

# 3<sup>rd</sup> INTERNATIONAL INFANT, CHILD, ADOLESCENT PSYCHOLOGY CONGRESS

MAIN THEME: **DESTRUCTIVENESS**  
**3-4-5 NOVEMBER 2023**

📍 **ONLINE**

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MILLİ MÜCADELE'NİN YÜZÜNCÜ YILI



## DESTRUCTIVENESS



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# **"THE 3<sup>RD</sup> INFANT, CHILD AND ADOLESCENT PSYCHOLOGY CONGRESS WILL BE HELD ONLINE (ZOOM) IN NOVEMBER 3<sup>RD</sup>-5<sup>TH</sup> 2023."**

Dear Colleagues,

Our first two congresses, in 2020 and 2021, were held online with 45 speakers from 10 different countries, in cooperation with Istanbul Rumeli University and Child Family Development and Education Foundation (ÇAGEV), with the topics "Families in Clinical Studies" and "Trauma".

The focus of this year's congress, which we have carefully prepared on the occasion of the 100th Anniversary of our Republic, will be "Destructiveness". We aim to think, talk and share researches about destructiveness in sub-titles such as dealing with destructiveness in depth in psychotherapy approaches, preventive studies (early childhood and school) in children and adolescents with destructive behaviors, self-destructiveness, the effect of the digital world, psychoeducational processes and the transformative effect of group therapies.

The 3<sup>rd</sup> Infant, Child and Adolescent Psychology Congress will be held online (Zoom) in November 3<sup>rd</sup>-5<sup>th</sup> 2023.

The languages of the congress are Turkish and English, and Turkish translation will be provided for foreign speakers.

We invite you, our esteemed colleagues, to our congress to think, understand and transform the issue of "Destructiveness", which originates from our most basic impulses and confronts us in many areas of life.

On behalf of the congress organizing committee,





- **PROCESSING DESTRUCTIVENESS IN SCHOOLS OF PSYCHOTHERAPY**
- **PHARMACOLOGICAL SOLUTIONS IN DESTRUCTIVENESS**
- **THE NEUROPSYCHOLOGICAL APPROACH TO DESTRUCTIVENESS**
- **PREVENTIVE INTERVENTIONS AGAINST DESTRUCTIVENESS IN EARLY CHILDHOOD**
- **THE IMPACT OF THE DIGITAL WORLD ON DESTRUCTIVENESS**
- **SELF-DESTRUCTIVENESS**
- **ANTI-DESTRUCTIVE STUDIES IN SCHOOLS**
- **EXAMPLES OF PSYCHOEDUCATION AGAINST DESTRUCTIVENESS**
- **THE TRANSFORMATIVE EFFECT OF GROUP THERAPIES ON SOCIAL DESTRUCTIVENESS**



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## CERRAHPAŞA FACULTY OF MEDICINE

Its foundation is based on the "Tıphane-i Amire", which was put into service on 14 March 1827 in the Tulumbacıbaşı Mansion in the Şehzadebaşı district of İstanbul. Since Cerrahpaşa Faculty of Medicine was shaped by the separation of İstanbul University İstanbul Faculty of Medicine in 1967, 14 March 1827, the foundation day of this Faculty of Medicine, is also valid for Cerrahpaşa Faculty of Medicine. Cerrahpaşa Faculty of Medicine, which has been providing health services together with İstanbul Faculty of Medicine within İstanbul University for more than 50 years, was separated from İstanbul University in 2018 and connected to the newly established İstanbul University- Cerrahpaşa. Today, Cerrahpaşa Faculty of Medicine continues its education, research and health services at Cerrahpaşa Campus with 43 main divisions of science within 3 departments.

## ISTANBUL RUMELI UNIVERSITY

Istanbul Rumeli University is a foundation university established in Istanbul on April 23, 2015. Bringing the scientists needed by the society to the country; Istanbul Rumeli University, which aims to raise knowledgeable, modern, well-equipped, researcher young people, aims to be a center of excellence.

## CHILD FAMILY DEVELOPMENT AND EDUCATION FOUNDATION

The Child Family Development and Education Association (ÇAGEDER) was established in 2012 and (ÇAGEV) in 2014, as a result of the decision to continue the individual voluntary work under the umbrella of an association. The aim of the Child Family Development and Education Foundation is to help families and children psychologically and pedagogically in raising healthy children so that healthy generations can be formed.



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# SMARTPHONE ADDICTION AND PHUBBING BEHAVIORS IN ADOLESCENTS: THE MEDIATOR ROLE OF ALEXITHYMIA AND THE REGULATORY ROLES OF PEER BULLYING AND SOCIAL COMPETENCE

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**Introduction and Purpose of Study:** This study evaluated the mediating effect of alexithymia, the moderating effects of peer bullying and perceived social competence in the relationship between adolescent smartphone addiction and phubbing behaviour. The research hypotheses are as follows:

- 1.H<sub>1</sub>: Adolescent smartphone addiction affects phubbing behaviour.
- 2.H<sub>1</sub>: Adolescent smartphone addiction affects alexithymia levels.
- 3.H<sub>1</sub>: Adolescent alexithymia levels affect phubbing behaviour.
- 4.H<sub>1</sub>: The level of alexithymia plays a mediating role in the relationship between adolescent smartphone addiction and phubbing behaviour.
- 5.H<sub>1</sub>: The level of perceived social competence plays a moderating role in the relationship between adolescent smartphone addiction and phubbing behaviour.
- 6.H<sub>1</sub>: The levels of engagement in peer bullying and exposure to peer bullying play moderating roles in the relationship between adolescent smartphone addiction and phubbing behaviour.

**Literature Review (Conceptual/Theoretical Framework):** Due to excessive use, smartphone addiction leads to negative consequences in various areas, such as personal life, academic achievement, and social relationships. Phubbing, on the other hand, is a behaviour where one ignores the person they are interacting with face-to-face and focuses on their smartphone, negatively affecting social relationships. Alexithymia is characterized by a limited ability to recognize and express emotions. This research plays a role in establishing a connection between smartphone addiction, phubbing behaviours, and alexithymia in adolescents, thus revealing the impact of this psychological condition on their digital media usage and social relationships. Peer bullying is a common issue among adolescents in school and social environments, and smartphone usage can contribute to such bullying situations.

**Design and Method:** The research was conducted in a cross-sectional design between May and June 2023. The study population consists of 897 students attending seven secondary schools affiliated with the Eskişehir Sivrihisar District Directorate of National Education. The study aimed to reach the entire study population without sampling, and 837 students (93.31%) were included in the research. The research data were collected using "Socio-demographic Characteristics and Data Form," "Smartphone Addiction Scale-Short Version" (Şata & Karip, 2017) to measure adolescent smartphone addiction levels, "Phubbing Scale"

(Karadağ et al., 2015) to measure phubbing levels, "Toronto Alexithymia Scale" (Bolat et al., 2017) to determine alexithymia levels, "Adolescent Peer Relations Scale-Bully and Victim Form" (Seğer & Gençdoğan, 2014) to assess bullying perpetration and victimization levels, and "Perceived Social Competence Scale" (Sarıçam et al., 2013) to measure perceived social competence levels. The moderating role of perceived social competence, bullying perpetration, and victimization in the relationship between adolescents' smartphone addiction levels and phubbing behaviours was examined through hierarchical regression analysis for continuous variables. However, effect graphs were not generated due to the insignificance of the interaction effect variables (smartphone addiction x perceived social competence; smartphone addiction x bullying perpetration; smartphone addiction x victimization). The mediating role of adolescents' smartphone addiction levels through alexithymia levels on phubbing behaviour was tested using Baron and Kenny's Mediation Analysis approach (Baron-Reuben & Kenny-David, 1986). Permission to use the measurement instruments was obtained from the authors, and the research was conducted with the approval of the Eskişehir Osmangazi University Non-Interventional Clinical Research Ethics Committee (dated 21.03.2023, number: 43) and the Eskişehir Provincial Directorate of National Education (dated 27.04.2023, number: 75171309).

**Research Findings and Discussion:** The mean age of the participating adolescents was  $16.07 \pm 1.20$  (min. 14.00; max. 19.00), with 50.2% ( $n=417$ ) being female. The study found that adolescents obtained their first mobile phones at an average age of  $12.24 \pm 2.79$  (min. 0.00 – max. 17.00), and 96% ( $n=798$ ) of them owned smartphones. As a result of the analysis to confirm the mediation effect, it was found that adolescents' smartphone addiction has an effect on phubbing behaviour (Hypothesis 1 accepted) and alexithymia levels (Hypothesis 2 accepted). Adolescents' alexithymia levels, in turn, influence phubbing behaviour (Hypothesis 3 accepted), and there is a mediating role of alexithymia levels in the relationship between adolescents' smartphone addiction and phubbing behaviour (Hypothesis 4 accepted). The interaction effect variables of smartphone addiction x perceived social competence, smartphone addiction x bullying perpetration, and smartphone addiction x victimization were not found to have a significant effect on phubbing behaviour ( $p > 0.05$ ) and the presence of a moderating effect cannot be asserted (Hypotheses 5 and 6 rejected).

**Conclusion, Recommendations, and Limitations:** Adolescents' smartphone addiction affects their tendency to exhibit phubbing behaviour. There is a mediating role of alexithymia in the relationship between adolescents' smartphone addiction and phubbing behaviour. However, there is no moderating role of perceived social competence. While bullying perpetration and victimization influence phubbing behaviour in adolescents, they do not have a moderating role in the relationship between smartphone addiction and phubbing behaviour.

**Keywords:** Adolescent, smartphone addiction, phubbing, alexithymia, peer bullying, social competence

# THE ROLE OF ADOLESCENTS' ORIENTATION TOWARDS SPORTING EVENTS ON EMPATHIC TENDENCY AND PROSOCIAL AND AGGRESSIVE BEHAVIOURS

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**Introduction and Purpose of Study:** The adolescent period is critical when young individuals develop healthy habits and shape their mental health. This study evaluated the roles of adolescents' orientation towards sporting events on their empathic tendencies and prosocial and aggressive behaviours.

**Literature Review (Conceptual/Theoretical Framework):** The relationship between adolescents and sports is critical from physical and psychological perspectives, covering a broad research area in the literature. Adolescents' engagement in regular physical activities significantly reduces health problems such as obesity, diabetes, and cardiovascular diseases. The World Health Organization (WHO) recommends daily physical activity for adolescents to support their health. Adolescents can develop social skills, establish friendships, and enhance leadership abilities through sports. Empathy is an essential skill that enhances individuals' emotional and social intelligence. Participation in sports, such as team games or demonstrating respect for opponents, can promote empathy. Developing empathy skills among adolescents can positively affect their social relationships and emotional intelligence. Sports activities can reduce adolescents' aggressive behaviours while encouraging positive social behaviours. Team sports emphasize values such as cooperation, sharing, and team spirit, which can positively influence adolescents' social behaviours.

