NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
APPLIED (CLINICAL) PSYCHOLOGY
POSTGRADUATE PROGRAM

MASTER THESIS

THE RELATIONSHIP BETWEEN SOCIAL SUPPORT AND MATERNAL ATTACHMENT IN THE POSTPARTUM PERIOD

MERVE BAYRAMOĞLU
20071211

THESIS SUPERVISOR
ASSIST. PROF. DR. İREM ERDEM ATAK

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The Relationship Between Social Support and Maternal Attachment In The Postpartum Period

Prepared by; Merve BAYRAMOĞLU

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ÖZET

Doğum Sonrası Dönemde Sosyal Destek ve Anne Bebek Bağlanması İlişkisi

Hazırlayan: Merve BAYRAMOĞLU

Haziran, 2014

Dünya Sağlık Örgütü (WHO) sağlığı sadece hasta olmama hali değil, fiziksel ruhsal ve sosyal olarak iyi olma olarak tanımlar. Gebelik ve doğum, doğurgan çağdaki her kadının yaşayabileceği fizyolojik bir olay ve kadınların hayatlarında hem fiziksel hem ruhsal yönden önemli değişikliklerin görüldüğü bir dönemdir. Doğum sonu dönemde maternal bağlanma sürecini pek çok faktör etkilemektedir ve bunlardan en önemlisi de sosyal desteğin yeterli düzeyde sağlanamamasıdır. Bu araştırma, anne-bebek ilişkisinin daha iyi anlaşılması ve sosyal destek de dahil olmak üzere anne-bebek bağlanmasını etkileyebilecek faktörlerin belirlenmesi amacıyla yapılmıştır. Araştırmanın örneklemi; 2014 yılında Mart-Nisan ayları arasında, Adana'da bulunan devlet ve özel hastanelerin pediatri servislerine başvuran, doğum sonrası dönemde 2-6 aylık sağlıklı bebeği olan 100 gönüllü anneden oluşmuştur. Katılımcılara ölçüm araçları aydınlatılmış onam formuyla beraber verilip gerekli açıklamalar yüz yüze yapılmış ve anketleri kendilerinin değerlendirmeleri istenmiştir. Verilerin toplanmasında araştırmacı tarafından oluşturulan "Sosyo-Demografik Anket Formu", "Maternal Bağlanma Ölçeği (MBÖ)", "Yenilenmiş Anne Baba Sosyal Destek Ölçeği (YABSDÖ) " , "Çok Boyutlu Algılanan Sosyal Destek Ölçeği (ÇBASDÖ) " kullanılmıştır. Annelerin demografik özelliklerine göre MBÖ'nin puanları karşılaştırıldığında yaş gruplarının, çalışma durumlarının ve evlilik sürelerinin arasında istatistiksel olarak anlamlı fark bulunmuştur. Araştırmaya katılan annelerin doğum sonrası bebekle yalnız kalıp kalmama durumlarına göre MBÖ'den almış oldukları puanlar arasında istatistiksel olarak anlamlı bir fark olduğu saptanmıştır. Doğum sonrasında bebekle yalnız kalabilen anneler, bebekle yalnız kalamayan annelere göre maternal bağlanma ölçeğinden daha yüksek puan almıştır. Annelerin

MBÖ puanları ile ÇBASDÖ geneline ilişkin puanları arasında istatistiksel olarak anlamlı bir fark bulunmazken, ÇBASDÖ'de yer alan özel bir insan alt ölçeğinden almış oldukları puanlar arasında anlamlı bir ilişki olduğu saptanmıştır. Bu ilişki pozitif yönlü olup, annelerin özel bir insan alt ölçeğinden almış oldukları puanlar arttıkça, MBÖ'den almış oldukları puanlarda artmaktadır. Sonuç olarak doğum sonu dönemde annelerin algıladıkları sosyal destek ile anne-bebek bağlaması arasında anlamlı bir ilişki olduğu saptanmıştır. Doğum sonu dönemde anne-bebek ilişkisini sosyal destekle beraber pek çok faktöründe etkilediği belirlenmiştir.

Anahtar Kelimeler: Maternal Bağlanma, Sosyal Destek, Doğum Sonrası Dönem

ABSTRACT

The Relation Between Social Support And Maternal Attachment In The Postpartum Period

Prepared by: Merve BAYRAMOĞLU

June, 2014

World Health Organization describes health as a state of complete physical, mental and social well-being. The most important health issue for the women is related to the mental world. Pregnancy and labor are allphysiological phenomenon but a period with important changes both physically and mentally for every fertile woman. In postpartum period maternal attachment process isinfluenced by many factors and one of the most important among these factors is the social support provided.This study aims to understanding the mother-child relations mothers and identifying all the factors which effectmother-baby attachment including social support. In this research samplemothers who applied to the pediatric services of the public and private hospitals in Adana between March-Aprilin the year 2014, 100mothers that have given birth 2-6 months ago and who agreed to participate voluntary. The instrumentswere given with the informed consent form, and explanations weremade face to face. The participants were asked to fill out the surveys themselves. In the collection of data, 19 item questionnaire form developed by the researcher, "Maternal Attachment Scale (MAS) ", "Revised Parental Social Support Scale (RPSSS) " and "Multidimensional Scale of Perceived Social Support (MSPSS) " were used. According to mothers' demographic characteristic MAS scores werecompared according to age groups, work status, and the duration of the marriage and there has been statistically significantdifferences. Significant relationship was found between MAS and if the mothers stayed with their babies alone or not.There is

a significant and statistically meaningful difference in the MAS results that was acquired by the research ($p<0,05$). The mothers that are able to stay with their babies alone after birth got higherscores on the MAS in comparison to mothers that couldn't stay with their babiesalone after birth. There was no significant or statistically meaningful difference in results from the MSPSS ($p<0,05$). As a result, it was determined that there is a significant relation between perceived social support and mother-infant attachment in postpartum period. It was also found that social support and many factors influence mother-infant attachment in postpartum period.

Key words: Maternal Attachment, Social Support, Postpartum Period

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Merve Bayramoğlu

Nicosia, June 2014

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ABBREVIATIONS

MSPSS	: Multidimensional Scale of Perceived Social Support
MAS	: Maternal Attachment Scale
RPSSS	: Revised Parental Social Support Scale
PSS	: Perceived Social Support
SPSS	: Satisfaction with Perceived Social Support
SPSS	: Statistical Package for the Social Sciences

1. INTRODUCTION

World Health Organization describes health as a state of complete physical, mental and social well-being (WHO, [5.01.2013]). The most important health issue for the women is about the mental ones. Pregnancy and labor are the physiological phenomenon and a period with important changes both physically and mentally for every fertile woman.

Labor is an action which takes place at least for 28 weeks pregnancy process that ends up with delivering the baby. Labor, which is a period with important biological, hormonals, psychosocial and economic differences, not only means the physiologic ending of pregnancy but also an important experience in women's life to gain with her body and soul (Beydağ, 2007, 479; Karamustafaoğlu, 2000, 484).Attachment, as a sign of an emotionally positive and tender relation between the baby and mother-father or the most helpful relations to them, has a vital importance for the newborn. Generally mother is the one who provides social and attachment necessities in this period. First attachment is very important for the further periods of the child (İşler, 2007, 1-6).

Maternal attachments begin before the delivery and continue to develop after it. A mother's attachment to her baby with love has an important place in baby's growing

process. Maternal attachment is special relation which develops in time. Bowly describes maternal attachment as a warm, continuing, close relation and a state of being pleased and happy for both baby and mother (Kavlak, Şirin 2009, 187-202).

According to Muller, maternal attachment is a unique love relation which is continuing and developing between mother and her child. Baby's first attachmentexperience forms a basis for the future attachment experiences. An attachment with a good quality continues for the life-long time (Kavlak, Şirin, 2009, 187-202).

Post-partum period is a new and complicated process for mother, baby and family to adapt them to it which includes the next six weeks after delivery. Mother and baby relation is very important because the mother (or the primary care provider) is the first person that baby is closed to and is kind of a source which all the emotional, behavioral and cognitive capabilities are improved around. In this period besides physiologic, anatomical and hormonal changes mother goes through a hard period with the pressure of her new roles and responsibilities. To get used to a new body that is changed with the delivery and a new family member, also adjusting the new order are all very difficult and tiresome process for the mother (İşler, 2007, 1-6).

In this period mother's sensation of their babies, forms the basis of their future mother-child relation. Post-partum period is important for the baby care, preparation of a safe, suitable environment and dealing with the problems about baby. This period may become a chaos or become a time with the developing, reliable relations. Social support is vital for the mother and the baby in this period. According to the some researches ; especially partners' support plays a key role for woman to gain her maternal identity. Among the support variations, partner's support is much more helpful for the maternal attachment than mother's own parents' social support. Post-

partum relations with the partner effects maternal attachment positively in the post-partum period (Yıldız, 2008, 294-298).

According to the researches that have been run to this day, there are many factors effect the post-partum maternal attachment. It may be said that the most important one is the social support. Individuals who need to get support from the persons that has important place in their lives, when they cannot cope with the events in their lives. The fact that who is giving support may effect the individual positively or negatively. Social supports may change the connection between the stressing event and the result by effecting the managing ways (Okanlı, Tortumluoğlu, Kırpınar, 2003, 98-105).

Social support from the family has a vital importance for both before labor and in the post-partum period hence labor is not an easy action not only in the physical aspect but also in the emotional one. This study is aiming to understand mother-child relations of the mothers who have babies 2-6 months old and identifying all the factors which effect mother-baby attachment including the social support.

1.1. Labor

1.1.1. History of Labor

Labor, is a physiological phenomenon for every fertile woman by disposing or removing fetus and all the other attachments. Fetus needs to be over 500 grams or 25cm or 20 weeks old to accept this phenomenon as a delivery. Labor may be delivered by vaginal or abdominal(c- section). Although woman is the pregnant one physiologically, close individuals to the woman are mostly effected also. This period is very important not only for the mother but also for the family members. The ones, who get through this period healthily, may discharge their responsibilities to both baby and the mother (Beydağ, 2007, 479-484).

