THE PREDICTOR VARIABLES OF DEPRESSIVE SYMPTOMS AMONG YOUNG ADULTS IN TURKEY: INSECURE ATTACHMENT DIMENSIONS, NEUROTICISM AND PERCEIVED SOCIAL SUPPORT

Master Thesis

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This is to certify that we have read this thesis and we find it fully adequate in scope, quality and content, as a thesis for the degree of Master of Arts.

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ABSTRACT

THE PREDICTOR VARIABLES OF DEPRESSIVE SYMPTOMS AMONG YOUNG ADULTS IN TURKEY: INSECURE ATTACHMENT DIMENSIONS, NEUROTICISM AND PERCEIVED SOCIAL SUPPORT

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This current study was conducted with 112 subjects (72 females, 40 males) from different universities and professions in İstanbul. The participants' age ranged from 18 to 32 years (M_{age} = 22.79). Self-report measures were utilized and data was gathered through paper-pencil measures which were distributed by the researcher. The main aim of this study was to explore the predictors of depressive symptoms among Turkish young adults. Experiences in Close Relationships-Revised Questionnaire (ECR-R) (Fraley, Waller and Brennan, 2000; Selçuk, Günaydın, Sümer & Uysal, 2005), Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet, Dahlem, Zimet & Farley, 1988; Eker, Arkar & Yaldız, 2001), Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock & Erbaugh, 1961; Hisli, 1989) and Basic Personality Traits Inventory (BPTI) (Gençöz & Öncül, 2002) were used to assess major variables in the

study. Regression analysis suggested that the avoidance dimension of attachment is linked with depressive symptoms. Additionally, the findings of the study revealed that when the attachment- related anxiety increases, attachment-related avoidance provides a basis for depressive symptoms. Furthermore, perceived social support has a buffer role against depressive symptoms among men, as it alleviates the negative effects of attachment related avoidance.

Key words: Insecure attachment, depressive symptoms, perceived social support, neuroticism.

ÖZET

TÜRKİYE'DEKİ GENÇ YETİŞKİNLER ARASINDA GÖRÜLEN DEPRESİF SEMPTOMLARIN YORDAYICILARI: GÜVENSİZ BAĞLANMA BOYUTLARI, NEVROTİZM VE ALGILANAN SOSYAL DESTEK

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Bu çalışma, İstanbul'daki farklı üniversitelerde ve iş alanlarında bulunan 112 kişinin katılımıyla gerçekleştirilmiştir. Katılımcılar 18-32 yaş aralığında olup, yaş ortalaması 22.79'dur. Araştırmacı tarafından dağıtılan anketler, bireysel olarak katılımcı tarafından doldurulmuştur. Bu çalışmanın temel amacı, genç yetişkinlik döneminde bulunan Türkler arasındaki depresif semptomları yordayan değişkenlerin incelenmesidir. Araştırmadaki değişkenleri değerlendirmek amacıyla, Yakın İlişkilerde Yaşantılar-II Envanteri (Frale, Waller ve Brennan, 2000; Selçuk, Günaydın, Sümer ve Uysal, 2005), Çok Boyutlu Algılanan Sosyal Destek Ölçeği (Zimet, Dahlem, Zimet ve Farley, 1988; Eker, Arkar ve Yaldız, 2001), Beck Depresyon Envanteri (Beck, Ward, Mendelson, Mock ve Erbaugh, 1961; Hisli, 1989) ve Temel Kişilik Özellikleri Ölçeği (Gençöz ve

Öncül, 2002) kullanılmıştır. Uygulanan regresyon analizleri, kaçınmacı bağlanma boyutu ve depresif semptomların birbiriyle ilişkili olduğunu göstermiştir. Buna ek olarak, kaygılı bağlanma boyutu arttıkça, kaçınmacı bağlanma boyutunun, erkek katılımcılarda depresif semptomlara neden olduğu görülmüştür. Son olarak, algılanan sosyal destek, depresif semptomlar açısından, kaçınmacı bağlanma gösteren erkek katılımcılar için koruyucu bir etki göstermiştir.

Anahtar kelimeler: Güvensiz bağlanma, depresif semptomlar, algılanan sosyal destek, nevrotizm.

This thesis is dedicated to my family and my late grandmother…

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LIST OF ABBREVIATIONS

BDI	:	Beck Depression Inventory
BDTI	:	Basic Personality Traits Inventory
DSM	:	Diagnostic and Statistical Manual of Mental Disorders
ECR-R	:	Experiences in Close Relationships-Revised Questionnaire
MSPSS	:	Multidimensional Scale of Perceived Social Support
WHO	:	World Health Organization

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CHAPTER 1

INTRODUCTION

The World Health Organization (WHO, 2015) describes depression as a pervasive disorder that has been affecting approximately 350 million people around the world. Depression is different from mood swings and negative short-term emotional responses to daily hassles. It can be a critical health problem in correspondence with its severity. The people who suffer from serious depression may have problems in their daily functions such as family relationships, job effectiveness or school achievements, and it can even cause fatal results like suicide (WHO, 2015).

The link between depressive symptoms and insecure adult attachment patterns is well documented in many research (e.g., Carnelley, Pietromonaco, & Jaffe, 1994; Roberts, Gotlib, & Kassel, 1996; Wei, Heppner, & Mallinckrodt, 2003; Wei, Mallinckrodt, Russell, & Abraham, 2004). Additionally, many studies showed that neuroticism is related with depressive symptoms (Kendler, Kuhn, & Prescott, 2004) and it also predicts prospective major depression (Kendler, Neale, Kessler, Heath, & Eaves, 1993; McWilliams, 2003). Furthermore, recent research demonstrated that perceived social support is a crucial agent in mental health research in terms of its positive effects

on psychological adjustment and mental disorders (e.g., Chalise, Saito, Takahashi, & Kai, 2007).

The current research aims to investigate whether attachment insecurity, neuroticism and perceived social support predict depressive symptoms in a sample of young Turkish adults who are aged between 18-32 years and recruited from different universities and professions in Istanbul.

1.1. Attachment Theory

Bowlby's attachment theory states that people interiorize initial experiences with their caregivers through organizing these experiences into mental representations and considering how they comprehend themselves and others. These mental representations are defined as "internal working models" which affect individuals' experiences with other people and the way these experiences are evaluated (Bowlby, 1973). Bowlby's attachment theory (1969, 1973, 1980) postulates that when caregivers are caring, charming, respondent, and concerned with their infants, they acquire that they are worth to be loved. They also consider other people to be trustworthy and sensitive in terms of their emotional demands. However, infants who endure negligence, denial, and discrepancy by their caregivers form different internal working models about themselves. They learn that they are incapable of being loved and unworthy for care; other people are seen as antagonistic, precarious, and nugatory.

Bowlby (1980) suggested that in case of apprehension or threat, children ask their caregivers for closeness, who assure security and easement. Feelings of security provided by the caregiver make the infant feel that the caregiver is going to be available when he/she needs it. Thus, early experiences and interactions between a child and caregivers formalize the child's expectations about other people and the world.

Attachment theory claims that these early experiences with the caregivers provide a basis for future interaction with people (Bowlby, 1979). According to Bowlby's adult attachment approach, maternal care during early childhood has a crucial influence on personality development since people look for their attachment figures to provide safety, amenity, and support throughout their life (Bowlby, 1988).

Additionally, Ainsworth and her colleagues (1978) described such behavioral strategies by using the 'Strange Situation Method'. They determined three different attachment styles based upon infants' responses to a situation in which they are first separated from and then reunited with their caregivers: (a) secure, (b) anxious-ambivalent, and (c) anxious-avoidant. Securely attached infants comfortably attach to their parents and discover their environment in a free manner in the presence of their caregiver. They become upset when their caregiver leaves the room and become happy when they reunite with each other. In addition, they show interest to a stranger in the presence of their caregiver. Secondly, anxiously attached infants are described as having anxious feelings when discovering the environment even while they are together with their caregivers. When their caregiver leaves, they feel really upset; when the caregiver comes back, they have uncertain feelings. They need intimacy from their caregivers but

they act acrimoniously and resistant towards their caregiver who shows some affection. Lastly, infants with an anxious-avoidant attachment refrain from their caregivers. They reveal little affection when their caregiver leaves the room or comes back again. They are not inclined to discover their environment, neither do they show any emotion or feeling, regardless of their surroundings and the persons present in that situation.

1.2. Adult Attachment Styles

Over time, the categories described by Ainsworth and her colleagues (1978) have been used as main concepts to investigate adult attachment styles. Hazan and Shaver (1987) created a self-report method including three paragraphs of typical characteristics corresponding with the three attachment styles: secure, anxious, and avoidant. These characteristics were established based on research by Ainsworth, Blehar, Waters, and Wall (1978) who claimed three specific infant-mother attachments in response to the "strange situation condition". Adapted to adult relationships, securely attached adults are individuals who feel comfortable about being in an intimate relationship with people and showing confidence to them. Anxious adults are described as unceasingly seeking closeness and security in their relationships, due to their inconsistently gratified needs by their caregivers in their childhood period. Avoidant adults are people who experience distress with intimacy and problems about trusting people. Secure individuals experience mostly positive interactions with other people; they have a tendency to have longer and stable relationships with their partners. Anxious individuals, on the other hand, have an extreme yearning in relation to their partners. They are usually obsessed with their partner and have a predisposition to be anxious about their relationships. Avoidant

people have a tendency to be judgmental about their partners and experience less relational contentment (Hazan & Shaver, 1987).

Kobak and Hazan (1991) revealed that individuals characterized as secure were more successful in terms of relationship adaptation and expression of their emotions throughout communication in an interpersonal problem-solving task. Moreover, Simpson (1990) found that while high scores in secure attachment styles were associated with interdependence, loyalty, confidence and gratification in emotional relationships; high scores in anxious-ambivalent and avoidant styles were related to pessimistic emotions and to less optimistic affection.

In subsequent studies, researchers utilized Bowlby's internal working models or specific zones on a two dimensional base which was described as discriminant functions by Ainsworth and her colleagues (1978) (Bartholomew, 1990; Fraley & Waller, 1998; Shaver & Mikulincer, 2002). In this context, Bartholomew and Horowitz (1991) proposed a model of adult attachment styles based on Bowlby's statement which involves two main elements of a child's internal working model. These are the model of the self (positive and negative) and the model of the others (positive and negative). According to this model, adult attachment styles are classified as fearful-avoidant, dismissing, preoccupied, and secure (Bartholomew & Horowitz, 1991). While secure attachment refers to low avoidance and low anxiety, preoccupied attachment style involves low avoidance and high dependency on other people. Dismissing attachment style consists of high avoidance and low anxiety, whereas fearful attachment entails high avoidance and high anxiety. Bartholomew and Horowitz (1991) claimed that dismissing

and fearful attachment styles are similar to each other since both styles show avoidance of closeness. They differ from each other in how much they depend on other people's approbation for attaining a positive self-image. That is to say, while individuals categorized by dismissing attachment style show less need for others' acceptance; people classified by fearful attachment style show a stronger need for other's acceptance in order to gain self-respect. In the same way, preoccupied and fearful attachment styles are similar in terms of sustaining a positive self-concept since both attachment styles are intensely dependent on others. In addition to this, individuals who have preoccupied attachment styles have a tendency of being anxious about their close relationships and to endeavor a lot with other people to gratify their dependency demands. Additionally, fearful people try to avoid close relationships due to possible disappointment (Bartholomew & Horowitz, 1991). The Bartholomew and Horowitz's (1991) model consists of two dimensions of self and model of others, as can be seen in Figure 1.