**Design and Method:** This cross-sectional study was conducted between May and June 2023 on 153 students enrolled in a Vocational and Technical Anatolian High School in the Sivrihisar district of Turkey. The sampling method employed in this research involved reaching all students through a full count method, thus ensuring full participation. The research survey consisted of a "Sociodemographic Characteristics and Data Form" along with instruments designed to measure the adolescents' orientation towards sports, namely the "Orientation Toward Sporting Events Scale" (Çevik, Şimşek, Mercanoğlu & Bayram, 2019), their empathy tendencies using the "Child and Adolescent KA-Sİ Empathic Tendency Scale" (Kaya & Siyez, 2010), and their social and aggressive behaviours employing the "Prosocial and Aggressive Behaviors Questionnaire" (Bayraktar, Kindap, Kumru & Sayıl, 2010). The collected research data were analyzed using the Independent Sample t-test, One-Way ANOVA test, and the Stepwise method of Multiple Linear Regression analysis in SPSS 25.0. Ethical approval for the study was obtained from the Non-Interventional Clinical Research Ethics Committee of Eskişehir Osmangazi University (approval date: 21.02.2023, approval number: 13), and institutional permission was granted by the Provincial Directorate of National Education in Eskişehir (approval date: 11.04.2023, document number: 74161738) to facilitate the execution of the research.

**Research Findings and Discussion:** The mean age of the participants was 16.21±1.15 (min. 14.00, max. 18.00), and 62.1% (n = 95) of them were female. Parental education levels were low, with only 2.6% of mothers and 3.3% of fathers receiving bachelor's degrees or higher. As adolescents' orientation towards sporting events increased, their empathic tendencies and reactive positive social behaviours also increased (each  $p < .001$ ). The research results indicate that adolescents' orientation towards sporting events was reduced when

they spent 9 hours or more on the internet for entertainment on weekends. Conversely, being male, having a standard Body Mass Index (BMI), and possessing empathetic tendencies increased their inclination towards sports. These factors accounted for 19.5% of adolescents' orientation towards sporting events. While being male reduced adolescents' empathy tendencies, exhibiting reactive positive social behaviour and orientation towards sporting events increased them. These factors explained 30.7% of empathy tendencies. When evaluating the effects on aggressive behaviours, having a mother with a primary school education and having good relationships with family members reduced aggressive behaviours while spending more than 9 hours on the internet on weekdays, being male, and exhibiting purposeful positive social behaviours increased them. All these factors explained 24.9% of aggressive behaviours. Being in the 9th grade reduced adolescents' reactive positive social behaviours. Adolescents' aggressive behaviours increased their purposeful positive social behaviours, and their empathy tendencies increased their altruistic positive social behaviours.

**Conclusion, Recommendations, and Limitations:** In conclusion, adolescents' orientation towards sporting events significantly affected their empathetic tendencies and social behaviours. Adolescents who orientation towards sporting events exhibit more developed empathy skills and demonstrate more responsive positive social behaviours. To improve adolescents' overall health, emotional well-being, and social skills, the following recommendations can be considered: schools should organize various sports activities in addition to physical education classes to encourage students to engage in sports, raising awareness that sports not only benefit physical health but also emotional and social well-being is essential, family support should be provided to encourage adolescents to engage in sports and contribute to their emotional development, promoting offline activities on weekends and encouraging balanced internet use is crucial to mitigate the negative impact of excessive online time.

**Keywords:** Adolescent, sporting events, empathic tendency, prosocial and aggressive behaviours

# RELATIONSHIP BETWEEN PARENTAL FUNCTIONING AND SOCIAL-EMOTIONAL DEVELOPMENT IN CHILDREN AGED 12-36 MONTHS

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**Objective:** The healthy mental and physical development in early childhood depends on many factors. While genetic and environmental conditions have long been recognized as crucial determinants, the complex interplay between parental functioning and social-emotional development remains an area of ongoing investigation. Based on Bion's research, which highlights the influential role of the parent's containing function in a child's learning process, our study seeks to explore the association between parental functioning and the social-emotional development of children aged 12-36 months, both with and without psychiatric diagnoses.

**Method:** Our study was cross-sectional in design. Children from consenting families underwent a comprehensive psychiatric evaluation following the criteria outlined in the DSM-5. Additionally, parents completed a sociodemographic data form, the Brief Infant-Toddler Social Emotional Assessment (BITSEA), and the Parental Containing Function Scale (PCFS). BITSEA consists of two subscales: Competence and Problem. In the problem subscale, there are items that can be associated with destructiveness before the age of 3 such as "intentionally hurts other children." and "is destructive, intentionally breaks and destroys objects."

A total of 29 children and their parents participated in the study. This cohort comprised 14 children aged 12-36 months who were attending the Child and Adolescent Psychiatry clinic and had been diagnosed with developmental delay or speech disorder, as well as 15 children without any diagnosed conditions. Data analysis involved the use of frequency and descriptive analyses to summarize the data. Non-parametric data were assessed using the chi-square test and t-test, while correlation analysis was performed using the Spearman correlation test. Ethics committee approval was obtained from University of Health Sciences, Van Training and Research Hospital.

**Results:** The mean age of the children was 25.86 months ( $\pm 7.5$ ), while the parents had a mean age of 31.92 years ( $\pm 5.3$ ) for mothers and 35.67 years ( $\pm 5.4$ ) for fathers. Among the children, 44.8% were girls ( $n=13$ ), and 55.2% were boys ( $n=16$ ). When we compared BITSEA-Problem scores between the groups, we observed that the patient group had significantly higher scores ( $p=0.036$ ), while BITSEA-Competence scores were significantly lower ( $p<0.001$ ). Regarding Parental Containing Function scores, a significant difference was found only in the "prim relation" subscale, with the patient group scoring higher than the control group ( $p=0.02$ ). Correlation analysis conducted within the entire group revealed that the "prim relation" was inversely correlated with BITSEA-Competence ( $r=-0.402$ ,  $p=0.034$ ) and positively correlated with BITSEA-Problem ( $r=0.435$ ,  $p=0.021$ ). Similarly, a positive correlation was found between "problem" and "uncontained relation" ( $r=0.393$ ,  $p=0.039$ ). Additionally, we observed a negative correlation ( $r=-0.457$ ,  $p=0.014$ ) between "Precision of Separation-Anxiety" and "Relation with Spouse."

**Conclusion:** According to our results, parents of children with psychiatric diagnoses have a higher level of prim relations with their children. This relation style shows a positive relationship with the problem level of children and an inverse relationship with the competence level. This can be interpreted that this type of relation style is associated with early age destructiveness. Additionally, our results suggest that

maintaining a positive relationship with one's spouse can help with parental separation anxiety. Our results provide important insights on the impact of parental functioning in early childhood. First limitation of the study is its cross-sectional design, which means it does not indicate any causal relationship. Secondly, because the parents did not undergo psychiatric evaluation, possible psychopathologies of parents could not be included in the dataset. Finally, the study's small sample size and single-center design may limit the generalizability of our results. Therefore, future research should consider using multiple reporters and longitudinal designs.

**Keywords:** Toddler, Parental Functions, Social-Emotional Development

# LONG-TERM EFFECTS OF AN ONLINE MINDFULNESS-BASED STRESS REDUCTION PROGRAMME ON SELF-UNDERSTANDING AND METACOGNITIVE PROCESSES

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**Objective:** Today, psychological and physical problems related to stress are increasing. Individuals may find it difficult to cope with the stress caused by increasing expectations in their professional, private and social lives. At this point, an individual's level of awareness of their own thoughts and feelings affects the way they manage the process, and these meta-skills are of great importance in terms of psychological adaptation and resilience. When faced with challenging life events, the relationship with oneself, the quality of one's internal dialogue and the ability to support oneself play a crucial role in coping processes. Supporting oneself directly and establishing an understanding and compassionate self-relationship are important for mental and physical health. The aim of this study was to examine the effects of the 8-week Mindfulness-Based Stress Reduction Programme (MBSR), a group skills training that can be applied online during the quarantine period due to the Covid 19 pandemic, on self-understanding and metacognitive processes.

**Method:** This study is a limited longitudinal study. Participants were recruited from people who responded to the Instagram announcement and met the study criteria. Participants were first given an orientation training, which lasted one hour and explained the lessons and general framework of the MBSR process. After this training, people who voluntarily agreed to participate in the study were included in the study and were asked to fill in the questionnaires before the MBSR sessions started. The MBSR sessions took place one day a week for 8 weeks and lasted 2 hours and 30 minutes. On the other 6 days of the week, participants were sent audio recordings of the meditations they had experienced in the previous sessions to do as homework. Participants were also given some homework assignments to keep weekly experiential records from the MBSR participant booklet sent online. Six months after the end of the study, the questionnaires were filled in again by the participants and post-MBSR data were obtained. The Self-Awareness Scale (SAS), Unified Metacognition Scale-30 (UMS-30), Positive Metacognition and Positive Meta-Emotions Scale were used as data collection instruments. The data were analysed using SPSS 23.0 software. As the number of samples was 16, non-parametric tests were used directly without taking into account the normality value. The dependent samples Wilcoxon signed rank test was used to assess differences before and after MBSR training. A total of 16 participants, 2 men and 14 women, took part in the study. Participants were aged between 22 and 49 years (mean = 30.88, SD = 7.3). 62.5% of them were single, 87.5% were childless and 81.3% were in full-time employment. All of them have a bachelor's degree or higher.

**Results:** There was a significant difference in the self-understanding score of the participants before and after MBSR ( $p < 0.01$ ). Accordingly, self-understanding score increased significantly after MBSR training. A significant difference was found in the "Uncontrollability and Danger" dimension ( $p < 0.05$ ) and "Need to Control Thoughts" dimension ( $p < 0.01$ ) of the Metacognition Scale before and after MBSR. Accordingly, a decrease was observed in the averages of both dimensions after MBSR training. When the Positive Metacognitive and Positive Meta-Emotions Scale was examined, a significant difference was observed in the "Confidence in Eliminating Obsessive Thoughts and Emotions (PMCEQ1)" dimension ( $p < 0.01$ ). PMCEQ1 averages increased significantly after MBSR training. A significant difference was also observed in

the "Confidence in Creating a Hierarchy of Flexible and Realisable Goals (PMCEQ3)" dimension ( $p < 0.05$ ). PMCEQ3 mean scores increased significantly after MBSR training.

Discussion and Conclusion: The reduction in the scores of "Uncontrollability and Danger and the Need to Control Thoughts" dimension may be related to the attitudes that MBSR aims to develop in individuals: non-judgement, release, acceptance and patience. In addition, the lack of expectations and "openness to moment to moment" that increase with meditation experience, may have supported the development of a control-oriented and non-combative attitude towards anxious thoughts. With regard to the increase in the sub-dimensions of the Positive Metacognitive and Positive Meta-Emotions scale, it was suggested that mindfulness practices contributed to the area of metacognition by increasing the participants' relationship with the present moment and supporting their ability to stay in the moment without engaging in compensation processes. As a result, mindfulness practice enables adults to regulate emotions and cognitions by increasing the capacity to stay in negative affect such as anger and anxiety and by improving self-understanding. For this reason, it draws attention as an important potential skill development programme to prevent destructive behaviours such as anger and anxiety towards oneself and others.

