız olmam	1	2	3	4	5	6	7
32. İhtiyaç duyduğumda, birlikte olduğum kişiye ulaşamazsam kendimi engellenmiş hissederim	1	2	3	4	5	6	7
33. İhtiyacım olduğunda birlikte olduğum kişiden yardım istemek işe yarar	1	2	3	4	5	6	7
34. Birlikte olduğum kişiler beni onaylamadıkları zaman kendimi gerçekten kötü hissederim	1	2	3	4	5	6	7
35. Rahatlama ve güvencenin yanısıra birçok şey için birlikte olduğum kişiyi ararım	1	2	3	4	5	6	7
36. Birlikte olduğum kişi benden ayrı zaman geçirdiğinde üzülürüm	1	2	3	4	5	6	7

Appendix E: Cognitive Flexibility Scale

Aşağıdaki ifadelerin size ne kadar uygun olduğunu göstermek için lütfen ifadelerin solunda yer alan ölçeği kullanınız.		Hiz uygun değil	Fak uygun değil	Kararsızım	Uygun	Tamamen uygun
1.	Durumları "tartma" konusunda iyiyimdir.	1	2	3	4	5
2.	Zor durumlarla karşılaştığımda karar vermekte güçlük çekerim.	1	2	3	4	5
3.	Karar vermeden önce çok sayıda seçeneği dikkate alırım.	1	2	3	4	5
4.	Zor durumlarla karşılaştığımda kontrolümü kaybediyormuşum gibi hissederim.	1	2	3	4	5
5.	Zor durumlara değişik açılardan bakmayı tercih ederim.	1	2	3	4	5
6.	Bir davranışın nedenini anlamak için önce, elimdekini dışında ek bilgi edinmeye çalışırım.	1	2	3	4	5
7.	Zor durumlarla karşılaştığımda öyle strese girerim ki sorunu çözecek bir yol bulamam.	1	2	3	4	5
8.	Olaylara başkalarının bakış açısından bakmayı denerim.	1	2	3	4	5
9.	Zor durumlarla baş etmek için çok sayıda değişik seçeneğin olması beni sükunetle sokar.	1	2	3	4	5
10.	Kendimi başkalarının yerine koymakta başarılıyım.	1	2	3	4	5
11.	Zor durumlarla karşılaştığımda ne yapacağımı bilemem.	1	2	3	4	5
12.	Zor durumlara farklı açılardan bakmak önemlidir.	1	2	3	4	5
13.	Zor durumlarda nasıl davranacağuma karar vermeden önce birçok seçeneği dikkate alırım.	1	2	3	4	5
14.	Durumlara farklı bakış açılarından bakarım.	1	2	3	4	5
15.	Hayatta karşılaştığım zorlukların üstesinden gelmeyi becerebilirim.	1	2	3	4	5
16.	Bir davranışın nedenini düşünürken mevcut bütün bilgileri ve gerçekleri dikkate alırım.	1	2	3	4	5
17.	Zor durumlarda, şartları değiştirecek gücümün olmadığını hissederim.	1	2	3	4	5
18.	Zor durumlarla karşılaştığımda önce bir durup çözüm için farklı yollar düşünmeye çalışırım.	1	2	3	4	5
19.	Zor durumlarla karşılaştığımda birden çok çözüm yolu bulabilirim.	1	2	3	4	5
20.	Zor durumlara tepki vermeden önce birçok seçeneği dikkate alırım.	1	2	3	4	5

2, 4, 7, 9, 11 ve 17. maddeler tersine puanlanan maddelerdir.

2, 4, 7, 9, 11, 15 ve 17. maddeler **kontrol** alt boyutundadır. Diğer tüm maddeler **alternatifler** alt boyutunda yer almaktadır.

Gülüm, İ.V. ve Dağ İ. (2012). Tekrarlayıcı Düşünme Ölçeği ve Bilişsel Esneklik Envanterinin Türkçeye Uyarlanması, Geçerliliği ve Güvenirliği. Anadolu Psikiyatri Dergisi, 13: 216-223.