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The Role of Socio-Economic Status, Mother's Psychopathology, Reflective Functioning and Emotion Socialization on Toddlers' Behavior Problems

Sosyoekonomik Durumun, Anne Psikopatolojisinin, Yansıtıcı İşleyişin ve Duygu Sosyalleştirmenin Erken Çocukluk Döneminde Gözlenen Davranış Problemlerindeki Rolü

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Abstract:

The aim of the present study was to investigate the relationships between socio-economic status (SES), mother's psychological symptoms, maternal reflective functioning, and mother's use of emotional socialization practices and child behavioral problems during toddlerhood. The study also aimed to examine sex and age differences on the display of behavior problems of toddlers. Mothers who had children between the ages 1 to 3 and lived in different cities of Turkey (N = 534) participated in the study. The mothers were asked to complete a package of scales consisting of demographic form, Brief Symptom Inventory, Parental Reflective Functioning Questionnaire, Coping with Toddler Negative Emotions Scale, and Child Behavior Checklist. Based on the mothers' reports, the results of hierarchical regression analyses showed that SES, maternal symptoms, and mother's use of unsupportive emotion socialization behavior predicted toddler's externalizing and internalizing behavior problems. Also, there was a significant age and sex differences on the child's externalizing behavior problems with boys scoring higher than girls and older age children displaying more externalizing behavior problems than the younger ones. However, contrary to our expectations, mother's supportive emotion socialization and reflective functioning didn't predict child behavior problems. Overall, the present findings provide further support to family process model in predicting child behavior problems.

Keywords: Behavior problem, psychopathology, SES, reflective functioning, emotion socialization

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Öz:

Bu çalışmanın amacı, sosyoekonomik durum (SED), annenin psikolojik semptomları, annenin yansıtıcı işleyişi ve annenin duygu sosyalleştirme uygulamalarının erken çocukluk döneminde görülen davranış problemleri ile ilişkisini incelemektir. Çalışma aynı zamanda çocuğun sergilediği davranış problemlerinde yaş ve cinsiyet farklarını incelemeyi amaçlamıştır. Araştırmaya, Türkiye'nin farklı şehirlerinde yaşayan 1 ve 3 yaş arası çocuğu bulunan anneler (N = 534) katılmıştır. Annelerden demografik form, Kısa Semptom Envanteri, Ebeveyn İçsel Düşünme İşlevselliği Ölçeği, Çocukların Olumsuz Duygularıyla Başetme Ölçeği ve Çocuk Davranışları Kontrol Listesi bulunan bir ölçek paketini doldurmaları istenmiştir. Annelerin raporlarına dayanarak yapılan bu çalışma, SED, annenin psikolojik semptomu ve annenin destekleyici olmayan duygu sosyalleştirme uygulamalarının çocuklarda görülen içselleştirme ve dışsallaştırma davranış problemlerini yordadığını yapılan hiyerarşik regresyon analizlerinin sonucunda ortaya koymuştur. Ayrıca erkek çocuklarının kız çocuklarından ve yaşça büyük olan çocukların ise küçük yaştakilerden anlamlı bir şekilde daha fazla dışsallaştırma problemleri sergilediklerini bulunmuştur. Bununla birlikte, beklentilerin aksine, annenin destekleyici duygu sosyalleştirmesi ve yansıtıcı işleyişi çocuk davranış problemlerini yordamamıştır. Genel olarak, bu çalışmanın bulguları çocuk davranış problemlerini yordamada aile süreç modeline destek sağlamıştır.