**Keywords:** Mindfulness-Based Stress Reduction; self-understanding; metacognition; metaemotion; destructive behaviour.

# NARRATIVES OF THE UNKNOWN: PRIMIPAROUS PREGNANT WOMEN'S MENTAL REPRESENTATIONS ABOUT MOTHERHOOD

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## Introduction

Pregnancy is a period of psychological re-organization that shapes one's mental representations regarding the self, others and world. Especially for primiparous women there are multiple unknowns in this process such as the fetus' health, their future relationship with the infant and skills in the parenting role. Along with significant changes in women's bodies, physical activity levels, and responsibilities, the prenatal period may evoke several emotions, which color unfold as expectations that are partially rooted in the mother's past experiences (İlcalı & Fişek, 2004; Theran, Levendosky, Bogat, & Huth-Bocks, 2005). The mother's capacity to reflect on her feelings and cognitions about the baby and her future parenting is a predictor of her ability to mentalize and regulate the affective components of her experience (Slade, 1999). Narrative approaches are commonly used to assess people's wishes, fears and conflicts (Oppenheim, 2006). Content-based evaluation indicates the extent to which the relationship is described in positive/negative terms while content-free evaluation reveals the organization of thoughts. Richness and complexity of the narratives indicate balance and coherence of mental representations (Oppenheim & Waters, 1995). Examining the coherence of narratives regarding the fetus among expectant parents provides crucial information about their relationship with the unborn and unknown. Some studies demonstrated that the narrative coherence about the baby during the prenatal period is a strong predictor of the mother-child interaction in later years (Sher-Cencor, Grey, & Yates, 2013).

In this study which was funded by Boğaziçi University (Project Number: BAP 14582) primiparous pregnant women's mental representations about their unborn babies were examined through the Five Minute Speech Samples (FMSS, Gottschalk & Glesser, 1969) in relation with maternal age, psychological wellbeing and socioeconomic status. The FMSS procedure was employed for the first time to explore psychiatric patients' intrapsychic qualities such as anxiety (e.g., statements about the threat of death, separation, guilt or shame), hostility (e.g., statements of hostile or aggressive feelings and actions) and hope (e.g., statements reflecting the intensity of optimism). Later the use of the FMSS was expanded to child and adolescent populations among the clinically referred (e.g., intellectual disability, conduct disorder and depression) and community samples (Weston et al., 2017).

## Method

The sample of the study, included 108 expectant mothers, who were in the last trimester of their pregnancy and aged between 21 and 42 years ( $M = 29.8$ ). Interviews were conducted in a convenient place such as a room in the hospital, a relatively quiet cafe or the

participant's workplace. Participants were asked to talk about their thoughts and feelings regarding their babies for 5 minutes. The interviews were audio-recorded and then verbatims were coded by two graduate students in Psychological Counseling Program by using the Narrative Coherence Scale (Sher-Cencor & Yates, 2010). The coding system includes six dimensions of the coherence that are (1) focus (i.e., caregivers' ability to remain focused on the child as the central theme of the narrative) (2) elaboration (i.e., the capacity to generate a detailed description of the child) (3) separateness (i.e., perception of the child

as a unique and independent person with his/her own needs and with a distinct personality); (4) Concern/Worry (e.g., concerns about parenting skills) (5) acceptance and warmth/rejection (i.e., the degree of acceptance of the child's characteristics and challenging aspects of their relationship in the narrative) (6) Complexity (i.e., the capacity to describe the child and the relationship in a balanced way with positive and negative aspects supported by everyday life examples). Maternal psychological wellbeing was assessed through the Prenatal Distress Inventory (Yali & Lobel, 1999) and the Center for Epidemiological Studies Depression Scale (Radloff, 1977).

## Results & Discussion

Ordinal Logistic Regression Analysis was used to explore the variances of predictors (Maternal Age, Psychological Wellbeing and SES) on the outcome variables (i.e., the FMSS dimensions). The results showed that maternal depression made a unique contribution to the concern and acceptance levels in mothers' narratives. Given previous evidence demonstrating that prenatal depression is linked with mental representations of motherhood (Ahlqvist-Bjorkroth et al. 2016), which in turn predict future mother-child relationship (Zeanah et al., 1994), it seems critical to do psychological screening, to identify expectant parents who are at risk for showing depressive symptoms and provide them preventive psychosocial support in the prenatal period.

**Keywords:** Parenting, Pregnancy, Mental representations, Five Minute Speech Sample,

# IS THE EGO THE MASTER OF ITS OWN HOUSE, HUMAN IS THE MASTER OF NATURE?

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Clin Psychol. Deniz ŞİBKA

**Purpose:** The human race is destroying the ecosystem and the balance of nature. The way humans interact with nature has changed step by step due to the influence of the use of tools, the perception of ownership, the idea of enlightenment, and the perspective of some intellectuals of the age. Humanity has started to use nature's resources with omnipotent control like a 'master of nature'. This article was written to understand the position of destructiveness in human's relationship with nature in the light of the psychoanalytic school.

**Method:** This study is a screening/evaluation article. In the Google academics search, 18 texts with the keywords 'psychoanalyses, destructiveness', 10 texts with the keywords 'children, nature, ecology', 12 texts with the keywords 'mother, nature, psychoanalysis', 23 texts with the keywords 'psychoanalysis, nature, ecology' were searched in foreign sources. In Turkish sources, 15 texts with the keywords 'destructiveness, psychoanalysis', 4 texts with the keywords 'child, environment', 10 texts with the keywords 'nature, human', and 2 texts with the keywords 'woman, nature' were scanned. 10 printed texts were scanned.

**Findings:** In the searches on psychoanalysis and nature, psychoanalysis was argued to be a powerful resource for understanding the anxieties, conflicts, and defenses that are important for understanding the denial of the ecological crisis, while in 4 texts psychoanalysts were criticized for spending more time thinking about the inner world and objects than not paying enough analytical attention to the ecological crisis. In the survey on 'mother, nature and psychoanalysis', there are sources that explain the metaphor of 'mother nature' with the concepts of anxiety, destructiveness, and object relations in psychoanalysis, as well as discourses that explain it through the similarity of nature-woman/mother exploited under the domination of patriarchy. Opposing all these views, there are 3 texts defending a genderless understanding of nature because the definition of 'mother' is based on the accepted understanding of 'woman'. According to psychoanalytic literature; Freud initially took the pleasure principle as the basis of his theory, later, with the influence of wars and losses, he added the death drive to his theory. According to Freud, the first anxiety about life is the anxiety of annihilation. The baby feels helpless in the face of tension and needs in the face of stimuli. According to Klein, since the self cannot bear the fear of being destroyed by the death instinct in the first years of life, these aggressive impulses are projected onto the caregiver. According to Winnicott, in the first months, the baby is completely dependent on the world his mother offers him. However thanks to the 'good enough mothering' of the caregiver and replaced by hallucinatory omnipotence. The baby's initially unintegrated self also becomes integrated over time. It develops into primitive emotional processes that are normal in early infancy but emerge with regression in psychosis.

**Conclusions:** Humanity is often helpless and powerless in the face of nature, like a baby. Just as a baby is curious about its mother's body and wants to dominate it, people have explored nature for centuries to protect themselves and benefit from its resources and believe that they had taken over it. Humanity seems to deny its psychotic core, its fear of annihilation and disintegration. Humans are in a delusion about an endless sovereignty, that is, the primary process of thought operates in their relationship with nature. They deny time and the cycle of nature and search for the elixir of immortality. However, incidents such as pandemics and earthquakes shake humanity's hallucinatory omnipotent perception. Nature sometimes nourishes humans and provides abundant products from its fertile soil. It embraces them with its unique views and magnificence. Sometimes it adds rain to its rain, drags it into a flood, and shifts the ground from under people's feet. Nature sometimes becomes a good object on which humans reflect their life drive, and sometimes it becomes a bad object on which humans reflect their destructiveness. In

this way, people keep the danger under control by keeping it out. The more humans discover nature's resources, the more they envy it. Like the story of the chicken that lays the golden eggs, as it feeds us and embraces us, it turns into an object that withholds its milk from us and keeps its resources for itself. Humanity, on the other hand, attacks the mother's breast in its mind by plundering nature. Nature is like an object that humans have failed to separate. Perceiving it as another located outside the human psyche, whose existence as a whole is respected requires depressive anxiety. The basis of this anxiety is the one's fear that his aggressive impulses and fantasies will destroy the loved object and the associated feeling of guilt. This requires humans to take responsibility for their own emotions and actions. This is important because this social psychotic mood is carried to the next generation in the family environment.

**Keywords:** destructiveness, death drive, nature, anxiety, omnipotence.

# NON-SUICIDAL SELF INJURY IN CHILDREN AND ADOLESCENTS: A BIBLIOMETRIC INVESTIGATION

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## INTRODUCTION

Non-suicidal self-injury (NSSI) is a common psychiatric condition affecting the child and adolescent population with significant morbidity. In this study, it is planned to conduct a bibliometric analysis in order to guide future research priorities in the field of NSSI.

## MATERIALS AND METHODS

The data used in this bibliometric citation analysis were obtained from the WoS Core Collection database. 588 articles were found as a result of search. Mostly cited 100 articles were included in the analysis. Article informations such as the year of publication, journal, title, author, country, affiliation, keywords, document type, and citation counts were recorded. In addition to the descriptive statistics, citation, co-citation and keyword cooccurrence analysis was conducted. VOSviewer is a software tool for constructing and visualizing bibliometric networks.

## RESULTS

Mostly cited researches on NSSI were published between 2011-2020. Most of articles were research article (89%). Although WoS Categories of the publications were mostly Psychiatry, Developmental Psychology, Clinical Psychology and Pediatrics, this subject has also been evaluated in terms of social work, public and environmental health, neurosciences and environmental sciences. In the Citation Analysis Depending on Sources most cited 6 sources were included in the figure. The articles about NSSI published in these journal were mostly cited between 2014 and 2016. The journal which has higher number of article in this area and mostly cited one is Psychiatry Research. But Journal of Affective Disorders, Child and Adolescent Psychiatry and Mental Health and BMC Psychiatry are found as more active recently in terms of citation and article publishing in NSSI area. In the co-citation references analysis publications with higher than 20 citations were included. 2 clusters of publications were obtained. Nock MK's articles placed in both two clusters. When Keyword Cooccurrence Analysis was conducted mostly co-occured 14 keywords and 2 clusters were obtained. Adolescence/adolescent, depression, child maltreatment, borderline personality disorder and suicide were placed in the image in addition to similar terms to NSSI such as self-injury, deliberate self harm.