		Model of Self	
		Positive	**Negative**
Model of Others	**Positive**	Secure	Preoccupied
	Negative	Dismissive	Fearful

Figure 1.1. Four Category Model of Adult Attachment (Bartholomew and Horowitz, 1991).

Following these studies, researchers suggested that attachment dimensions are more descriptive than categorical methods and they focused on dimensional methods to

explain attachment styles (Sümer, 2006). Consequently, Brennan, Clark and Shaver (1998) tried to determine main dimensions through factor analysis and they defined adult attachment styles based on anxiety and avoidance in the close relationships. Eventually, they created a 36-item self-report scale called the "Experiences in Close Relationships Inventory (ECR)" which assesses attachment-related anxiety and attachment-related avoidance. Then, Experiences in Close Relationships-Revised (ECR-R) was developed by Fraley and his colleagues (2000).

In this study, 36-item Experiences in Close Relationships Scale (ECR-R) will be utilized to assess different attachment styles of the participants.

1.3. Depressive Symptoms

Depression is a serious medical condition that affects approximately 350 million people around the world. Unlike mood swings or transient emotional reactions to daily hassles, depression is a more long-lasting and detrimental process. Depression can turn into a critical health problem corresponding to the intensity of the disorder. People who suffer from depression may have difficulties at their professional or academic life, in their relationships and daily functions. In some cases, it may even lead to suicide. More than 800.000 people commit suicide every year due to depression. Suicide is the second foremost factor for the death of young people between 15-29 years old (WHO, 2015).

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (American Psychiatric Association, 2013), criteria of major depressive disorder

requires experiencing symptoms almost every day for at least two weeks. They should be more profound than the daily mood fluctuations, which are experienced by everyone in their daily life. A person should meet the criteria for depressed or irritable mood; loss of interest or enjoyment in any kind of activities and three of following symptoms to be diagnosed with a major depressive disorder:

- Noticeable loss in weight or lack of appetite (more than 5 percent of body weight in a month),
- Sleep disturbances,
- Psychomotor agitation or retardation,
- Exhaustion and loss of energy,
- Guilty feelings and unworthiness,
- Difficulties in concentration and dither,
- Non-transient suicide or death thoughts.

On the other hand, children and adolescents may possess some of these following signs:

- Repetitive sad or frustrated emotional state,
- Unclear physical symptoms,
- Absenteeism at school and poor academic achievement,
- Alcohol or substance abuse,
- Increased bad temper, displeasure and enmity,
- Reckless behavior.

1.3.1. Adult Attachment Styles and Depressive Symptoms

Attachment theory was initially developed to explain abnormal behavior (Bowlby, 1973, 1980). Bowlby (1980) stated that people with insecure attachment styles are more susceptible for having depression under stressful conditions. Similarly, Rutter (1990) posited that insecure attachment styles should be considered as precarious agents for psychopathology. Consistent with this, several studies showed that while secure attachment is related with psychological adjustment, insecure attachment style is associated with depression (Dark-Freudeman, Greskovich, & Terry, 2016; Jinyao, Xiongzhao, Auerbach, Gardiner, Lin, Yuping & Shuqiao, 2012; Bifulco, 2002; Mickelson, Kessler & Shaver, 1997; Tasca, Szadkowski, Trinneer, Grenon, Demidenko, Bissada, 2009; Burge, Hammen, Davila, Daley, Paley, Herzberg & Lindberg, 1997; Carnelley, Pietromonaco, & Jaffe, 1994; Hammen, Burge, Daley, Davila, Paley, Rudolph, 1995; Simpson, Rholes, Campbell, Tran, & Wilson, 2003; Haaga, Yarmus, Hubbard, Brody, Solomon, Kirk & Chamberlain, 2002). Specifically, Hankin, Kassel and Abela (2005) showed that insecure attachment styles are related to an escalation in prospective depressive symptoms at both an eight-week and a two-year follow up.

Considering different gender groups, males who avoid intimacy and/or have fears about rejection or desertion are more vulnerable to develop depression (Whiffen, 2005). A study about depressive symptoms showed that males' attachment styles to their partners are related with the intensity of depressive symptoms. Additionally, findings of the research postulated that rejection of intimacy, distrust and dreads about desertion in the first attachment relationship are associated with intense depressive symptoms for males (Oliver & Whiffen, 2003). Another recent study showed that anxious attachment

style and prospective depression is linked with each other; and also that avoidant attachment styles leads to depression by preventing emotional functionality among women (Monti & Rudolph, 2014). At the same time, there is much research which investigated clinical samples. Some studies demonstrated that fearful-avoidant attachment is associated with intense depressive symptoms in clinical samples (e.g. Ciechanowski, Sullivan, Jensen, Romano, & Summers, 2003; Ponizovsky, Levov, Schultz, & Radomislensky, 2011).

In consideration of Turkish literature, many studies revealed that insecure attachment and depressive symptoms are related with each other, mirroring the findings of scientific research conducted in Western cultures (Kuşçu, Dural, Önen, Yaşa, Yayla, Başaran, & Bekiroğlu, 2009; Zeyrek, Gençöz, Bergman, & Lester, 2009; Deniz & Işık, 2010; Altın & Terzi, 2011; Erözkan, 2011). For example, Selçuk and his colleagues (2005) revealed that anxiety and avoidant attachment styles appear as a risk factor for prospective psychopathological symptoms. In their study which included clinical (subjects with depression, obsessive compulsive disorder and panic disorder) and non-clinical samples, they found that the clinical group reported higher avoidant attachment scores than the non-clinical group. Similarly, the patients who were diagnosed with depression denoted higher avoidant attachment scores than individuals with either panic disorder or obsessive compulsive disorder. Özer and his colleagues (2015) conducted a study with 62 patients who were diagnosed as suffering from a major depressive disorder based on DSM-IV criteria. The clinical group was divided into two groups, consisting of 31 patients with a suicide attempt history and 31 non-suicidal patients. In addition to this, they compared the clinical group with 60 healthy subjects. Their

findings indicated that the clinical sample has higher scores of anxiety and avoidant attachment styles on Experiences in Close Relationships Inventory (ECR) than the healthy sample. Besides, they postulated that the suicide attempts were more prevalent among depression patients with fearful attachment styles compared to secure, preoccupied and dismissing groups. A study about the link between attachment styles and depressive symptoms among postpartum women showed that insecure attachment styles and postpartum depression are related with each other (Sabuncuoğlu & Berkem, 2006).

1.4. Neuroticism

Neuroticism is described as pervasive negative affectivity and a diminished optimistic emotionality in positive settings (Keltner & Ekman, 1996). In addition to this, Bouchard and his colleagues (1999) defined neuroticism as a personality trait characterized by a negative and an instable emotional nature. This personality trait includes a tendency for pessimistic emotions such as sadness, disappointment, uneasiness and guilty feelings (Costa & McCrae, 1980). Besides, studies showed that neuroticism leads to depressive symptoms (Kendler, Kuhn, & Prescott, 2004) and it also predicts prospective major depression (Kendler, Neale, Kessler, Heath, & Eaves, 1993; McWilliams, 2003).

1.4.1. Adult Attachment Styles and Neuroticism

Neuroticism is included in this study due to the fact that research showed that attachment styles are associated with neuroticism. Shaver and Brennan (1992) examined the relationship between attachment styles and the “big five personality traits”. The

findings of the study showed that secure attachment are accompanied by high extraversion and low neuroticism, that avoidance attachment is accompanied by high neuroticism, low agreeableness and low openness feelings. Moreover, anxious-ambivalence attachment is predicted by low scores on openness to values and high neuroticism levels. Noftle and Shaver (2006) also found that both anxiety and avoidant attachment styles are related with neuroticism; especially the anxiety dimension is strongly correlated with neuroticism. Shaver and Brennan (1992) found that neuroticism and insecure dimensions of attachment are highly correlated with each other, and that this relationship was stronger than for insecure attachment and other personality traits. Especially, attachment anxiety and neuroticism were found to be strongly linked with each other (Davis & Vernon, 2002).

1.5. Perceived Social Support

Perceived social support is described as a mental assessment based on anticipations of whether other people will ensure sufficient concern when the subject needs it (Procidano & Heller, 1983). Generally, social support is an asset that individuals utilize to manage stress and enhance mental adjustment (Rubens, Vernberg, Felix, & Canino, 2013). Besides, it is a crucial agent in mental health research in terms of its positive effects on psychological adjustment and mental disorders (Chalise, Saito, Takahashi, & Kai, 2007). Social support defends people against tensions and it provides individuals to adapt to their surroundings and enhances personal growth. It also increases self-worth and diminishes ambiguity (Rees, Hardy, & Evans, 2007). Sarason

and Sarason (1982) described social support as an accessible help for a person under stressful conditions.

As mentioned above, numerous research findings demonstrated that social support has a positive effect on psychological well-being. Results showed that social support is negatively related with depressive symptoms in Indian American young adult sample with ALS (Roh, Burnette, Lee, Lee, Easton, & Lawler, 2015). Additionally, researchers found that decreased social support and physical activities increase stress and depressive symptoms in physically disabled people during the eight-year follow-up study (Chao, 2013). In another study, researchers proved that social support has a buffer role against negative effects in stressful life events (Wilcox, 1981). Kuşçu and his colleagues (2009) conducted a study with 51 caregivers of cancer patients in an oncology service in order to assess the relationships among psychological well-being, attachment styles and perceived social support. The findings of the study demonstrated that caregivers of cancer patients who have available and sufficient social support from their family members and significant others, report low level of depressive and anxiety symptoms. Additionally, Sehlo and his colleagues (2015) found that high levels of social support from family members are linked to a lower level of depressive symptoms among kids with sickle cell disease. Another study claimed that social support is negatively related with depressive symptoms in women with antenatal depressive symptoms (Lau, 2014). A different study about perceived social support showed that high levels of peer support are related with low levels of depressive symptoms among black adolescent girls (Carter, 2015). In summary, it can be said that research supports that social support seems to be a protective factor preventing or alleviating depressive symptoms.

1.6. Purpose of the Study

Nowadays, the number of multivariate studies which examine the possible mediators or moderators in the link between insecure attachment styles and depressive symptoms have been increasing instead of investigating more directive associations between them (Roberts, Gotlib, & Kassel, 1996; Lopez, Mitchell & Gormley, 2002; McDermott, Cheng, Wright, Browning, Upton, & Sevig, 2015). For example, some researchers conducted a study to examine the mediator role of satisfaction of basic psychological needs in the relationship between adult attachment styles and distress. Findings of the research showed that satisfaction of basic psychological needs was a partial mediator between anxious attachment and distress. In addition to this, it was a full mediator between avoidance attachment and distress (Wei, Mallinckrodt, Russell, & Abraham, 2004). Additionally, researchers found that maladaptive perfectionism partially mediated the relationship between depressive symptoms and attachment anxiety, and fully mediated the relationship between attachment avoidance and depressive symptoms (Wei, Mallinckrodt, Russell, & Abraham, 2004).

However, information about possible mediators or protective factors is still in a premature stage. Also, the previous studies were usually conducted in Western societies (e.g., Tasca et al., 2009; Wei, Heppner, & Mallinckrodt, 2003; Wei et al. 2004; Wei Mallinckrodt, Larson & Zakalik, 2005; Scott & Cordova, 2002). Accordingly, little is known about the relationship between insecure attachment dimensions and depressive symptoms among Turkish adults (Selçuk, Günaydın, Sümer & Uysal, 2005). The present research aims to fill this gap and to offer a more in depth view on how and why insecure

attachment is related to depressive symptoms by examining the role of neuroticism and perceived social support.