Anahtar Kelimeler: Davranış problemi, psikopatoloji, sosyoekonomik durum, içsel yürütücü işlevselliği, duygu sosyalleştirme

Introduction

Behavior problems, specifically externalizing and internalizing behavior problems, are critical markers of maladjustment during early childhood (Zahn-Waxler et al., 2000). Children begin displaying behavior problems as early as 12 months old and early behavior problems show stability through life with both short-term and long-term consequences (van Zeijl et al., 2006; Zahn-Waxler et al., 2000). In the short-term, it has adverse effects on peer relationships, school readiness, and academic achievement, (Campbell, 1995) whereas in the long-term, mental health problems, conflictual romantic relationships, engaging in violent and criminal activities, later entrance and underachievement at work life can be experienced (Asendorpf et al., 2008). In the literature, few studies have attempted to reveal the factors causing externalizing and internalizing behaviors in toddlerhood period comprehensively.

The growing evidence emphasizes that emotion related factors might be more determining in children's behavior problems than previously assumed. Most children with externalizing behaviors experience disproportionate emotional arousal, problems in emotion regulation, and oversensitivity during social interactions (Johnson et al., 2017) and children with internalizing symptoms exhibit deprived emotional regulation and poor emotional expression (Eisenberg et al., 2001). Children's developing emotional understanding and competency show a close relation with their parents' momentary reactions to their emotions and behaviors (Nelson et al., 2014). In line with that, empirical findings have shown that mother's supportive emotion socialization and higher reflective functioning act as protective factors for child behavior problems (Hernandez et al., 2018; Lunkenheimer et al., 2017), whereas mother's unsupportive emotion socialization (Gottman et al., 1996) and psychological symptoms (Campbell, 1995; Fanti & Henrich, 2010) and low-SES (Conger & Donnellan, 2007) seem to be the risk

factors increasing the probability and intensity of child behavior problems.

Belsky (1984) provided a process model to understand the factors affecting parenting behavior. The model assumes that parenting behavior is shaped directly by the three major determinants including contextual sources of support and stress, parent's psychological well-being, and child characteristics which, in turn, impact children's developmental outcomes. Parents function most efficaciously when each area acts supportively. Problems experienced in one of those areas may not solely determining for overall parenting behavior, yet weakness in one subsystem worsen parenting functionality that affect child developmental outcomes adversely.

Firstly, SES was found linked with lower quality of parenting behavior, because low income, low education level, lacking adequate resources to cope with adversities, and living in an unsafe neighborhood are burdensome for the parents (Roy et al., 2019). Parents' experienced stress influences their emotional well-being and parenting practices negatively which was found linked with their child's behavior problems (Conger & Donnellan, 2007; Roy et al., 2019).

Secondly, mothers with psychological symptoms feel a lot of distress, experience trouble calming themselves down, become emotionally disorganized and unable to express their own emotions effectively when their children display negative emotions (Dix et al., 2004). They are unlikely to provide emotional support to their children at the time, also they tended to exacerbate the emotional wellbeing of their children by using unsupportive emotion socialization practices (Fabes et al., 2001; Morelen et al., 2016). Due to this unstable or unresponsive parental care, their children exhibit aggression, social withdrawal or disrupted behaviors (Campbell, 1995; Fanti & Henrich, 2010).

Maternal reflective functioning has also been documented to predict child behavior problems. Mothers having higher

capability for mentalization orient themselves according to the emotional cues of their children, so they are better at responding to their children's emotional needs (Möller et al., 2017). When the parents misinterpret the causes of child's negative emotional reactions, they tended to give unsupportive reactions and their children were more likely to exhibit behavior problems (Bolton et al., 2003).

Parental emotion discussion, emotion expression and reactions to the emotions of children are termed as parental emotion socialization practices. These practices give the child opportunity to observe and evaluate the emotional responses given to display of different emotions (Eisenberg et al., 1998). Hence, children can gather information about the appropriate use of emotions and to internalize that information (Root & Denham, 2010). Mothers who use less minimization and punishment, coach emotions of their children, calm them in emotionally evocative situation, give explanations about the cause and effect of emotions can contribute positively to their children's emotional development (Morelen et al., 2016) which is directly linked with children's greater inhibitory control (Gottman et al., 1996) and lower behavior problems (Hernandez et al., 2018; Lunkenheimer et al., 2017). Mothers' negligence of their children's emotions, their punitive and negative reactions to their children's negative emotions predicted children's nonconstructive coping and regulation behaviors, low emotion knowledge (Güven & Erden, 2017; Suveg et al., 2005). Children having difficulty in emotion regulation are susceptible to develop behavior problems (Eisenberg et al. 2001; Yi et al., 2016).