Labor had been delivered a natural situation. Hypocrite and Aristotle have believed women's needs should be provided both physically and emotionally during the delivery. After 100 years later from the death of Jesus, a thinker named Soranus collected the writings of the Hypocrite and the Aristotle. He stated that the woman's needs and feelings are important by doing this. However a deterrence policy had begun towards women and the ones who has an important role in labor after the year 2nd century A.C. Women genocide had begun firstly among Christians and as a result natural labor lost in history (Yıldız, [29.12.2013]).

1.1.2. Effective Hormones in Labor

The word hormone is a Greek rooted word that firstly used by Bayliss and Sterling in the year 1902. Hormone means to set in motion and functioning as an organ. Hormones are organic compounds that are released into the bloodstream by special glands and create a function regulatory effect on organs and working in small amounts. Hormones are chemicals that are manufactured naturally by body and they are carried by blood in to the various tissues to which they act upon (Ası, 1999, 75).

Labor is a instinctual action and it is practiced thanks to the hormones without an intervention. There must be genetic, environmental and hormonal agents due to the maternal behavior to be developed both for the humans and animals. During the pregnancy Progesterone and Estrogen, which are relatively high, effects the maternal behavior importantly. These hormones are directly related with the relation of the baby and mother (Taşkın 2007,56). Oxytocin and Prolactin released from the brain's important area are influential to starting the maternal behavior. Oxytocin is released by the pressure of the labor on the vagina and continued during the breast feeding process. Baby released its own Oxytocin during the labor and helps delivery. Baby decides its own delivery moment and with the notification mother starts to release

her own. This hormone gradually increase after the labor begins and reach to the highest level at the delivery moment and after then.

Oxytocin and vasopressin play an important role in the attachment of the baby to its mother and mothers caring process (Eşel, 2010, 68-78).

Endorphins are happy hormones and a naturally released pain killers in the body. It makes it easy to attach her baby for mother by increasing the happiness level. Prolactin reaches the top level with the labour of the placenta and it is important for the milk formation. This hormone also increases the concern level to make mother take care of her child. Maternal attachment gets stronger due to the breastfeding (Serçekuş, İsbir, 2012, 97-102).

1.2. Concept of Maternity

1.2.1. Concepts of Mother and Maternity

Maternity concept is the first object that feels warm to be attached and child's first feed source starting with the giving birth. Maternity has an emotional meaning which makes mother feel her baby as an important part of her life. This emotional attachmentmakes mother modest, attached, protective and caring towards her baby. Maternity is a compound of social roles, progressive components and behaviors (Özkan et al. , 2013, 117-121).

Traditional psychoanalytic approach, accepts maternity as an instinct and a feature of femininity. Maternity problems (depression infertility) woman's associate with the adjustment problems to the female identity and begin for the self-improvement. This approach disregards the social, economic and environmental factors after the woman become a mother (Akkoca, 2009, 25).

Attachment theory that is built up from the psychoanalytic theory emphasizes that the importance of the maternity in emotional terms and the increasing feeling of this

emotional attachment with the baby's birth. Baby grows in this emotional area and attaches to the mother. After the birth a secured bond is build up between mother and her child (Keskin, Çam, 2007, 145-158).

According to Plaza 'mother is only a creature which cater her child of it'. Apart from that her existence has no value. According to Tucker , 'who handles maternity as a relation between two, maternity is not only a situation that mother look after and protect her child but also a concept that includes all humane feelings between mother and child' . Thus, maternity involves feelings like anger, disappointment, reluctance besides loving, protective, affectionate notions which are natural in a relation (Kaplan, 1995, citied from Plaza toAkkoca, 2009, 84).

According to Troy,mother and infant sensual interaction is more important for it. He states that there is a positive relation between attachment and a naked caress of mother. According to Troy mother, has a very important place for her baby both emotionally and physically. Troy identifies mother as a emotional creature who can catch the sensual contact with the baby besides caring physically (Crittenden PM, 1995, citied from Troy toSoysal et al., 2005, 82).

1.2.2. Process of Becoming a Mother

Pregnancy is a hard process that woman goes through with including physiological, psychological and social changes and needs to adjust to it. It makes easier to adapt her body to physiologic, mental and even social life if pregnancy seen as a desirable process (Serhan, 2010, 65).

Being parents which is the most important decision of a person's life is a process, starts with the decision of having a baby and continues so on (Özkan, Polat, 2011, 117-121). Labor indicates that the individuals take their steps to the parenting. This

decision is not always a conscious and planned. As a result of cultural pressures, social statue concerns, to substitute a loss and couples may want to be become parents (Beydağ, 2007, 479-484).

Besides physiological changes that occur during pregnancy, pregnant woman, her partner and other family members live some kind of psychological and social changes and they try to adjust to these changes. Parents find themselves in a different state to learn their new roles with this new member of their family (Taşkın, 2007, 56). Becoming a mother is a process that is shaped with woman's physiological changes, behaviors environmental agents. Social environment, friendships, economic conditions, religion and intellectual terms are effective in this process (Özkan, 2007, 117-121).

1.2.3. Becoming A Mother

The influence of the social roles of motherhood and behaviors are shaped by a combination of it.Gaining the role of maternity happens after 3-10 months after the following delivery. Gaining the role of motherhood has a four phases which are, first phase, formal phase, informal phase and personal phase(Özkan, Polat, 2011, 37).

a. Expectations Phase: Includes the psychological and social parts of the adjustment to the pregnancy, which shows up with the pregnancy. Woman observes the role models for motherhood and questions especially her own mother.
b. Formal Phase: Starts with the birth of the child. Mother, starts to behave how she is expected with the effects of the role models and environmental stimulants.
c. Informal Phase:Woman begins to develop her own decides on her way as a mother.

d. Personal Phase: At this phase woman has gained her motherhood role. She enjoys the comfort of being mother. She decides the way of her relation with the baby. These phases develops and changes while baby grows (Beydağ, 2007; 479, Yılmaztürk, 2010; Özkan, Polat, 2011, 484).

1.3. Post-Partum Period Pathological Problems

Postpartum is a period that women are highly sensual and depressive and lasts almost 6 weeks after the delivery (Taşkın, 2007, 87). Besides physiological changes after the postpartum period, some other psychological and behavioral problems are seen. One of these problems is maternity blues which shows up at the beginning and recovers in a short time. On the other hand postpartum depression and postpartum psychosis, which are more serious, show up later and take long time to recover from (Ayvaz, 2006, 243-251).

1.3.1. Maternity Blues (Baby Blues)

A self-limiting and transient mood condition, named after maternity blues or baby blues in the postpartum period. Symptoms are not severe and it appears on the 3rd or 4th day after the delivery and lasts 10 days. Most common symptoms are tearfulness and sensitiveness. Most of the mothers experience short after the delivery (Erdem, 2009; Akdeniz, Aldemir, 2009, 37).

1.3.2. Postpartum Depression

According to the DSM-IV-TR Postpartum Depression (PPD) is a subtype of a major depression. Depressive mood conditions, anhedonia, eating disorders, psychomotor disorder, fatigue, low energy, low self-esteem, guilt are the characteristics of this disorder. Symptoms show up after the four week of the delivery. PPD includes all

signs of the major depression except it begins after the delivery. These are the symptoms like; low self-esteem, anxiety and panic attacks, guilt, sadness, slow moving, agitation and sleep disorders (DSM-IV-TR,2000).

1.3.3. Postpartum Psychosis

Postpartum psychosis shows up in the period after the delivery and, is way more serious version of the postpartum depression. Symptoms are; delusions, hallucinations, thoughts of harming the baby and major depressive symptoms. Typically it begins within 2nd and 8th weeks after the delivery and continues at least 2 weeks at most one year (Kırpınar et al., 1996, 35-40).

1.4. Attachment Theory

1.4.1. Attachment Concept

The basis of the word attachment dates back to the 13th centuries. Etymological meaning of the word ‘to attach’ is commitment to a duty or to assign (Kavlak, Şirin 2009, 187-202).

Attachment describes as a relation between the baby and its care taker beginning with the first days of its life (Şolt, 2011, 35; Kesebir, Kavzoğlu, Üstündağ, 2011, 321). Generally mother is the one who cares all of the necessities of the baby. Protection of the close relation between the care taker and the baby is very important to provide a strong attachment in a safe environment for the baby. Attachment that bonds in the first years between mother and her baby is a very important part of the person’s personality (Şolt, 2011, 56; Kesebir, Kavzoğlu, Üstündağ, 2011, 45; Kavlak, Şirin 2009, 342).

1.4.2. History and Development of The Attachment Theory

Attachment theory developed by the collective studies of John Bowlby and Mary Ainsworth and effected by Freud and other psychoanalytic thinkers. (Taycan Kuruoğlu, 2013, 10). Attachment theory is an approach that explains the reasons why humans need to have strong and emotional bonds with the persons important to them. Attachment system is important for the babies to live their lives both developmental and functional. (Terzi, Çankaya, 2009, 1-11). WHO wanted Bowlby to write a report on the mental health of the homeless children in London in 1950, and this has lead him to develop this theory (Hazan, Shaver, 1994, 1-49).

Bowlby started his studies in 1950's and described the attachment concept as a strong bond between two. He described it as more of a natural, biological, beginning of the social relations, behaviors such as sucking, crying and laughing and a relation with a feature of a frame for the future relations (Morsünbül, Çok, 2011; Kesebir, Kavzoğlu, Üstündağ, 2011, 553-570). He emphasized that the newborns are in need to make a relation with their caregivers. (Kesebir, Kavzoğlu, Üstündağ, 2011; Soysal et al., 2000, 321-342).