The current study aims to understand whether attachment insecurity, neuroticism, and perceived social support can predict depressive symptoms among young adults in Turkey. More specifically, it will examine whether the relationship between attachment dimensions (anxious and avoidant) and depressive symptoms is predicted by neuroticism, and whether high levels of social support can take a buffer role. In addition to this, there has been no research that examined the interplay (interaction) between these two attachment dimensions (anxiety and avoidance). This means that research so far did not examine whether the predictive effect of various combinations in anxiety and avoidance levels lead to outcomes that go beyond the main effects of the two dimensions. Therefore, this study will address this gap, too.

1.6.1. Hypotheses of the Study

The main purpose of this study is to elucidate the relationship between insecure attachment dimensions and depressive symptoms by examining the role of neuroticism, perceived social support and interaction effects of main variables in the study. This study hypothesizes that:

1. There will be a positive relationship between anxious/avoidance dimension of attachment and depressive symptoms. It means that people scoring high on anxiety/avoidance attachment dimensions will have a higher tendency to report depressive symptoms. Besides, possible interaction effect between anxiety and avoidance on depressive symptoms will be examined.

2. Neuroticism will mediate the relationship between attachment insecurity (anxious/avoidant) and depressive symptoms.
3. People that are high in social support will be less likely to report depressive symptoms, even when they have attachment insecurity (anxious/avoidance dimension of attachment).

This study also aims to investigate the effect of gender differences, socioeconomic status, and educational level on depressive symptoms.

CHAPTER 2

METHOD

2.1. Participants

Data was collected from people who are in their young adulthood and living in Istanbul. The current study was conducted with 112 individuals (72 females, 40 males) who voluntarily participated in this study. Participants' ages ranged from 18 to 32 years (M_{age} = 22.79, S.D. = 3.28). 64 % of the participants were females, whereas 36 % of them were males. In consideration of education levels, 64.3 % of the sample had a high school degree, 31.2 % of them had a university degree, and 4.5 % of them had a graduate school degree. Moreover, 1.8 % of the participants were from low SES, 51.8 % of them from middle SES, and 46.4 % from high SES backgrounds. Several demographic indicators of the participants were determined by using percentage and frequency as can be seen in Table 2.1.

Table 2.1. Demographic Information of Participants

	Frequency	%	Cumulative
Education Level			
High School	72	64.3	64.3
University	35	31.2	95.5
Graduate	5	4.5	100
Total	112		
Socioeconomic Level			
Low	2	1.8	1.8
Middle	58	51.8	53.6
High	52	46.4	100
Total	112		

2.2. Instruments

2.2.1. Demographic Information Form

A Demographic Information Form was developed to collect basic demographic information from participants. The form included questions about age, gender, education level, and socioeconomic level (Appendix B).

2.2.2. Experiences in Close Relationships-Revised Questionnaire (ECR-R)

The Experiences in Close Relationships-Revised (ECR-R) Questionnaire is a 36-item scale that was developed to measure different adult attachment styles (Fraley et al., 2000). The ECR-R questionnaire is a revised version of Brennan, Clark, and Shaver's (1998) Experiences in Close Relationships Questionnaire (ECR). The ECR-R measures individuals on two subscales of attachment: Attachment-related anxiety and attachment-related avoidance. 18 items assess the anxiety dimension of attachment (e.g., “I'm afraid

that I will lose my partner's love") and the other 18 items determine the avoidant dimension of attachment (e.g., "I don't feel comfortable opening up to romantic partner"). A total of 36 items are rated on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). The study of the psychometric properties of the ECR-R revealed excellent internal consistencies with Cronbach's α = .95 for the anxiety and α = .93 for the avoidance subscale (Sibley & Liu, 2004) (See Table 2.2). That is to say, ECR-R showed high reliability. Consistently, the psychometric study of Turkish version of ECR-R showed that ECR-R had high internal consistency for both anxiety and avoidance subscales (α = .86, α = .90, respectively). Similarly, test-retest values were found as *r* = .82 for anxiety dimension, and *r* = .81 for avoidant dimension of attachment (Selçuk et al., 2005). In the present study, Cronbach's Alpha was found as α = .87 for the total ECR-R; α = .83 for the anxiety dimension of the ECR-R, and α = .78 for the avoidance dimension of ECR-R. The questionnaire is shown in Appendix C.

Table 2.2. Reliability Coefficients / Cronbach`s Alphas of Experiences in Close Relationships-Revised (ECR-R) (Sibley et al., 2004)

Scale	Cronbach's Alpha for Original Version
Anxiety Dimension	.95
Avoidance Dimension	.93

2.2.3. Multidimensional Scale of Perceived Social Support (MSPSS)

Multidimensional Scale of Perceived Social Support (MSPSS) is a brief research tool that was designed by Zimet, Dahlem, Zimet and Farley (1988) to assess support provided by family, friends, and a significant other. The scale comprises three subscales (family, friend, and significant other person) with four items for each subscale. A total of twelve items are rated on a 7-point response scale ranging from 1 (very strongly

disagree) to 7 (very strongly agree). Higher scores mean higher levels of perceived social support. Psychometric studies of MSPSS revealed that the coefficient alpha values ranged from .81 to .90 for the family subscale, from .90 to .94 for the friend subscale, from .83 to .98 for the other significant person subscale, and from .84 to .92 for the whole scale (Zimet, Powell, Farley, Werkman & Berkoff, 1990) (See Table 2.3). The Cronbach's Alpha values of the Turkish Version of MSPSS ranged between $\alpha = .80$ to $\alpha = .95$. Namely, it showed good reliability (Eker, Arkar & Yaldız, 2001). In the present study, Cronbach's Alpha values were determined for family, friend, and significant other person subscales, and for the total scale as $\alpha = .84$, $\alpha = .84$, $\alpha = .82$, $\alpha = .85$, respectively. The scale is shown in Appendix D.

Table 2.3. Reliability Coefficients / Cronbach`s Alphas of Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1990).

	Subscales			
Subject Group	Family	Friends	Significant Others	Total Score
Postpartum	.90	.94	.90	.92
Adolescences	.81	.92	.83	.91
Residents	.83	.90	.98	.90

2.2.4. Beck Depression Inventory (BDI)

Beck Depression Inventory (BDI) is a 21-item self-report inventory that was developed by Beck and his colleagues (1961) to measure symptoms of depression. Each question has a score between 0-4 and the total score of the inventory is between 0 and 63. The scores above 20 indicate mild or severe depression. The study of psychometric properties revealed that coefficient values ranged from .81 to .86 (Beck, Steer & Garbin, 1988) (See Table 2.4). Consistently, Cronbach's Alpha for Turkish version of BDI was

determined as α = .80 (Hisli, 1989). In this study, the reliability coefficient of BDI was found as α = .89. The inventory is shown in Appendix E.

Table 2.4. Reliability Coefficients / Cronbach's Alphas of Beck Depression Inventory (Beck et al., 1988)

Subject Group	Cronbach's Alphas for Original Version
Psychiatric Group	.86
Non- Psychiatric Group	.81

2.2.5. Basic Personality Traits Inventory (BPTI)

The Basic Personality Traits Inventory (BPTI) is a 45-item measure that was developed by Gençöz and Öncül (2012) to assess different personality traits within Turkish culture. All the items of the scale are rated on a 5-point scale ranging from 1 (this characteristic does not represent me at all) to 5 (this characteristic represents me very well). Psychometric studies showed that reliability coefficients of the Basic Personality Traits Inventory (BPTI) ranged from α = .71 to .89. The Cronbach's Alpha of neuroticism subscale was α = .83 in the Turkish version (Gençöz et al., 2012) and it was α = .80 in the current study (See Table 2.5). The inventory is shown in Appendix F.

Table 2.5. Reliability Coefficients / Cronbach's Alpha of Neuroticism Subscale (Gençöz & Öncül, 2012)

Scale	Cronbach's Alpha
Neuroticism	.83

2.3. Procedure

This study was performed after acquiring permission of the Ethical Committee of Bahçeşehir University (See Appendix G). Data was gathered from participants through

self-administered questionnaires by using paper-pencil measurement method. Sampling was completed based on the convenience sampling method. Participants were informed about the aim and the subject of the study before the application process. Additionally, they were elucidated about confidentiality and anonymity issues. The subjects participated based on voluntarism, no compensation was provided to the participants.

2.4. Data Analysis

As asserted above, the purpose of this present study is to investigate the predictors of depressive symptoms among Turkish young adults. Effects of attachment insecurity, personality traits (neuroticism) and perceived social support will be examined among 112 participants who are aged between 18-32 years and were recruited from different work places and universities. The data will be analyzed with SPSS version 23.0 (Statistical Package for Social Sciences). Before starting the analysis, outliers that were more or less than two standard deviations away from the sample means were excluded from further analyses. Using this method, nine cases were deleted. Pearson`s correlation was used in an initial step to explore the relationships between predictor variables (insecure attachment dimensions, neuroticism, and social support) and the predicted variable (depressive symptoms). Lastly, regression analyses were applied to estimate the relationships and the effects between the variables of the present study.

CHAPTER 3

RESULTS

3.1. Mean Scores and Standard Deviations of the Scales

Mean scores and standard deviations were calculated for each scale. According to the results, mean scores and standard deviations of both anxiety (3.12 ± 0.759), and avoidance dimensions (2.85 ± 0.756) of attachment, and total ECR-R (2.98 ± 0.558) were found. High scores for anxiety dimension express high level of anxious attachment, and high scores for avoidance dimension indicate high level of avoidant attachment (Shown in Table 3.1.).

After that, mean score and standard deviation were calculated for the Multidimensional Scale of Perceived Social Support (MSPSS) (5.70 ± .997). High scores indicate high level of perceived social support from family, friends, and other significant person (Shown in Table 3.1.).

Besides, the mean score and standard deviation of Total Beck Depression Inventory (BDI) mean were determined (9.55 ± 8.56). According to Beck (1967), the

mean Beck Depression Inventory (BDI) scores for the minimal, mild, moderate, and severe depression are 10.9 (*SD* = 8.1), 18.7 (*SD* = 10.2), 25.4 (*SD* = 9.6), and 30.0 (*SD* = 10.4), respectively (Shown in Table 3.1.).

Furthermore, standard deviation and mean score of "Neuroticism" subscale of Basic Personality Traits Inventory (BPTI) were calculated (4.05 ± 1.79). High scores indicate high level of neuroticism (Shown in Table 3.1).

Table 3.1. Mean Scores and Standard Deviations of the Scales

Scale	Mean	Standard Deviation
ECR-R	2.98	0.558
Anxiety	3.12	0.759
Avoidance	2.85	0.756
BDI	9.55	8.56
MSPSS	5.7	0.997
Neuroticism	4.05	1.79

Note: ECR-R: Experiences in Close Relationships-Revised, MSPSS: Multidimensional Scale of Perceived Social Support, BDTI: Basic Personality Traits Inventory, BDI: Beck Depression

3.2. Correlational Studies

First of all, Pearson's Correlation analysis was applied in order to investigate the relationships between attachment insecurity, perceived social support, neuroticism, depressive symptoms, and the demographic information. According to Pearson's Correlation results, the total score of MSPSS was found highly correlated with the anxiety subscale of ECR-R (r (110) = -.370, $p < .01$); and with depressive symptoms as measured by the BDI (r (110) = -.263, $p < .01$). Additionally, BDI and avoidance subscale of ECR-R were significantly correlated with each other (r (110) = .363, $p <$

.01). No significant correlation was found between the major variables in the study and demographic information of participants (i.e., their age, gender, education status, socioeconomic level) (Shown in Table 3.2). Thus, demographic variables, except gender differences, will not be examined for the regression analysis in the current study.