## DISCUSSION

In this study, it was evaluated which journals' coverage is more appropriate for NSSI studies. Although Psychiatry Research has more impact in this field, this impact tends to gravitate towards Journal of Affective Disorders, Child and Adolescent Psychiatry and Mental Health and BMC Psychiatry. It was obtained that 2 cluster of articles have similar theme. When referring the literature, it is important to take in account the articles with similar theme. Also, Nock MK is an important researcher in this field. Therefore, it can be recommended to get benefit from Nock's studies about NSSI. NSSI and suicide are associated clinical conditions [1], [2]. In our analysis, while suicide, depression and borderline personality disorder placed in the cluster 2, NSSI and child maltreatment were placed in cluster 1. Family dynamics thought to have impact on the emergence of NSSI [3], [4]. Thus, in this study, it was observed that this phenomenon was investigated as a family issue. In addition, similar to our findings, child abuse and neglect is associated with NSSI [5], [6]. Although child maltreatment was one of the most co-occured keyword with NSSI, studies

investigating NSSI in the aspect of social work is not prominent comparing with studies in the areas of Psychiatry, Psychology and Pediatrics. Studies in the aspect of Developmental Psychology were more common than Clinical and general psychology. Therefore, it can be suggested that NSSI were considered as a developmental problem emerged in the adolescence period. However, as a result of this study, it is thought that further studies are needed in collaboration with social work sciences.

**Keywords:** NSSI, adolescent, social work, child maltreatment

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# THE FUNCTION OF DESTRUCTIVENESS OF AN ADOLESCENT CASE WITH JUVENILE DELINQUENCY: THE ROLE OF ANXIETY AND DEPRESSIVE AFFECT CAUSED BY INABILITY TO DO

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**Aim:** The aim of this study is to determine the psychological projection of A., who has no history of conduct disorder, of her aggressive actions, which increased in the last year and resulted in the injury of a schoolmate. A. is a 16-year-old girl who injured one person in a fight with her schoolmates, in which she was involved in a hurtful device, and as a result of which the child she injured was in a life-threatening situation, her family filed a complaint and she remained in a closed prison for children and youth. A.'s father is retired with disability and her mother is a cleaning worker. Although her parents divorced due to her father's anger attacks and violent behavior, A. has witnessed many of these and continues to do so. After being released from prison, she started living with her aunt in order to get away from this complex and challenging environment and have better financial conditions, and she was brought to the clinic by her aunt. She states that her goal is to become a professional fighter. A. has self-destructive actions, anger and crying attacks, has difficulty establishing intimacy and avoids contact. However, A. has a very good relationship with animals, she keeps a dangerous breed dog and takes great care of stray dogs.

**Theoretical Framework:** Rado notes how depressed patients are sensitive to disappointment and rejection, reacting to relatively minor disappointments with intense feelings of inadequacy and anger. This sensitivity develops in the context of early life experiences that include feelings of frustration and helplessness, which are interpreted as signs of inadequacy, unlovability, or damage. These children's thoughts that they need others, may trigger feelings of powerlessness and shame. Disappointment and rejection often trigger angry reactions towards the people who are seen as the source of these painful experiences. Along with sadness and being unloved, disappointment and rejection often trigger angry reactions towards the people who are seen as the source of these painful experiences. Attributing the other as an enemy and evil through the projection mechanism and turning to acting out, moves A. away from being the passive recipient of rejection experiences and positions him as an active rejecter. The onset of guilt and the fear that angry emotions will disrupt relationships cause intrapsychic conflicts. These conflicts cause anger to turn inwards, a tendency to self-harm, further decrease in self-confidence, and a vicious circle is formed. On the other hand in reaction formation, anger is rejected and balanced with increased efforts to help others.

**Method:** Rorschach Ink Blot Test, a projective evaluation method, was applied to A. and evaluated within the framework of the French School.

**Finding:** Looking at A.'s answers; F-, which indicates problems in the correct perception of external reality, A, which indicates an immature self, and D and Dd, which indicate blood responses, control effort, increased paranoid anxiety and difficulty in integrating, C', which means increased anxiety and depressive affect, again depressive affect and narcissistic vulnerability. It is seen that the deformation response categories showing A. intensively uses the defense mechanisms of division, projection, and devaluation, and the theme of being damaged accompanies these defenses. It has been observed that A., who is in adolescence, the period of being a ship tossed around in a storm, becomes anxious, especially in the face of uncertainty. Uncertainty

creates a suitable area for projecting internal material, fears, and anxieties, and A. resorts to aggressive, impulsive action to escape her inner fears and anxieties. She divides what is vague and blurry into bad and what is clear into good, and uses it as an anxiety-relieving defense against her impulsive aggressive attacks. Conclusion: Destructiveness is the human passion and potential that does not positively translate into life and, therefore, acquires a negative character. Knowing that destructiveness stems from "the inability to do" and the anxiety and depression that accompany it rather than the desire to destroy may make it easier to offer to A. and other adolescents who exhibit similar destructive tendencies but also the potential to right the ship's course, the external support they need. A more positive, inclusive, and nurturing environment may enable A. to gain the inner strength she needs and replace her destructive behaviors with more constructive ones.

**Keywords:** Destructiveness, Adolescence, Juvenile Delinquency.

# PHYSICAL VIOLENCE PATTERNS IN ADOLESCENTS: QUANTITATIVE CONTENT ANALYSIS OF PHYSICAL VIOLENCE NEWS ON INTERNET NEWS SITES\*

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## Introduction/Objective

Violence is any kind of physical, emotional/spiritual, non-consensual and involuntary sexual and economic action and/or discourse that is directed by an individual towards another individual or a community, or by a community towards an individual with the intention of harming and that arises from and/or may cause power inequality. In this study, in order to understand the predictive factors of physical violence among adolescents in our country, the news in the media, which meet the criteria determined by the researchers in terms of content, were taken from internet news sites, subjected to quantitative content analysis and the variables related to the news were compared with the adolescents belonging to the Y and Z generations.

## Literature

Physical violence has cultural and regional elements as well as biological and psychological elements. In this context, national media sources were preferred in order to access different cases and it was aimed to create a more local profile by trying to understand the characteristics of physical violence, modus operandi and motivations for violence of adolescents in Turkey. Generations appear as concepts that are born in the same time interval and create a new culture by showing similar characteristics while being influenced by the culture into which they were born. Generation Y consists of individuals who are trying to find a place for themselves in the technologicalised world with the increase in competition. It can be said that they are relatively more depressed and strive to prioritise their self-identity. Generation Z, on the other hand, is the generation born into the internet and social media and is the first to adapt to the rapidly flowing data world. Compared to Generation Y, it can be said that they are more sensitive to social issues but more disconnected from traditional ties. At this point, it is also important to understand the generational differences in terms of physical violence.

## Design/Method

The news of the internet news sites with the highest traffic, which are accepted as national press sources, between 2005 and 2022 were subjected to quantitative content analysis and year clusters that are considered to coincide with the adolescence period of individuals considered as Generation Y and Generation Z were formed (April 2005– May 2008 for Generation Y; January 2019– May 2022 for Generation Z). The traffic density of the websites was checked with <https://website.informer.com> and <https://www.similarweb.com> addresses and a randomized selection was made for 3 of the news websites by using <https://>

\* This conference paper is derived from a part of PhD dissertation entitled "An Investigation Towards Determining the Factors Precipitating Violence and Predictive Factors", supervised by Assoc. Prof. Dr. Sunay FIRAT.

www.randomresult.com/ address and the sample was determined. The data of the study were taken from the "Life", "Inside the Day" and "Agenda" pages of the news websites and the news on the websites were scanned with the keywords "child", "adolescent", "fight", "student", "high school", "high school", "high school", "knife(with)", "school" and "death". The keywords were determined by the thesis advisor, a forensic medicine specialist and the researcher. After scanning the news, the news items containing death and injury from "adolescents to minors" (their peers or younger children) or "adolescents towards adults" were included in the sample of the study. After eliminating the news that were repeated among the news sites or that were understood to belong to the same case, 7556 news from 3 news sites in total for the years representing the adolescent years of Generation Y (7556/290; 3,84) and 12.264 news for the years representing the adolescent years of Generation Z (12.264/390; 3,18) were scanned. When comparing the differences between the categorical variables on group basis, Pearson Chi-Square was used for 2x2 charts with expected values of 5 and above, and Fisher's Exact Test was used for charts with expected values below 5.

## Findings and Discussion

The average age of the adolescents was  $16.14 \pm 1.55$  for Generation Y and  $16.39 \pm 1.31$  for Generation Z. When evaluated on the basis of provinces, the most common province where acts of physical violence were seen was Istanbul for both generations (,74; ,43). The second province where acts of violence were seen frequently was Adana with ,4% for Generation Y and 9.2% for Generation Z. Between 2005–2008 and before the COVID-19 lockdowns, the months in which the news on physical violence intensified were determined as spring months. While the rate of acts of physical violence from adolescents to adults was .3 for Generation Y, this rate was .1 for Generation Z. The rate of news items that resulted in death as a result of an act of violence was ,5 in Generation Y and ,8 in Generation Z. For the Generation Y, anger-insult motivation was found as ,4%, revenge as ,4%, extortion with injury/mortality as 7.9%, verbal abuse/shoulder bump as 6.6%, enmity as 6.2%, hostile glances as 5.5%, girl affair as 4.6%, social media/chat motivation as 3.1%, protection as 1.7% and game motivations as 1%. For Generation Z, these rates were found to be ,9% for anger-insult, 6.7% for revenge, 2.8% for extortion with injury/mortality, 3.1% for verbal abuse/shoulder bump, 9.7% for enmity, 3.8% for hostile glances, 7.2% for girl issues, 4.4% for social media/chat, 5.6% for protection, and 1.3% for game motivations. When the findings obtained on traditional family values were evaluated, it was observed that although the individuals belonging to the Y and Z generations exhibited similar attitudes in general, the individuals belonging to the Y generation made more democratic statements, while the individuals in the Z generation expressed their negative attitudes openly. In addition, it was determined that Generation Z participated less in family values compared to Generation Y.

## Results, Recommendations and Limitations

As a result, it is understood that there are some differences between generations, but in order to understand these differences in depth, attitude researches should be conducted among adolescents. The dissemination of universal values education and guidance for families are recommended. The fact that only national sources were included in the study can be considered as a limitation.

**Keywords:** adolescent, physical violence, news

# EXAMINING THE EFFECT OF EXECUTIVE FUNCTIONS AND ATTENTION DEFICIT HYPERACTIVITY DISORDER SYMPTOMS IN CHILDREN ON CHRONOTYPE WITH GENERALIZED ESTIMATING EQUATIONS

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## Introduction/Objective

This study aims to investigate the relationship between chronotype preference (eveningness/non-eveningness) and symptom severity and executive functions of children and adolescents diagnosed with attention deficit hyperactivity disorder (ADHD) during the COVID-19 pandemic, and to evaluate chronotype preference/sleep problems that may mediate the relationship.

## Literature

"The COVID-19 pandemic has led to the closure of schools in Turkey and restrictions on individuals under the age of 20 going outside during certain periods. Therefore, the Ministry of National Education of the Republic of Turkey has decided to conduct education in primary and secondary schools through an on-line system. With the decrease in cases, it was thought that the return of primary and secondary schools to face-to-face education could disrupt the daily routines and chronotype of children, thereby worsening ADHD symptoms and executive functions.