Bowlby's attachment system is explaining by 3 major behavioral styles; according to Bowlby these are as follows;

i. Human infants born with a behavioral pattern that makes easier to attach.

ii. Maintaining the affinity, meets the intimacy necessities of the others.

iii. With the experiences, child understands oneself and the world, and then internalizes it with the frame of the new relations as a mental model (Uluman, 2011, 68).

Ainsworth describes attachment as an emotional bond, which is developing between the child and caretaker; occurs with the child's tendency to find a close relation and especially become clear under the stressing conditions and forms a continuing bond (Uluman, 2011; Şolt, 2011). Mary Ainsworth contributed the development of the theory with her experimental method known as 'Strange Situation' (Kavlak, Şirin, 2009; Tüzün, Sayar, 2006, 24-39 ; Uluman, 2011, 68). Ainsworth stated that there are three types of attachment styles with this experimental method. These are as follows;

In this secure attachment relation, child perceives his/her mother as a safe harbor. Child shows bad temper, cries and gives undesired reactions with the absence of the mother. When they get back to each other, child calms down and continues to observe around. In this attachment pattern mother is the consistent and sensitive one. In the anxious attachment pattern, children are not sure if they get help from their mothers, and they do not calm down when they get back to their mothers. Mothers, in this pattern, are the ones who reject their children or return them continuously. Children are non-reactive and distant to their mothers. In the avoidant attachment, children think themselves unworthy and unacceptable, caused by a rejecting primary caregiver(Kesebir, Kavzoğlu, Üstündağ, 2011, 321-342; Kavlak, Şirin, 2009; Uluman, 2011, 45).

1.4.3. Maternal Attachment

Every child is born from two biological parents and both have very important roles in the attachment process of the baby. Baby begins to develop socially and emotionally with the secure attachment to its mother/father from the first days of its life. A strong attachment making is very importantly effects the baby both mentally and socially.

Mother’s attachment with love as important for the baby’s healthy, safe and emotional development. First caregiver of the baby is mostly the mother and baby feels him/herself happy and safe if the emotional bond is strong between the mother and baby (Kavlak, Şirin, 2009, 187-202 ; Uluman, 2011, 56).

Maternal attachment is a special and amazing relation that develops in time between mother and her baby. Mother-child attachment process begins to develop with the pregnancy and the postpartum mother-child interaction is very important (Uluman, 2011, 56).

Bowlby describes maternal attachment as a warm, continuous, close relation between mother and baby, and a state of being happy, satisfied condition. (Kavlak, Şirin, 2009, 187-202 ; Şolt, 2011, 45).

Muller describes maternal attachment as a juvenile love relation, which develops and continuous in time between baby and mother. Attachment with love is an important factor for the mother’s adaptation to being a mother. Mercer and Ferketich identify attachment as a mother’s love bond to her baby as a result of the strong interaction between them (Şolt, 2011, 45).

Maternal attachment is generally observing by the behaviors of the mother to her baby in the first times of the postpartum period. Mother experiences some kind of changes both physically and mentally after a hard and difficult process. Mother’s healthy recovery of this process, effects her attachment to the baby. Postpartum period is important not only for the family members but also for the baby. There are many factors that effect maternal behavior. Mother’s hug right after the delivery, the delivery method, having pain after delivery and insomnia are the important factors for the maternal attachment. Development of the attachment between mother and baby shapes by the postpartum period (Keskin, Çam, 2007, 145-158).

1.4.4. Development Stage of the Maternal Attachment Process

Major part of the attachment between the mother and her baby begins in mother's womb and continues to develop. Mother's feedings and caring in the first years after delivery play the key role for the establishment and development of the attachment between mother and baby. Attachment between mother and her baby is very tense in the postpartum period and if they pass through this period healthily the attachment between them becomes stronger (Çalışır and others., 2009, 1-8). In the following period, if baby is not caring enough, negative situations are inevitable for the baby's physical and mental conditions. Basis of the mental health begins to establish in these years as much as body health (Yıldız, 2008, 294-298).

Mother's adaptation and acceptance to the changes that caused from hormones, to trespass the positive feelings to her unborn baby before delivery is important for the first attachment. Mother touch her belly to feel her baby during pregnancy. This physical contact is also important for the attachment (Özkan et al., 2013; Eşel, 2010; Güleşen, Yıldız 2013, 117-121; Beydağ, 2007,479). First encounter after the delivery is an important moment both for mother and baby. From this process a trust relation between mother and child is born. First years of the life has an important place for the baby's mental and emotional development. Mother and baby experience an attachment process from the first moments after the delivery. In this process mother should establish close contacts with her baby. Especially the physical contacts can accelerate this process. Mother make baby feels her presence by making an eye contact, caressing while changing diaper and singing her baby to sleep. These are healthy actions for the baby's physical and mental development (Yörükoğlu, 2013, 35; Özakkaş, 2004, 68).

In this period it is very hard for the parents to make choices between the biological and emotional necessities of the baby. Disappearance of the restlessness with the feeding of the biological necessities, can be seen as the first emotional reactions of the child. Baby reacts mostly with its whole body to the pleasure and pain stimuli. For example; he/she cries for hunger, move its body to make its caretaker to understand when he/she needs a diaper change (Yörükoğlu 2013,78-85).

Pleasure principle is the one here and babies expect their natural urges to be fed. They expect the restless moments to be ended. Providing the necessities of baby in time, make baby trust in its parents and the environment. Although baby has competence of recognizing the stimuli it does not have the power of delaying the urges (Özakkaş, 2004, 85-92).

Babies express their feelings by crying while they are trying to perceive their parents and happenings around them. Crying started to change from the second month.(hunger cries and attention crying are different) Mother should be attentive to her baby and should care its attention, affection and other necessities in time to make the baby feels the presence of mother (Yörükoğlu, 2013, 45-68).

In this period absence of mother can cause a mental disorder like infant depression. With the long term absence there may be seen physical, kinetic and cognitive deficiency. Attachment process can be effected negatively (Öztürk, Uluşahin, 2008, 32).

1.4.5. Maternal Attachment Stages

Attachment is a process which depends on the mutual interaction and ends up with the development of meeting and attachment of mother and baby (Kavlak, Şirin, 2007, 183).

1.4.5.1. Mary E. Muller Theories Stages

1.4.5.a. Meeting Stage

First step of the attachment process of connecting to the dating phase occurs. After delivery, the first time is very important for the relation between mother and baby. In this time mutual glances between mother/father and baby gives an opportunity them to know each other. (Kavlak, Şirin, 2007, 194).

1.4.5.b. Appropriation Stage

In this period mother and father adapt their parenting roles and mother/father calls their baby with her sex type or her name. Parents develop intimacy with their baby. In this process they reflect their verbal or non-verbal emotions to each other. They try to understand the necessities of the baby and meet them (Kavlak, Şirin, 2007,194).

1.4.5.c. Attachment Stage

The relationship between father and mother/baby has been clarified and is completely formed a sense of connecting period (Kavlak, Şirin, 2007, 183).

1.4.6. Factors that Effect Maternal Attachment

Postpartum period is the time when baby become together with its parents, mother adapting to her baby physically, emotionally and socially. Woman finds herself in a special period, in which adapting her to maternity and develop her relations with other family members once again. Postpartum period is the most willing time of the mother to attach her baby. Mother's behaviors like touching, kissing, hugging her baby and look at her baby kindly provides and effects baby developmentally (Manav, Yıldırım, 2010, 149).

There are some factors which are effective for the development of the mother-baby attachment. A planned and desired pregnancy, mother's confidence, economic and cultural state of the family, partner relations and support, social support receiving around and positive-negative situation during the pregnancy are the factors that effect maternal attachment. To giving her baby to mother right after the delivery and breastfeeding are important for the maternal attachment. Some negative labor actions effects maternal attachment negatively. If the infant comes with premature delivery to the world, the situation is effected with negative interaction to mother and infant (Manav, Yıldırım, 2010, 149-157; Çam, Keskin, 2007, 145).

1.5. Social Support And Maternal Attachment in the Postpartum Period

1.5.1. Social Support

Humans are commune creatures and they need to be get together with other people. All the interpersonal relations that are very important for the person's life, and provide cognitive, emotional and material helps, are described as 'social support systems' (Mermer et al., 2010, 71-76).

Social support is an important factor on the physiological and mental disorder occurrence. Social support is a whole of the social, psychological, moral and material supports which are perceived by the person from all around (Şencan, 2009, 55). The close relation with the individuals that the person can share his/her secrets, trust in and special to him/her forms the social support than the number of the individuals that the person interacts (Yıldırım, 1997, 16).According to Caplan, social support is what the person receives from all around as assistance when stress factors exceed in the person's life (Şencan, 2009, 35).

All of these definitions show that social support has a very important place in people's life and it forms a whole network of moral support provided which are by the close individuals to the person.

1.5.2. Perceived Social Support

Perceived social support can be identified as a value that a person dedicates to self. Person's perceived social support is developing in direct proportion to the feelings like to beloved, to be worthwhile, to get help anytime s/he needs (Ardahan, 2006). Social support itself is not the effective one on the mental health, its perception and interpretation is (Şencan, 2009, 42).

1.5.3. Mother-Baby Attachment in the Postpartum Period and Social Support

Postpartum period is a 6 weeks period right after the delivery. Delivery and postpartum period is very important for the woman's biological and physiological changes as much as psychological ones. It is an adaptation period not only for mother

but also for the other members of the family because of the new member (Taşkın, 2007).

Social support, which women receive during pregnancy and after, has a valuable place for the positive family relations and baby's health (Mermer et al. , 2010, 76). Social support in the postpartum period; is giving by relatives and includes baby care, emotional support and domestic works. Social support gives mother confidence and helps to eliminate stress easily (Yıldırım, Hacıhasanoğlu, Karakurt, 2011, 16). Social support has an important place to make woman fells herself as an adequate mother and wife, also make her fells satisfied with her marriage, mother role and baby caring (Taşkın, 2007, 68-76). Absences of the social support or inadequate social support mostly result in pathologies like postpartum blues, postpartum depression and postpartum psychosis (Yıldırım, Hacıhasanoğlu, Karakurt, 2011, 16).