Table 3.2. Correlations among the Study Variables

	1	2	3	4	5	6	7	8	9
1. Age	1								
2. Gender	.380**	1							
3. Edu. Level	.693**	.225*	1						
4. SES Level	-.151	.04	-.061	1					
5. Anxiety Subscale	-.098	.082	-.058	.089	1				
6. Avoidance Subscale	.004	.025	.072	.115	.086	1			
7. Total Score of MSPSS	.086	-.051	.112	.034	-.370**	-.121	1		
8. Neuroticism	-.174	-.137	-.047	.173	-.099	-.022	.179	1	
9. Total Score of BDI	-.142	.067	-.013	-.011	.132	.363**	-.263**	-.005	1

Note: Edu. Level: Education Level, SES: Socioeconomic Status, MSPSS: Multidimensional Scale of Perceived Social Support, BDTI: Basic Personality Traits Inventory, BDI: Beck Depression.
*Correlation is significant at the $p < .05$ level (2-tailed)
** Correlation is significant at the $p < .01$ level (2-tailed)

3.3. Regression Analysis

In order to test each hypothesis, regression analyses were performed between predictor variables which are attachment-related anxiety, attachment-related avoidance, neuroticism, perceived social support, and predicted variable which is depressive symptoms. For applying a mediational analysis, the predictor variables were hierarchically entered into the regression model. Also, interaction effects of between attachment-related anxiety and attachment-related avoidance; attachment-related anxiety and perceived social support; and lastly, attachment-related avoidance and perceived social support were investigated in this study.

3.3.1. Anxiety and Avoidance Dimensions of Attachment and Depressive Symptoms

Before starting with the analysis, all variables of the study were z-standardized to equalize the data variability (i.e., the differences in scaling). To test the effects of anxiety and avoidance, and their interaction on depressive symptoms, a hierarchical linear regression analysis was performed. First, anxiety and avoidance were entered as predictors, and secondly, the interaction of anxiety and avoidance was calculated and added to the regression analysis. As stated above, the aim of this procedure was to examine the interaction effect of attachment related anxiety and attachment related avoidance on depressive symptoms (Aiken & West, 1991).

According to the regression analysis results, first step of hierarchical analysis model was significant, (R^2 = .142, F (2, 109) = 9.025, p < .001). In consideration of hierarchical regression coefficient table, the main effect of the attachment related

anxiety was not significant on depressive symptoms (p = .259). However, regression analysis results revealed that there was a significant main effect of attachment-related avoidance on depressive symptoms (p < .001). That finding demonstrates that avoidance (but not anxiety) seems to predicts depressive symptoms.

In the second step, the interaction term was added to the regression model which accounted for a marginal proportion of the variance in depressive symptoms (ΔR^2 = .025, ΔF (1, 108) = 3.212, p < .01). Again, the main effect of attachment related anxiety was not significant (p = .167) whereas the main effect of attachment related avoidance was significant (p < .001). Besides, the interaction effect of anxiety and avoidance was marginally significant (p = .076). Simple slopes for the association between avoidance dimension of attachment and depression were tested for low (-1 SD below the mean), moderate (mean), and high (+1 SD above the mean) levels of anxiety dimension of attachment to examine the source of significant interaction effect (O'Connor, 1998). Results of the simple slope test indicated that there was no significant association between avoidance and depressive symptoms when the anxiety level is low (p = .141). However, simple slope coefficients revealed a significant positive association between avoidance and depressive symptoms when the anxiety is moderate (p < .001) or high (p < .001) (See Figure 3.1).

As analysis results demonstrated, increased levels of anxiety make it more likely that avoidance will lead to depression. When the anxiety level is low, there is no relationship between attachment-related avoidance and depressive symptoms, meaning that low levels of anxiety can buffer, while high and moderate levels of anxiety can

promote the effect of avoidance on depressive symptoms. Thus, anxiety could be evaluated as enhancing moderator in the relationship between attachment-related avoidance and depressive symptoms.

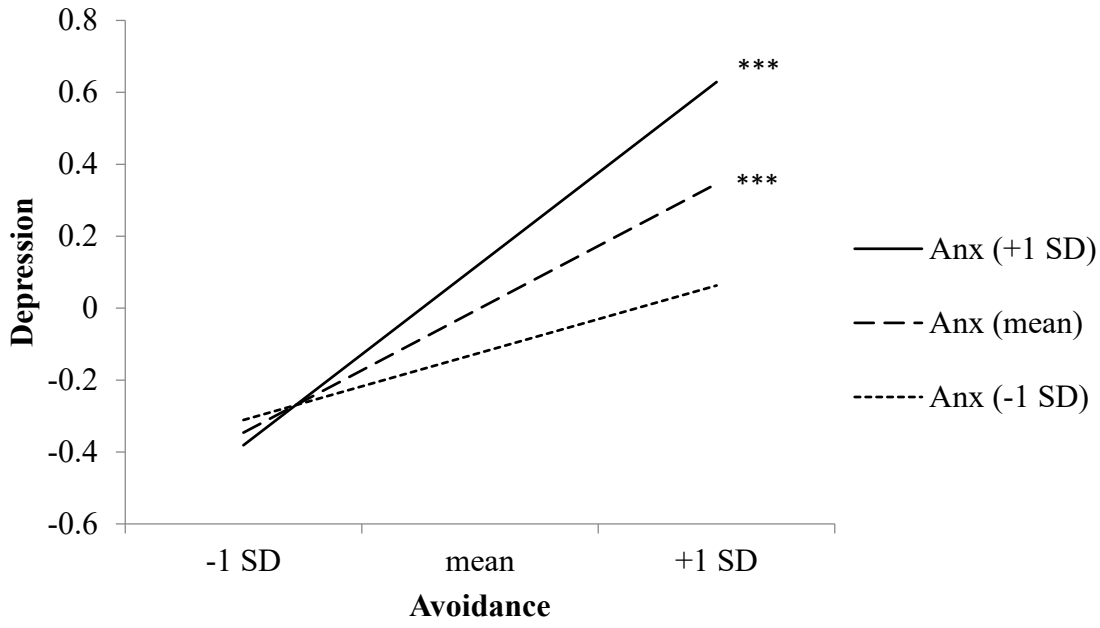

Figure 3.1. Simple Slopes of Avoidance Dimension of Attachment-I
Note: *** slopes significantly differ from zero with $p < .001$

The same analysis as described in the previous paragraph was repeated to check whether the effects change in terms of gender. According to analysis results, the first regression model for females was significant ($R^2 = .168$, F (2, 69) = 6.974, $p < .01$). Considering the hierarchical regression coefficient table, the main effect of attachment-related anxiety on depressive symptoms was marginally significant ($p = .072$). Additionally, the main effect of attachment-related avoidance on depressive symptoms was significant for females ($p < .01$).

In the second step, the interaction term between anxiety and avoidance was created (Aiken & West, 1991) and added to the regression model ($\Delta R^2 = .007$, ΔF (1, 68) = .543, $p < .01$). The main effect of attachment-related anxiety ($p = .063$) and interaction effect of anxiety and avoidance ($p = .464$) were not significant on depressive symptoms for females. Nevertheless, the main effect of attachment-related avoidance was still significant on depressive symptoms for females ($p < .01$).

In terms of males, the first regression model was significant ($R^2 = .155$, F (2, 37) = 3.390, $p < .05$). The main effect of anxiety on depressive symptoms was not significant for males ($p = .410$). However, the main effect of avoidance on depressive symptoms was significant for males ($p < .05$).

Besides, the interaction term between anxiety and avoidance was composed (Aiken & West, 1991) and added to the regression model which accounted for a marginal proportion of the variance in depressive symptoms. The model was significant in the second step ($\Delta R^2 = .071$, ΔF (1, 36) = 3.321, $p < .05$). The main effect of attachment-related anxiety was not significant ($p = .649$). However, the interaction effect of anxiety and avoidance was marginally significant ($p = .077$) and the main effect of attachment-related avoidance was significant ($p < .05$). Since there was a potentially moderation effect, simple slopes for the association between avoidance dimension of attachment and depression were tested for low (-1 SD below the mean), moderate (mean), and high (+1 SD above the mean) levels of anxiety dimension of attachment to investigate the source of significant interaction effect (O'Connor, 1998) (See Figure

3.2). Simple slopes revealed that there was no link between avoidance and depressive symptoms when the anxiety level is low (p = .383). On the other hand, there was a significant relationship between avoidance and depressive symptoms when the anxiety level is high or moderate (p < .01) (See Figure 3.2). It means that, high or moderate level of attachment-related anxiety escalates the depressogenic effect of attachment-related avoidance. Conversely, low anxiety attachment level diminishes or removes the effect of attachment-related avoidance on depressive symptoms. Therefore, attachment-related anxiety can be named as enhancing moderator in the relationship between avoidance and depressive symptoms, especially for male participants.

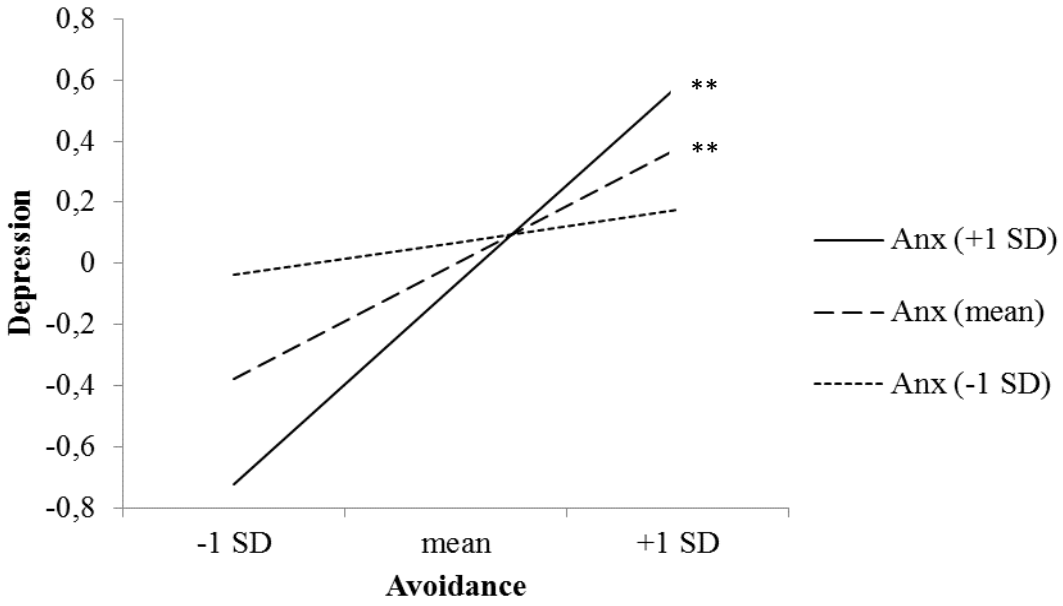

Figure 3.2. Simple Slopes of Avoidance Dimension of Attachment-II
Note: **: slopes significantly differ from zero with p < .01

3.3.2. Mediator Role of Neuroticism

This research also investigated the hypothesis that neuroticism will mediate the relationship between attachment insecurity (attachment-related anxiety/avoidance) and depressive symptoms. According to Baron & Kenny (1986), mediator variable should be correlated with causal variable to establish a mediation model. In this study, mediator variable was neuroticism and causal variable was attachment insecurity (attachment-related anxiety/ avoidance). The result of correlational study showed that neuroticism and attachment insecurity (attachment-related anxiety/ avoidance) were not significantly related with each other (r (110) = -.099, $p > .05$; r (110) = .022, $p > .05$, respectively). Therefore, any regression analysis was not conducted to account for the mediating role of neuroticism in the relationship between attachment insecurity and depressive symptoms. That is to say, neuroticism did not show any mediating role in this study.