ADHD is a neurodevelopmental disorder characterized by symptoms of attention deficit and/or hyperactivity-impulsivity that disrupt functionality and development in children. Data supporting the role of frontosubcortical systems in the etiology of ADHD is found in studies related to neuroanatomy, neurochemistry, and brain metabolism. Impairment in executive functions has been reported in children with ADHD based on neuropsychological tests evaluating frontal lobe functions. Chronotype refers to the period of the day when an individual is more active physically and cognitively, based on their physiological and genetic characteristics. It is reported that chronotype and sleep problems exacerbate symptoms and impair executive functions in children with ADHD.

The COVID-19 pandemic has also been reported to pose significant challenges for children with ADHD, as it disrupts their daily routines and, during this period, interferes with interpersonal relationships and social interactions, which are potential risk factors, thereby activating/worsening ADHD symptoms."

## Design/Method

The participants of the study, which had a cross-sectional research model, consisted of parents (n=74) of children aged 11-17 years who were diagnosed with ADHD and whose treatment was ongoing in the Child

and Adolescent Psychiatry Outpatient Clinic of Adana Dr. Ekrem Tok Mental Health and Diseases Hospital. Data were collected from the parents of patients who came to the outpatient clinic for routine controls between June 2021 and December 2021, when the pandemic was ongoing. Patients with any physical illness or other psychiatric diagnosis other than ADHD were not included in the study. Sociodemographic data were collected using the "Sociodemographic Data Form" prepared by the researchers. In addition, ADHD symptoms and complaints observed by the parents of the children were evaluated with the "Conners Parental Rating Scale-Revised Long Form" and the executive functions of the children were evaluated with the "Behavioural Rating Inventory of Executive Functioning Parent Form (BRIEF)". "Childhood Chronotype Questionnaire" was applied for chronotype status. Ethical approval of the study was obtained from Adana Şehir Training and Research Hospital Clinical Research Ethics Committee. Chi-square test was used for the analyses of the obtained data and for the comparisons between categorical variables and chronotype groups. In the study, the Generalised Estimating Equations (GEE) model was employed to examine the mediating effect of behaviour regulation skills between hyperactivity symptoms and chronotype scores. For families whose family members had been diagnosed with COVID-19 or who had not yet been diagnosed with COVID-19 among their family members until that date, the models were established according to the following ways: 1. hyperactivity symptoms predicting behaviour regulation abilities, 2. behaviour regulation abilities predicting mean chronotype scores, 3. hyperactivity symptoms directly predicting mean chronotype scores and also hyperactivity symptoms predicting mean chronotype scores via behaviour regulation abilities. The statistical significance of the mediation effect was tested with Sobel Test.

### Findings and Discussion

In the study, when children diagnosed with ADHD were assessed by their parents, it was observed that children belonging to the eveningness group had higher ADHD hyperactivity symptom scores, had more oppositional problems, and also had more emotion regulation problems.

It was observed that the behavioral regulation levels of children had a mediating effect on the relationship between Conners hyperactivity symptoms and chronotype level, in which symptom levels were evaluated based on DSM-IV symptoms by the parents of children with ADHD diagnosed with and without COVID-19 in the family at the time of data collection (Sobel test:  $z = -2.15$ ,  $p = 0.030$ ). It is understood that situations that can be considered as stress factors such as epidemics that can affect the whole family and related loss and grief can disrupt the sleep rhythms of children with ADHD who already have behavioral regulation problems.

### Results, Recommendations and Limitations

In conclusion, parents of children with ADHD should be informed about how they should behave especially in unusual situations and it should be emphasised that changes in children should be observed well. In future studies, parent awareness raising trainings related to chronotype should be organised and the effectiveness of the trainings should be measured. This study was conducted with only 74 parents of children diagnosed with ADHD. The study can be repeated by expanding the sample.

**Keywords:** ADHD, chronotype, executive functions

# BOUNDARY DISSOLUTION: THE TURKISH ADAPTATION STUDY OF THE PARENT-CHILD BOUNDARIES SCALE-III (EMERGING ADULT VERSION)

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Boundaries in the family is a concept with a long history and it has been examined within the framework of family systems theory. According to Minuchin's Structural Family Systems Theory, clear boundaries create an ideal family environment providing healthy psychosocial development for each individual in the family. However, blurring boundaries induce role confusion and loss of generation gap in the family. Also, parents become insensitive towards their children's developmental levels. Boundary problems is an important risk factor in almost every period of the family life cycle and these problems, called boundary dissolution in the literature, very destructive especially in parent-child subsystem. Infantilization, parentification, adultification, spousification, psychological control, and enmeshment are the concepts of boundary dissolution (Kerig, 2005).

When the existing measurements were reviewed, it was seen that some of the boundary concepts were evaluated within the framework of parenting practices (e.g., psychological control), some were lost in a single concept (e.g., adultification in parentification), and some of them were not studied empirically in the literature (e.g., spousification). Based on these limitations, the aim of the current study was to adapt the Parent-Child Boundaries Scale-III (PBS-III) (Kerig, 2007) mother form into Turkish for emerging adults. It also aimed to reveal the cultural meaning of the concepts by associating them with other structures in the literature. For this purpose, two different participant groups consisting of university students were reached and the research was carried out in two studies.

In the first study, 167 university students whose ages were in between 18-26 participated in the research. They filled out the demographic information form and PBS-III via an online platform. Although PBS-III has a strong theoretical base and its structures have been determined in a comprehensive framework, the exploratory factor analytic technique was first used to determine the factor structure of the scale due to the limited number of studies using the scale and the limited a priori information. As a result of the analysis, it was seen that the scale, which originally consisted of 8 factors-53 items, indicated a 6-factor structure with 32 items in total and explained 62.14% of the total variance. Accordingly, infantilization (7 items; 14.77%), hostile spousification (6 items; 11.46%), seductive spousification (6 items; 10.60%), adultification (4 items; 7.51%), parentification (3 items, 6.97%), protection from boundary dissolution (6 items; 10.83%) are the sub-dimensions of PBS-III and Cronbach's alpha internal consistency values were found to be .90, .85, .79, .74, .79 and .81, respectively.

In the second study, the data collected from 202 university students for construct and criterion validity analyses. In addition to PBS-III, participants filled out Parenting Styles Questionnaire (PSQ), Autonomy Support Scale, Depression-Anxiety-Stress Scale-21 and Psychological Well-Being Scale. Confirmatory factor analysis indicated that 6-factor structure fit the data well with values of  $\chi^2/df=1.83$ , RMSEA = .06; additionally, it showed a marginally acceptable fit to the data with values of CFI= .79 and GFI=.87. Furthermore, criterion validity findings revealed that infantilization was found to be positively related to strict supervision/control dimension of PSQ ( $r=.65$ ,  $p<.01$ ), depression ( $r=.34$ ,  $p<.01$ ), anxiety ( $r=.38$ ,  $p<.01$ ) and stress

( $r = .41$ ,  $p < .01$ ) scores; negatively related to acceptance/care dimension of PSQ ( $r = -.42$ ,  $p < .01$ ), autonomy support ( $r = -.57$ ,  $p < .01$ ) and psychological well-being ( $r = -.43$ ,  $p < .01$ ) scores. Findings imply that the parental ignorance of the child's need for independence by being insensitive to his/her developmental level is a destructive experience for the child. Moreover, hostile spousification was found to be positively related to strict supervision/control dimension of PSQ ( $r = .45$ ,  $p < .01$ ), depression ( $r = .33$ ,  $p < .01$ ), anxiety ( $r = .31$ ,  $p < .01$ ) and stress ( $r = .36$ ,  $p < .01$ ) scores; negatively related to acceptance/care dimension of PSQ ( $r = -.39$ ,  $p < .01$ ), autonomy support ( $r = -.40$ ,  $p < .01$ ) and psychological well-being ( $r = -.37$ ,  $p < .01$ ) scores. Findings show that the mothers' expression of negative feelings about her partner to the child perceived as a very destructive experience. On the other hand, adultification was negatively related to strict supervision/control dimension of PSQ ( $r = -.19$ ,  $p < .01$ ); positively related to acceptance/care dimension of PSQ ( $r = .38$ ,  $p < .01$ ), autonomy support ( $r = .29$ ,  $p < .01$ ) and psychological well-being ( $r = .25$ ,  $p < .01$ ). Although adultification is a boundary problem that puts a burden on the child beyond his developmental level, findings revealed that in Turkish culture mothers' behaviors like treating the child as a close friend and sharing secrets with the child, seeing the child as an ally are not seen negatively by children. Finally, our findings imply that infantilization and hostile spousification are the most destructive boundary problems because both are negatively related to psychological wellbeing and positively related to depression, anxiety, and stress levels of the emerging adults. However, future research should be conducted especially with other samples such as divorced families.

**Keywords:** boundaries in the family, boundary dissolution, boundary problems

# DESTRUCTIVE EFFECTS OF METABOLIC DISORDERS ON NEURODEVELOPMENT: A CASE REPORT

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## Introduction

Glycogen storage disease type I (GSD I) is a rare disease of autosomal recessive inherited metabolic disorders with a variable clinical severity mainly affecting the liver and kidney. The incidence of GSD I is 1:100,000 live births with approximately 20% being GSD Ib.

The disorder is either caused by a variant of G6PC gene coding the glucose 6-phosphatase enzyme (GSD Ia) or by the SLC37A4 gene variant coding the microsomal transport proteins for glucose 6-phosphate (GSD Ib), resulting in deficient activity of enzyme and transport proteins, respectively. The deficiency results in extreme collection of glycogen and fat in liver, kidney, and intestinal mucosa.

GSD I is characterized by hepatomegaly and metabolic anomalies including hypoglycemia, hyperlipemia, hyperuricemia, and lactic acidosis.

Individuals with GSD Ib, also experience neutropenia and neutrophil dysfunction because of the high expression of SLC37A4 gene in hematopoietic progenitor cells, making the patients prone to infectious diseases including upper respiratory tract infections, oral and intestinal mucosal ulcers, and chronic inflammatory bowel disease. The patients usually have healthy cognitive development unless they experience recurrent hypoglycemic episodes resulting in cerebral damage.

This case presentation aimed to reflect the destructiveness of a metabolic disorder on neurodevelopment of a 12-year-old girl causing specific learning disability (SLD) and attention-deficit/hyperactivity disorder (ADHD).

## Case presentation

A 12-year-old girl attending 5th grade is presented to our clinic with complaint of academic failure.

According to her medical history, she was diagnosed with GSD Ib when she was 1 month old. Her older brother and sister also had GSD Ib. For this reason, the diagnosis was confirmed with genetic testing, and a mutation of SLC37A4 was found. Even she was diagnosed early, her family had low compliance to the treatment; she experienced hypoglycemic episodes throughout her childhood.

The patient had hepatomegaly, and her blood tests indicated neutropenia, and elevated liver enzymes. Beside GSD Ib, last year she was diagnosed with ADHD and was prescribed osmotic-release oral system methylphenidate of 18 mg which she has been continuing to use.