Child's sex and age could also be influential in displaying externalizing and internalizing behavior problems. Some studies found no sex differences in externalizing and internalizing behaviors during early childhood and boys' display of more externalizing behaviors and girls' exhibition of more internalizing behaviors became overt during preschool and adolescence period (Bongers et al., 2003). Some other studies emphasized noticeable sex difference that boys exhibit more externalizing behaviors and girls exhibit more internalizing behaviors even during early childhood (Bongers et al., 2003; Olson & Rosenblum, 1998; Silverthorn & Frick, 1999). For the age differences, the paucity of studies marked that young children displayed more externalizing behaviors than older children due to their inadequate social awareness, ever-

developing communication, and self-regulation skills (Siu, 2008; Tandon et al., 2009; Tremblay et al., 2004). There is no consensus on whether children show increased or decreased internalizing behaviors during toddlerhood period (Fanti & Henrich, 2010).

The present study

Overall, studies depicted the associations of children's behavior problems with SES, mother's psychological symptoms, reflective functioning, and supportive and unsupportive emotion socialization practices but none of these studies have provided a comprehensive investigation of these factors together in predicting toddler's internalizing and externalizing problems. We hypothesized that SES would be negatively related to mother's psychological symptoms and unsupportive emotion socialization, while it would be positively related to mother's reflective functioning and supportive emotion socialization. We also hypothesized that SES and mother's reflective functioning, and supportive emotion socialization practices would negatively predict externalizing and internalizing behaviors of toddler while mother's psychological symptoms and unsupportive emotion socialization practices would positively predict toddler's externalizing and internalizing behaviors. Additionally, there are mix findings in terms of child's age and sex in toddlers' externalizing and internalizing behaviors. We hypothesized that boys would display more externalizing behaviors than girls, while there would be no differences between boys and girls in displaying internalizing behaviors and the child's age increases, children would display more externalizing and internalizing behaviors.

Methods

Participants

The total of 537 mothers (Mage= 32 years, SD= 4,75, Age Range: 18-47 years) living in different cities of Turkey (Istanbul, Izmir, Kocaeli, Çanakkale, and Adana) and their children (Mage= 23,8 months, SD= 7,39, Age Range: 11-37 months) participated to the study. Inclusion criterion were being the child's biological parents and not having any serious health problem of the mother and her child. Socio-demographic information is shown in Table 1. The composite score of mother's and father's education level and household income was used to indicate the SES.

Table 1: Socio-demographic information

Socio-demographic factors	Categories for variables	Mother		Father		Total	
		No.	%	No.	%	No.	%
Education level	Illiterate	2	0.4	2	0.4		
	Literate	7	1.3	2	0.4		
	Elementary school	58	10.8	38	7.1		
	Secondary school	69	12.8	85	15.8		
	High school	122	22.7	128	23.8		
	College	50	9.3	45	8.4		
	University	167	31.6	154	28.7		
	Master	52	9.7	67	12.5		
	PhD	10	1.5	10	1.9		
	Not known	0	0	6	1.1		
Household income	850 TL and below					5	0.9
	851-1500 TL					85	15.8
	1501-3000 TL					141	26.3
	3001-5000 TL					88	16.4
	5001-7500 TL					95	17.7
	7501 TL and above					123	22.9

Procedure

The data was from a Longitudinal Study of Circle of Security Parenting Project supported by Scientific and Technical Research Council of Turkey to Gizem Arikan. The ethical approval was obtained from Ozyegin University Research Ethics Committee. The participants were followed through two waves of data collection, yet this study only examined the first wave of data. The undergraduate and graduate students collected the data by making home visits to the mothers having one to three years-old children. The mothers signed informed consent forms, then they were asked to complete a package of scales within one week. The students helped the illiterate mothers to fill the scales.