3.3.3. Anxiety Dimension of Attachment, Perceived Social Support and Depressive Symptoms

Hierarchical linear regression analysis was used to examine possible interaction effect of anxiety and perceived social support on depressive symptoms. In the first step, main effects of anxiety and perceived social support were entered as predictors of depressive symptoms into the regression model. In the second step, the interaction term of anxiety and perceived social support was calculated and added to regression analysis to examine the possible interaction effect between them on depressive symptoms (Aiken & West, 1991).

Results of the regression analysis showed that the first model was significant (R^2 = .071, F (2, 109) = 4.147, p < .05). The regression coefficient table revealed that the main effect of perceived social support was significant on depressive symptoms (p < .05). On the other hand, main effect of anxiety was not significant on depressive symptoms (p = .691).

In the second step, the interaction term between anxiety and perceived social support was composed and added to the regression model (Aiken & West, 1991). The model was significant (ΔR^2 = .001, ΔF (1, 108) = .110, p < .05). The main effect of anxiety (p = .744) and the interaction effect of anxiety and perceived social support (p = .741) were not significant. However, the main effect of perceived social support was remained significant on depressive symptoms (p < .05).

The same analysis was applied in terms of two gender groups. For females, the first model was significant (F (2, 69) = 5.324, p < .01). While the main effect of anxiety was not significant (p = .355), the main effect of perceived social support was significant on depressive symptoms (p < .05). In the second stage, the interaction between anxiety and perceived social support was created and added to analysis (Aiken & West, 1991). The model was significant (ΔR^2 = .001, ΔF (1, 68) = .096, p < .05), and again only a main effect of social support on depressive symptoms was confirmed (p < .05), while the main effect of anxiety (p = .334) and the interaction effect of anxiety and perceived social support were not significant (p = .758).

For the males, the first model was not significant (p =. 742), showing that both

the main effect of anxiety (p =. 472) and perceived social support were not significant (p =. 630). In the second step, the interaction between anxiety and perceived social support created and added to the analysis (Aiken & West, 1991). Similarly, this model was not significant (ΔR^2 = .008, ΔF (1, 36) = .303, p = .827), indicating that neither social support (p =. 537), nor anxiety (p =. 453), and nor their interaction (p =. 586) predicted depressive symptoms for men.

3.3.4. Avoidance Dimension of Attachment, Perceived Social Support and Depressive Symptoms

Hierarchical regression analysis was carried out to examine any interaction effect of avoidance and perceived social support on depressive symptoms. In the first step, the main effects of avoidance and perceived social support on depressive symptoms were examined. In the second step, the interaction effect of avoidance and perceived social support added to the regression analysis.

The first model was significant and these variables accounted for a significant amount of variance in depressive symptoms (R^2 =.181, F (2, 109) = 12.025, p < .001). The main effect of avoidance (p < .001) and perceived social support were significant on depressive symptoms (p < .05).

Next, the interaction term between avoidance and perceived social support were added to the regression model (Aiken & West, 1991). The model was significant (ΔR^2 = .018, ΔF (1, 108) = 2.399, p < .001). While the main effects of avoidance (p < .001) and perceived social support (p < .05) remained significant, the interaction effect between avoidance and social support was not significant on depressive symptoms (p = .124).

The same analysis was performed to check gender differences. The first model was significant and these variables accounted for a significant amount of variance in depressive symptoms for females (R^2 = .243, F (2, 69) = 11.082, p < .001). The main effects of avoidance (p < .01) and the perceived social support (p < .01) were significant on depressive symptoms.

Secondly, the interaction term between avoidance dimension of attachment and perceived social support was included to the regression model (Aiken & West, 1991). The model was significant for the females (ΔR^2 = .014, ΔF (1, 68) = 1.320, p < .001). Although the main effects of avoidance (p < .01) and perceived social support (p < .01) remained significant, no interaction effect was found for females (p = .255).

Finally, for males the first model was marginally significant (R^2 = .146, F (2, 37) = 3.152, p = .054). While the main effect of avoidance was significant for males (p < .05), the main effect of perceived social support (p = .596) was not significant on depressive symptoms. However, the interaction term that was added in the second step accounted for a significant proportion of the variance in depressive symptoms (ΔR^2 = .092, ΔF (1, 36) = 4.365, p < .05). While the main effect of perceived social support was not significant (p = .212), the main effect of avoidance (p < .01) and the interaction effect of avoidance and perceived social support were significant on depressive symptoms (p < .05).

Since there was an interaction effect, simple slopes for the association between avoidance dimension of attachment and depression were tested for low (-1 SD below the mean), moderate (mean), and high (+1 SD above the mean) levels of perceived social support (O'Connor, 1998). Simple slope test indicated that there was no significant association between the avoidance dimension of attachment and depressive symptoms when the perceived social support is high (p = .458) among males. However, simple slope coefficients revealed a significant positive association between attachment-related avoidance and depressive symptoms, when the perceived social support is moderate (p < .01) or low (p < .01) (See Figure 3.3.).

Hence, findings indicate that high level of avoidance promotes depressive symptoms, especially when perceived social support is low or moderate. Additionally, even when the attachment related avoidance attachment exists, high perceived social support removes the depressogenic effect of attachment related avoidance. In conclusion, it seems that perceived social support has an antagonistic effect on the relationship between avoidance dimension of attachment and depressive symptoms among males.

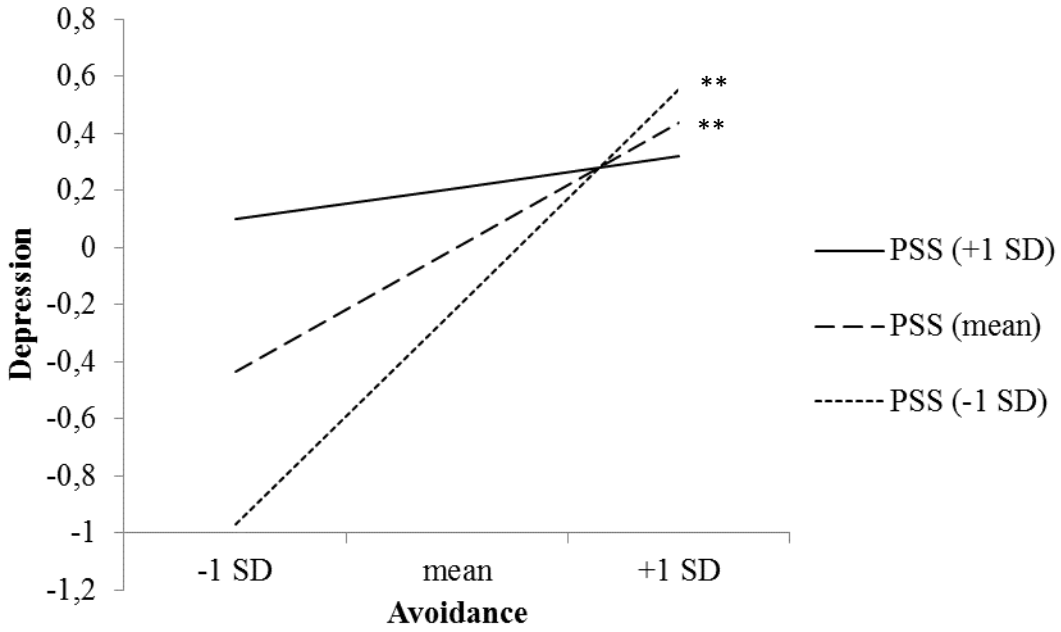

Figure 3.3. Simple Slopes of Avoidance Dimension of Attachment-III
Note: ** slopes significantly differ from zero with $p < .01$

CHAPTER 4

DISCUSSION

4.1. Evaluation of the Study

Previous studies have found a link between attachment insecurity and depressive symptoms (Carnelley, Pietromonaco, & Jaffe, 1994; Hammen, Burge, Daley, Davila, Paley, Rudolph, 1995; Simpson, Rholes, Campbell, Tran, & Wilson, 2003). The current study aimed to contribute and to expand research in this field by examining the roles of possible predictors and their interplay for predicting depressive symptoms. More specifically, this study tried to examine whether attachment insecurity, neuroticism, and perceived social support explain depressive symptoms.

4.1.1. Anxiety and Avoidance Dimensions of Attachment and Depressive Symptoms

Our findings proved the hypothesis which suggested that there is a significant direct relationship between attachment-related avoidance and depressive symptoms. This result is consistent with past studies which demonstrated the association between attachment-related avoidance and depressive symptoms among clinical and non-clinical samples (e.g. Altın & Terzi, 2011; Bifulco et al., 2002; Ponizovsky et al., 2011; Irons &

Gilbert, 2005). Similarly, considering the Turkish literature, a study which was conducted with obsessive compulsive, panic disorder, and depression patients showed that people with depressive disorder reported a higher level of attachment related avoidance than others (Sümer, Ünal, Selçuk, Kaya, Polat and Çekem, 2009). Therefore, results of the current study seem consistent with previous literature.

As mentioned before, individuals with avoidant attachment style experience distress about being close to and trusting other people (Hazan & Shaver, 1987). Therefore, having attachment-related avoidance may cause social isolation. According to Kağıtçıbaşı (2005), closeness with other people is a rather important factor in terms of self-concept of a person in Turkish culture. Generally, and especially in collectivistic societies, such as Turkey, individuals need social approval from others to develop their self-identity. Hence, avoiding close relationships can cause social isolation and may facilitate the development of depressive symptoms.

Interestingly, the association between attachment-related anxiety and depressive symptoms was not significant in the current study. It seems likely that participants may not have revealed their real thoughts or worries about their close relationships with others, which is a general problem of self-report assessments. Self-report methods have some limitations since participants may not be honest about the responses due to their socially undesirable feelings or thoughts ideas. Furthermore, according to psychoanalytic perspective, major feelings are mostly unconscious and they may be restrained by defense mechanisms. Therefore, people may have difficulties to access their unconscious emotional states (Barker, Pistrang & Elliot, 2002). Additionally, in

some societies, an extreme need for affection or concern may not be perceived as deviant. Therefore, insecure attachment styles may be revealed in a different manner in terms of individualistic and collectivistic cultures (Sümer & Kağıtçıbaşı, 2010).

Besides, the results of this study demonstrated that the interaction effect between attachment-related anxiety and attachment-related avoidance was marginally related with depressive symptoms for the general sample. That is to say, when the attachment-related anxiety level is moderate or high, attachment-related avoidance predicts depressive symptoms. More specifically, as the anxiety level increases, the effect of attachment-related avoidance on depressive symptoms may increase. Conversely, descending attachment-related anxiety diminishes or removes the depressogenic effect of attachment-related avoidance on depressive symptoms. This means that even though the anxiety did not show a direct effect on individuals' depressive symptoms, it was indirectly (in combination with avoidance) effective in predicting depressive symptoms.