The social support is very significant for the maintenance of the mother's well-being and positive affect of the maternal attachment.

2. METHODOLOGY

2.1. Aim of the Research

This study aims to understand of the mother-child relations and identify all the factors which effect mother-infant attachment including the social support.

2.2. Sub-hypothesis

i. Mother's attachment feeling towards her child increase with the increasing social support.
ii. The more mother and child spend time alone, the more mother's attachment increases.
iii. Working mothers' and non-working mothers' maternity attachments are different. Non-working mother's attachment level is higher in direct proportion to the time they spend with their children.
iv. Partner's support effects maternal attachment positively.
v. The new mother is effected by the primary persons who give support for caring for the baby and adaptation process.

2.3. Participants

In this research, the sample consisted of mothers who applied to the pediatric services of the public and private hospitals in Adana between March-April in the year 2014; 100 of them were voluntarily. These mothers had babies that were 2-6 months old. The instruments were given with the informed consent form, and explanations were made face to face; they were also asked to evaluate the surveys by themselves.

Table 1:Distribution of theDemographic Characteristcs of Participants

DemographicCharacteristics (n=100)	**n**	**%**
Age Groups		
25 years andunder	28	28
Between the ages of 26-30	39	39
Between the ages of 31-35	22	22
36 yearsandover	11	11
Education Level		
Elementary School	36	36
High School	41	41
University/ Master's degree	23	23
Occupation		
Unemployed	37	37
Employee	63	63
Marital Status		
Married	93	93
Divorced/Separated	7	7
Duration of Marriage (n=93)		
3 yearsand under	59	59
Between the marriages of 4-9	25	25
10 years and over	9	9
Decision of Marriage		
Agreement	68	68

Arrange/prearranged	32	32
Income Level		
High	41	41
Moderate	52	52
Low	7	7
Place of Residence		
Province/City Center	71	71
County	13	13
Village	16	16

Within the ones participated in the study, 28% of mothers were aged 25 years and under, 39% of between 26-30, 22% of between 31-15 and 11% of mothers were 36 years old and older. 36% of mothers were graduated from elementary school, 41% of high school and %23 of mothers were graduated from College and University. The employment status of mothers enrolled in the study examined the proportion of working mothers as 63%. The proportion of married mothers is 93%, 63% 3-year and under, 27% between 4-9 years and 10% were married for 10 years and over. Looking at the decision of marriage ıt was found out that 68% of mothers were married with agreement, 32% of them made arranged marriages. 41% of mothers in the study had high income, 52% moderate and 7% low.

Table 2:Delivery Type of Mothers , Pregnancy Characteristics and Infant Feeding Conditions

Pregnancy, Delivery Types (n=100)	**n**	**%**
Delivery Type		
NaturalBirth	41	41
CesareanBirth	59	59
Desire to get Pregnant		
Yes	75	75
No	9	9
No, but after that I wanted	16	16
Satisfaction with Baby's Gender		
Yes	84	84
No	16	16
Feeding		
Only Breast Feeding	57	57
Only Infant Formulas	11	11
Breast Feeding & Infant Formulas	32	32

41% of mothers had their babies with normal delivery method and 59% of births were delivered by cesarean method. 75% of the mothers desired to have a child willingly, 9% had a child unintentionally and 16% of mothers unintentionally became pregnant but showed willingness afterwards. 84% of mothers stated that they are satisfied with the sex of the baby. Considering the way of feeding, 57% of the infants were fed with breast milk only, 11% of the mothers fed their babies with infant formulas only and 32% of the mothers fed their babies together with milk and formula.

Table 3: Mothers Who Get Support in Baby Care

Getting support in baby care (n=100)	**n**	**%**
Having someone to help in the care of the baby after birth		
Yes	67	67
No	33	33
Remain alone with the baby after birth		
Yes	77	77
No	23	23
Relationship status with husband (n=93)		
Good	60	64
Moderate	27	29
Bad	6	7
Husband helps in baby care (n=93)		
Yes	50	54
No	43	46
Being with the mother while pregnancy		
Yes	71	71
No	29	29
Mother supports after birth		
Yes	80	80
No	20	20

67% of mothers had support from someone else after the childbirth. 77% of mothers who get involved in this study remaıned alone with the baby. 64% of mothers told

that they had good relations with their husbands and7% of mothers have bad relationships with their husbands. 54% of mother's husbands tried to support and help to mothers about baby care. And also 71% of mothers were wıth theır mothers durıng pregnancy and 80% has been found to get support from theır mothers after childbirth.

2.4. Procedure

The data was collected from 100 mothers having 2-6 months old babies from Private and State Hospital. the application of the instruments took approximately 30 minutes. Participation to the study was voluntary and an informed consent form was given to the participants before the study in order to inform them about the aims of the study emphasizing the voluntary participation and the availability to be able quit from the study. After the application of the study, a debriefing form was given to the participants with the contact information of the researcher in order to tell them that if they have any questions about the study, they can feel free to ask to the researcher whenever they would like to.

2.5. Instruments And Measures

Evaluation form which is developed by the researcher to analyze the Mother's socio-demographic and obstetric characteristics, mothers features of their babies and mothers states of needing support about the baby caring in the postpartum period (Appendix-1) were given to evaluate the maternal attachment mother-baby attachment 'Maternal Attachment Scale' (Appendix-2) and to identify mother's state of taking social support 'Multidimensional Scale of Perceived Social Support'

(Appendix-3) were administered; 'Revised Parental Social Support Scale' (Appendix-4) was used to identify the presence of the social support that mother-fathers take and their level of satisfaction with it.

2.5.1. Introductory Questionnaire of Mother's Sociodemographic Characteristics, Obstetric Characteristics and Mother-Baby Attachment

Questionnaire which is form by the researcher has three parts with 19 questions. These parts are about mother's socio-demographic, obstetric, mother- baby characteristics as well as identifying mother's support conditions on baby care.

Socio-demographic characteristics; include questions like age, education level, working condition, occupation, partner's age, partner's working condition and social security condition.

Obstetric characteristics include questions like; any delivery experience before, delivery method, any experienced problem during pregnancy, support conditions on caring baby in the postpartum period.

Baby's characteristics include questions like; gender of baby, how satisfied with the baby's gender, first time of mother's hug, breast-feeding after the delivery.

Mother's taking baby care support situation after the delivery characteristics include questions like; if mother takes support on baby care and domestic works.

2.5.2. Maternal Attachment Scale (MAS)

Maternal Attachment Scale developed by Mary E. Muller to measure the attachment of the maternal love. Content validity of the scale was evaluated by a group including the philologists, theoreticians, nurses from maternal and child care departments, women with the newborns (Muller 1994).

Validity and reliability study of the Turkish form of the MAS, had run among 165 mothers with the healthy babies (Kavlak ve Şirin 2009). At the first degree of the research, language validity studies had been carried. Researchers firstly applied this study to 165 mothers with 30-40 days old babies. Inner reliability had been examined and Cronbach Alfa reliability factor has found as 0.77 (Kavlak ve Şirin 2009). At the second stage Kavlak applied (n:78) to one of the groups of this 165 mothers after the 4th month of the delivery, with the aim of analyzing if the MAS could be used or not after the postpartum period. In the first 4th month after the pregnancy, Cronbach Alfa reliability factor has found as 0.82. Cronbach Alfa reliability factors have both been found at very high rates.

MAS, that measures maternal emotions and behaviors, is a scale which can only be applied to the legitimate women because it needs to be applied to them by themselves. (Kavlak and Şirin 2009). It is a Likert's 4 system scale with 26 items, and eash item differentiates between 'always' and 'never'. Each item includes direct sentences and calculates as; Always (a)=4points, Frequently (b)=3 points, Sometimes (c)=2points, Never (d)=1point. The lowest score of the scale is 26 and the highest one is 104. If the score is high that indicates maternal attachment level is high (Kavlak and Şirin 2009).

2.5.3. Multidimensional Scale of Perceived Social Support (MSPSS)

Multidimensional Scale of Perceived Social Support (MSPSS) has developed by Zimmet and his friends (1988) (Zimmet and friends 1988). Factoral validity and reliability study of the reviewed form of MSPSS run by Eker and friends (2001), Cronbach Alfa reliability factor has found as 8.80-0.95 (Eker ve diğ., 2001). It is a Likert scale which has 12 items and organized with 7 ratings 'Strongly disagreed 1.2.3.4.5.6.7. Strongly agreed'. There are three subgroups to reflect support sources which are friends, family and special support. Scale items with the numbers 3.4.8.11 are measure family, items 6.7.9.12 are for friends support and items 1.2.5.10 are measure the support of a special person. Lowest point for the subscales is 4, highest one is 28. Lowest total score of the subscale point is 12, highest one is 84. Higher scores represents higher social support (Eker et al. , 2001).