Data Collection Tools

Demographic Form

Mothers completed the demographic information form including child's date of the birth and sex, marital status, education levels, occupational status, and total income of the household.

Child Behavior Checklist for Ages 1½–5 (CBCL 1½–5; Achenbach & Rescorla, 2000)

CBCL 1½–5 was developed to investigate children's emotional and behavioral problems. The checklist has 7

subscales. We used Internalizing and Externalizing Problem Behaviors broadband scales for the purpose of this study. These two subscales of the checklist consist of 67 items. Parents rated child's behaviors on a 3-point scale (0= not true, 1= sometimes or somewhat true, and 2= very true or often true) by considering the last 2 months and the time that they filled the checklist. The Cronbach's alphas were .77 for internalizing problems and .76 for externalizing problems (Erol & Şimsek, 1997). In this study, Aggressive Behaviors subscale was used to obtain scores for externalizing behaviors while Anxious/depressed, Somatic Complaints and Withdrawn subscales were used to obtain scores for internalizing behaviors. In this study, Cronbach's alphas were .84 for internalizing problems and .88 for externalizing problems.

Brief Symptom Inventory (BSI; Derogotis, 1992)

BSI was developed to identify psychological symptoms in adolescents and adults. The inventory consists of 53 items and 9 subscales covering the following nine symptoms: Somatization, Obsession-Compulsion, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. There are 53 items and 5 subscales in the Turkish version: Depression, Anxiety, Somatization, Hostility and Negative Self-Concept. The items are scored based on a five-point Likert-type scale ranging from 0 (not at all) to 4

(very strong). Average of total score is used to determine the symptom severity. In the Turkish version of inventory, Cronbach's alphas were .88 for Depression, .87 for Anxiety, .87 for Negative Self, .75 Somatization and .76 for Hostility (Sahin & Durak, 1994). In this study, Cronbach's alphas were .90, .90, .89, .75, and .80 respectively.

The Parental Reflective Functioning Questionnaire-1 (PRFQ-1; Luyten et al., 2009)

PRFQ-1 was developed to assess parental reflective functioning. The scale consists of 3 subscales and 39 items. PRFQ-High Low Scale assesses parental interest and curiosity in mental states; PRFQ-Middle Scale assesses certainty about the mental states of the infant; PRFQ-Low High Scale assesses parental pre-mentalization, non-mentalization and malevolent attributions. The items are scored based on an 8-point Likert-type scale ranging from 0 (strongly disagree) to 7 (strongly agree). In the Turkish version, Cronbach's alpha values were found as .75 for PRFQ High Low Scale, .86 for PRFQ Middle Scale, .76 for and PRFQ Low High Scale (Karabulut, Ilhan, Kumru, & Arikan, 2016). In this study, Cronbach's alphas were .75, .86, and .86, respectively.

Coping with Toddler's Negative Emotions Scale (Spinrad et al., 2004)

CTNES was developed to measure the parental attitudes for dealing with their toddlers' negative emotions. There are 12 scenarios and 7 possible parental reactions corresponding seven subscales of the scale: Emotion-focused responses, Problem-focused responses, Minimization reactions, Punitive reactions, Expressive encouragement, Distress responses, and Granting the Child's Wish. Parents order their reactions on a 7-point Likert-scale (1 = very unlikely, 7 = very likely). The Turkish adaptation of the scales was made by Arikan (2016). The Cronbach's alphas for the Turkish version were .74 for Distress reactions, .84 for Punitive reactions,

.75 for Minimization reactions, .91 for Expressive encouragement, .80 for Emotion focused reactions, .81 for Problem focused reactions, and .67 for Granting wish reactions. In this study, The Cronbach's alpha values were .83, .86, .85, .92, .84, and .84, respectively. Granting wish reactions weren't included in our analysis.