Considering gender differences, for females, the findings demonstrated that while attachment-related avoidance significantly predicted depressive symptoms; attachment-related anxiety marginally predicted depressive symptoms. These results are consistent with past studies which demonstrated the significant relationship between attachment insecurity and depressive symptoms (Carnelley, Pietromonaco & Jaffe, 1994; Whiffen, Kallos-Lily & Macdonald, 2001; Monti & Rudolph, 2014).

Additionally, the results of this study showed that attachment-related avoidance significantly predicts depressive symptoms among males. These findings are consistent with the previous studies which posited the significant relationship between avoidance

attachment style and level of depressive symptoms among males (Whiffen, 2005; Oliver & Whiffen, 2003). However, different than hypothesized, anxiety was not directly (but only in interaction with avoidance) related to depressive symptoms, especially for male participants. According to Fişek (1994), females can display their negative feelings more comfortably than males, since males are anticipated to be robust in Turkey. Therefore, for males, having anxious feelings about a close relationship may not be acceptable in Turkish culture. Thus, male participants may have not reflected their fears or worries in this study. Additionally, only in interaction with avoidance (as in the total sample), anxiety seemed to exert an effect on males' depressive symptoms. More specifically, when the attachment-related anxiety level is high or moderate, the male subjects with attachment-related avoidance will tend to develop depressive symptoms. However, avoidance does not promote depression among men when their anxiety is low.

4.1.2. Mediator Role of Neuroticism

This research also examined whether neuroticism mediates the relationship between insecure attachment dimension and depressive symptoms. Interestingly, neuroticism was neither related to attachment insecurity (anxiety/avoidance) nor to depressive symptoms in the current study. Therefore, neuroticism does not serve as a mediator in the link between attachment insecurity (anxiety/avoidance) and depressive symptoms in terms of neither for the general sample nor in the gender based groups. These findings may be related with sub-clinical characteristic of our sample. To examine the mediator role of neuroticism, a clinical sample or a group which has high level of neuroticism should have been utilized for this study. Besides, neuroticism subscale includes some negative elements such as "nervous", "aggressive", and "temperamental".

Therefore, this finding may be linked with the social desirability needs of the participants due to the fact that Turkish people tend to attribute more desirable than undesirable features to themselves (Smith, Smith & Seymour, 1993).

4.1.3. Anxiety Dimension of Attachment, Perceived Social Support and Depressive Symptoms

Moreover, the role of perceived social support was examined in the relationship between attachment related anxiety and depressive symptoms. Firstly, perceived social support was found to be strongly related to depressive symptoms, both in the overall sample and for females. This result is consistent with previous studies that showed that perceived social support is negatively associated with depressive symptoms (Chao, 2013; Roh et al., 2015; Kuşçu, 2009; Cornwell, 2003; Pretoriue & Diedricks, 1993). However, perceived social support wasn't related with depressive symptoms for males. This finding may be related with gender roles since traditional male roles make it hard for males to quest for social support (Barbee, Cunningham, Winstead, Derlega, Gulley, Yankeelov, Drueen, 1993).

Results also demonstrated that there is no significant interaction effect of attachment related anxiety and perceived social support on depressive symptoms; neither in the total sample nor for males or for females.

4.1.4. Avoidance Dimension of Attachment, Perceived Social Support and Depressive Symptoms

Additionally, this current study examined the effect of perceived social support in the link between attachment related avoidance and depressive symptoms in terms of the general sample and gender differences. The findings proved that there is not any

interaction effect of avoidance attachment style and perceived social support on depressive symptoms in the general sample. In terms of gender differences, the combination of attachment related avoidance and perceived social support did not have any significant effect on depressive symptoms for female subjects. On the other hand, attachment related avoidance and perceived social support has a significant interaction effect on depressive symptoms among male subjects. That is to say, attachment related avoidance leads to high level of depressive symptoms when the perceived social support is moderate or low. Conversely, when the perceived social support is high, effect of avoidance dimension on depressive symptoms are eliminated among males. Therefore, perceived social support could be described as antagonistic moderator in the link between avoidance dimension of attachment and depressive symptoms.

Lastly, attachment theory suggested that early experiences with attachment figures during the childhood period set the stage for future adult relationships (Bowlby, 1979) and unfavorable experiences with these bonds precipitates depression (Bowlby, 1980). In light of this current study, it can be interpreted that the future research about attachment insecurity and psychopathology should consider different variables and contexts. For example, there is much research that revealed that individuals with attachment related avoidance experience distress about being close to others, and are less concerned about social support (e.g., Hazan & Shaver, 1987). This study proved that a high level of perceived social support has a buffer role against depressive symptoms among males with attachment related avoidance.

As a result, instead of using more direct inferences, further research should take into account multiple variables such as different cultural contexts, changing gender roles, and personality characteristics to account for the impact of attachment styles on adult life.

4.2. Limitations

There are some limitations in this study that can be considered for further research. First, this study included young adults which are at age range from 18 to 32 years from different universities and work places (M_{age} = 22.79). Age limit may interfere with the generalization of the findings to other stages of adulthood. All the participants were predominantly Turkish and they were selected from the residents who live in Istanbul. Ethnicity factor may restrict the generalization of the results to other populations in different cultures. Future research can be applied in different cultures or ethnic groups. In addition to this, a non-clinical sample was utilized in the present research. The characteristics of the sample may limit to generalize the findings of this study to the clinical groups. Further research can test the same hypotheses in the clinical samples to account for how attachment insecurity processes in terms of developing depressive symptoms. This might also shed light on the role of neuroticism on depressive symptoms that could not be confirmed in the present sample.

Furthermore, self-report measurement methods were used to assess major variables in this study. According to Coyne (1994), distress which is measured by self-report methods is different from depression and depressive symptoms in a conceptual manner. Thus, different measurement methods can be employed to assess depressive

symptoms in future studies. In addition to this, the data of this study was gathered through self-report methods which involves a conscious self-evaluation process of participants. However, Shaver and Mikulincer (2002) claimed that attachment assessments rely more on unconscious processes. Due to this, further studies can utilize different attachment assessment techniques to evaluate properties of different attachment styles (others' reports, spouses' information, projective tests etc.). Moreover, some confounding variables (current mood of participants etc.) may amplify the correlational relationships due to using self-report methods. Thus, this study can be replicated by using other measurement methods (family member reports, observer ratings surveys etc.) to eliminate possible confounding variables. Finally, the present study used a cross-sectional method design which limits our interpretation of the results to the correlational level, as causal conclusions cannot be drawn. Longitudinal studies can endure more sophisticated and accurate information about the causality between variables.

4.3. Implications

There are some scientific implications of this study. First of all, due to the findings of the current study, the research knowledge about attachment insecurity and psychopathology has been advanced. Secondly, this is the first study that examined the interactions between attachment insecurity and perceived social support by using dimensional measurement methods. Thirdly, the results of this study showed that examining the interaction between attachment anxiety and avoidance represents an innovative avenue for future research, as findings of the present study underlie that the

two dimensions of attachment interactively predict depressive symptoms, especially for males.

Furthermore, the results of this study may have a contribution to improve protective and preventative mental health studies about depressive symptoms. Therapists can assess and consider their clients' attachment dimensions in therapeutic relationships and they can instruct their clients about how their attachment styles effect their psychological well-being. More specifically, they can inform them how their attachment insecurity is linked with their depressive symptoms. Considering clinical practice, counselors can focus more on the perception of social support instead of altering attachment styles which is less achievable for a change. Therapists working with people that have avoidance attachment may assist to decrease their depressive symptoms by teaching general psychosocial skills to encourage them to relate with other people in order to improve their interpersonal communication. Furthermore, clinicians may help patients to enhance their social interactions with other people by raising awareness about the expectations from their relationships. Effective intervention strategies may be developed, since social support plays a protective role against psychological distress. More specifically, counselors may encourage their clients to identify and approach resources of social support more actively.

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APPENDICES

Appendix A

ONAM FORMU

Değerli Katılımcı,

Bu çalışma Bahçeşehir Üniversitesi klinik psikoloji yüksek lisans programı son sınıf öğrencisi Fulya Gülada tarafından gerçekleştirilmektedir. Bu araştırma, genç yetişkinlik dönemindeki bireylerin depresif semptom düzeylerini belirlemeyi amaçlamaktadır.

Bu araştırmada yer alan soruların cevaplanması yaklaşık 20 dakika sürmektedir. Bu doğrultuda, katılımcılara araştırmacı tarafından oluşturulmuş olan demografik bilgi formu ve bu çalışma için uygun olan ölçekler verilmektedir. Bu çalışmaya katılımınız gönüllülük esasına dayanmaktadır. Soruları boş bırakmadan size en uygun gelen seçeneği işaretleyiniz.

Katılımcılardan kimlik bilgisi talep edilmemektedir. Sonuçlar gizli tutulacak ve sadece araştırma amacıyla kullanılacaktır. Her bir soruyu boş bırakmadan cevaplamanız, araştırma sonuçları açısından oldukça yararlı olacaktır. Araştırma ile ilgili olarak herhangi bir soru sormak istediğiniz takdirde araştırmacı ile iletişime geçebilirsiniz. Katılımınız için teşekkür ederiz.

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Appendix B

DEMOGRAFİK BİLGİ FORMU

Bu form Bahçeşehir Üniversitesi Klinik Psikoloji Yüksek Lisans Programı için hazırlanmakta olan bir tez çalışmasına katkıda bulunmak üzere, araştırma katılımcılarından demografik bilgi toplama amacıyla hazırlanmıştır. Aşağıda verilmiş olan soruların herhangi bir şekilde doğru veya yanlış cevabı yoktur. Vereceğiniz bilgiler sadece araştırma amacıyla kullanılacak ve gizli tutulacaktır. Lütfen, aşağıda belirtilmiş olan soruların tamamını cevaplamaya çalışınız. Araştırmamıza katkıda bulunduğunuz için çok teşekkür ederiz.

1) Yaşınız: _____

2) Cinsiyetiniz: ( ) Kadın ( ) Erkek

3) Eğitim Durumunuz (Lütfen, en son bitirmiş oldugunuz kurumu işaretleyiniz):

Ilkokul Mezunu ( ) Ortaokul Mezunu ( ) Lise Mezunu ( ) Üniversite Mezunu ( ) Yüksek Lisans veya Doktora Mezunu ( )

4) Ailenizin gelirinin/maddi olanaklarinin ne düzeyde olduğunu düşünüyorsunuz?

A) Düşük

B) Orta

C) Yüksek

Appendix C

YAKIN İLİŞKİLERDE YAŞANTILAR ENVANTERİ-II

Aşağıdaki maddeler romantik ilişkilerinizde hissettiğiniz duygularla ilgilidir. Bu araştırmada sizin ilişkinizde yalnızca şu anda değil, genel olarak neler olduğuyla ya da neler yaşadığınızla ilgilenmekteyiz. Maddelerde sözü geçen "birlikte olduğum kişi" ifadesi ile romantik ilişkide bulunduğunuz kişi kastedilmektedir. Eğer hâlihazırda bir romantik ilişki içerisinde değilseniz, aşağıdaki maddeleri bir ilişki içinde olduğunuzu varsayarak cevaplandırınız. Her bir maddenin ilişkilerinizdeki duygu ve düşüncelerinizi ne oranda yansıttığını karşılarındaki 7 aralıklı ölçek üzerinde, ilgili rakam üzerine çarpı (X) koyarak gösteriniz.