2.5.4. Revised Parental Social Support Scale (RPSSS)

Revised Parental Social Support Scale has developed to specifying the presence of the social support that mothers-fathers perceive and the level of how satisfied they are with these supports (Kaner, 2010). Scale is formed of 21 items and three subscales which are Emotional Support, Caring Support and Information Support. In RPSSS both quantitative and qualitative dimensions of the social support are measured. In the quantitative dimension of the social support, the level of the support mothers-fathers get; in the qualitative dimension, how satisfied they are with this support is evaluating. Getting high points both sides of the evaluation means that, mothers-fathers are getting the required social support, have a wide social support web and they are satisfied with the social support. Scoring the quantitative dimension of the support goes with very supportive (4 points), sometimes supportive (3points), rarely supportive (2 points), very unsupportive (1); scoring of the quantitative dimension goes with very satisfied (4), satisfied (3), slightly satisfied (2), unsatisfied (1points) (Kaner 2010). Subscales are as follows;

i. Social Relationship Support: This support stands for the ones who can attend social events with mothers-fathers and support them about their future plans.

ii. Information Support: This sub scale is compound from the informations that parents need during growing their child and the supports which includes the information about the services.
iii. Emotional Support: In this sub scale there are items stands for the emotional support taken from the ones who are trustful, can be talked about the personal issues and comforting emotionally, caring to mothers-fathers
iv. Caring Support: In this sub-scale, there are items including individuals who provide support about the child care that mothers-father in need (Kaner 2010, 16)

2.6. Analysis of Data

In this study acquired numeric wasevaluated by using the Pearson Correlation, Anova and T- Test with the SPSS 15 for Windows package program.

The data, that was acquired by surveys, wastransferred to the computer for analysis. Statistical Package for the Social Sciences (SPSS) 15.0 for Windows Evaluation was used as the software for the data analysis.

Frequency charts are made to show mother's demographic preferences. Also, a chart was made from the data that was acquired by the Maternal Attachment Scale given to mothers.Maternal Attachment Scale, Revised Parental Social Support Scale, Multidimensional Scale of Percieved Social Support and all sub-scales were described in the scale tool.

Independent t-test was used in cases with two independent variables. One Way ANOVA was used in the cases which have more than two independent variables and homogenous variables. Post hoc tukey test was used for further analysis in the cases which statistical data showed some meaningful difference to find out which variable

caused the difference. And lastly to test the relationship between the scales, Pearson Corelation test was used.

3.RESULTS

Table 4:Descriptive statistics ofRPSSS -SPSS and RPSSS - PSS and subscales

RPSS and Subscales	**SPSS**					**PSS**			
	n	**mean**	**ss**	**min.**	**max.**	**mean**	**ss**	**min.**	**max.**
Social Cohension Support	100	29,81	4,82	16	36	28,56	5,82	13	37
Information Support	100	17,89	4,01	7	24	17,06	3,94	7	23
Emotional Support	100	26,27	4,33	14	32	24,74	4,60	12	32
Care Support	100	12,65	2,62	5	16	12,05	3,11	4	16
RPSS	100	86,62	13,80	51	105	82,42	15,35	39	103

Mothers, on the RPSSS-SPSS scale gets average score of 29.81 ± 4.82 from social cohesion subscale, 17.89 ± 4.01 average points from information support subscale, average 26.27 ± 4.33 points from the emotional support subscale and care support subscale with average 12.65 ± 2.62. Mothers got an overall mean score of 86.62 ± 13.80, with a minimum of 51 points and a maximum of 105 points.

Table5:The Descriptive Statistics of the Scores the Mothers took in the MSPSS and Subscales

MSPSSandsubscales	**n**	**mean**	**ss**	**min.**	**max.**
Special Person	100	16,91	4,97	7	25
Family	100	18,65	5,65	6	27
Friend	100	17,78	5,26	7	28
MSPSS	100	53,34	14,37	20	73

Within Table 5, the scale MSPSS, a special person subscale had an average of 16.91 ± 4.97 points, the average score was 18.65 ± 5.65 from families, and 17.78 ± 5.26 was the average score of the friends subscale. The overall mean score of the MSPSS scale of mothers that had been acquired as 53,34 ± 14,37. The scales given to the mothers have a general minimum score of 20 points and the maximum of 73 points.

Table 6:The Comparison of Mother's Demographic Characteristics according to mean scores of MAS total

DemographicCharacteristics (n=100)	n	mean	ss	t	p
Occupation					
Unemployed	37	87,73	8,04	4,16	0,00*
employee	63	82,77	8,94		
Marriage Status					
Married	93	84,40	9,18	-1,40	0,16
Divorced/Seperated	7	87,73	2,79		
Decision of marriage					
Agreement	68	84,73	9,61	-1,19	0,22
Arrange/Prearranged	32	84,50	6,98		

*p<0,05

Shows the MAS scores to be statistically significant according to the age groups of mothers (p <0,05).The mothers' demographic characteristics was compared to the Maternal Attachment Scale MASresults by t-test. This difference is due to the 25 years and under and 26-30 age group as well as the 36 years and above age group. The mothers between the age groups of 25 years and under and 26-30 compared to the mothers in the 36 years and above age group had a higher MAS score.

According to the working status of mothers that had been acquired from the MAS scores, compared to their working mothers the difference between maternal attachment scores were found to be statistically significant (p <0,05). Non-working mothers, compared to working mothers, received higher scores from the scale. When MAS total mean scores are compared according to education level with one-way

ANOVA, no significant difference was found between participants with elementary, high school or university education (p= 0,78).

Among the mothers who participated within the study, a significant statistical difference was found between the duration of marriage and the MAS (p <0,05). This difference was seen in mothers who had been married for 3 years and under and 4-9 years and 10 years and over, who scored higher on the scale.

The points scored on the maternal attachment scale when looking at the mothers' education level, marital status, the decision to marriage, monthly income and ~~by~~ place of residence showed no significant statistical difference (p> 0,05).

Table 6.1: The Comparison of Mother's Demographic Characteristics from scores of MAS

DemographicCharacteristics (n=100)	**n**	**mean**	**ss**	**F**	**p**
Age groups					
25 years and under	28	85,08	6,13	3,06	0,03*
Between the ages of 26-30	39	86,22	6,90		
Between the ages of 31-35	22	83,27	13,00		
36 years and over	11	80,68	10,09		
Education Level					
Elementary School	36	84,41	7,49	0,34	0,78
High School	41	84,72	6,45		
University/ Master's degree	23	85,75	9,65		
Duration of marriage (n=93)					
3 years and under	59	86,14	5,90	11,32	0,00*
Between the marriages of 4-9	25	83,88	12,62		
10 years and over	9	77,13	9,85		
Income Level					
High	41	84,91	7,47	0,29	0,74
Modarate	52	84,61	10,33		
Low	7	83,00	4,78		
Place of Residence					
Province	71	84,08	9,50	2,57	0,08
County	13	88,10	7,78		
Village	16	84,22	6,35		

*p<0,05

In Table 6.1, the mothers' demographic characteristics was compared to the Maternal Attachment Scale MASresults by one-way Anova. Anova, advanced analysis post hoc tukey. Table 6.1 shows the MAS scores to be statistically significant according to the age groups of mothers. (p <0,05). Post hoc tukey test has been used to determine the difference. As a result of the tukey test, 25 years and under and 26-30 age group as well as the 36 years and above age group. The mothers between the age groups of 25 years and under and 26-30 compared to the mothers in the 36 years and above age group had a higher MAS score.

Tablo 7:Comparision of Mother's Delivery Type and MAS

Pregnant, DeliveryCharacteristics (n=100)	**n**	**mean**	**ss**	**t**	**p**
Delivery Type					
Normal Birth	41	85,58	7,02	1,31	0,19
CesereanBirth	59	83,98	9,99		
Satisfaction with Baby's Gender					
Yes	84	85,09	7,88	1,75	0,08
No	16	82,25	12,97		

*p<0,05

In Table 7, the mothers' delivery method was compared to the MASresults by t-test, anda significant statistical difference between the scores was not seen (p> 0,05). Mothers who had a normal birth and caesarean birth received similar scores on the scale.

Table 7.1: Comparision of Mother's Delivery Type and MAS

Pregnant, DeliveryCharacteristics (n=100)	**n**	**mean**	**ss**	**F**	**p**
Feeding					
Only Breast Feeding	57	83,92	10,05	0,92	0,40
Just Infant Formulas	11	85,33	4,59		
Breast Feeding and Infant Formulas	32	85,63	7,82		
Desire to get pregnant					

Yes	75	84,14	9,53	1,02	0,36
No	9	86,37	7,21		
No,but after that I wanted	16	85,97	6,40		

In Table 7.1, the mothers' delivery method was compared to the MASresults by one-way ANOVA.

According to the Maternal Attachment Scale, there was no significant statistical difference in mothers' infant feeding methods (p> 0,05).

A significant statistical difference was found in mothers who did not want to become pregnant and those who were not satisfied with the sex of the child according to the Maternal Attachment Scale (p> 0,05).

Tablo 8: Comparision between mother who has support an who has not on MAS

Has Baby Care Support (n=100)	**n**	**mean**	**ss**	**t**	**p**
Has baby care support after birth					
Yes	67	84,24	9,24	-0,90	0,37
No	33	85,39	8,27		
Remaining alone with baby after birth					
Yes	77	86,00	7,26	4,31	0,00*
No	23	80,13	12,00		
Husband give support to baby care					
Yes	50	82,91	6,59	-3,26	0,00*
No	43	86,76	10,83		
She has her mother's support					
Yes	71	86,84	6,87	6,30	0,00*
No	29	79,16	10,92		
Her mother supports after birth					
Yes	80	85,27	9,13	2,18	0,03*
No	20	82,02	7,58		

**p<0,05*

In Table 8, t-test results shows for the mothers' baby care support was compared to the MASresults.

Within themothers who got involved in the study the MAS scores were compared with the fact of being alone with the baby or not and the difference between the scores was found to be statistically significant ($p < 0.05$). After birth, the mother being alone with the baby had higher scores than the mothers that on MAS.
There is no statistically significant connection between the mother's relationships with their husbands ($p > 0.05$). There is statistically significant difference between mothers who had their mother's support while they were having birth and who have not support of their mother's ($p < 0.05$).
If mothers have their own mothers while they were giving birth, they have higher MAS scores.
There is a significant and statistically meaningful difference in the MAS results that was acquired by the research ($p < 0,05$). The mothers that are able to stay with their babies alone after birth got higher scores on the MAS in comparison to mothers that couldn't stay with their baby alone after birth. There was no sifnificant or statistically meaningful difference in results from the MSPSS ($p < 0,05$). The subscale that is in MSPSS has significant statistical difference in the results ($p < 0,05$).