According to the information gathered from her parents and teacher, she still had difficulties in reading fluency, reading comprehension, written expression, and arithmetic; but after ADHD medication, her day-dreaming in class diminished and she was focused on the subjects better. She also stated her forgetfulness during daily activities diminished clearly.

In the clinical interview, her scholastic skills were below average of her grade. She couldn't tell the alphabet in order. Given the day and month, she had difficulty telling the previous and next ones. She had a reading speed of 78 words/minute and had difficulty answering questions asked about the text. During the writing task, she made letter mistakes, and wrote syllables in reverse orders with mixed upper- and lower-case letters. Her clock-drawing was lateralized to left, and she had no knowledge of reading it. She couldn't make simple addition and subtraction operations. Her hand and leg were lateralized to right, while her preferred eye for sight was left. She could distinguish left and right on herself but had difficulty distinguishing on the instructor. Her WISC-R results were found verbal IQ of 40, performance IQ of 66, and full-scale IQ of 50. During test, stated by the test instructor that she wasn't motivated answering questions and gave up without trying even though she could be able to answer the questions. In the clinical evaluation, the mental capacity of the patient was seen to be on dull-normal level.

The clinical assessment resulted with the diagnosis of comorbid special learning disorder beside the existing GSD Ib and ADHD. She was directed to special education support.

#### Conclusion

This case report suggests beside the repetitive hypoglycemic episodes which result in brain damage, GSD Ib might also have a destructive effect on healthy neurodevelopment of the patients causing neurodevelopmental disorders like SLD and ADHD.

Written informed consent was obtained from the patient's family to publish this case report.

No financial interests and relationships to disclose.

**Keywords:** Glycogen storage disease, GSD Ib, learning disabilities, ADHD

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# CHILD ABUSE AND SUICIDE RISK IN LATE ADOLESCENCE: MEDIATING EFFECTS OF TRAIT ANGER AND PROBLEM-SOLVING SKILLS

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Child abuse is a psychologically destructive experience with long-term adverse effects, one of which is suicidal behavior. Young individuals who were maltreated in childhood, especially individuals in late adolescence, are reported to be at a higher risk for suicide over and above lifetime mental health problems. Mixed findings of gender differences in suicidal behavior in youth might be related to potential factors and mediating effects other than clinical diagnoses (e.g., depression). Trait anger and poor problem-solving skills are among these, which have been suggested to explain the relationship between childhood maltreatment and suicide risk in a limited number of studies. Whether these two independent factors mediate the child abuse and suicide risk association in a single model and whether the model remains significant despite possible gender differences are yet to be investigated. This study aimed to investigate the association between child abuse and suicide risk with trait anger and problem-solving skills as mediators in a group of late adolescents. Possible effects of gender and perceived problem-solving skills of the family were also controlled in the proposed model to detect potential differences across groups. 558 young individuals aged 18-24 years ( $M=21.22$ ,  $SD=1.43$ ) were recruited through advertisements on the university campuses in Ankara, Turkey. History of childhood maltreatment, suicide risk, trait anger, problem solving skills of the adolescents and the perceived problem-solving skills of the family (by the study subjects) were measured. T-test, Pearson's  $r$ /Spearman's  $\rho$ , multiple regression and PROCESS Macro were used to analyze the data. Men reported higher scores on childhood maltreatment ( $p<.001$ ), suicide risk and poorer problem-solving skills than women ( $ps=.002$ ), whereas gender groups did not differ in trait anger ( $p=.07$ ). Higher childhood maltreatment, suicide risk ( $ps<.001$ ) and trait anger ( $p=.02$ ) scores with poorer problem-solving skills ( $p<.001$ ) were found in the group with poor perceived problem-solving families compared to the group with successful problem-solving families. Although gender and familial problem-solving skills groups did differ significantly in terms of suicide risk, regression results revealed child abuse, trait anger and problem-solving skills as significant predictors of suicide risk score ( $ps<.001$ ). A parallel mediation model of the relationship between child abuse and suicide risk with problem solving skills and trait anger as mediators was tested controlling for gender and perceived problem-solving skills of the family. The model was significant and it remained significant when possible effects of gender and perceived problem-solving skills of the family were controlled ( $ps<.001$ ). Results showed that both trait anger and poor problem-solving skills independently mediated the relationship between childhood maltreatment and suicide risk significantly. They support previously reported mediating role of trait anger and problem-solving issues on the relationship between child abuse history and suicidal behavior in a single model. Study findings also shed light upon mixed results of gender differences in suicide risk through possible mediating roles of problem-solving skills and trait anger among child abuse survivors. Potential preventive strategies for suicidal behavior in adolescent groups with childhood maltreatment history were discussed. Suggestions and plans for future studies were described with hypothesized contributions to the field.

**Keywords:** Child abuse, suicide, anger, problem-solving, late adolescence

# MANAGEMENT OF IMPULSIVE-DESTRUCTIVE BEHAVIORS WITH GUANFACINE IN A 15-YEAR-OLD GIRL DIAGNOSED WITH DOWN SYNDROME AND ADHD: A CASE PRESENTATION

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Introduction:

Trisomy 21 or Down syndrome (DS) is the most common chromosomal anomaly among numerical chromosomal anomalies and is the most frequent genetic cause of moderate intellectual disability. The incidence of DS is 1/800–1200 live births.

In addition to typical dysmorphic features, mental retardation, congenital heart diseases, gastrointestinal diseases, epilepsy, and other neurological abnormalities, psychiatric disorders are also observed in Down syndrome. The estimated prevalence of psychiatric disorders in individuals with DS has been reported as 38% in children and 35% in adults. While the reported frequency varies in various studies, the general consensus is that individuals with DS have a higher risk of psychiatric disorders compared to typical individuals.

Psychiatric disorders such as major depression, bipolar disorder, anxiety disorders, obsessive-compulsive disorder, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, psychosis, dementia can co-occur with DS.

The literature has limited evidence regarding the treatment of psychiatric disorders co-occurring with DS, and there are limited studies on treatment in cases of comorbid ADHD.

This case presentation aims to demonstrate that guanfacine may be considered as a treatment option for impulsive-destructive behaviors in DS patients with comorbid ADHD. Various medical treatments were tried, but no response was obtained with this case example, showing that guanfacine could be considered as a treatment option for impulsive-destructive behaviors in comorbid ADHD accompanying DS.

Case:

A 15-year-old girl diagnosed with Down syndrome, moderate intellectual disability, and ADHD has been followed in our clinic for 5 years. Due to frequent anger outbursts, screaming, self-harm, harming family members, and occasionally people in her surroundings, as well as damaging objects, various medical treatments were tried.

Initially, risperidone, an atypical antipsychotic, was prescribed for symptom control, but there was no improvement in symptoms, and this treatment was discontinued due to weight gain side effects. In a patient with congenital heart disease (ventricular septal defect), 1.2 mg/kg/day atomoxetine treatment was given for the treatment of hyperactivity and impulsivity symptoms of ADHD. However, there was no

improvement in symptoms. A cardiology consultation was requested for starting methylphenidate treatment, and low-dose methylphenidate was added to the treatment.

In a patient with continued destructive behaviors that impaired functionality and disrupted adaptability, haloperidol, a typical antipsychotic, was added to the treatment. However, destructive behaviors such as sudden anger crises, oppositional behaviors, constant movement, and self-harm to oneself and others continued.

The nature of the patient's anger, screaming, self-harming, and harming behaviors was understood based on information obtained from family, teachers, and the social environment. It was found that these behaviors were often associated with increased hyperactivity and impulsivity.

Since the control of symptoms was insufficient and atomoxetine, methylphenidate, and haloperidol treatments carried the risk of side effects and polypharmacy, guanfacine, a selective alpha-2 adrenergic agonist, was used instead. Prior to starting guanfacine at a dose of 1 mg/day, the appropriateness of the medication was evaluated with a cardiology consultation.

Guanfacine was increased to a dose of 4 mg/day with controlled dose increments and evaluations every two weeks. With guanfacine treatment, a positive reduction in the patient's destructive behaviors, which would affect functionality, was observed.

Conclusion:

Guanfacine is an alpha-2 agonist. Its traditional therapeutic use is through reducing peripheral vascular resistance via alpha-2 agonism, thus reducing blood pressure. Its use in the treatment of ADHD is believed to involve the regulation of the prefrontal cortex through postsynaptic alpha-2 agonism, increasing noradrenergic neurotransmission, and regulating the prefrontal cortex responsible for attention, thought, and working memory.

This case, in a young person with Down syndrome, moderate intellectual disability, and ADHD, demonstrates that guanfacine could be a treatment option in cases where psychostimulants with pronounced benefits in hyperactivity and impulsivity were not effective in managing impulsive-destructive behaviors.

**Keywords:** down syndrome , ADHD, guanfacine

# DEVELOPMENT OF PARENTAL ATTITUDE TOWARDS CHILD AGGRESSION SCALE

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## Abstract

Today the problems related to aggression and violence are presents through written, visual and digital media which are increasing day by day, both all over the world. When scientific studies revealing the causes of violence and aggression are examined in the literature various findings indicate that, parental attitudes have a significant effect on child aggression. Although there are many scales that evaluate the concepts like child aggression or parental attitude separately, there is no scale that specifically examines how parents react to child aggression. In line with these needs, this study aimed to develop a scale which examines parental attitude towards child aggression. Data were collected from three separate samples comprising a total of 1048 mother and father having children aged between 4 and 14. As a result of the exploratory and confirmatory factor analysis, a scale has emerged which consisting of 5 factors and 36 items. The Cronbach's alpha value for the overall scale was found as .80. The internal consistency coefficients of the sub dimensions are changing between .73 and .88. For the confirmatory factor analysis,  $\chi^2/df$  (1715.47/584) = 2.93, IFI=.95, NFI=.93; CFI=.95; SRMR=.066; RMSEA=.058 and the scale structure was approved according to these goodness of fit indices. Also, consistent results were obtained in the test-retest reliability which measures the stability of the scale in different applications. Consequently it was established that Parental Attitude Towards Child Aggression Scale developed in this study has sufficient level of psychometric properties.

**Key Words:** child aggression, parental attitude scale, child rearing, behavior problems.

# EXPLORING THE THERAPEUTIC ROLE OF ART IN MANAGING AGGRESSION AND EMOTIONAL CHALLENGES IN A CHILD WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER: A CASE REPORT

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## Introduction

When images of violence are seen in a film or a computer game, they offer the possibility of linking internal feelings of violence to a design. For example, a character in a game can be a reflection of these feelings. In this manner, adolescents externalize their destructive emotions, distancing these feelings from their own selves. Such games help adolescents to control their violent feelings and allow them to suppress inner destructiveness. The violence no longer belongs to the adolescent, but to the game character. This allows adolescents to distance themselves from their inner aggression. As noted by Marty and Missonier (2010), these games, in a sense, function as therapeutic tools that help adolescents control their aggression and redirect their inner turmoil toward the game character(1).

Children often find it difficult to express their feelings. When communicating with a child, using the method of drawing pictures can be employed as an effective way to gain insight into their inner world. This approach allows for a deeper understanding of the child's thoughts and emotions. Another benefit of painting is the potential reduction of negative emotions, specifically aggression, in children. As the child paints and expresses themselves, they may experience emotional comfort(2).