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

Hiç katılmıyorum	Kararsızım/ fikrim yok	Tamamen katılıyorum

1. Birlikte olduğum kişinin sevgisini kaybetmekten korkarım.	1	2	3	4	5	6	7
2. Gerçekte ne hissettiğimi birlikte olduğum kişiye göstermemeyi tercih ederim.	1	2	3	4	5	6	7
3. Sıklıkla, birlikte olduğum kişinin artık benimle olmak istemeyeceği korkusuna kapılırım.	1	2	3	4	5	6	7
4. Özel duygu ve düşüncelerimi birlikte olduğum kişiyle paylaşmak konusunda kendimi rahat hissederim.	1	2	3	4	5	6	7
5. Sıklıkla, birlikte olduğum kişinin beni gerçekten sevmediği kaygısına kapılırım.	1	2	3	4	5	6	7
6. Romantik ilişkide olduğum kişilere güvenip inanmak konusunda kendimi rahat bırakmakta zorlanırım.	1	2	3	4	5	6	7

7. Romantik ilişkide olduğum kişilerin beni, benim onları önemsediğim kadar önemsemeyeceklerinden endişe duyarım.	1	2	3	4	5	6	7
8. Romantik ilişkide olduğum kişilere yakın olma konusunda çok rahatımdır.	1	2	3	4	5	6	7
9. Sıklıkla, birlikte olduğum kişinin bana duyduğu hislerin benim ona duyduğum hisler kadar güçlü olmasını isterim.	1	2	3	4	5	6	7
10. Romantik ilişkide olduğum kişilere açılma konusunda kendimi rahat hissetmem.	1	2	3	4	5	6	7
11. İlişkilerimi kafama çok takarım.	1	2	3	4	5	6	7
12. Romantik ilişkide olduğum kişilere fazla yakın olmamayı tercih ederim.	1	2	3	4	5	6	7
13. Benden uzakta olduğunda, birlikte olduğum kişinin başka birine ilgi duyabileceği korkusuna kapılırım.	1	2	3	4	5	6	7
14. Romantik ilişkide olduğum kişi benimle çok yakın olmak istediğinde rahatsızlık duyarım.	1	2	3	4	5	6	7
15. Romantik ilişkide olduğum kişilere duygularımı gösterdiğimde, onların benim için aynı şeyleri hissetmeyeceğinden korkarım.	1	2	3	4	5	6	7
16. Birlikte olduğum kişiyle kolayca yakınlaşabilirim.	1	2	3	4	5	6	7
17. Birlikte olduğum kişinin beni terk edeceğinden pek endişe duymam.	1	2	3	4	5	6	7
18. Birlikte olduğum kişiyle yakınlaşmak bana zor gelmez.	1	2	3	4	5	6	7
19. Romantik ilişkide olduğum kişi kendimden şüphe etmeme neden olur.	1	2	3	4	5	6	7
20. Genellikle, birlikte olduğum kişiyle sorunlarımı ve kaygılarımı tartışırım.	1	2	3	4	5	6	7
21. Terk edilmekten pek korkmam.	1	2	3	4	5	6	7
22. Zor zamanlarımda, romantik ilişkide olduğum kişiden yardım istemek bana iyi gelir.	1	2	3	4	5	6	7
23. Birlikte olduğum kişinin, bana benim istediğim kadar yakınlaşmak istemediğini düşünürüm.	1	2	3	4	5	6	7
24. Birlikte olduğum kişiye hemen hemen her şeyi anlatırım.	1	2	3	4	5	6	7

25.Romantik ilişkide olduğum kişiler bazen bana olan duygularını sebepsiz yere değiştirirler.	1	2	3	4	5	6	7
26.Başımdan geçenleri birlikte olduğum kişiyle konuşurum.	1	2	3	4	5	6	7
27.Çok yakın olma arzum bazen insanları korkutup uzaklaştırır.	1	2	3	4	5	6	7
28.Birlikte olduğum kişiler benimle çok yakınlaştığında gergin hissederim.	1	2	3	4	5	6	7
29.Romantik ilişkide olduğum bir kişi beni yakından tanıdıkça, "gerçek ben" den hoşlanmayacağından korkarım.	1	2	3	4	5	6	7
30.Romantik ilişkide olduğum kişilere güvenip inanma konusunda rahatımdır.	1	2	3	4	5	6	7
31.Birlikte olduğum kişiden ihtiyaç duyduğum şefkat ve desteği görememek beni öfkelendirir.	1	2	3	4	5	6	7
32.Romantik ilişkide olduğum kişiye güvenip inanmak benim için kolaydır.	1	2	3	4	5	6	7
33.Başka insanlara denk olamamaktan endişe duyarım	1	2	3	4	5	6	7
34.Birlikte olduğum kişiye şefkat göstermek benim için kolaydır.	1	2	3	4	5	6	7
35.Birlikte olduğum kişi beni sadece kızgın olduğumda önemser.	1	2	3	4	5	6	7
36.Birlikte olduğum kişi beni ve ihtiyaçlarımı gerçekten anlar.	1	2	3	4	5	6	7

Appendix D

ÇOK BOYUTLU ALGILANAN SOSYAL DESTEK ÖLÇEĞİ

Aşağıda 12 cümle ve her birinde de cevaplarınızı işaretlemeniz için 1'den 7'ye kadar rakamlar verilmiştir. Her cümlede söyleneni 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 birinde bir işaret koyarak cevaplarınızı veriniz.

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

Appendix E

BECK DEPRESYON ENVANTERİ

AÇIKLAMA

Sayın cevaplayıcı aşağıda gruplar halinde cümleler verilmektedir. Öncelikle her gruptaki cümleleri dikkatle okuyarak, BUGÜN DÂHİL GEÇEN HAFTA içinde kendinizi nasıl hissettiğini en iyi anlatan cümleyi seçiniz. Eğer bir grupta durumunuzu, duygularınızı tarif eden birden fazla cümle varsa her birini daire içine alarak işaretleyiniz. Soruları vereceğiniz samimi ve dürüst cevaplar araştırmanın bilimsel niteliği açısından son derece önemlidir.

Bilimsel katkı ve yardımlarınız için sonsuz teşekkürler.

1- 0. Kendimi üzüntülü ve sıkıntılı hissetmiyorum.

1. Kendimi üzüntülü ve sıkıntılı hissediyorum.
2. Hep üzüntülü ve sıkıntılıyım. Bundan kurtulamıyorum.
3. O kadar üzüntülü ve sıkıntılıyım ki artık dayanamıyorum.

2- 0. Gelecek hakkında mutsuz ve karamsar değilim.

1. Gelecek hakkında karamsarım.
2. Gelecekten beklediğim hiçbir şey yok.
3. Geleceğim hakkında umutsuzum ve sanki hiçbir şey düzelmeyecekmiş gibi geliyor.

3- 0. Kendimi başarısız bir insan olarak görmüyorum.

1. Çevremdeki birçok kişiden daha çok başarısızlıklarım olmuş gibi hissediyorum.
2. Geçmişe baktığımda başarısızlıklarla dolu olduğunu görüyorum.
3. Kendimi tümüyle başarısız biri olarak görüyorum.

4- 0. Birçok şeyden eskisi kadar zevk alıyorum.

1. Eskiden olduğu gibi her şeyden hoşlanmıyorum.
2. Artık hiçbir şey bana tam anlamıyla zevk vermiyor.
3. Her şeyden sıkılıyorum.

5- 0. Kendimi herhangi bir şekilde suçlu hissetmiyorum.

1. Kendimi zaman zaman suçlu hissediyorum.
2. Çoğu zaman kendimi suçlu hissediyorum.
3. Kendimi her zaman suçlu hissediyorum.

6- 0. Bana cezalandırılmışım gibi gelmiyor.

1. Cezalandırılabileceğimi hissediyorum.
2. Cezalandırılmayı bekliyorum.
3. Cezalandırıldığımı hissediyorum.

7- 0. Kendimden memnunum.

1. Kendi kendimden pek memnun değilim.
2. Kendime çok kızıyorum.
3. Kendimden nefret ediyorum.

8- 0. Başkalarından daha kötü olduğumu sanmıyorum.

1. Zayıf yanların veya hatalarım için kendi kendimi eleştiririm.
2. Hatalarımdan dolayı ve her zaman kendimi kabahatli bulurum.
3. Her aksilik karşısında kendimi hatalı bulurum.

9- 0. Kendimi öldürmek gibi düşüncelerim yok.

1. Zaman zaman kendimi öldürmeyi düşündüğüm olur. Fakat yapmıyorum.
2. Kendimi öldürmek isterdim.
3. Fırsatını bulsam kendimi öldürürdüm.

10- 0. Her zamankinden fazla içimden ağlamak gelmiyor.

1. Zaman zaman içinden ağlamak geliyor.
2. Çoğu zaman ağlıyorum.
3. Eskiden ağlayabilirdim şimdi istesem de ağlayamıyorum.

11- 0. Şimdi her zaman olduğumdan daha sinirli değilim.

1. Eskisine kıyasla daha kolay kızıyor ya da sinirleniyorum.
2. Şimdi hep sinirliyim.
3. Bir zamanlar beni sinirlendiren şeyler şimdi hiç sinirlendirmiyor.

12- 0. Başkaları ile görüşmek, konuşmak isteğimi kaybetmedim.

1. Başkaları ile eskiden daha az konuşmak, görüşmek istiyorum.
2. Başkaları ile konuşma ve görüşme isteğimi kaybetmedim.
3. Hiç kimseyle konuşmak görüşmek istemiyorum.

13- 0. Eskiden olduğu gibi kolay karar verebiliyorum.

1. Eskiden olduğu kadar kolay karar veremiyorum.
2. Karar verirken eskisine kıyasla çok güçlük çekiyorum.
3. Artık hiç karar veremiyorum.

14- 0. Aynada kendime baktığımda değişiklik görmüyorum.

1. Daha yaşlanmış ve çirkinleşmişim gibi geliyor.
2. Görünüşümün çok değiştiğini ve çirkinleştiğimi hissediyorum.
3. Kendimi çok çirkin buluyorum.

15- 0. Eskisi kadar iyi çalışabiliyorum.

1. Bir şeyler yapabilmek için gayret göstermem gerekiyor.
2. Herhangi bir şeyi yapabilmek için kendimi çok zorlamam gerekiyor.
3. Hiçbir şey yapamıyorum.

16- 0. Her zamanki gibi iyi uyuyabiliyorum.

1. Eskiden olduğu gibi iyi uyuyamıyorum.
2. Her zamankinden 1-2 saat daha erken uyanıyorum ve tekrar uyuyamıyorum.
3. Her zamankinden çok daha erken uyanıyor ve tekrar uyuyamıyorum.

17- 0. Her zamankinden daha çabuk yorulmuyorum.

1. Her zamankinden daha çabuk yoruluyorum.
2. Yaptığım her şey beni yoruyor.
3. Kendimi hemen hiçbir şey yapamayacak kadar yorgun hissediyorum.

18- 0. İştahım her zamanki gibi.

1. İştahım her zamanki kadar iyi değil.
2. İştahım çok azaldı.
3. Artık hiç iştahım yok.

19- 0. Son zamanlarda kilo vermedim.

1. İki kilodan fazla kilo verdim.
2. Dört kilodan fazla kilo verdim.
3. Altı kilodan fazla kilo vermeye çalışıyorum.