Table 8.1: Comparision between mother who has support an who has not on MAS

Has Baby Care Support (n=100)	**n**	**mean**	**ss**	**F**	**p**
Relationship status with husband					
Good	60	84,14	9,88	0,72	0,49
Modarate	27	85,36	7,13		
Bad	6	86,58	3,60		

In Table 8.1, Anova results shows for the mothers' baby care support was compared to the MASresults.

There is no statistically significant connection between the mother's relationships with their husbands ($p > 0.05$).

Table9:Relation between RPSSS – SPSS and Maternal Attachment

		Social cohension Support	Information Support	Emotional Support	Care Support	RPSSS-SPSS
Social Cohension Support	**r**	1				
	p					
	n	100				
Information Support	**r**	0,72	1			
	p	0,00*				
	n	100	100			
Emotional Support	**r**	0,71	0,68	1		
	p	0,00*	0,00*			
	n	100	100	100		
Care Support	**r**	0,63	0,55	0,72	1	
	p	0,00*	0,00*	0,00*		
	n	100	100	100	100	
RPSSS-SPSS	**r**	0,90	0,86	0,90	0,80	1
	p	0,00*	0,00*	0,00*	0,00*	
	n	100	100	100	100	100
MAS	**r**	0,15	0,12	0,28	0,28	0,23
	p	0,03*	0,08*	0,00*	0,00*	0,00*

	n	100	100	100	100	100

**p<0,05*

In table 9, the correlations between the total scores on RPSSS-PSS and MAS are demonstrated. According to the results, significant correlation was found between maternal scores of the mothers, scores on RSPSSS-SPSS, social support, and scores on emotional support and care support subscales (p<0,05). This correlation is positive and when the scores on RPSSS-SPSS of mothers increase, the scores on MAS also increase.

Pearson correlation shows result, there was no significant relationship between MAS scores and scores on information support subscale of RSPSSS-SPSS (p>0,05).

In addition, significant relationship was found between the scores on social support, information support, emotional and maintenance support of RSPSSS-SPSS scale (p<0,05). This relationship is in positive direction and when the scores on each subscale increase, scores on other subscales also increase.

Table10: Correlation between RPSSS-PSS and Maternal Attachment Scale

		SocialCohensionSupport	**Information Support**	**Emotional Support**	**Care Support**	**RPSSS-PSS**	**MAS**
	r	1					
	p						
Social Cohension Support	**n**	100					
	r	0,72	1				
	p	0,00*					
Information support	**n**	100	100				
	r	0,79	0,68	1			
	p	0,00*	0,00*				
Emotional support	**n**	100	100	100			
	r	0,63	0,52	0,70	1		
	p	0,00*	0,00*	0,00*			
Care Support	**n**	100	100	100	100		
	r	0,93	0,84	0,91	0,78	1	
	p	0,00*	0,00*	0,00*	0,00*		
RPSSS-PSS	**n**	100	100	100	100	100	

	r	0,14	0,09	0,12	0,32	0,18	1
	p	0,04*	0,20	0,07	0,00*	0,01*	
MAS	**n**	100	100	100	100	100	100

**p<0,05*

The significant correlation between MAS and RPSSS-PSS. This relationship is positive and when the mother's RPSSS-PSS and RPSSS-PSS subscales score increases, MAS scores also increase.I used Pearson Correlation analyzing method.

Table 11:Relation between MSPSS and MAS

		SomeoneSpecial	**Family**	**Friends**	**MSPSS**
Someone Special	**r**	1			
	p				
	n	100			
Family	**r**	0,72	1		
	p	0,00*			
	n	100	100		
Friend	**r**	0,76	0,71	1	
	p	0,00*	0,00*		
	n	100	100	100	
MSPSS	**r**	0,91	0,90	0,91	1
	p	0,00*	0,00*	0,00*	
	n	100	100	100	100
MAS	**r**	0,13	-0,08	0,08	0,05
	p	0,05*	0,24	0,22	0,50
	n	100	100	100	100

**p<0,05*

The significant correlation between MAS and someone special subscale of MSPSS.

This relationship is positive and when the mother's someone special increases, MAS scores also increase. (Pearson Correlation)

4. DISCUSSION

Although a great deal of surveys have been conducted about the mother-baby attachment theory in postpartum period, it is stated that attachment theory and the relation between mother and baby have not been sufficiently studied (Keser, 2006). Attachment is a natural process starting as soon as the baby is born. In most of the studies concerning the relation between mother and baby, the subject of attachment is touched upon. It is stated that attachment is a two sided relation that has a key factor for the emotional development during babyhood and provides a basis for the continuity of mother-baby relation. Attachment is stated to be a strong bond between the baby and the primary caregiver that improves the sense of trust (Soysal, 2005, 88).

According to the findings of many researches; many factors are claimed to affect the process of pregnancy, labor and postpartum maternal attachment. Among these, insufficiency of social support is revealed to be the most important one (Okanlı et al., 2003, 105).

Social support positively affects the woman in the period of pregnancy, labor and postpartum in terms of adapting to the role of mother. Social support has an important impact upon the mother by easing the process of adaptation to the baby and developing close bonds. Moreover thanks to the social support, as long as the pregnancy, physically and emotionally, goes smoothlymother is easily adapted to taking care of the necessities of the baby. On the other hand, shortness of social support affects the process of pregnancy and motherhood in a negative way(Şolt, 2011, 23).

Social support is an important factor for the physical and mental diseases to show up and develop. Social support is the combination of the social, psychological, tangible and moral support that an individual receives (Şencan, 2009, 36). According to another point of view, social support emphasizes not the quantity but the quality of the individual's social relations. With respect to this approach, having someone to share secrets, feeling the sense of trust, a close bond with someone important builds up the social support rather than the number of people an individual is in contact with (Yıldırım, 1997, 16). The correlation between maternal attachment and social support effects the bond of mother and baby positively.

Discussion of the results of the findings:

In thisstudy, delineative statistics related to the points mothers involved in the study have over the scales and subscales of RPSSS, level of received social support and RPSSS ,satisfaction with the received level of social support are given.

It is determined that there is statistically a significant difference among the scores mothers have over MAS in respect to their age groups. This difference arises from mothers at the age of 25 and below, 26-30 and the ones at the age of 36 and older. The mothers at the age of 25 and below and the ones between the ages of 26-30 have

higher scores as compared with those at the age of 36 and older over MAS. If we take a look at the findings of similar studies, in the survey Şen conducted in 2009, ages of mothers and scores of maternal attachment are determined to be higher. The reason for this is because young mothers have their first babies and they are more enthusiastic about having babies. It may be because they want to have babies earlier than other women.Young mothers' mostly having their first babies and being more willing to have a child can be claimed to be the cause for this. It might stem from their desire to experience the sense of motherhood at an early age.

When mean scores of MAS totalare compared, among participants thescoresnon-working mothers have are higher than those of working mothers. The cause of this might be that since the non-working mothers spend more time with their babies, the attachment could be stronger. As similar surveys are studied; Kavlak, in her essay, claimed that working has a link with the level of maternal attachment while Şen determined that working has nothing to do with maternal attachment in his survey conducted in 2007 (Kavlak , 2004, 64 ; Şen, 2007, 24).

The mothers who are married for 3 years or less are found to have higher scores than those married for 4-9 years and 10 years or more. moreover, the mothers married for 4-9 years have higher scores than those married for 10 years or more. in his survey conducted in 2004, Kavlak determined that length of marriage affects maternal attachment positively.

In our survey similar to those by Kavlak and Şen there has not been a significant correlation between the educational background of the mothers and maternal attachment (Kavlak, 2004; Şen, 2007; Yılmaz, 2013, 75).

The mothers who had vaginal delivery or caesarean section had similar scores.There is not a statistically significant difference between the scores mothers have over

MAS with respect to the eagerness to be pregnant or satisfaction with the sex of the baby surveys by Kavlak and Şen support our findings. Baby's not being the aspired sex does not affect the average point of maternal attachment. This is thought to be a positive result for the attachment of the mother and baby. Because, it is widely known that in our culture there is a strong aspiration for having a boy baby (Kavlak, 2004, 56).

The scores mothers have over MAS with respect to the support they have for thecare of the baby are compared. When mothers are alone with their babies, they are thought to be, emotional and corporeal, having closer and more intimate relation with the babies(Yıldız, 2008, 294).

The scale scores mothers with no support from their spouses are higher than the ones having support from their spouses. It is thought that in our society mothers feeling happier with their marriages are more understanding to their babies and have emotionally more active relations.(Şen, 2007; Grienenberger et al., 2005, 83).

In 2004, Kavlak determined that 65.6% of the mothers has support for the care of the baby and 55.5% of them has the support from their own mothers. This might be so because in Turkish culture social bonds are strong and the structure of the family is still aimed to be preserved (Kavlak, 2004, 76).

The correlation between the scores the mothers have over RPSSS, level of received social support, subscale and the scores they have over MAS is applied. It is determined that there is a statistically significant correlation between the scores of the mothers over MAS, RPSSS-MSPSS scale and the points over the subscales of support of social togetherness, emotional support, care support. This correlation is

positive and as the scores overRPSSS-MSPSS increase, the scores over MAS increase too. There is not a statistically significant correlation between the scores mothers have over MAS and the scores they have over the subscale of knowledge support inRPSSS-MSPSS. Moreover, it is determined that there is a statistically significant correlation between the scores over social togetherness support, knowledge support, emotional support, care support inRPSSS-MSPSS. This correlation is positive and as the scores from each subscale increase, the scores from other subscales increase too.