In this case report, we have analyzed an 8.5-year-old boy who expressed destructiveness through his drawings and this expression led to a regression in aggressive symptoms.

## Case

The parents of an 8.5-year-old boy reported that he had anger management problems and had difficulty calming down when he got angry. They further revealed that he would become irate upon losing in games and frequently engaged in disputes with his friends, causing him to lose those relationships. His parents also expressed that the child seldom participated in group activities unless expressly invited and responded with anger when excluded. He also perceived accidental harm as a deliberate act and would reciprocate aggressively. If someone hit him, he would hit back and then feel remorse afterward. Apart from stuttering, he had no known psychiatric disorders.

The patient was worried that something bad might happen to his parents. Over the last six months, his concerns about death and aging had increased. He also expressed concern that his parents might divorce. He had difficulty sleeping alone at night, woke up at a certain time, and preferred to sleep with his parents.

When he started primary school, his problems became more apparent due to the structured environment. Recently, his inattentive and disorganized behaviors had intensified. Especially at school, he had problems such as forgetting his bag, leaving the classroom during lessons, and not being able to focus on the lessons. The teacher mentioned that the child could only focus on his favorite subjects, such as drawing and English. Academic achievements were considered to be negatively affected by the symptoms.

The patient was diagnosed with attention deficit hyperactivity disorder (ADHD) and generalized anxiety disorder. Also, it was observed that the patient has prominent emotion regulation difficulties.

During this period, we applied not only pharmacological interventions (Atomoxetine was preferred as a pharmacological intervention), but also nonpharmacological interventions such as drawing pictures. Through his drawings, he conveyed a fragment of his inner world, expressing emotions, thoughts, and opinions about various events. In each session, he was encouraged to draw and use this medium to express his emotions. It was noteworthy that his artistic depictions often resembled characters from the violent computer games he was fond of. He consistently portrayed his characters as robust and powerful. Following these interventions, teacher evaluations indicated a reduction in aggression, consistent with reports from the family.

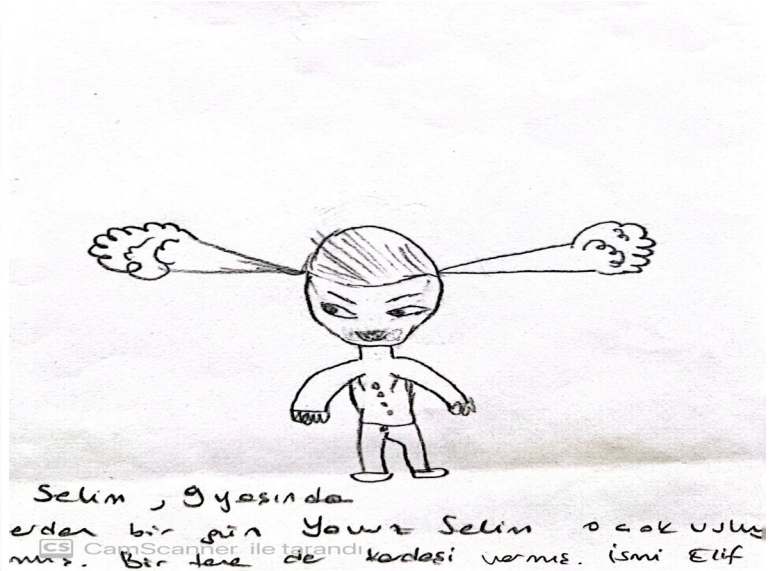
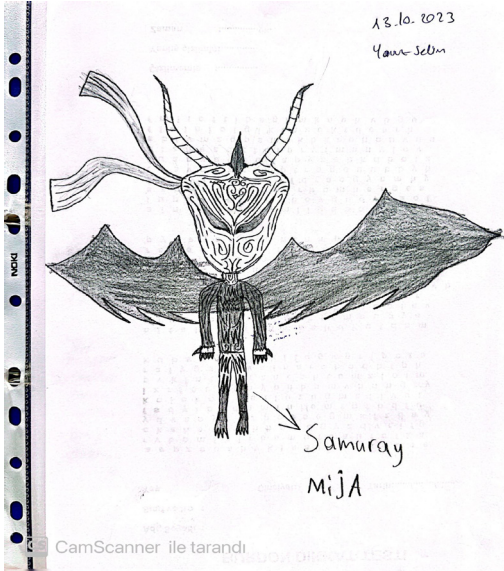
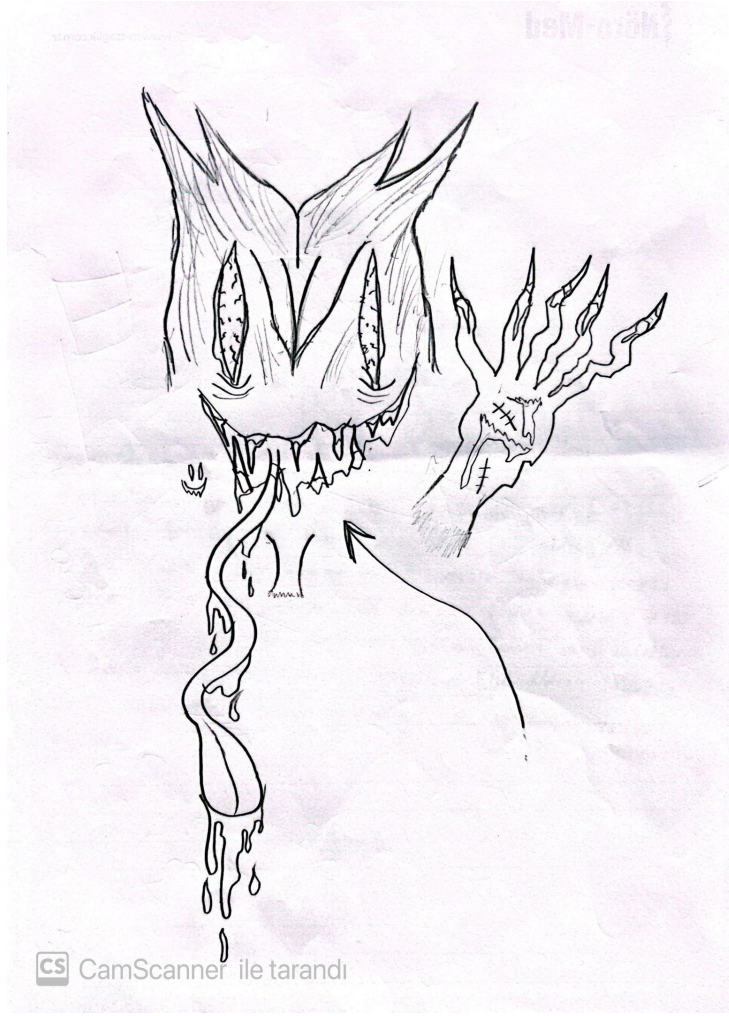
## Conclusion

Children diagnosed with ADHD encounter greater difficulties than their peers in regulating their emotions and are more predisposed to emotional outbursts. Emotion dysregulation in young individuals with ADHD can lead to an increased risk of engaging in dangerous behaviors, such as impulsivity and aggression, as they may have difficulty controlling their emotional responses and regulating their behavior(3). We know that various tools are effective in the expression and processing of aggression in adolescents(1), and in this case, it has been observed that working on these tools in the pediatric age group can also be beneficial.

**Keywords:** Aggression, Artistic Expression, ADHD

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# CHALLENGES IN THE MANAGEMENT OF ADHD, MILD INTELLECTUAL DISABILITY, AND DESTRUCTIVE BEHAVIORS: A COMPREHENSIVE APPROACH

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## Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity, which often manifest in childhood and can significantly impact an individual's daily functioning (1). From a psychoanalytical perspective, hyperactivity and destructive behavior can be interpreted as a search for a stable boundary-setting "Other" (2).

This case report focuses on a 14-year-old female patient with ADHD and mild intellectual disability who displayed destructive behaviors.

## Case Presentation

A 14-year-old female patient was presented to our clinic due to hyperactivity and aggressive behavior towards others. She exhibited aggressive tendencies, such as physically harming her siblings, parents, as well as property damage. Her history revealed that she had undergone a child psychiatry assessment at the age of three due to developmental delays, resulting in a diagnosis of mild intellectual disability. Over the following years, she was diagnosed with ADHD as well. Various pharmacological interventions, including short-acting methylphenidate, atomoxetine, fluoxetine, and aripiprazole, were attempted without significant improvement. Consequently, the family decided to discontinue medication due to the persistence of these destructive behaviors.

During the mental status examination, the patient presented as younger than her chronological age, maintained eye contact, and provided brief responses. She displayed phonetic deficiencies, particularly with the pronunciation of 'r,' 't,' and 'l.' Her academic, social, and life skills lagged behind age-appropriate expectations, with notable deficits in reasoning, abstraction, and cognitive skills compared to her peers.

A pediatric consultation was sought, and as a result, iron and B12 replacement therapy was initiated. Both MRI and EEG evaluations revealed no pathological findings. On the Wechsler Intelligence Scale for Children - Revised (WISC-R), the patient obtained a verbal score of 47, a performance score of 52, and a total score of 47.

The patient received a clinical diagnosis consistent with mild intellectual disability and attention deficit hyperactivity disorder, as per the DSM-5 criteria. Treatment commenced with olanzapine at 2.5 mg, which was later increased to 5 mg. Collaborative discussions with the family emphasized the importance of establishing boundaries, with the father taking the lead and respecting the generation gap. Encouragingly, the patient exhibited significant improvement, with a notable reduction in destructive behaviors.

Subsequent follow-up appointments introduced long-acting methylphenidate at 18 mg, with the dosage adjusted to 27 mg in response to ongoing complaints of hyperactivity and inattention. This resulted in a substantial decrease in ADHD symptoms. The initial symptoms significantly regressed, and the patient continues to be monitored through monthly follow-up assessments.

## Discussion

This case report underscores the challenges in managing co-occurring ADHD, mild intellectual disability, particularly in the presence of destructive behaviors. Previous treatment attempts involved various pharmacological interventions, which yielded unsatisfactory results, leading to the decision to discontinue medication when destructive behaviors persisted.

The patient's treatment approach combined pharmacological and psychosocial interventions. Olanzapine was initiated at a low dose and gradually increased. Additionally, long-acting methylphenidate was introduced to target the symptoms of ADHD, resulting in a significant decrease in ADHD symptoms.

Despite the prior medical treatment attempts, the lack of a satisfactory response and the family's struggle in coping with the child's disruptive behaviors highlighted the necessity of psychosocial intervention alongside pharmacological measures.

Recognizing the link between destructive behaviors and the need for boundaries is crucial. In the absence of a boundary-setting "Other", the fear of losing the object can become inevitable. Without boundaries, the child experiences a sense of uncontainment and emptiness, making it difficult to lean on strong objects that illustrate generational differences. An object who is unable to set boundaries and bridge the generation gap may inadvertently encourage destructive behavior in the child (2,3). Therefore, collaborative discussions with the family emphasized the critical role of setting boundaries, with the father taking the lead in enforcing them. This approach acknowledges the family's role in managing the patient's behavior and underscores the need for a supportive and structured environment.