Data Analysis

The descriptive results of all variables are presented. The associations of study variables were tested by using bivariate correlation analyses. Four-step hierarchical multiple regression analyses were conducted with externalizing and internalizing behaviors as the dependent variables. For externalizing behaviors, in the first step, child' age, sex, and SES, in the second step, mother's psychological symptoms, in the third step, mother's reflective functioning, and in the last step, mother's supportive and unsupportive emotion socialization were entered. For internalizing behaviors, in the first step, SES, in the second step, mother's psychological symptoms, in the third step, mother's reflective functioning, and in the last step, mother's supportive and unsupportive emotion socialization were entered.

Results

Table 2 shows the descriptive statistics and Pearson correlation coefficients among study variables. Externalizing and internalizing behaviors were positively correlated with mother's psychological symptoms and unsupportive emotion socialization, but negatively related to SES and mother's reflective functioning. Externalizing behaviors were positively related to internalizing behaviors and child's age. There was a significant relation between the child's sex and externalizing behaviors with boys scoring higher than girls. Furthermore, SES had negative association with mother's psychological symptoms and unsupportive emotion socialization, but it had positive correlation with mother's reflective functioning and supportive emotion socialization.

Table 2. The Pearson Correlations and the descriptive statistics

Variables	1	2	3	4	5	6	7	8	9
1. Child's Age	-	-.056	.082	-.015	-.067	.069	.061	.039	.096*
2. Child's Sex		-	-.027	.057	.053	.030	.014	.032	.099*
3. Socioeconomic Status			-	-.151**	.300**	.105*	-.397**	-.326**	-.199**
4. Psychopathological Symptoms				-	-.167**	-.120**	.341**	.507**	.533**
5. Reflective Functioning					-	.302**	-.255**	-.212**	-.110*
6. Supportive Emotion Socialization						-	.154**	-.039	-.041
7. Unsupportive Emotion Socialization							-	.430**	.339**

* $p < .05$, ** $p < .01$ (2-tailed)

Table 3 shows the four -step hierarchical regression analysis for externalizing problems. Results showed that the first model explained 6.2 % of the variance that child's age and sex in a positive direction and SES in a negative direction were significant predictors. Adding mother's psychological symptoms to the regression model explained 32.2 % of variation with significant R2 changed. While SES in a negative direction and mother's psychological symptoms, age and sex of the child in positive direction contributed to the model, introducing maternal reflective functioning to the model did not

explain (0%) any variation and R2 changed was not significant. Lastly, adding supportive and unsupportive emotion socialization to the regression model explained an additional 1.4 % of the variation with the significant R2 changed. While age, sex, mother's psychological symptoms and unsupportive emotion socialization predicted externalizing behaviors in the positive direction and SES predicted those behaviors in the negative direction, mother's reflective functioning and supportive emotion socialization did not account for externalizing behaviors.

Table 3. The hierarchical regression analysis predicting the externalizing problems (N = 507)

Variable	Model 1		Model 2			Model 3			Model 4			
	B	SE B	B	B	SE B	β	B	SE B	β	B	SE B	β
Age	.005	.002	.10*	.004	.002	.10*	.004	.002	.10**	.004	.002	.09*
Sex	.07	.03	.11*	.06	.03	.11*	.06	.02	.08*	.05	.02	.08*
Socioeconomic Status	-.08	.02	-.21***	-.05	.02	-.19***	-.05	.01	-.13**	-.03	.02	-.08*
Psychopathological Symptoms				.30	.03	-.04	.004	.03	.006	.02	.03	.03
Reflective Functioning							.30	.02	.52***	.27	.02	.47***
Supportive Emotion Socialization										-.01	.02	-.02
Unsupportive Emotion Socialization										.05	.02	.14**
R ²		.062			.332			.322			.336	
F		11.002***			59.550***			47.553***			36.007***	