Correlation of points mothers have over RPSSS-SPSS scale, subscales and MAS is done. A significant correlation is determined between mothers' the maternal scores, RPSSS-SPSSscores and their scores over the subscales of social togetherness, care support. This correlation is positive and as mothers' scores over the scale of RPSSS-SPSSS increase, their scores over MAS increase too.

In our survey, correlation is done between the scores of the mothers over MAS and the scores over MSPSS and its subscales. While there is not a statistically significant difference between mothers' maternal scores and the scores over MSPSS a significant correlation is determined between the scores they have over the subscale of a special person in MSPSS. This correlation is positive and as the mothers' scores over the subscale of a special person increases, their scores over MAS increase too.

Social support affects the relation between the mother and the baby positively by increasing the sense of qualification as a mother. This might also strengthen the emotional and physical care a mother gives to her baby. The fondness of our culture to the traditional bondsplaces mothers into an important place in the society. However, even if the social support for the mother increases, sometimes the needs of the mother might be neglected. This case is also supported as the domestic surveys reflect high social support points (Kavlak 2004, Şen 2007, Aksakallı et al., 2012, 129).

In accordance with the conducted surveys, social support and received social support have an important place for an individual to cope with the stress he/she might have. Thanks to the support mothers have during pregnancy, labor and postpartum period, their mental and physical health ismaintained. Because the support received from the family, spouse or immediate surroundingis important for the mother to start being a mother and adapting to motherhood. In this period, mothers who can share their problems can have a better relation with their babies and have less trouble. According to many studies, the mothers with mental disorders after the labor are determined to be the ones having the shortness of social support, peer to peer conflicts and having a stressful life (Kara, Çakmaklı, Nacak, 2001, 334).

5.CONCLUSION

Social support provided in the postpartum period for mother play an important role in the mother-baby attachment . In our study, it has been figured out that there are many factors which affect social support and mother-baby attachment in the postpartum period. Some of these factors are, age, relationship between woman's relationship with their spouse, working status and duration of marriage. Significant relationships have been found between these factors.

Any kind of support is really important for psychological and mental health of mothers in the period of pregnancy and postpartum. Nevertheless, it is really important from whom the support is provided. Social support is provided from the

family members, friends, neigbours and relatives in the lifetime. If it is needed, it is also possible to get support from nurses and other health professionals (Aksakallı et al., 2012, 135). It was found that mother baby attachment which occurs after pregnancy might be associated with quality of social support and especially social support from the spouse.

In the prenatal and postnatal period, mothers should be encouraged to participate in educations intended for their own psychological health and development of the baby. It can be suggested to the primary family members that they should behave in an appropriate way when facing any kind of events which can affect mothers negatively in the prenatal and postnatal period. In this process, if any psychological problem occurs, professional help should be recommended. Ensuring essential social support could also affect mother-baby attachment in a positive way. Data was collected from certain hospital in one province and this may limit the results of our study. Additionally, insufficient sample size could be considered as a limitation of the study.

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APPENDIX

Appendix.1. Informed Consent Form/ Aydınlatılmış Onam Formu

Bu çalışma Yakın Yoğu Üniversitesi Sosyal Bilimler Fakültesi Uygulamalı (Klinik) Psikoloji yüksek Lisans Programı Öğrencisi Psikolog Merve Bayramoğlu tarafından Yrd. Doç. Dr. İrem Erdem Atak danışmanlığında yürütülmektedir. Bu çalışma; 2-6 aylık bebeği olan annelerin anne- bebek ilişkisinin daha iyi anlaşılması ve sosyal destek de dahil olmak üzere anne-bebek bağlanmasını etkileyebilecek faktörlerin belirlenmesi amacıyla yürütülmektedir.

Araştırma sonuçları bilimsel amaçla kullanılacak, kişisel bilgileriniz gizli tutulacaktır. Bu çalışmaya katılmama ve katıldıktan sonra çekilme hakkınız bulunmaktadır. Ek bilgi talebiniz olursa sözlü olarak karşılanacaktır. Bu çalışmaya katılmayı kabul ediyorsanız lütfen aşağıdaki bölüme adınızı soyadınızı yazıp tarih ve imza atınız.

Yukarıda belirtilen koşullar çerçevesinde psikolojik testlerin uygulanmasını kabul ediyorum.

Adı-Soyadı:

Tarih:

İmza:

Appendix.2.Debriefing Form/ Katılım Sonrası Bilgilendirme Formu

Bu çalışma Yakın Doğu Üniversitesi Klinik Psikoloji Yüksek Lisans Öğrencisi Psk. Merve Bayramoğlu tarafından Yrd. Doç. Dr. İrem Erdem Atak danışmanlığında yürütülen bir tez çalışmasıdır.

Bu çalışmanın 2014 yılının Haziran ayının sonunda bitmesi beklenmektedir. Elde edilen bilgiler sadece bilimsel araştırma ve yazılarda kullanılacaktır. Çalışmanın sonuçlarını öğrenmek yada bu araştırma hakkında daha fazla bilgi almak için aşağıdaki iletişim bilgilerinden araştırmacıya ulaşabilmeniz mümkündür. Bu araştırmaya katıldığınız için tekrar çok teşekkür ederiz.

Psk. Merve Bayramoğlu

Klinik Psikolojisi Yüksek Lisans Programı Öğrencisi,

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Appendix.3. Socio-demographic Form

Annelerin Sosyo-Demografik Özelliklerine İlişkin Anket Formu :

1. Yaşınız? ……..

2. Öğrenim durumunuz nedir?

a.İlköğretim/ Ortaokul mezunub. Lise mezunuc. Üniversite/ üstü

d. Diğer …….

3. Mesleğiniz nedir?

a. Ev hanımı b. Memur c. Serbest meslek d. Diğer …..

4. Medeni durumunuz nedir?

a. Evli b. Boşanmış/ayrı c. Dul d. Vefat etmiş

5. Kaç yıllık evlisiniz? .....

6. Evlilik kararınızı nasıl aldınız?

a. Anlaşarak b. Görücü usulü c. Diğer

7. Aylık gelirinizi nasıl algılarsınız?

a. İyi b. Orta c. Kötü

8. Nerede yaşıyorsunuz?

a. İl b. İlçe c. Köy/ Kasaba

9. En son doğumunuzu nasıl yaptınız?

a. Normal doğum b. Sezeryan doğum

10. İsteyerek mi gebe kaldınız?

a. Evet b. Hayır c. İsteyerek gebe kalmadım ama daha sonra istedim

11. Bebeğiniz istediğiniz cinsiyette mi doğdu?

a. Evet b. Hayır

12. Bebeğinizi nasıl besliyorsunuz?

a. Anne sütü b. Mama c. Anne sütü & mama

13. Bebeğinizi kaç ay emzirebildiniz?

a. 0- 3 ay b. 3-6 ay c. Hiç

14. Ev işleri, çocuk bakma ve yemek yapma işi gibi konularda size yardımcı birileri var mı?

a. Evet b. Hayır

15. Anne ve bebek olarak yanlız kalabiliyor musunuz?

a. Evet b. Hayır

16. Genel olarak eşinizle ilişkiniz nasıl?

a. iyi b. orta c. kötü

17. Bebeğinize bakım verirken eşinizden destek alıyor musunuz?

a. Evet b. Hayır

18. Doğuma girerken kendi anneniz yanınızda mıydı?

a. Evet b. Hayır

19. Doğumdan sonra ki ilk zamanlarda kendi anneniz bebeğinize ve size bakmak için yanınızda mıydı?

a. Evet b. Hayır

Appendix.4.Revised Parental Social Support Scale

Aşağıda, yaşamınızı kolaylaştıracak destekleri verecek kaynaklar ve bu kaynaklara ilişkin hoşnutluk düzeyiniz ile ilgili ifadeler bulunmaktadır. Lütfen her ifadeyi okuduktan sonra size en uygun gelen yanıt seçeneğini işaretleyiniz. Lütfen, her ifadeyi yanıtlayınız.

Yanıtlarınız gizli tutulacak ve hiçbir kişiye ye de kuruma verilmeyecektir. Yanıtlarınızın içtenliği, araştırma sonuçlarının sağlıklı olması açısından son derece önemlidir.

Katkılarınız için teşekkür ederim.

Psk. Merve Bayramoğlu

DESTEKLER	Böyle biri var mı?				Bu destekten ne kadar memnunsunuz?			
	1- Hiç yok	2- Nadiren var	3- Bazen var	4- Her zaman var	1- Hiç memnun değilim	2- Biraz memnunum	3- Memnunum	4- Çok memnunum
1. Güç durumda olduğumda, bana gerçekten yardım edeceğine inandığım birileri var.	1	2	3	4	1	2	3	4
2. Çocuğumun bakımında bana yardımcı olacak birileri var.	1	2	3	4	1	2	3	4
3. Kendim için hedefler/amaçlar oluşturmama yardım edecek birileri var.	1	2	3	4	1	2	3	4
4. Çocuğumun özellikleri, gelişimi ve eğitimi hakkında bana bilgi verecek birileri var.	1	2	3	4	1	2	3	4
5. Hedeflerime/amaçlarıma ulaşmamda bana destek olacak birileri var.	1	2	3	4	1	2	3	4
6. Konuşmak ihtiyacı duyduğumda, beni gerçekten dinleyeceğine inandığım birileri var.	1	2	3	4	1	2	3	4
7. Acil bir işim çıktığında, çocuğuma göz kulak olacak birileri var.	1	2	3	4	1	2	3	4
8. Hoşlandığım şeyleri yapmak için kendime zaman ayırmamı sağlayan birileri var.	1	2	3	4	1	2	3	4
	1- Hiç yok	2- Nadiren var	3- Bazen var	4- Her zaman var	1- Hiç memnun değilim	2- Biraz memnunum	3-Memnunum	4- Çok memnunum
9. Yaşamımda sinemaya, tiyatroya ve maça gitmek, televizyon izlemek, alışverişe çıkmak, gezmeye dışarı çıkmak, piknik yapmak gibi etkinlikleri birlikte yapabileceğim birileri var.	1	2	3	4	1	2	3	4
10. Birlikte olduğumuzda, kendimi gerçekten rahat hissettiğim birileri var.	1	2	3	4	1	2	3	4
11. Bana bir birey, bir insan olarak değer verdiğini hissettiğim birileri var.	1	2	3	4	1	2	3	4
12. Hasta olduğumda benimle ilgilenecek birileri var.	1	2	3	4	1	2	3	4
13. Gece dışarı çıkmam gerektiğinde, çocuğumu bırakabileceğim birileri var.	1	2	3	4	1	2	3	4
14. Sarılma, öpme, dokunma gibi sevgi görme ihtiyacı duyduğumda bunu karşılayacak birileri var.	1	2	3	4	1	2	3	4
15. Gelecekle ilgili planlar yaparken görüşlerinden yararlanabileceğim birileri var.	1	2	3	4	1	2	3	4