In summary, this case report highlights the challenges in managing co-occurring ADHD and mild intellectual disability, emphasizing the importance of a comprehensive approach that includes both pharmacological and psychosocial interventions, especially when addressing destructive behaviors.

Informed consent was obtained from the parents.

**Keywords:** Destructive behaviors, pharmacotherapy, psychosocial intervention

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# CHILDHOOD DEPRESSION AND PSYCHOTHERAPY: A CASE REPORT OF SYMPTOM REGRESSION

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## Introduction

Depression is characterized by ongoing sadness, anger, decreased or lost interest in social relationships and activities, concentration problems, sleep changes, appetite changes, lack of energy, pessimism, thoughts of worthlessness and guilt, and in some cases, suicidal thoughts. It is a psychological disorder that affects emotions, thoughts, and behaviors. (1,2) While its prevalence in the pre-adolescent period is reported to be 1-2%, its lifetime prevalence in adolescents has been found to be 11%. (3) Depression can emerge at any stage of the childhood. Symptoms of the disease may differ depending on the developmental period.

## Case Presentation

A 5,5-year-old male patient applied to our clinic with complaints of irritability, crying attacks when he is frustrated, loss of appetite, not being able to sleep alone, and regression in toilet habits that had started for the last 1 month. Complaints; it was learned that it started following the divorce process of the parents. The patient, who was toilet trained at the age of 3 and was found to be dry throughout the day and night, started to have urinary incontinence during the day and night. It was learned that the patient had not been able to sleep alone for the last 2 months and that he frequently woke up at night to check whether the father was with him and whether the night light was on. The patient did not want to leave his father's side for the last month and began to insist on going with his father wherever he went. The patient, who was not a picky eater, started to become a picky eater. Although he can eat his own food, lately he has begun to insist that his father feed him. When his father did not feed him, he refused food and lost 2 kilos. The patient, who used to play with many different toys, has taken a special interest in keys for the last month and has started to hide every key he finds. He started not wanting to go to kindergarten. When he went to kindergarten, he was suspended from school for a while because of her aggressive behavior to her friends. As a result of a private interview with the patient and information received from the family, the patient was diagnosed with childhood depression. He was examined by a pediatrician to rule out organic pathologies that could trigger depression. Routine blood tests were found to be normal. Each time, the interviews began with the patient arriving with several keys in his pocket and locking the door to the playroom. In the early sessions of the psychotherapy, the patient frequently left the playroom, saying that he was thirsty or had to urinate. It was observed that he often opened the door and checked on his father when he did not leave the room. The patient cried several times to play with his father in the playroom. The themes of thief-police, attacker-victim, good guy-bad guy, and separation-reunion were widely observed in his plays. As the sessions progressed, the patient's need to control his father diminished and then disappeared. During this period, the patient began to sleep alone in her own room, in the dark. He started eating self-feeding and increased the variety of foods he ate. He regained his toilet habits.

## Conclusion

In this case; We aimed to show that the complaints of a patient who applied to us with symptoms of childhood depression and was diagnosed with depression regressed in psychotherapy. In the child's

psychotherapy sessions, insufficiency in paternal and protective functions, need for containment, and depressive anxiety were intensely observed. In this case, the therapeutic framework provided by psychotherapy led to a regression in symptoms. In the literature, psychotherapy and/or medical treatment are recommended for the treatment of childhood depression. In cases of mild childhood depression, improvement is observed with supportive approaches without medication. In this case, we observed a rapid recovery in a patient with moderate childhood depression with psychotherapy. In order to ensure effectiveness in treatment, it is important to provide the child a regular psychotherapy support and start medical treatment when necessary for the child to increase functioning.

Written informed consent was obtained from the patient's family to publish this case report.

**Keywords:** Childhood depression, Psychotherapy, Symptom regression

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# DRAMATIC IMPROVEMENT IN DEPRESSION SYMPTOMS WITH IRON REPLACEMENT: A CASE REPORT

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**Introduction:** Iron deficiency anemia is one of the most common and challenging nutritional problems globally, affecting both developing and developed countries at all stages of the life cycle. Adolescents, particularly post-pubertal girls, are especially vulnerable to iron deficiency (1). Some studies have reported a higher prevalence of vitamin and mineral deficiencies such as folate, cobalamin, and iron in individuals with depression compared to those without depression (2). This association could be attributed to the role of iron in neurotransmitter biochemistry (3). Limited research has explored the relationship between iron deficiency and depression. We present this case to emphasize the importance of considering organic causes in patients presenting with depressive symptoms.

**Case Presentation:** N.K., a 16-year-old female, presented to the Cerrahpaşa Child and Adolescent Psychiatry outpatient clinic with complaints of feeling unhappy, frequent crying spells, inability to derive pleasure from life, fatigue, weakness, difficulty in falling asleep, and concentration problems. This was her first psychiatric consultation. Her medical history revealed that she had undergone surgery for papillary thyroid cancer two years ago, had a recurrence and a second surgery was required. Then she received two sessions of radioactive iodine treatment. She was on a 150 mcg/day levothyroxine treatment and she is euthyroid now. Her family history included her sister's diagnosis of depressive disorder and her treatment with a Selective Serotonin Reuptake Inhibitor (SSRI). During the interview, the patient reported depressive mood, anergia, anhedonia, decreased sleep quality, and difficulty in concentration, with no changes in appetite or self-care. She denied any active/passive suicidal or homicidal thoughts. Her Beck Depression Inventory score was 22, suggesting a mild to moderate depressive episode. Hemogram and comprehensive biochemical tests (complete blood count, liver and kidney function tests, thyroid function tests, electrolytes, ferritin, iron, iron-binding capacity, cobalamin, and folic acid) were ordered. Her ferritin level was 3.24, and her hemoglobin was 8.8, indicating iron deficiency anemia. As a result, she was referred to the pediatric department. After starting iron and B-vitamin supplementation, the patient showed significant improvement in her energy levels after three weeks. Her sleep quality improved, but subdepressive mood, anhedonia, and concentration difficulties persisted. Two weeks later, during her follow-up appointment, all her psychiatric complaints had resolved. Her mood was euthymic, and her Beck Depression Inventory score had decreased to two. Follow-up hemogram and biochemistry tests revealed ferritin level was 20, and hemoglobin level was 9.1. The patient, who has been monitored for a while for the possibility of recurring complaints, did not exhibit any psychiatric symptoms. With a hemoglobin level of 13 and a ferritin level of 38, the patient was referred to the pediatric department for further follow-up.

**Discussion:** Major Depressive Disorder (MDD) is one of the most prevalent psychological disorders worldwide. The etiology of depressive disorder is generally categorized as non-modifiable (genetic) and modifiable (environmental) factors. Nutrition is a significant modifiable etiological factor. Many nutrient deficiencies,

such as folate and cobalamin, have been associated with the cause and severity of depressive disorder, but the results regarding iron deficiency are conflicting. However, the clinical presentation of patients with Iron Deficiency Anemia (IDA) often mimics symptoms of depressive disorder, including fatigue, irritability, and behavioral disturbances. Additionally, there are studies suggesting that iron replacement therapy can lead to an improvement in depressive symptoms before any visible increase in hemoglobin levels (5). In this case, the dramatic improvement of depressive symptoms with iron replacement treatment emphasizes the necessity for healthcare professionals to take a comprehensive biopsychosocial approach to patients.

**Keywords:** iron deficiency anemia, depression, iron replacement

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# EXPLORING THE IMPACT OF PARENTAL CONFLICT ON A CHILD: A COMPREHENSIVE CASE STUDY

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**Introduction:** Children's reactions to their parent's divorce are associated with various factors such as the child's developmental stage, the parents' ability to focus on the child's needs and emotions, the child's temperament, and the psychosocial functioning of both the child and the parents before and after the separation(1). The divorce itself is often a result of other stressors within the family; parental conflict and tension often precede it and can lead to behavioral problems in the child(2). This text presents a case study of a child who developed eating disorders and adjustment issues as a result of the problems experienced by their parents, and it discusses the intervention of play therapy and comprehensive parenting skills.

**Case presentation:** A 5-year-old boy was brought to our clinic by his parents with complaints of aggression and refusal to eat. He appeared to be a relationally oriented child with good eye contact. According to information obtained from the parents, there had been severe arguments at home for the past two months, with everything happening in front of the child. The child had been negatively affected by the arguments and although he seemed content with the reconciliation, his family believed that permanent damage may have occurred. S.E, who was normally a calm and cooperative child, had recently been experiencing anger outbursts and expressed feeling caught between his parents. He had been sleeping with his mother since birth and had recently been reluctant to separate from her, constantly wanting to engage in tickling games. S.E, who already had a selective eating pattern, had stopped entering the kitchen and refused to sit at the dinner table in recent months. He engaged in competitive games with his father, who consistently won. According to the father, the mother did not actually love the child and used him to make him jealous. The father worked as a taxi driver and had night shifts, while the mother was a homemaker. According to the mother, the relationship had ended due to the father's substance use and inappropriate sexual requests, but the father did not want to separate. During the initial assessment, S.E did not want to be alone in the room. As therapeutic rapport was established during follow-up sessions, depressive and Oedipal themes emerged in his drawings and play. A diagnosis of adjustment disorder was preliminarily made, and it was planned to conduct weekly playroom sessions and work on parenting attitudes. The recurring themes in the play sessions revolved around competition, winning, and power. After the first play session, S.E had filled his pockets with marbles and showed them to his father when he left the room; later, the father convinced him to return the marbles. The play sessions continued for four months, with parental meetings held every 15 days. Both parents were referred for psychiatric consultation. Throughout this process, understanding and addressing the child's physical and emotional needs carefully and conveying this to the parents, listening to each parent's perspective, and developing strategies to resolve conflict led to the referral of both parents to marriage/divorce counseling. Improvements in the home environment, coupled with the parents taking steps for their own mental well-being, allowed the child to express his feelings. The themes worked on during the play sessions appeared to support the child's process of making sense of the situation. Furthermore, the in-depth exploration of parenting attitudes made the Oedipal triangle more visible. In follow-up sessions, an increase in variety in S.E's eating pattern was observed, and he started sleeping separately from his mother.

**Conclusion:** While many children may experience long-term emotional and adjustment issues related to their parent's divorce, most, especially those with supportive relationships and prior good adjustment before the separation or divorce, tend to eventually adapt well and regain functionality(3). In our case, prolonged family conflicts that had been ongoing for a considerable time before seeking help, occasional

animosity between the parents, the impairment of their ability to understand and meet the child's physical and emotional needs, and the presence of factors such as the parent's mental illness and substance use put our case at a disadvantage. Comprehensive family intervention, consultations with mental health professionals for the parents, and relationship/divorce counseling, along with weekly play sessions with the child, proved to be effective in helping the child adapt to divorce and separation(3).

**Keywords:** Parenting skills, Play therapy, Divorce

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