20- 0. Sağlığım beni fazla endişelendirmiyor.

1. Ağrı, sancı, mide bozukluğu veya kabızlık gibi rahatsızlıklar beni endişelendirmiyor.
2. Sağlığım beni endişelendirdiği için başka şeyleri düşünmek zorlaşıyor.
3. Sağlığım hakkında o kadar endişeliyim ki başka hiçbir şey düşünemiyorum.

21- 0. Son zamanlarda cinsel konulara olan ilgimde bir değişme fark etmedim.

1. Cinsel konularla eskisinden daha az ilgiliyim.
2. Cinsel konularla şimdi çok daha az ilgiliyim.
3. Cinsel konular olan ilgimi tamamen kaybettim.

Appendix F

TEMEL KİŞİLİK ÖZELLİKLERİ ENVANTERİ

YÖNERGE:

Aşağıda size uyan ya da uymayan pek çok kişilik özelliği bulunmaktadır. Bu özelliklerden her birinin sizin için ne kadar uygun olduğunu ilgili rakamı daire içine alarak belirtiniz.

Örneğin;

Kendimi ..... biri olarak görüyorum.

Hiç uygun değil	**Uygun değil**	**Kararsızım**	**Uygun**	**Çok uygun**
1	**2**	**(3)**	**4**	**5**

		Hiç uygun değil	Uygun değil	Kararsızım	Uygun	Çok uygun
1	Aceleci	1	2	3	4	5
2	Yapmacık	1	2	3	4	5
3	Duyarlı	1	2	3	4	5
4	Konuşkan	1	2	3	4	5
5	Kendine güvenen	1	2	3	4	5
6	Soğuk	1	2	3	4	5
7	Utangaç	1	2	3	4	5
8	Paylaşımcı	1	2	3	4	5
9	Geniş / rahat	1	2	3	4	5
10	Cesur	1	2	3	4	5
11	Agresif(Saldırgan)	1	2	3	4	5
12	Çalışkan	1	2	3	4	5
13	İçten pazarlıklı	1	2	3	4	5
14	Girişken	1	2	3	4	5
15	İyi niyetli	1	2	3	4	5
16	İçten	1	2	3	4	5
17	Kendinden emin	1	2	3	4	5
18	Huysuz	1	2	3	4	5
19	Yardımsever	1	2	3	4	5
20	Kabiliyetli	1	2	3	4	5
21	Üşengeç	1	2	3	4	5
22	Sorumsuz	1	2	3	4	5
23	Sevecen	1	2	3	4	5
24	Pasif	1	2	3	4	5
25	Disiplinli	1	2	3	4	5
26	Açgözlü	1	2	3	4	5
27	Sinirli	1	2	3	4	5
28	Cana yakın	1	2	3	4	5
29	Kızgın	1	2	3	4	5
30	Sabit fikirli	1	2	3	4	5
31	Görgüsüz	1	2	3	4	5
32	Durgun	1	2	3	4	5
33	Kaygılı	1	2	3	4	5
34	Terbiyesiz	1	2	3	4	5
35	Sabırsız	1	2	3	4	5
36	Yaratıcı (Üretken)	1	2	3	4	5
37	Kaprisli	1	2	3	4	5
38	İçine kapanık	1	2	3	4	5
39	Çekingen	1	2	3	4	5
40	Alıngan	1	2	3	4	5
41	Hoşgörülü	1	2	3	4	5
42	Düzenli	1	2	3	4	5
43	Titiz	1	2	3	4	5
44	Tedbirli	1	2	3	4	5
45	Azimli	1	2	3	4	5

Appendix G

Bahçeşehir Üniversitesi
Bilimsel Araştırma ve Yayın Etiği Komisyonu

RAPOR

Bilimsel Araştırma ve Yayın Etiği Komisyonu'nun 8 Aralık tarihli toplantısında aşağıda tanımı verilen araştırma projesi incelenmiş, bilimsel araştırma ve yayın etiğine aykırı unsur içermediği anlaşılmıştır.

Proje Adı	**: "Türkiye'deki Genç Yetişkinlerde Depresif Semptomların Yordayıcıları: Güvensiz Bağlanma Boyutları, Nevrotizm, Sosyal Destek"**
Tez Öğrencisi	: Fulya Gülada
Tez Danışmanı	: Yrd. Doç. Dr. Arzu Aydınlı
Rapor Tarihi	: 8 Aralık 2015

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CURRICULUM VITAE

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EDUCATION AND QUALIFICATIONS:

- **Bahçeşehir University,** ***2008 - 2012***
  Psychology, BA
- **Bahçeşehir University,** ***2010 – 2012***
  Photography and Video (Minor)
- **Bahçeşehir University,** ***2013 - …***
  Clinical Psychology, MA

WORK EXPERIENCE AND INTERNSHIPS:

- **Surp Pırgiç Armenian Hospital**
  Position: Intern Psychologist
  Duration: September, 2015 – May, 2016
  Duties: Interviewing and observation
  Supervisor: Assoc. Prof. İrem Anlı

- **Arda Kindergarten**
  Position: Psychologist
  Duration: November, 2015 – June, 2016
  Duties: Interviewing with toddlers and their parents, application of Denver Developmental Screening Test and observation
  Supervisor: Aynur Tiryaki, the principal

- **Editor of the books of "Behavioral Sciences" & "Psychopathology"**
  Position: Content editor
  Duration: January, 2016 -
  Duties: Editing
  Supervisor: Prof. Doğan Şahin

- **Psychologist in Kutlar & Üçışık Private Psychiatry Clinic**
  Position: Psychologist
  Duration: October, 2015 -
  Duties: Interviewing and Psychotherapy
  Supervisor: Tarik M. Kutlar, MD & Mehmet Üçışık, MD.

- **Brown University Childcare Center**
  Position: Observer
  Duration: October 2014 – September 2015
  Duties: Observation, Reporting, Interviewing with the toddlers

- **Boston College Study of Emotional Well-Being Among Asian American College Students**
  Position: Research Assistant
  Duration: December 2014 -
  Duties: Data collection
  Supervisor: Dr. Pratyusha Tummala-Narra

- **Assistant of Assoc. Prof. Selçuk R. Şirin (New York University) & Enver Yücel (Bahçeşehir University Chairman of the Board of Trustees)**
  Position: Teaching Assistant
  Duration: September, 2013 - May, 2014
  Duties: Assistance and organization of the course of "Social Networking and Leadership"
  Supervisor: Assoc. Prof. Selçuk Şirin & Enver Yücel

- **Soma Mine Disaster, Soma Psychosocial Support Unit**
  Position: Volunteer psychologist
  Duration: July 2014 (1 week)
  Duties: Interviewing with victims of mine disaster
  Supervisor: Assoc. Prof. Sedat Işıklı

- **Bahçeşehir University Research Methods School**
  Position: Administrative Assistant
  Duration: January, 2014 - November, 2014
  Duties: Coordination of Bahçeşehir University Research Methods School
  Supervisor: Assoc. Prof. Cağdaş Şirin

- **Bahçeşehir University, English Preparatory School Student Counseling Center**
  Position: Student Counselor
  Duration: January, 2013 - January, 2014
  Duties: Counseling for students of Bahçeşehir University English Preparatory School
  Supervisor: Assoc. Prof. Nesrin Özdemir

- **Istanbul University Çapa Faculty of Medicine, Department of Psychiatry, Psychosis Service**
  Position: Intern
  Duration: July, 2011 - September, 2011
  Duties: Observation in Psychosis Service
  Supervisor: Prof. Alp Üçok

- **Istanbul University Cerrahpaşa Faculty of Medicine, Department of Child and Adolescent Mental Health**
  Position: Intern
  Duration: June, 2011 - July, 2011
  Duties: Observation and psychological testing in Department of Child and Adolescent Mental Health
  Supervisor: Assoc. Prof. Burak Doğangün

- **Bakırköy Hospital of Mental Disorders and Neurology, Daytime Hospital**
  Position: Intern
  Duration: January, 2011 - February, 2011
  Duties: Observation & group and art therapies with psychotic patients in Daytime Hospital
  Supervisor: Dr. Tolgay Özsoy

- **Juvenile Courts**
  Position: Intern
  Duration: June, 2010 - July, 2010
  Duties: Observation
  Supervisor: Psy. Irmak Şenel

- **Ege University Faculty of Medicine, Department of Adult Mental Health**
  Position: Intern
  Duration: January, 2010- February, 2010
  Duties: Observation and group therapies with psychotic patients & psychosis seminars
  Supervisor: Assoc. Prof. Barbaros Veznedaroğlu

- **Dokuz Eylül University Faculty of Medicine, Department of Child and Adolescent Mental Health**
  Position: Intern
  Duration: July, 2009 - October, 2009
  Duties: Observation and application of psychological tests (AGTE, TAT, WISC-R, Stanford-Binet)
  Supervisor: Prof. Dr. Süha Miral

- **Dokuz Eylül University Faculty of Medicine, Department of Adult Mental Health**
  Position: Intern
  Duration: June, 2009- July, 2009
  Duties: Observation
  Supervisor: Prof. Dr. Can Cimilli

PROJECTS:

- **Boston College Study of Emotional Well-Being Among Asian American College Students**
  Position: Research Assistant
  Duration: December 2014 -
  Duties: Data collection
  Supervisor: Dr. Pratyusha Tummala-Narra

- **Syrian Children and Their Families**
  Position: Research Assistant
  Duration: November 2012 - December 2012
  Duties: Data collection and analysis in Islahiye Syrian Refugee Camp
  Supervisor: Prof. Selçuk Şirin, Assoc. Prof. Nur Serap Özer

- **Education of Ethical Issues**
  Position: Research Assistant
  Duration: September, 2010 - March 2011
  Duties: Data collection
  Supervisor: Prof. Yeşim Korkut

- **NYU-BAU Youth Research Project**
  Position: Research Assistant
  Duration: September, 2009 - October, 2010
  Duties: Data collection and analysis
  Supervisor: Prof. Selçuk Şirin

ACTIVITIES:

- The President of Bahçeşehir University Search and Rescue Team, 2011-2012
- Organization of Aid Campaign for Van Earthquake in Bahçeşehir University, 2011

TRAININGS:

- **Trauma Systems Therapy**, 2015
- **Academic Writing Workshop**, *2014*
- **Meta-analysis Workshop**, *2014*
- **Introduction to Research Methods***, 2013*
- **Basic Statistics with SPSS**, *2013*
- **Structural Equation Modelling with AMOS**, *2013*
- **Experimental Research Methods**, *2013*

- **Content Analysis and Statistical Tests**, *2013*
- **Disaster, Crisis and Trauma Psychology**, *2012*
- **Emergency First Response**, *2011*
- **Rescue Diver**, *2011*
- **Psychological First Aid Training**, *2010*
- **Basic Search and Rescue and First Aid Training**, *2010*
- **Open Water Diver**, *2010*
- **Discover Scuba Diving**, *2010*

SKILLS & LANGUAGES

- **MS Office Programs** - *Upper Intermediate*
- **SPSS** - *Upper Intermediate*
- **Adobe Photoshop Programs** – *Intermediate*
- **English -** *Advanced*

HONOR & AWARDS

- **Special Honor Award** - Organization of Aid Campaign for Van Earthquake, Bahçeşehir University, 2012
- **Honor Student,** 2011- 2012 (Fall & Spring Semester)
- **Honor Student,** 2010- 2011 (Fall & Spring Semester)