16. Çocuğumun eğitimi hakkında bana bilgi verecek birileri var.	1	2	3	4	1	2	3	4
17. İhtiyacım olduğunda, öğretmen, danışman, yönetici gibi bana yardımcı olacak birileri var.	1	2	3	4	1	2	3	4
18. Yaptığım işlere değer verdiklerini hissettiren birileri var.	1	2	3	4	1	2	3	4
19. Çocuğuma nasıl davranmam gerektiği konusunda bana yol gösterecek birileri var.	1	2	3	4	1	2	3	4
20. Boş zamanlarımda birlikte bir şeyler yapmayı teklif eden birileri var.	1	2	3	4	1	2	3	4
21. Çok üzgün olduğumda, beni teselli edeceğine inandığım birileri var.	1	2	3	4	1	2	3	4
22. Yardıma ihtiyaç duyduğumda, bana yardımcı olacağına güvendiğim birileri var.	1	2	3	4	1	2	3	4
23. Çocuğumun nasıl gelişip büyüyeceği hakkında beni bilgilendirecek, tavsiyelerde bulunacak birileri var.	1	2	3	4	1	2	3	4
24. Çok özel şeylerimi konuşabileceğim birileri var.	1	2	3	4	1	2	3	4
25. Bana yapıcı eleştirilerde bulunan birileri var.	1	2	3	4	1	2	3	4
26. Çocuğuma nasıl beceri öğreteceğimi bana öğreten, gösteren birileri var.	1	2	3	4	1	2	3	4
27. Yaşamımdaki en önemli kararlarımı paylaşabileceğim birileri var.	1	2	3	4	1	2	3	4
28. Önemli bir karar vereceğim zaman ya da bir sorunumu çözeceğim zaman, bana tavsiyelerde bulunacak birileri var.	1	2	3	4	1	2	3	4

Appendix.5. Maternal Attachment Scale

	Her Zaman	Sık Sık	Bazen	Hiçbir Zaman
1- Bebeğimi sevdiğimi hissediyorum	a	b	c	d
2- Bebeğimle birlikteyken mutluluk ve içimde bir sıcaklık hissediyorum	a	b	c	d
3- Bebeğimle özel zaman geçirmek istiyorum	a	b	c	d
4- Bebeğimle birlikte olmak için sabırsızlanıyorum	a	b	c	d
5- Sadece bebeğimi görme bile beni mutlu ediyor	a	b	c	d
6- Bebeğimin bana ihtiyacı olduğunu biliyorum	a	b	c	d
7- Bebeğimin sevimli olduğunu düşünüyorum	a	b	c	d
8- Bu bebek benim olduğu için çok memnunum	a	b	c	d
9- Bebeğim güldüğünde kendimi özel hissediyorum	a	b	c	d
10- Bebeğimin gözlerinin içine bakmaktan hoşlanıyorum	a	b	c	d
11- Bebeğimi kucağımda tutmaktan hoşlanıyorum	a	b	c	d
12- Bebeğimi uyurken seyrediyorum	a	b	c	d
13- Bebeğimin yanımda olmasını istiyorum	a	b	c	d
14- Başkalarına bebeğimi anlatıyorum	a	b	c	d
15- Bebeğimin gönlünü almak zevklidir	a	b	c	d
16- Bebeğimle kucaklaşmaktan hoşlanıyorum	a	b	c	d
17- Bebeğimle gurur duyuyorum	a	b	c	d
18- Bebeğimin yeni şeyler yapmasını görmekten hoşlanıyorum	a	b	c	d
19- Düşüncelerim tamamen bebeğimle dolu	a	b	c	d
20- Bebeğimin karakterini biliyorum	a	b	c	d
21- Bebeğimin bana güven duymasını istiyorum	a	b	c	d
22- Bebeğim için önemli olduğumu biliyorum	a	b	c	d
23- Bebeğimin hareketlerinden ne istediğini anlıyorum	a	b	c	d
24- Bebeğime özel ilgi gösteriyorum	a	b	c	d
25- Bebeğim ağladığına onu rahatlatıyorum	a	b	c	d
26- Bebeğimi içimden gelen bir duyguyla seviyorum	a	b	c	d

a=4 puan, b=3 puan, c=2 puan, d=1 puan

Appendix.6. Multidimensional Scale of Perceived Social Support (MSPSS)

Çok Boyutlu Algılanan Sosyal Destek Ölçeği

Aşağıda 12 cümle ve her bir cümle altında da cevaplarınızı işaretlemeniz için 1'den 7'ye kadar rakamlar verilmiştir. Her cümlede söylenenin sizin için ne kadar çok doğru olduğunu veya olmadığını belirtmek için o cümle altındaki rakamlardan yalnız bir tanesini daire içine alarak işaretleyiniz. Bu şekilde 12 cümlenin her birine bir işaret koyarak cevaplarınızı veriniz. Lütfen hiçbir cümleyi cevapsız bırakmayınız. Sizce doğruya en yakın olan rakamı işaretleyiniz.

1. Ailem ve arkadaşlarım dışında olan ve ihtiyacım olduğunda yanımda olan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.

Kesinlikle hayır 1, 2, 3, 4, 5, 6, 7 kesinlikle evet.

2. Ailem ve arkadaşlarım dışında olan ve sevinç ve kederlerimi paylaşabileceğim bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.

Kesinlikle hayır 1, 2, 3, 4, 5, 6, 7 kesinlikle evet

3. Ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana gerçekten yardımcı olmaya çalışır.

Kesinlikle hayır 1, 2, 3, 4, 5, 6, 7 kesinlikle evet

4. İhtiyacım olan duygusal yardımı ve desteği ailemden (örneğin, annemden, babamdan, eşimden, çocuklarımdan, kardeşlerimden) alırım.

Kesinlikle hayır 1, 2, 3, 4, 5, 6, 7 kesinlikle evet

5. Ailem ve arkadaşlarım dışında olan ve beni gerçekten rahatlatan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.

Kesinlikle hayır 1, 2, 3, 4, 5, 6, 7 kesinlikle evet

6. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar.

Kesinlikle hayır 1, 2, 3, 4, 5, 6, 7 kesinlikle evet

7. İşler kötü gittiğinde arkadaşlarıma güvenebilirim.

Kesinlikle hayır 1, 2, 3, 4, 5, 6, 7 kesinlikle evet

8. Sorunlarımı ailemle (örneğin, annemle, babamla, eşimle, çocuklarımla, kardeşlerimle) konuşabilirim.

Kesinlikle hayır 1, 2, 3, 4, 5, 6, 7 kesinlikle evet

9. Sevinç ve kederlerimi paylaşabileceğim arkadaşlarım var.

Kesinlikle hayır 1, 2, 3, 4, 5, 6, 7 kesinlikle evet

10. Ailem ve arkadaşlarım dışında olan ve duygularıma önem veren bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var.

Kesinlikle hayır 1, 2, 3, 4, 5, 6, 7 kesinlikle evet

11. Kararlarımı vermede ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana yardımcı olmaya isteklidir.

Kesinlikle hayır 1, 2, 3, 4, 5, 6, 7 kesinlikle evet

12. Sorunlarımı arkadaşlarımla konuşabilirim.

Kesinlikle hayır 1, 2, 3, 4, 5, 6, 7 kesinlikle evet

AUTOBIOGRAPHY

Merve Bayramoğlu was born in Üsküdar 1989, attended to 5 Temmuz Primary School, Private Ata College and Private Bilfen College and graduated with high degree.

In 2007, she started NEU- Psychology undergraduate education program. She first started at English preparation school and entered the department after. She completed her bachelor studies by submiting her group thesis on " TRNC The Prevalence Of Pathological Gambling In Girne ".

She attended to several psychology conferences, educations and seminars. She completed Basic Training in Positive Psychotherapy. She completed her internship at Hospital of Adana in Mental & Neurological disorder department and also at private kindergarden which is located in Adana.

In 2012, she started at Near East University Graduate School Of Social Sciences Applied (Clinical) Psychology Master Program, started her internship at Hospital of Adana in Mental & Neurological disorder department and she was able to complete her intership.

She started her master thesis writing about "The Relationship Between Social Support And Maternal Attachment In The Postpartum Period " and succesfuly and graduated from the department.

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2012 – 2014 : **Yakın Doğu Üniversitesi**, Sosyal Bilimler Enstitüsü, Uygulamalı (klinik) Psikoloji Yüksek Lisans (KKTC)

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YABANCI DİL İngilizce (iyi düzeyde)

BİLGİSAYAR

Microsoft Ofice 2010; Excel, Word, PowerPoint, SPSS

KATILDIĞI SERTİFİKA PROGRAMLARI:

Pozitif Psikoterapi Temel Eğitimi (450 saat), Rorschach Eğitimi, MMPI, Kent-EGY Porteus Labirent Testi, Çocuk Testi Eğitimi, çeşitli konferanslarve kongreler.