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

Table 4 shows the four -step hierarchical regression analysis for internalizing problems. The hierarchical analysis revealed that the first model explained 10.7 % of the variance and SES was a significant predictor of internalizing behaviors in a negative direction. Introducing mother's psychological symptom in the second step explained 32.4 % of the variation with the significant R2 changed. SES negatively and mother's psychological symptoms positively predicted internalizing behaviors. In the third step, mother's reflective functioning explained an additional 0.4 % of the variation but R2 changed was not

significant. SES and mother's psychological symptoms were still significant predictors in a negative and a positive direction, respectively. Lastly, adding supportive and unsupportive emotion socialization to the model explained the 36 % of the variance and this change in R2 was significant. In the fourth step, mother's reflective functioning and supportive emotion socialization practices did not account for internalizing behaviors, but SES in negative direction, mother's psychological symptoms, and unsupportive emotion socialization in positive direction predicted these behaviors.

Table 4: The hierarchical regression analysis predicting the internalizing problems (N = 507)

Variable	Model 1			Model 2			Model 3			Model 4		
	B	SE B	β	B	SE B	B	SE B	β	B	SE B	β	
Socioeconomic Status	-.08	.01	-.33***	-.06	.01	-.29***	-.06	.01	-.24***	-.04	.01	-.17**
Psychopathological Symptoms				.19	.02	-.11*	-.03	.02	-.07	-.02	.02	-.04
Reflective Functioning							.18	.02	.47***	.16	.02	.40***
Supportive Emotion Socialization										.001	.01	.004
Unsupportive Emotion Socialization										.05	.01	.21***
R²		.107			.324			.328			.360	
F		60.199***			120.970***			81.918***			56.408***	

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

Discussion

Guided by the Belsky's (1984) process model, the current study's results extended our understanding about the precipitating factors for toddlers' behavior problems. Our findings revealed that SES was negatively correlated with mother's psychopathology. Wadsworth and Achenbach (2005) emphasized a close link between low-SES and psychopathology like depression, anxiety, and somatic complaints. Taken together, these findings along with the current study underline the role of SES on mother's psychopathology. Additionally, SES and mother's reflective functioning were positively correlated. That is, higher-SES mothers were more likely to have higher reflective ability than lower-SES mothers and vice versa. So, our finding is in line with the former evidence showing that higher-SES mothers reported higher reflective functioning than lower-SES mothers (Sadler et al., 2013). Lastly, SES was negatively correlated with unsupportive emotion socialization but positively correlated with supportive emotion socialization. It was previously documented that lower SES parents were more punishing and more insensitive toward the emotional needs of their children when compared with higher-SES counterparts. Also, higher-SES mothers utilize more supportive emotion socialization practices (Conger & Donnellan, 2007).

As expected, externalizing and internalizing behaviors were negatively associated with SES. In the literature, lower SES was linked with the increased levels of externalizing and internalizing behaviors (NICHD, 2005; Roy et al., 2019). Also, externalizing and internalizing behaviors were positively predicted by mother's psychological symptoms (Breux et al., 2014). Thus, our finding supported the existing literature.

Consistent with the literature (Smalinga et al., 2016) our bivariate correlation analyses indicated that higher maternal reflective functioning was associated with lower rates of externalizing and internalizing behaviors during

early childhood. Bögels and Perotti (2011) suggested that children turn their mothers to get information about their feelings. That is, when children experience negative emotions, they seek for their mother's guidance. Mothers having low reflective functioning were less likely to understand the emotional states of their children and respond accordingly (Esbjørn et al., 2013). Mother's low reflective functioning might be related with the toddlers' internalizing symptoms due to toddlers' inability of making sense of their emotions which may reveal as anxiety, depression, somatic complaints, withdrawing, and fearfulness. For the finding regarding externalizing behaviors, previous research shows that mother's intrusiveness combining with lower reflective functioning predicted toddler's externalizing behaviors (Smaling et al., 2017). If mothers were neither intrusive nor less sensitive, reflective functioning did not predict young children's externalizing symptoms. The degree to which reflective ability is translated into parenting practices can affect child behavioral outcomes (Smaling et al., 2017).

Previous research was supported by showing a relation between child externalizing and internalizing behaviors and maternal unsupportive emotion socialization (Güven & Erden, 2017; Suveg et al., 2005). On contrary to prior empirical and theoretical support, mother's supportive emotion socialization did not significantly predict the toddlers' problem behaviors in our study. Accumulated evidence has suggested that mother's supportive emotion socialization bolster children's better socioemotional adjustment (Gottman et al., 1996; Yi et al., 2016) and diminish the possibility of behavior problems (Rostad & Whitaker, 2016). However, Chronis and his colleagues (2007) suggest that the impact of early positive parenting behavior on the child behavior problems becomes apparent in later ages. This could possibly be the case for our study as well. By grounding on this finding, supportive emotion socialization may act as a protective factor during the developmental course of behavior problems, yet the impact of these practices during early ages may not be clearly seen.

Regarding the results on sex differences, boys had higher scores in externalizing behaviors than girls; and there weren't significant differences between girls and boys in internalizing behaviors. Most of the studies marked the difference between boys and girls in that boys exhibit more externalizing behaviors like aggression than girls (Bongers et al., 2003; Silverthorn & Frick, 1999). Our finding showed that there were no sex differences in internalizing behaviors. Hence, our result is consistent with the literature (Offord et al., 1987). Also, in a prior study conducted with Turkish preschoolers, children's anxiety-introversion scores did not differ significantly in terms of gender (Corapci et al., 2010). Taken together, findings of the current study are indeed consistent with previous research.

For the age differences, our findings provided partial support to our hypothesis that the child's age was only positively correlated with externalizing behaviors but not with internalizing behaviors. In the literature, children are more likely to show externalizing behaviors during early years, yet as their communication skills and self-control abilities develop with age, their externalizing behaviors decrease (Tremblay et al., 2004). Thus, our findings provided support only for externalizing behaviors. Additionally, internalizing behaviors are harder to detect in very young children, because their verbal skills are yet developing and they are not capable of describing their inner states and emotions sufficiently (Tandon et al., 2009). Besides, parents are inclined to view internalizing behaviors as normal, so they don't report these behaviors as problematic (Siu, 2008).

Limitations

The present study had several limitations. Firstly, the study solely relied on mother reports to measure the study variables which might have caused common method bias and social desirability bias. Secondly, our sample consisted of the mothers living in the big cities of Turkey that might limit us to generalize our findings to the whole Turkish population. Additionally, fathers weren't included and including fathers could have been more informative about the fathers' roles on toddlers' behavior problems. Lastly, because the current study has a cross-sectional

design, we couldn't have comprehensive understanding about the development of toddlers' behavior problems.

Conclusions

This study aimed to examine the role of SES, mother's psychological symptoms, reflective functioning, and supportive and unsupportive emotion socialization on toddlers' externalizing and internalizing behaviors by grounding on Belsky's (1984) family process model. The model emphasizes that parenting behavior is radically influenced by economic hardships and by parents' psychological problems, child characteristics which, in turn, cause negative developmental outcomes for children. Despite of the limitations, the findings affirmed the role of SES, mother's psychological symptoms, and unsupportive emotion socialization, child's age, and sex on toddlers' behavior problems and further evidence have been provided for Belsky's model with a sample from Turkey.

Declarations

Ethics Approval and Consent to Participate

The participants were reached after the approval of the Ethics Committee of Özyeğin University with the 25.08.2014 date and 2014/6 number was obtained for the study.

Consent for Publication

Not applicable.

Availability of Data and Materials

Not applicable.

Competing Interests

The author declares that no competing interests in this manuscript.

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Authors' Contributions

AST, AK and GA worked on the concept of the study, gathering data and data analysis, write and made the critical revisions about the article. AK and GA supervised this study. All authors have read and approved the final article.

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